

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Monday 2 September 2019

Notice of Meeting

Dear Member

Corporate Parenting Board

The **Corporate Parenting Board** will meet in the **Conference Room North - 1st Floor, Civic Centre 3, Huddersfield, HD1 2TG** at **10.00 am** on **Tuesday 10 September 2019**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Corporate Parenting Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Karen Allison

Councillor Fazila Loonat

Councillor John Lawson

Councillor Andrew Marchington

Councillor Richard Smith

Gill Addy

Designated Nurse for Looked after Children/Care Leavers

Christine Bennett

Practice Improvement Lead (Children's Services)

Julie Bragg

Head of Corporate Parenting (Children in Care and Care Leavers)

Tom Brailsford

Head of Joint Commissioning

Steve Comb

Head of Corporate Parenting (Sufficiency)

Keith Fielding

Kirklees Fostering Network

Charlotte Jackson

Improvement Partner (Children's Services)

Colleen Kenworthy

Kirklees Fostering Network

Barry Lockwood

Kirklees Fostering Network

Sanna Mahmood

Looked after Children and Leaving Care

Elaine McShane

Service Director, Family Support and Child Protection

Mel Meggs

Director for Children's Services

Sara Miles

Interim Head of Service (Child Protection & Review Unit)

Jo-Anne Sanders

Service Director for Learning and Early Support

Ophelia Rix

Principal Social Worker

Melanie Tiernan

Service Manager (Kirklees Looked after Children Independent Service – Children's Rights Team)

Janet Tolley

Virtual School Headteacher

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership, Introductions and Apologies

The Chair will welcome everyone to the meeting and note a change to the Membership which will be reported verbally at the meeting. The Chair will also announce any apologies received.

2: Minutes of previous meeting

1 - 10

The Board will consider the minutes of the Corporate Parenting Board on the 19th June 2019.

3: Interests

11 - 12

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

6: Animation by Adopted Teenagers

The Board will view a short animation produced by Adopted Teenagers giving important key messages to social workers, teachers and adoptive parents about what had helped them throughout their childhood into adulthood as adopted people.

Contact: Suzanne Whiteley (One Adoption)

7: Ofsted and Improvement Board update

13 - 26

The Board will consider the report from Ofsted on the findings of the inspection of Children's Services in June 2019.

Contact: Steve Comb, Head of Corporate Parenting
Julie Bragg, Head of Corporate Parenting

8: Children's Performance Highlight Report (July 2019)

27 - 38

The Board will consider a report giving key highlights on Performance Monitoring data for the Children's Service up to July 2019.

Contact: Steve Comb, Head of Corporate Parenting
Julie Bragg, Head of Corporate Parenting
Janet Tolley, Virtual School Head Teacher

9: Overview of number of children in Care

39 - 44

The Board will consider an overview of the number of children in care.

Contact: Julie Bragg, Head of Service (Children in Care and Care Leavers)

10: Annual Private Fostering Report

45 - 58

The Board will consider a report giving information on the number of children and young people Privately Fostered in the District on an annual basis.

Contact: Andy Quinlan, Service Manager (Fostering)

11: Annual report on the health of looked after children 59 - 86

The Board will consider an annual report on the health of looked after children, covering the period 1st April 2018 – 31st March 2019.

Contact: Gill Addy, Designated Nurse for Looked after Children

12: Annual report on Youth Offending Team (YOT) relating to their work with children in care 87 - 90

The Board will consider an annual report on the Youth Offending Team outlining the level of offending by Looked after Children, and the improvement in outcomes for Looked After Children (LAC) subject to an intervention with the Youth Offending Team (YOT).

Contact: Richard Smith, Youth Offending Team Manager

13: Updates from Board Members on interaction with Services

The Board will consider verbal updates from Board Members who will give an update on progress and key issues following interaction with Services and partners to challenge the role of the Corporate Parent.

Contact: Helen Kilroy, Principal Governance and Democratic Engagement Officer

14: Corporate Parenting Board Agenda Plan 2019/20 91 - 98

The Panel will consider the agenda plan for 2019/20 municipal year.

Contact: Helen Kilroy, Principal Governance & Democratic Engagement Officer

15: Dates of Future Meetings

To note future meeting dates of the Board during the 2019/20 municipal year:

- 23rd October 2019, 10am
 - 13th December 2019, 10am
 - 10th February 2020, 10am
 - 9th April 2020, 10am
-

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Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CORPORATE PARENTING BOARD

Wednesday 19th June 2019

- Present: Councillor Viv Kendrick (Chair)
Gill Addy
Christine Bennett
Tom Brailsford
Steve Comb
Martin Green
Charlotte Jackson
Mel Meggs
Melanie Tiernan
Janet Tolley
- In attendance: Sarah Johal, One Adoption (West Yorkshire)
- Observers: Lucy Kirby, Fostering Advisor, Kirklees Council
- Apologies: Julie Bragg
Keith Fielding
Barry Lockwood
Ophelia Rix
Councillor Andrew Marchington

1 Membership of the Board/Apologies

The Chair welcomed everyone to the meeting and apologies had been received from Ophelia Rix, Barry Lockwood, Keith Fielding, Julie Bragg and Cllr Andrew Marchington.

The Board was informed that the Chair of the Children's Scrutiny Panel, ex-officio Member on the Board, would be Cllr Andrew Marchington for the 2019/20 municipal year but as this change had been made since Council AGM in May 2019, it had to be approved by Council on the 17th July 2019.

The Board agreed to amend the Membership of the Board to include the Interim Head of Service for Safeguarding and Quality Assurance (Children) and to amend the Head of Safeguarding and Quality Assurance to Principal Social Worker. The Board noted that the Membership on the Terms of Reference would be updated to reflect these changes.

The Board noted that Martin Green, who represented the Chair of Governors, would be leaving the Council and agreed that enquiries should be made as to whether the new Chair of Governors should attend future Board meetings.

RESOLVED –

- (1) The Chair welcomed everyone to the meeting and apologies had been received from Cllr Marchington, Ophelia Rix, Barry Lockwood, Keith Fielding and Julie Bragg.

Corporate Parenting Board - 19 June 2019

(2) The Board agreed to amend the Membership of the Board to include the Interim Head of Service for Safeguarding and Quality Assurance (Children) and to amend the Head of Safeguarding and Quality Assurance to Principal Social Worker. The Board noted that the Terms of Reference would be updated to reflect these changes.

(3) The Board noted that Martin Green, who represents the Chair of Governors, would be leaving the Council and agreed that enquiries should be made as to whether the new Chair of Governors should attend future Board meetings.

2 Interests

No interests were declared.

3 Admission of the Public

It was agreed that all agenda items would be held in public session.

4 Deputations/Petitions

No deputations or petitions.

5 One Adoption West Yorkshire Annual Report

The Board considered an Annual Report from One Adoption West Yorkshire and welcomed Sarah Johal from One Adoption to the meeting.

Sarah Johal presented the report and highlighted the following key points:-

- Between April 2018 and March 2019, 229 children had a plan for adoption ratified by the 5 West Yorkshire local authorities Agency Decision Makers which was a 16% increase on last year's full year figure of 191 children;
- In Kirklees, there were currently 24 children with a plan for adoption agreed;
- 125 children currently in assessment for adoption;
- One Adoption had started a campaign regarding black and ethnic minority children to meet the needs of those children with complex levels of diversity, there will be a big emphasis on this area within the next 12 months;
- Time in care before being placed with adoptive families was reducing;
- There was a national shortage of adoptive families and in particular for sibling groups and those children with complex needs;
- Between April 2018 and March 2019, 37 children from Kirklees were matched with families at adoption panels which was an increase from 27 last year;
- In March 2019, One Adoption West Yorkshire won the 2018 Local Government Chronicles Award for working across public to public partnerships;
- One Adoption introduced peer mentoring services for peer mentors in Kirklees and 16 families had benefited from this service.

Sarah Johal advised the Board that an animation had been produced by adopted teenagers giving important key messages to social workers, teachers and adoptive parents about what had and had not helped the adopted teenagers throughout their childhood into adulthood as adopted people. The Board agreed to view the animation at the next meeting of the Corporate Parenting Board.

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Colleen Kenworthy advised the Board that a group of teenagers in foster care wanted to set up a Youth Group and the Board noted that this meant that teenagers could get support from peers in similar circumstances.

The Board acknowledged the good work of the One Adoption Panels.

Sarah Johal advised the Board that funding for the one adoption panels had been extended to the end of March 2020 and that One Adoption West Yorkshire were looking at funding beyond March 2020 and how it could be sustained in future years.

Janet Tolley advised the Board that there was a project running which was led by the Education Psychologist team in 8 schools in Kirklees to do some whole school attachment awareness training as part of the national Timpson Project. The Board was informed that this project was funded from pupil premium plus and would support all young people, with a particular focus on young people currently in care, and those who had been previously in care.

Andy Quinlan advised that there were support groups in place for Special Guardians and that they had access to the fostering support fund. Sarah Johal also confirmed that there was support to Special Guardians through Grandparents Plus.

Tom Brailsford advised the Board that he was in discussions with One Adoption regarding the level of health and wellbeing support available for looked after children.

The Board was informed that arrangements were being put into place for staff from One Adoption to be co-located within Kirklees to work alongside staff from the Children's service and that it was likely the move would take place in August 2019.

RESOLVED –

- (1) The Board noted the Annual Report from One Adoption West Yorkshire and thanked Sarah Johal from One Adoption for her contributions.
- (2) The Board agreed that an animation by adoptive teenagers giving important key messages to social workers, teachers and adoptive parents about what had and had not helped the adopted teenagers throughout their childhood into adulthood as adopted people, should be shown at the next meeting of the Corporate Parenting Board.

6 Ofsted and Improvement Board update

The Board considered a verbal update on key issues from Ofsted and the Improvement Board, presented by Steve Comb, Head of Corporate Parenting.

Steve Comb advised the Board that there had been no further Ofsted Inspections at Children's Homes since the last meeting of the Board in April.

The Board noted that a full Ofsted Inspection of Children's Services was currently underway.

RESOLVED - The Board noted the update on Ofsted and Improvement Board and thanked Steve Comb for his contributions.

7 Children's Performance Highlight Report (April 2019)

The Board considered an update giving key highlights on Performance Monitoring data for the Children's Service in April 2019, presented by Steve Comb, Head of Corporate Parenting (Sufficiency), Gill Addy (Designated Nurse for Looked after Children) and Janet Tolley (Virtual School Head Teacher).

Sanna Mahmood, Care Leavers Advocate, advised the Board that it had been really helpful having substance misuse nurses in the No 11 drop-in facility and the Board agreed that they should also visit the new drop-in facility in Dewsbury, which would open sometime in September 2019.

The Board was informed that there had been a slight dip in the number of care leavers in education, employment and training and Julie Bragg advised that following some intensive work in this area, numbers had recently increased slightly. The Board agreed to consider a future report giving an update on Educational Employment and Training and what was underway with local businesses.

The Board was informed that when events took place within Children's Homes, Ofsted were informed.

Sanna Mahmood raised a query regarding the financial authorisation levels of Personal Advisors and asked whether they could be given financial authority to sign for items such as food parcels or financial assistance on behalf of care leavers. The Board agreed that delegated authority for Personal Advisors to approve expenditure on behalf of care leavers needed to be reviewed. The Care Leavers Advocate agreed to liaise with the Heads of Corporate Parenting regarding this matter.

RESOLVED -

- (1) The Board noted the Children's Performance Highlight Report (April 2019) and thanked Steve Comb, Janet Tolley and Gill Addy for their contributions.
- (2) The Board agreed that arrangements should be made for Substance Misuse nurses from Change Grove Live to visit the new drop-in facility in Dewsbury.
- (3) That a future report be considered by the Board giving an update on Educational Employment and Training, to include an update on the work underway with local businesses.
- (4) The Board agreed that delegated authority for Personal Advisors to approve expenditure on behalf of looked after children, needed to be reviewed. The Care Leavers Advocate agreed to liaise with the Heads of Corporate Parenting regarding this matter.

8 Overview of number of children in Care

The Board considered an overview of the number of children in care (snapshot) including age profile presented by Steve Comb, Head of Corporate Parenting (Sufficiency).

In response to a question from the Board relating to whether Members could be assured that children leaving care was the right decision, Steve Comb advised that

Corporate Parenting Board - 19 June 2019

statutory reviews and monitoring was undertaken once children and young people returned home after leaving care. The Board was also informed that Social Workers had to present their cases to a Board to request that a child or young person should leave care and the Board would make a decision on whether the child could be returned home and this was also overseen by the courts in some cases.

The Board agreed to consider a future report on sufficiency of foster placements living outside the area, to include subset data showing the residual number of children on placement living outside the area.

Colleen Kenworthy raised the issue of support required for foster carers of birth children and agreed to liaise direct with the Head of Corporate Parenting (Sufficiency).

RESOLVED –

- (1) The Board noted the report on Number and age of Children in Care and thanked Steve Comb for his contributions.
- (2) That the Board consider a future report on sufficiency of foster placements living outside the area, to include subset data showing the residual number of children on placement living outside the area.
- (3) That the representative from the Kirklees Fostering Network would liaise with the Head of Corporate Parenting (Sufficiency) to discuss the issues in relation to the support needed for foster carers of birth children.

9 Summary of Educational outcome analysis for children and young people in care from 2018

The Board considered a report giving a summary of the educational outcomes analysis for children and young people in care from 2018 presented by Janet Tolley, Virtual School Head Teacher.

Janet Tolley confirmed that the data covered the period 31st March 2017 to 31st March 2018.

Sanna Mahmood advised the Board that a number of Council run courses could be accessed by young people at the No 11 drop-in facility, eg food hygiene.

The Board discussed concerns relating to the number of secondary school moves taking place for looked after children due to care placement changes and agreed to consider a future report outlining what action was being taken to reduce these school moves.

The Board agreed to consider the draft Head Teacher's report in December 2019.

The Board agreed to consider the wider Learning Strategy at a future meeting, with particular focus on looked after children.

RESOLVED -

- (1) The Board noted the report giving a summary of the educational outcomes analysis for children and young people in care from 2018 and thanked Janet Tolley for her contributions.

- (2) The Board agreed to consider a future report showing the number of secondary school moves for looked after children, together with the number of placement moves and an update on what action was being taken to reduce the number of moves that take place.
- (3) That the Board consider the draft Head Teachers report in December 2019.
- (4) That the Board consider the Learning Strategy at a future meeting, with particular focus on looked after children.

10 Statement of Purpose for Fostering Service (Annual)

The Board considered an Annual Report on the Statement of Purpose for the Fostering Service presented by Andy Quinlan, Service Manager (Fostering) and Lucy Kirby, Fostering Advisor.

The Board was informed that each Local Authority must have a Statement of Purpose (SOP) for the Fostering Service. Andy Quinlan explained that there was a version of the Fostering Service SOP which had been developed with children for children and when finalised, this would be sent to children who had been fostered.

The Board was informed that all Managers within the Fostering Team were now permanent and that they would help to drive the service forward.

The Board noted and agreed the following:-

- That the Statement of Purpose Fostering Service brochure be circulated to Board Members for information;
- That the Young Persons draft version of the Fostering Service Statement of Purpose be circulated to Board Members for comment;
- To receive details of future Foster Carer Recruitment events;
- That Foster Carers should have access to a wide range of services and that Benefit Advisors, CAMHS representatives and employment agencies should attend future recruitment events to provide advice to current and new Foster Carers;
- That Foster Carers should have access to the employee health care services, including advice on immunisations for carers and family members;
- That events be arranged for existing foster carers to raise awareness of what support was available;
- There had been a 30% increase in enquiries regarding fostering since this quarter last year.

Sanna Mahmood advised the Board that her story of her experiences of being in care had been in the Yorkshire post and that the article had been nominated for the Examiner Community Award. The Board congratulated Sanna Mahmood on getting her degree which was a First in Health and Community Development. Sanna Mahmood thanked Kirklees for giving her the work placement.

Colleen Kenworthy raised concerns relating to when foster carers could no longer support a young person at the age of 18 and that it could be detrimental to their future. The Board agreed that more support should be given to staying put carers.

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The Board agreed to consider a future report on the impact of staying put on foster carers, to include learning from what was being carried out in other local authorities.

The Board noted that every care leaver now had access to the KAL card and that the Council would shortly be providing free bus passes for care leavers. The Board was informed that arrangements were being finalised to provide free driving lessons for care leavers.

RESOLVED -

- (1) The Board noted the Annual report on the Statement of Purpose for the Fostering Service and thanked Andy Quinlan for his contributions.
- (2) That the Statement of Purpose Fostering Service brochure be circulated to Board Members for information.
- (3) That the Young Persons draft version of the Fostering Service Statement of Purpose be circulated to Board Members for comment.
- (4) The Board agreed to receive details of future Foster Carer Recruitment events.
- (5) The Board agreed that Foster Carers should have access to a wide range of services and that Benefit Advisors, CAMHS representatives and employment agencies should attend future recruitment events to provide advice to current and new Foster Carers.
- (6) That Foster Carers should have access to the employee health care services, including advice on immunisations for carers and family members.
- (7) That events be arranged for existing foster carers to raise awareness of what support was available.
- (8) That the Board consider a future report on the impact of Staying Put on foster carers, to include learning from what was being done in other local authorities.

11 Corporate Parenting Board - Areas for Board Members to Champion and Corporate Parenting Board Agenda Plan 2019/20

The Board considered areas for Board Members to champion and the agenda plan for the 2019/20 municipal year.

The Board Members agreed to sign interact with other services and partners to challenge the role of the Council as a Corporate Parent and report back to the Board, as follows:-

- Planning – Cllr John Lawson
- Preventative work – Family and Conference Team – Cllr John Lawson
- Cabinet Members – Cllr Viv Kendrick to speak to Cabinet colleagues
- Accommodation for all young people as well as care leavers – Cllr Karen Allison
- Criminal Justice System (Youth Offending Team) – Cllr Richard Smith

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- Leaving Care – Sanna Mahmood
- Social work teams, management Styles and health and wellbeing – Sanna Mahmood
- Fostering and Adoption and sustainability of recruitment – Cllr Fazila Loonat
- Health and Wellbeing of looked after children and foster carers – Colleen Kenworthy
- KAL – Tom Brailsford and Colleen Kenworthy
- Drop-in facilities for looked after children – Janet Tolley

RESOLVED –

- (1) The Board Members agreed to interact with other services on a number of key areas to challenge the role of the Corporate Parent and voice of the child and report back to future Board meetings on progress and findings.
- (2) The Board noted that interaction with services could be in the form of a formal meeting with the service or partner, a telephone conversation or email exchange.
- (3) The Board agreed that key contact points for the respective areas to be focused on should be circulated to Members of the Board for information.
- (4) The Board noted the Agenda Plan for the 2019/20 municipal year.

12 Updates from Board Members on interaction with Services

The Board considered verbal updates from Board Members on interaction with Services.

The Chair of the Board, Cllr Kendrick, gave a summary of events, visits and meetings she had recently attended, as follows:-

- 9th May – Grandparents+ Event
- 14th May – Foster Carers Awards
- 21st May – Foster Carers Recruitment Event
- 24th May – Youth Summit
- 6th June – Kirklees Fostering Network Coffee Morning – Mirfield and phone interview with Ofsted Chief Inspector
- 7th June – Yorkshire and Humberside Children’s Lead Member Network
- 10th June – CSE Briefing for Councillors with Dr Mark Peel
- 11th June – 50 things to do before you are 5 – Launch Batley Town Hall
- 12th June – Kirklees Safeguarding Children’s Board Board
- 13th June – Short Breaks Engagement Event with parents and carers

RESOLVED –

- (1) The Board noted the updates from Board Members on interaction with services.
- (2) The Board agreed that this item be considered earlier on the agenda in future.

13 Dates of Future Meetings

The Board noted the dates of the Board meetings in the 2019/20 municipal year.

Corporate Parenting Board - 19 June 2019

RESOLVED - The Board noted the dates of meetings in the 2019/20 municipal year:-

- 28th August 2019, 10 am
- 23rd October 2019, 10 am
- 13th December 2019, 10 am
- 10th February 2020, 10 am
- 9th April 2020, 10 am

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KIRKLEES COUNCIL

**COUNCIL/CABINET/COMMITTEE MEETINGS ETC
DECLARATION
CORPORATE PARENTING BOARD**

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed:

Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Kirklees Metropolitan Borough Council

Inspection of children’s social care services

Inspection dates: 10 June 2019 to 21 June 2019

**Lead inspector: Lisa Summers
Her Majesty’s Inspector**

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care and care leavers	Requires improvement to be good
Overall effectiveness	Requires improvement to be good

Since the last Ofsted inspection in September 2016, when the local authority was judged inadequate overall, strong and resilient senior leadership has underpinned the improvement in practice from a considerably low base. The pace of change was initially slow, impeded by a lack of stable and effective senior management. In June 2017, a formal arrangement was implemented by the Department for Education (DfE), with Leeds City Council taking responsibility for overseeing improvement. Since March 2018, there has been steady progress in strengthening the foundations for sustainable service improvement. As a result, there are no widespread or serious failures that leave children at risk of harm.

Progress has been achieved through increased corporate commitment and investment in services, clear and focused leadership, strengthening of partnerships, for example the duty and advice team, and improved workforce stability and engagement. Children who need help and protection are now recognised, and risk of significant harm is quickly responded to.

Children have their needs met by social workers who know their children well, and through better-coordinated multi-agency planning. Early permanence for children in care is well considered and progressed. There is strong practice in relation to the quality of direct work with children and young people, particularly for those leaving care, and effective collaboration to address the growing emergence of gang-related activity and child exploitation.

However, the local authority is not delivering good help, protection and care for all children, young people and families. Caseloads for some social workers in the assessment and intervention teams are challenging to manage when they are on duty, and this impacts on quality in some cases. This means that not all children receive help at the earliest opportunity. There are still delays in achieving permanence for some children. This includes children with a plan for long-term fostering and those placed with parents on care orders. Management oversight, challenge and supervision are not sufficiently robust. Mechanisms for monitoring permanence have been strengthened, but these improvements are too recent to have had an impact. The quality of return home interviews for children who go missing from home and care is not consistently robust. Senior managers were not aware of the deterioration in services for children who are privately fostered and those at risk from professionals where allegations have been made. As a result of the findings of this inspection, senior managers took action to consider and amend processes for these children. Disabled children are not receiving a service of sufficient and consistent quality. Before this inspection, senior managers identified these concerns, and moved the management of the service to children's social care. The newly revised quality assurance and performance framework is still developing, and does not fully support senior managers' understanding of children's experiences and the quality of social work practice across the service.

What needs to improve

- The quality of recording, assessments and child protection investigations so that children receive help at the earliest opportunity.
- The quality of written child in need, child protection and care plans, so that they are timebound, with clear and meaningful contingency plans.
- The response to disabled children, children in private fostering arrangements, and children at risk from professionals where allegations have been made.
- The response to children who go missing from home and care, so that all children are offered return home interviews that are of good quality, in order to better understand why children go missing and to inform care planning and strategic priorities.
- The timely permanence for children with plans for long-term fostering and children placed with parents.

- The completion of life-story work for children in care.
- Care leavers' understanding of their health histories.
- The quality of foster carer reviews.
- Management oversight across the service through improved performance and quality assurance.
- Regular supervision of social workers that is reflective, directive and, alongside the work of independent reviewing officers (IROs), challenges poorer practice.

The experiences and progress of children who need help and protection requires improvement to be good

1. There has been steady and continuous progress to improve the initial response to children in need of help and protection since the last Ofsted inspection in 2016. The multi-agency duty and advice team has been strengthened, and children now receive a timely and appropriate initial response when they are referred for a children's social care service. Screening of contacts is effective and is informed by the child's history and appropriate information from partner agencies. Children's voices are routinely considered and sought through discussions with referrers and other professionals known to the child. Consent is consistently secured or appropriately dispensed with where there are risks of significant harm.
2. Kirklees' early help strategy has recently been refreshed, but is not fully embedded. There are examples of good and impactful work with families through community hubs, and appropriate signposting to services. However, the local authority is not evaluating the impact of early help provision, limiting its understanding of what is effective and why. The new multi-systemic therapy service provides edge-of-care provision. The service is still in its infancy and it is too soon to evaluate its effectiveness.
3. When significant harm is identified, the majority of children benefit from swift, well-coordinated strategy meetings. Key partners do not always attend strategy meetings, limiting the richness of discussions, decision-making and planning of investigations. Most strategy meetings identify clear actions to be taken to safeguard children. However, not all set out timescales for their completion.
4. For children who have experienced domestic abuse, there is a solid, well-coordinated multi-agency response. The daily risk assessment multi-agency meeting effectively screens domestic abuse referrals and coordinates the right help and support for victims and children.

5. Most assessments and some child protection enquiries are not good enough. While presenting risks are responded to, wider needs are not always identified. Too many assessments lack depth and do not demonstrate an understanding of children's experiences. Children's history and information from partners are not effectively considered to inform social workers' analysis. As a result, some children's needs had not been identified and met at the earliest opportunity, and some children have been subject to repeat assessments. A high proportion of both assessments and child protection enquiries do not result in any action from children's social care.
6. Resultant written plans for children in need and those subject to child protection plans focus appropriately on the presenting issues identified from assessments. However, many lack timescales to help focus families and professionals on goals that need to be achieved and clear contingency arrangements to help parents to understand what would happen if the outcomes were not met.
7. Children benefit from recently improved practices in planning, with social workers able to drive the work, supported through effective multi-agency arrangements. This is helping children to be safer and have their needs well met. Positively, planning becomes more focused on meeting children's broader needs as social workers get to know children and their families. Social workers use a restorative approach to positively engage with families. This enables meaningful relationships to be secured, so that families can shape and influence their plan. Social workers speak knowledgeably about children and families. This is helping children and their families to progress their plans.
8. Some groups of vulnerable children receive effective support. The work of the multi-agency risk and vulnerability team is starting to embed, and the response to exploitation is better coordinated. There has been demonstrable success in diverting young people away from crime, including working with those involved in gangs and knife crime. The response to child sexual exploitation is well-coordinated to mitigate risk. As a result, the circumstances of many of these children are improving.
9. Young people aged 16 and 17 who present as homeless are well supported. Pathways and joint working with housing are well established, which means that their immediate accommodation needs are assessed and met. Young people are informed of their right to come into care.
10. The recently formed education safeguarding team is working increasingly well with a range of partners to track and monitor children missing from education. Stronger actions are currently being taken to respond to the significant growth in the number of pupils receiving elective home education.
11. Senior managers have recognised that the disabled children's service did not provide sufficiently child-centred social work, and moved the management of

this team to children's services. Social workers working in the children's service have not had the appropriate training or access to tools to enable them to communicate effectively with their children. Some basic social work tasks, such as plans and assessments, are not being consistently completed.

12. Senior managers were unaware that the arrangements to support children who are privately fostered had deteriorated since the last inspection and are poor. Children's needs and the suitability of the arrangements have not been assessed and appropriate checks are not being undertaken.
13. The response to allegations against professionals is not consistently robust, and allegations are not always fully explored to inform the action that needs to be taken. Oversight and management arrangements are not effective in the designated officers' absence. This potentially leaves children exposed to risky situations.
14. Not all children who go missing are offered a return home interview. When these are completed, the quality is inconsistent and does not give a good enough understanding as to why children go missing in order to inform care planning or disruption activity to reduce further missing episodes.

The experiences and progress of children in care and care leavers requires improvement to be good

15. Senior managers have improved services for children in care and care leavers in Kirklees since the last inspection. However, services are not consistently good for all children and young people. Shortfalls in the quality of care planning and a lack of manager and IRO challenge and oversight mean permanence for some children is delayed.
16. Inspectors saw appropriate use of the public law outline (PLO). Improved monitoring of timescales through the PLO tracker is leading to decisive action being taken to safeguard children when changes are not made. Managers are aware of the need to further improve letters to families before proceedings, to ensure that parents are clear on the changes that are required to safeguard children from further harm.
17. Staff from a range of services, including the multi-systemic team, family group conferencing and the risk and vulnerabilities team, work effectively to support children to remain in the care of their families, and as part of plans for reunification where appropriate. When it is not possible for children to remain in the care of their families, appropriate action is taken for the majority of children to enter care in a timely manner.
18. For children coming into care more recently, the development of a permanence panel and associated trackers is resulting in more effective early permanence planning. Robust sibling assessments provide a clear rationale

for whether children should be placed with or apart from their brothers or sisters. For children with a plan for adoption, even those traditionally regarded as hard to place, the identification of adoptive families is swift, and the placement achieves permanence in a timely manner. Children enjoy stability through well-embedded post-adoption support and good use of the adoption support fund. The overall timeliness of adoptions is improving.

19. Senior managers have been too slow to address poor practice identified at the last inspection in relation to children placed with their parents on care orders for significant periods. Senior managers have reviewed all children in these arrangements and are now monitoring them through the permanence panel. Although a number of these children have achieved permanence as a result, there are still too many children waiting for permanence to be secured.
20. Some children experience delays in family finding. There are also delays in ensuring permanence matches for children in long-term foster care and for a small number of children waiting to be adopted. Delays are due to several issues, including changes in social workers and/or IROs, and lead to a loss of continuity in delivering care plans, and a lack of long-term foster carers and adopters, meaning that some children wait too long for a match. Recommendations from some reviews were unclear as to what actions needed to be taken to secure permanence. The tracking of these children is very recent, and at the time of the inspection, senior managers were unclear about how many children were still waiting to be matched with their long-term foster families.
21. The majority of children benefit from living in a range of placements that meet their individual needs. Most children live with carers who provide activities and opportunities that enable them to enjoy life, improve their progress and promote a rounded childhood. A dedicated connected carers' team offers a high level of support to children who live with friends and family, which is effective in reinforcing and sustaining permanence. This means that these arrangements seldom break down.
22. Senior managers are working to increase the number of local placements, through an ambitious fostering recruitment strategy and working closely with external providers. Foster carers spoke positively about improvements to induction, regular training and carer support groups. However, reviews of foster carers are not sufficiently robust. Although timely, they lack reflection of children's views, and there is not enough exploration of significant incidents or information about mandatory training completed. Senior managers have recently recruited an IRO to undertake this work. Mechanisms to routinely evaluate the overall performance of the team are not in place, so managers are unable to assure themselves that standards in compliance and mandatory training are met.

23. When children are placed at some distance from their home, effective notification takes place to ensure that host local authorities are informed. However, social workers do not routinely consult with host local authorities before children are placed to ensure that they receive timely services to meet their needs.
24. Children's placement stability is monitored by senior managers. Performance figures are currently going through a manual data cleanse following integration from a previous electronic recording system. For most of the children, supportive action is taken promptly when concerns are identified. Bespoke support is delivered by the placement support service to enable children to remain in their placements when appropriate. When placements end in an unplanned way, disruption meetings are not routinely held to help workers understand why this happened or to inform future placement decisions. This hinders future matching.
25. Children in Kirklees increasingly benefit from good support from advocates and independent visitors. This allows children to share their views and opinions at a range of regular reviews and meetings.
26. Social workers and personal advisers have a good understanding of the children and young people they work with, although this is not always consistently evidenced in case recording. There are examples of sensitive direct work, including life-story work to help children to understand their individual circumstances. This is not consistent for children living in long-term foster placements. Managers are aware of the need to develop this further.
27. The children in care council has been developed since the last inspection. It offers a wide variety of activities to children to participate in and give their views, and celebrates the achievements of children in care and care leavers through an annual celebration event. The number of members of the children in care council is very low, and managers are aware of the need to increase this so that children have a meaningful influence on service developments and training.
28. Children in care are given good support to become physically and emotionally healthier. They are routinely taken for dental and optician appointments and their health needs are met. Workers consider and assess individual needs effectively, and specialist provision is sought where necessary. A multidisciplinary emotional well-being clinic provides timely and accessible emotional support for children and carers, and clinical expertise and advice are embedded throughout the service. Although records indicate that young people receive their health histories, these are not recorded on their case records and care leavers say that they have not received information about them.

29. The majority of children's care plans are updated and monitored regularly by IROs at timely reviews. Plans do not always clearly identify how permanence will be achieved, and many lack timescales to minimise drift. Child-friendly care plans are of better quality and are routinely used to help children understand their plans. There is clear evidence of IROs' oversight. However, IROs do not routinely challenge and escalate concerns about drift and delay.
30. The effective virtual school has high aspirations for the progress and well-being of children in its care. The virtual school has developed increasingly purposeful links with schools and colleagues in social care to check pupils' progress and provide additional support. Personal education plans are thorough and clearly capture the views of children, young people and carers on the support they receive. The virtual headteacher has supported the creative use of additional funding to improve attendance, provide extra tuition and promote children's involvement in wider experiences. As a result, children in care have achieved outcomes that are largely in line with children in care nationally. Additional support for young people over the age of 16 is encouraging increasing numbers to remain in education, employment or training.
31. Care leavers increasingly receive an improving service, key to which is the allocation of skilled personal advisers who have manageable workloads, enabling them to get to know their young people very well. Quality pathway plans, in which young people's voices clearly shine through, appropriately identify the tasks and timescales needed for them to achieve independence. However, senior leaders are aware that more work is required to ensure that this is consistent for disabled children and young people.
32. The local authority is in touch with the vast majority of its care leavers. The No. 11 service provides a high-quality resource for care leavers to use as a drop-in when they need advice and support. There is an appropriate focus on helping young people to prepare for independence through the provision of support and training, and to build resilience, for example through budgeting.
33. A dedicated careers officer adds significant value to the service by offering young people the opportunity to enter the world of work at their own pace and according to their own preferences. This means that many care leavers are in education, employment or training.
34. The vast majority of care leavers live in suitable accommodation and benefit from good support to maintain their living arrangements. 'Staying-put' arrangements, for care leavers to remain living with their former foster carers beyond the age of 18, are readily available, across both local authority and independent fostering agency placements. At the time of the inspection, 27 young people were living in such arrangements. Care leavers living within the borough are exempt from paying council tax, an initiative that was developed to support them to live independently. Solid partnerships with local housing

providers mean most young people are found suitable places to stay near where they lived in residential and foster care or near family. This enables their support networks to be suitably maintained.

The impact of leaders on social work practice with children and families requires improvement to be good

35. Senior leaders have taken a systematic approach to improve the quality of services since the last Ofsted inspection in 2016, which judged the service to be inadequate. Initially, the pace of improvement was slow, impeded by instability in staffing and a lack of consistent and effective leadership. This included four changes of director of children's services in a short period of time. Latterly, the pace of improvement has accelerated as a result of the DfE's formal arrangement for Leeds City Council to take responsibility for overseeing improvement. This arrangement secured strong foundations for the recently appointed permanent DCS to build on when taking up her post in December 2018. There is a renewed energy and determination to continue improvements for children and families in Kirklees. However, there is more to do to ensure that all children who need help and protection and those in care receive a good service that improves their experiences.
36. Children's social care has been well supported across the council, both financially and culturally, in order to achieve the improvements needed. Elected members, leaders and senior managers have made significant improvements in corporate parenting. They are now clear about their responsibilities and are proactive, highly ambitious and aspirational for children in care and care leavers, and they are taking pride in their achievements.
37. Leaders are creating the right conditions for social work practice to flourish. Managers have targeted areas of great impact for children through a whole-service reform to support and sustain the improvements needed. Senior managers have re-established relationships with partners and have built stronger services, such as the improved multi-agency duty and advice team, while stabilising the workforce and repairing fractured relationships between social workers and senior managers.
38. Leaders have reviewed and restructured services for children in need of help and protection and children in care. As a result, most children now receive an appropriate response to protect them, and experiences of children in care are improving. Now that this has been achieved, and services have been secured, senior managers are in a positive position to look more broadly across the wider service.
39. Senior managers understand the needs of children and their families well. They have worked hard to rebuild trusting relationships and there are shared

priorities with partner agencies. This is enabling them to respond appropriately and effectively to new demands. For example, the creation of the multi-agency risk and vulnerability team is effectively addressing the growing emergence of gang-related activity and growing numbers of children vulnerable to exploitation. The response to children who go missing from home and care needs a stronger focus to ensure that all children receive a consistent service; maximise opportunities to understand push and pull trends; better manage risk; and identify themes to inform strategic planning.

40. Leaders and senior managers have an improving understanding of the quality of frontline practice through recent peer reviews, Ofsted monitoring visits and the use of sector specialists to improve their services. Senior managers and leaders have regular contact and discussions with children and young people to better understand their priorities and improve services. For example, the lead member has been instrumental in securing free transport passes and free driving lessons for young people leaving care. The improvement board routinely scrutinises areas of practice through its 'spotlight on practice', inviting children and young people, social workers and managers to share their experiences of services and identify areas for improvement. Feedback is well used to inform service developments, for example the creation of No. 11, the care leavers service.
41. The newly revised quality assurance and performance framework is still developing. Currently, it does not enable senior managers to fully understand children's experiences and the quality of social work practice across the service. Some areas of performance are not routinely monitored or evaluated to inform a sufficiently comprehensive understanding of practice. For example, the local authority does not routinely monitor its adoption performance, relying on the regional adoption agency to provide this. The low conversion rates from child protection enquiries to initial child protection conferences and children assessed as not requiring a social care service have not been interrogated to understand what this means for children. Frontline managers now receive weekly reports, enabling them to better manage workflows and compliance.
42. Changes in the electronic recording system and inconsistencies in recording practices are impacting on data integrity. As a result, great time and effort are focused on data cleansing and some managers are creating and maintaining additional methods of overseeing performance. Although this is necessary, the process is inefficient.
43. Monitoring of some key areas of practice that significantly impact on children has been too slow to develop. For example, tracking of permanence for children with plans for long-term fostering, adoption and those placed with parents is very new and has been implemented following a peer review commissioned by the new DCS. This was an area of improvement identified at the last inspection. Although managers have reviewed permanence for those

children placed with parents, managers have not systematically prioritised those children most at risk of drift and delay with plans for long-term fostering. As a result, too many children have experienced delay in achieving longer-term permanence, and for some, this is still not secured.

44. Senior managers were not aware of the deterioration in the response to children who are privately fostered and those at risk from professionals where allegations have been made. These had been areas of practice identified as stronger in the last inspection. In response to the concerns raised by inspectors, senior managers took action to amend processes for children who are privately fostered.
45. Auditing has been strengthened since the last inspection. However, there is insufficient focus on children's experiences, and this leads to inflated judgements about the quality of social work practice across the service. Some audit findings lack the level of clarity needed to sufficiently target and inform improvement. The DCS recognises that not all managers share a common understanding of what good practice looks like and senior managers are addressing this through recent auditor training. When audits have been more focused, this has supported an effective response to identified shortfalls, such as a drift in child protection and child in need planning. Themes identified from monitoring visits have been used well to shape core training in recording, assessment and planning. At the time of this inspection, only training in recording had been completed.
46. Staff stability and confidence in core social work practice have significantly improved since the last inspection. A key strength is the quality of direct work and relationships between social workers, personal advisers and their children, underpinned by the local authority's restorative practice model. This is not the case for disabled children, where social workers have not received training or do not have access to basic tools to enable them to communicate with children in line with their diverse needs.
47. Senior managers have successfully recruited and retained social workers, resulting in a significant reduction in the dependency of agency staff, despite the recruitment challenges regionally and nationally. This had been a significant issue at the last inspection. This improving stability, alongside the decision not to use agency staff, has reduced the number of changes in social worker that children experience. This is helping social workers build durable relationships with children and their families. Kirklees Council nurtures and develops its new social work staff. Newly appointed social workers spoke highly of their protected four-week induction, which provides clarity of expectation and practice standards through core training and shadowing. The newly introduced advanced practitioner posts provide specialist knowledge, advice and support through co-working, as well as creating career development opportunities.

48. Although caseloads have reduced, some social workers in the assessment and intervention teams reported that there is a sharp increase in work allocated to them when they undertake duty. They reported that this impacts on the quality of their work and their ability to complete specific recording tasks. Some of these challenges are mitigated through co-working some cases with highly skilled advanced practitioners, who bring specialist guidance and oversight. Senior managers regularly review caseloads and recognise increases in demand for social care services. For example, as a result of the growing emergence of gang-related activity and a recent complex joint police investigation, they have appropriately recruited an additional team. Social workers in this team are due to take up their posts in September.
49. Morale across the service has significantly improved. Social workers feel safe and supported by trusted senior and frontline managers. However, supervision is not consistently regular and the rationale behind key decisions affecting children's lives is not always recorded. Supervision lacks case reflection and clear management direction, and poorer practice is not routinely challenged by frontline managers or IROs. Senior managers recognise that this requires further improvement, and plans are in place to deliver bespoke management training across the service.



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Name of meeting: Corporate Parenting Board
Date: 10 September 2019
Title of report: Children in Care Service Performance Highlights (July 2019)

Purpose of report

This report outlines key performance highlights for children in care and care leavers up to July 31st 2019, for the board to consider and comment upon.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	Not applicable – for information
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Mel Meggs) – 2.9.19
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Not applicable
Cabinet member portfolio	Cllr V Kendrick (Children)

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

Have you considered GDPR? Yes GDPR considered no service users identified

1. Summary

The key performance highlights for children in care and care leavers up to July 2019 are as follows:-

We have seen a decrease in the number of children in care from a 12 month high in Aug 18 of 65.2 per 10,000 children (647 children) to 61.7 (616 children) in June 2019, increasing slightly to 62.7 (626 children) in July 2019. The current 12-month average for Kirklees rate per 10.000 child population is 63.6, below our 31 March 2018 published rate of 68.0 and our Statistical Neighbours 2018 rate of 86.1 and the England 2018 rate of 64.0.

The number of children in care has decreased by 21 between August 2018 and July 2019. The number of children in Kirklees aged 0-17 has been revised for the calculation from 99,192 to 99,815 as per the data published by DfE in October 2018)

Kirklees (July 2019) = 62.7 per 10.000 child population

Statistical Neighbours (2018) = 86.1 per 10.000 child population

England (2018) = 64.0 per 10.000 child population

Placement Stability and support

The Legal Gateway and Permanence Panel continues to support consistency in regard to decision making and planning around placement moves for children and young people. A weekly External Placement Review Panel is in place, to provide better oversight of children who are not placed in council provision. An External Placement Review is ongoing of all children who are placed out of Local Authority to consider their care planning and explore options of returning to the local area if this is in line with meeting the children and young person's needs. We have already made progress reducing the number of children placed more than twenty miles away from Kirklees from reducing from 127 in 2017 to 81 on 31st July 2019.

We have reviewed all children who are placed at home on interim or full care orders as a legal status (Placed with Parents). This includes children residing at home under a court direction.

For Placement Stability the placement support team are very active, and we have implemented innovative solutions to support several placements. An example of plans to limit unplanned moves is as follows: where a foster carer or placement is given 28-day notice, the Team Manager will coordinate a meeting within 5 working days to look at what can be provided to avoid placement breakdown and to maintain the current placement.

Health of Children in Care

What difference did we make?

Initial health assessments

Kirklees rolling 12-month data for July 2019 shows 88.2% were completed in timescales. Locala monthly data for July reports that 100% were completed in timescales.

Review health assessments:

Kirklees rolling 12-month data for July 2019 for developmental assessments, i.e. children under 5 years old, stands at 96.8% and for annual assessments, i.e. children over 5 years old, were 98.6% on time. Locala monthly data for July records that 100% of the developmental and 97% of the annual assessments were completed in timescales. There were 2 late RHA's (1 was a Kirklees child who declined the assessment. 1 was another local authority child where the carer said she did not receive the appointment letter, so it was re-arranged). All Kirklees children who decline an assessment, are informed that a 'Virtual' assessment will be completed if they agree. The 'Virtual' assessment gathers available health information from current records and discussions with carers and the social worker. The assessment information helps to inform the LAC reviews and those caring for the children of any outstanding health needs. These are not counted in the data.

Dental Checks

Within last 12 months: Kirklees rolling 12 month data for July 2019 shows that 83.6% of LAC have been recorded as having received a dental check (we know this figure is higher, as it relies on the team being notified after each dental attendance, in between health assessments). Additional actions are undertaken to find this information other than at their health assessment i.e. when an SDQ is sent out, monthly lists of missing information etc. The missing information is less likely for children up to age 5 as this is asked at their '6 monthly' RHA. For children over age 5, this information is reported at the 'annual' RHA

Registered at dentist:

Locala monthly July 2019 data shows 100% of looked after children from age 5 to 18 (omitting babies under 18 months) were registered at the dentist at the time of their RHA. The Designated Nurse is informed immediately following the child's health assessment by electronic task from Locala, of any children not registered to allow action to be taken. The Designated Nurse has arranged a meeting with a Public Health colleague to look at including Looked after Children and Care Leavers, as a cohort to automatically access dental registration, in the 'Oral Health Strategy and Action Plan 2019-24', which is in draft format currently

Substance misuse:

1.66% of looked after young people were identified at their last review health assessment, as having a dependant problem with substances. Consideration must be given to the difficulty in obtaining an accurate figure, as it is dependent on the young person admitting the extent of the issue, given that it is illegal and they may not wish to share the information. (National figure 4%). Those young people who refuse any support are discussed with the local support service, to try to have a targeted response. Any young person misusing substances at any level is offered support.

Fostering

What difference did we make?

We have had a number of de-registrations of foster carers. Several of these are families in the “connected person” pathway, carers who have decided to take permanence orders such as Special Guardianship Orders, and therefore resign as foster carers, and this is a positive outcome for the child. We have also had some carers resign in recent months for reasons beyond our control for example a foster carer who adopted and decided that fostering was not compatible with the adoptive placement. We have also had some retirements in recent months and inactive fostering households who have made the decision that fostering is not something they wish to continue doing.

The Service Manager is working closely with the Kirklees Fostering Network to continue to develop our fostering service and ensure that carers are supported appropriately. A foster carer is now attending the Corporate Parenting Board. A regular meeting is now in place to review calls to the foster carer helpline and we meet with the foster carers who operate the helpline. We have submitted a bid to the Department for Education expressing interest in obtaining funding for two hubs operating the “Mockingbird” model of fostering, we await the outcome of the bid.

A review of how the Fostering Service operates is to take place in the autumn to ensure we are focussing our resources in the correct way, and that our existing carers are receiving good support. It was highlighted during the Ofsted inspection that recording latency was causing an issue in the Fostering Service, and that the service needs to make better use of data. It was also highlighted more positively that at the time of the 2016 inspection 66% of children were cared for in family settings at this inspection this had risen to 75%, due to increases in connected persons and other fostering, and a reduction in residential use.

We have been very active with prospective carer recruitment, taking part in the Jo Cox fun run, the Pride event, using Facebook, Twitter, Kirklees Intranet, marketing materials in a range of arenas (including coverage in regional news) and positive coverage re educational attainment of a young person who is now an adult talking about her time in Kirklees Foster Care. Adverts in flower beds across the District to raise awareness of children in need of placements, with the strap line “Help a Kirklees Child Bloom”, we have developed stronger links with Huddersfield Town FC in terms of marketing fostering opportunities.

We have Foster Carer Awards at John Smiths Stadium planned we were extremely pleased with the success of the previous event, receiving positive feedback from those foster carers who attended, and press coverage. We have developed a much better working relationship with the local Fostering Network.

What do we want to improve?

Recruitment and retention of foster carers

The Service Manager is focussing on these challenges as two separate matters, improving our offer for existing carers and a focus on recruitment. We continue to develop the Recruitment Team to increase numbers of Kirklees carers and have targeted carers for respite and teenagers. A recruitment and retention focus for our foster carers is a key strand of our improvement work and the Service Manager is working closely with the Recruitment Team to ensure that the numbers of assessments increase and that they are completed in a timely fashion.

Capacity has now been increased for Form F assessments. The “Refer a Friend” scheme is in place encouraging existing carers to assist with recruitment for a small financial reward. Our target this year is to add 25 new mainstream households per year, after mainstream resignations have been deducted.

Further work is to be undertaken to look at encouraging culturally diverse applicants our marketing campaign approach continues and there is plan for further digital marketing. Fostering fortnight during May created 23 initial enquires and these expressions of interest will be tracked. We have met with Huddersfield University Business School who have agreed for some post graduate projects to look at our foster carer recruitment methods these have now started.

One Adoption West Yorkshire Children with a plan for adoption

To the end of July 2019, 16.7% (32 children) had been adopted as a percentage of children leaving care in a 12-month rolling period. This represents a 12-month high. The 12-month average is 12.4% (23). At the level of performance to July 2019, Kirklees is now above the England rate of 13.0% (2018) and Statistical Neighbours rate of 15.5% (2018).

The average timescale for adoption has been increasing and reached 427.7 days in July 2019. Overall this remains better than the Statistical Neighbours and National averages, 512.4 and 486.0 days respectively, from the most recent Adoption Scorecard (3-year average outcome to March 2018). Kirklees performance on the Scorecard was 487 days, so performance has improved since this time. The average timescale has been increasing and reached 214.1 days in July 2019. Overall this is better than the Statistical Neighbours average of 243.6 and above the national average of 220.0, from the most recent Adoption Scorecard (3-year average outcome to March 2018). Kirklees performance on the Scorecard was 198 days, so there has been a small increase in the average timescale since this time

We have established weekly clinics to support children's social workers who are undertaking child permanence reports, sibling assessments and considering whether a plan for adoption is appropriate. This is a joint initiative between the Assessment & Intervention Service and One Adoption and will be supported by regular training and workshops. One Adoption continue to attend legal gateway on a weekly basis in order to track children with a plan for adoption and to ensure a family finder is allocated.

If an adoption placement ceases then One Adoption have a 'disruption review' and their new procedure is on our procedures website. There will be work with Kirklees staff as to the implementation of this process. We have a structured Agency Decision Making process in relation to adoption planning. This includes legal and medical advice as well as advice from One Adoption West Yorkshire.

Adoption Support Fund – there has been an increase in successful applications for Kirklees children that resulted in an increase of support, training and therapeutic input.

What do we want to improve?

Develop an even closer working relationship between One Adoption West Yorkshire and Kirklees social workers and managers, to ensure we maximise the potential benefits of the regional adoption agency in Kirklees. The family finding team at One Adoption with responsibility for Kirklees are currently moving into Civic Centre 1, which will improve areas of communication and partnership working to assist timely adoption for our children.

Education

Service Narrative

What difference did we make?

98% of all initial PEP's have been completed within 10 working days of notification to the Virtual School since 01/09/2018. The 53.2% reflects the fact that we are unable to hold PEP meetings with educational providers if it is the school holidays and the historic lag in notification processes earlier in the academic year.

We continue to work with social work teams to improve both PEP and initial PEP completion and the quality assurance of PEP's. This includes weekly updates to Social Work managers and regular chase up emails and phone calls to Social Workers where there is missing information. We also focussed relentlessly to ensure PEP completion in July prior to the summer holidays. We are currently moving to termly PEP's to meet statutory requirements and this will need to be clearly communicated and implemented across the service as a priority.

Attendance is steady, as is the number of persistent absentee pupils. However this is an ongoing area of focus as we remain slightly below regional and national data. All pupils with attendance less than 90% have a persistent absentee plan in place agreed by all professionals working with the young person.

We continue to maintain a strong focus on pupils not in full-time educational provision. Wherever possible we look to ensure a return to full time education as soon as possible but these situations are often very complex.

The number of young people not in full-time education has slightly decreased, we have 2 young people not on a school roll for exceptional reasons and they have a personalised package of education in place. The performance in May 2019 was slightly better than the England 2017 of 3.9% and the statistical neighbour rate of 3.6%.

What do we want to improve?

Working together to ensure PEP completion within the new termly timescales – reducing the amount of chasing up required prior to sign off.

Working together to improve attendance overall by reducing the number of persistent absentee pupils.

Looked after Children Reviews and Missing

Service Narrative

What difference did we make?

Child Looked After Reviews held within timescales remained at over 90% in July 2019.

Discussions held between Independent Reviewing Officers and Social Worker in Reviews and Planning Meetings, are challenging perceptions of permanence. Independent Reviewing Officers are now being proactive in asking about considering move to Special Guardianship Orders where appropriate for the child.

Service Specific Performance data is now provided to Independent Reviewing Officers on a weekly basis, which enables them to more efficiently identify any errors, and to raise any concerns relating to drift and delay.

Work continues to develop and improve our response to children and young people who are missing. There are improved links with the residential units, police and external services, which as a result has improved awareness and information sharing. In addition there is recognition that there have been some inconsistencies in the data that has resulted in this not being entirely reflective of the work undertaken around Missing Looked after Children. Work has taken place in liaison with the Performance Intelligence Unit to improve the recording of episodes thereby ensuring that the data produced is reflective of the work being undertaken.

The Return Interview (RI) offer is delivered by the Risk and Vulnerability Team for all young people reported to the police as missing in Kirklees. We have strengthened our links with partnership working with the Police and a Police Misper co-ordinator is now co-located within the team, encouraging timely and relevant sharing of information.

A daily missing and risk briefing has been introduced with participation from Police Misper Coordinator. It is envisaged this should improve information sharing, enhance timely allocation of return interview.

We continue to monitor that Children in Care have a statutory visit in line with practice standards as part of our service performance meetings. The recent introduction of Advanced Practitioners within the service will further enhance the improvement with regards to our performance.

What do we want to improve?

Placement stability we will also use lessons learned to inform practice always have placement stability meetings in place. Improve allocated social worker stability reduce further the number of children placed more than 20 miles from their home address. We aim to recruit more local foster carers to provide more local placement options.

Looked after Children involved in the criminal justice system

Service Narrative

What difference did we make? What difference did we make?

For the year 2018/2019 65.8% of CLA young people have successfully completed their interventions which in comparison with the previous year is a decrease of 10% but is however a much improved picture from 3 years ago when less than 30% of LAC young people successfully completed their interventions. For the 1st quarter of this year (April to June 2019) the percentage of CLA offending is 0.86% which is an improvement from 2.13% for the same period last year.

What do we want to improve?

There has been a significant reduction in offending by CLA between 2017/18, 7.26% and 2018/19 5.48%. The latest quarterly figure for offending 0.86% is also better than the first quarter of last year 2.13%. Through interventions by the YOT LAC team, restorative processes, liaison with Children's Homes and creative out of court disposals it is hoped the offending rate will continue to fall.

LEAVING CARE

Service Narrative

What difference did we make?

Contact with care leavers

There has been a slight decline however we continue to maintain a high percentage of care leavers we are in touch with, currently in touch with 89% of care leavers, this has to be viewed in the context of this group all being aged 18 plus. In some situations, young people are not wanting to keep contact with their Personal Advisor,

the team work innovatively to keep in touch, we have a best practice protocol in place.

Number of young people in suitable accommodation

There has been a decrease in the number of young people in suitable accommodation. This is linked to young people who are taken into custody, rather than a lack of suitable accommodation in the borough. We continue to maintain strong links with KNH and Housing and the Housing Panel is enabling us to ensure that suitable accommodation is available in a timelier manner when young people are moving to their own accommodation. We have recently made some strong links with private housing providers and are considering how collectively we can improve our skills for independence training.

We now have life skills and pre-tenancy training in place held weekly at “No.11” and where possible link young people with tenancy support when housed in KNH tenancies.

Kirklees Commitment to Care Leavers

We are working on opening a similar service to number 11 in the North of the district to improve reach with our young people.

Personal Advisors – The service report shows that 100% of our Young People aged 17 and 4 months have an allocated PA, as well as an allocated Social Worker. We have been able to strengthen our pathway planning in relation to developing timely transitions with young people.

Education Employment Training

Our performance in relation to Employment, Education and Training (EET) indicator is a focus for improvement we are now 3% above statistical neighbours with 54.4% of care leavers in education employment or training we have a C&K Careers Advisor in the Leaving Care Service. We have a pro-active multi agency group to improve opportunities in partnership working and there is a real desire to ensure our young people are afforded the best of opportunities in relation to EET.

Pathway Plans – We continue to work with the Personal Advisors to ensure pathway plans are completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans, the involvement of young people and ensuring we capture their wishes and feelings.

What do we want to improve?

Number of young people with a pathway plan – The number of young people with a pathway plan has increased to 98% which is in part due to the better recording of plans on Liquid Logic. Work is currently ongoing within the service and it is expected that the measure will improve further. We continue to work with the Personal Advisors to ensure pathway plans are completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans, the involvement of young people and ensuring we capture their wishes and feelings. A piece of work will take place to analyse the reported decline in young people placed in suitable accommodation.

Childrens Homes

The Councils five Ofsted Registered Childrens Homes have all been inspected unannounced by Ofsted in the 18/19 financial year, for their main annual inspection four are graded as Good and one Outstanding. The homes will be re inspected unannounced in this financial year

2. **Information required to take a decision**

Not applicable

3. **Implications for the Council**

3.1 **Working with People**

Not applicable

3.2 **Working with Partners**

Not applicable

3.3 **Place Based Working**

Not applicable

3.4 **Improving Outcomes for Children**

Oversight and monitoring of children in care performance to continue at future Corporate Parenting Board to monitor progress, as requested by the Chair.

3.5 **Reducing demand of services**

Not applicable

3.6 **Other (eg Legal/Financial or Human Resources)**

Not applicable

4. **Consultees and their opinions**

Not applicable

5. **Next steps**

Managers to lead the focus on areas of performance with staff, in areas where outcome data is not what we expect it to be.

6. **Officer recommendations and reasons**

That the report and key highlights on performance within Children in Care Services be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Steve Comb, 01484 221000

steve.comb@kirklees.gov.uk

Janet Tolley, 01484 221000
janet.tolley@kirklees.gov.uk

9. **Background Papers and History of Decisions**

Monthly performance information is used to inform the narrative for this report

10. **Service Director responsible**

Jo-Anne Sanders, Service Director (Learning and Early Support)

Elaine McShane, Service Director (Family Support and Child Protection)

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Name of meeting: Corporate Parenting Board
Date: 10 September 2019
Title of report: Number and Age of Children in Care

Purpose of report

To provide information to Corporate Parenting Board on a regular basis relating to the number and profile of children in our care. Including information related to the number placed outside of the District.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	NA
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	NA
The Decision - Is it eligible for call in by Scrutiny?	NA
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Mel Meggs) – 15 th August 2019
Is it also signed off by the Service Director for Finance IT and Transactional Services?	NA
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	NA
Cabinet member portfolio	Cllr V Kendrick Childrens Portfolio

Electoral wards affected: All

Ward councillors consulted: No

Public or private: Public

(Have you considered GDPR?)

Yes GDPR has been considered. The information in this report does not identify any individuals.

1. Summary

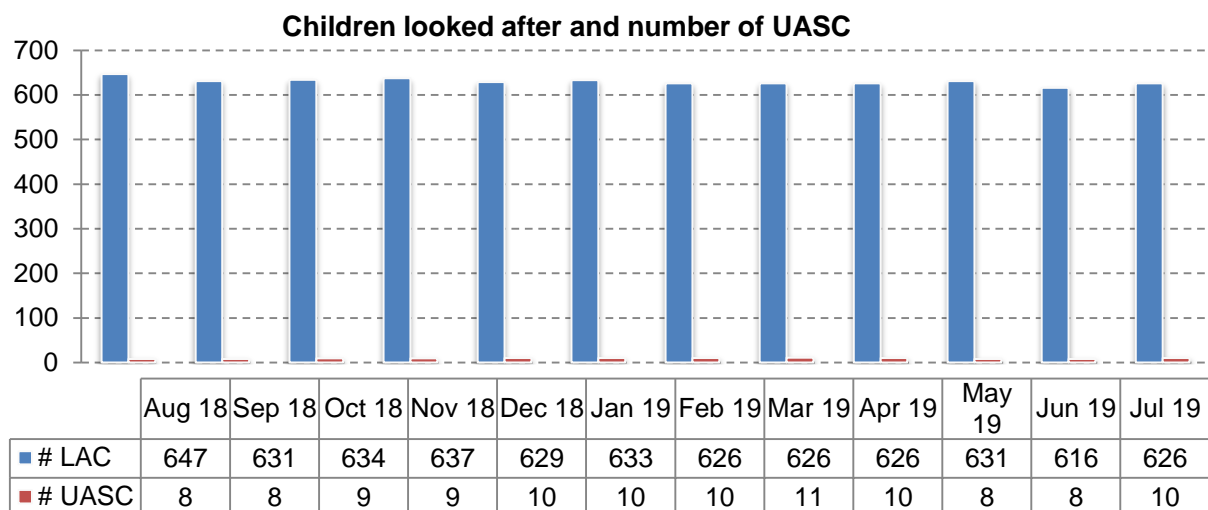
This graph shows the number of looked after children (excluding any looked after children receiving only S20 short term breaks) alongside the number of unaccompanied asylum seeking children (UASC). The graph illustrates an increase of 10 children in care between June and July 2019, the month of June was a low point over the previous twelve months average. The overall trend is one of decline a reduction of 21 children in care between August 2018 and July 2019.

The current number of children in care equates to a rate per 10,000 population aged 0-17 of **62.7** (61.7). This compares to a statistical neighbour average of 86.1 and a national average of 64.0 based on published data for March 2018.

Kirklees (Jul 19) = 62.7

Statistical Neighbours (2018) = 86.1

England (2018) = 64.0

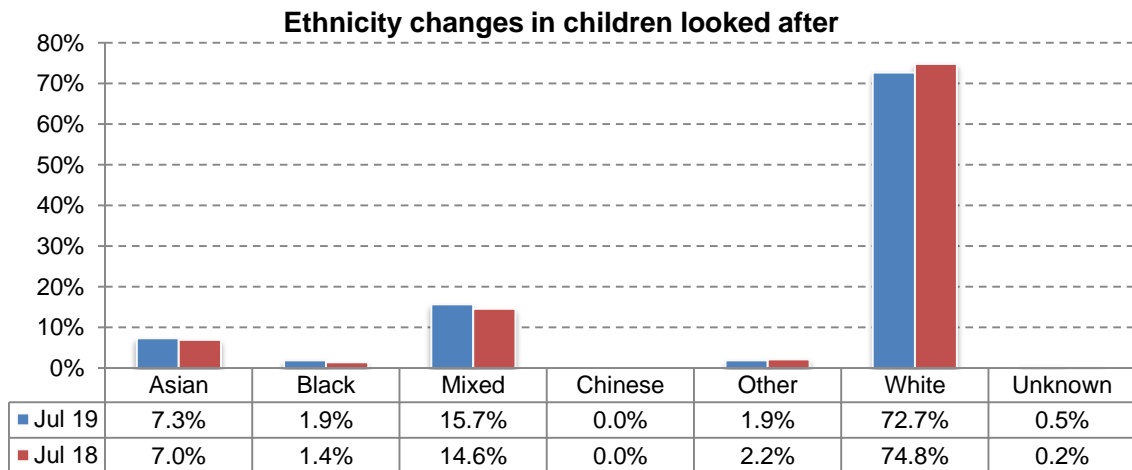


Statistical Neighbours

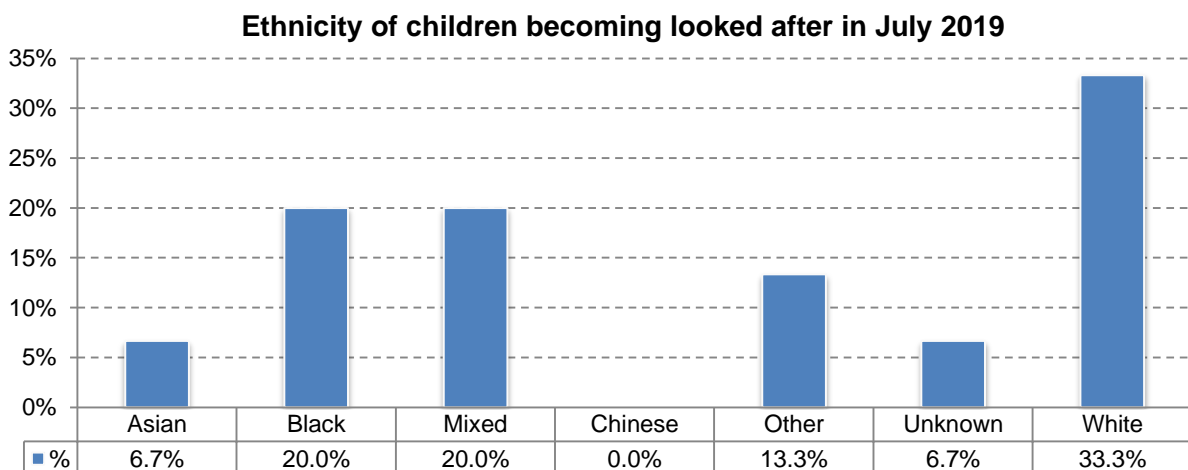
Local Authorities that the Department for Education regard as similar and close socio economically to Kirklees, not measured by population size.

Local Authorities "Very Close"* to Kirklees (* Source LAIT)
Kirklees Council
Rochdale Borough Council
Bolton Council
Calderdale Council
Bury Borough Council
Dudley MBC
Derby City
Lancashire Council
Stockton-on Tees Borough Council
Leeds City Council
Telford & Wrekin Council

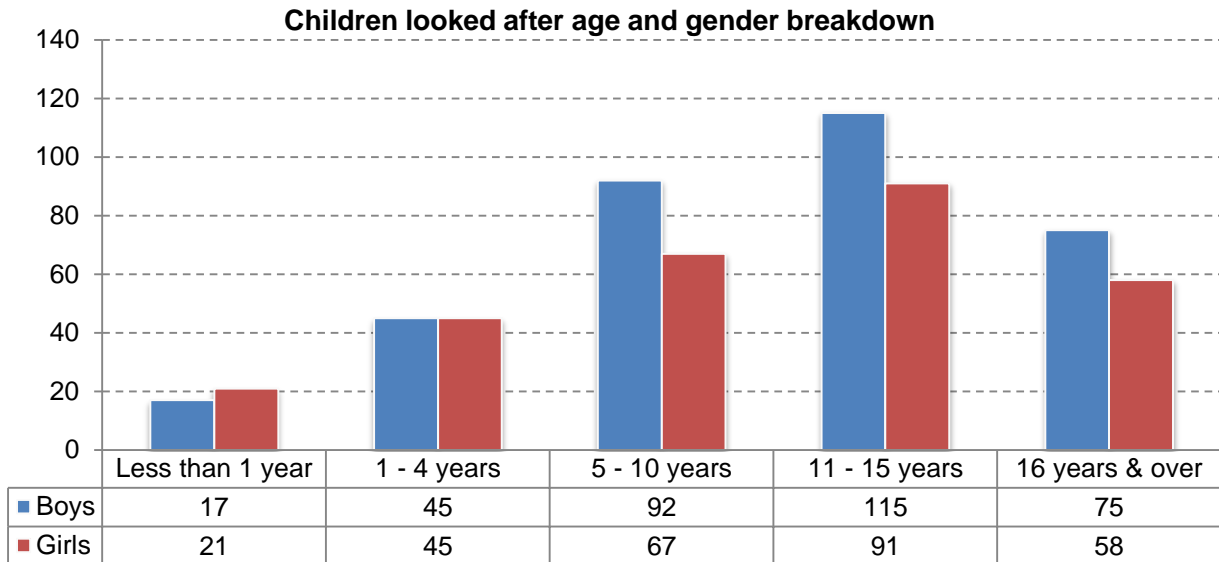
This graph shows the ethnic breakdown of the children looked after population at the end of July 2019 and the same point 12 months ago. This has been relatively stable throughout the period.



This graph shows the percentage breakdown by ethnicity of children entering care in July 2019. Note that this outcome is based on small numbers. In July 2019 there were 15 young people who were recorded as entering care in the month of whom 5 were White, 3 were Black, 3 were of Mixed ethnicity, 1 was Asian, 3 were of other ethnicities and 1 did not yet have an ethnicity recorded.



This graph shows the breakdown by age and gender of children in care July 2019, the largest age group for boys is 11 - 15 years with **115** (110) children and the largest age group for girls is 11 - 15 years with **91** (94) children.



Children and Young People placed more than 20 miles outside of Kirklees

The number of looked after children placed outside Kirklees 20+ miles from their home address was 81 on 31st July 2019. This follows a continuum of decline from a number of 127 in 2017, and a reduction of 24 over the last six months. The majority of our children and young people placed out of area are placed in foster care, the remainder are placed in children's homes, semi-independent homes, a small number in youth custody or other specialist settings.

	31 Mar 2019		30 Apr 2019		31 May 2019		30 Jun 2019		31 Jul 2019	
	Number	%	Number	%	Number	%	Number	%	Number	%
Placed outside Kirklees & over 20 miles from home address	105	16.8%	101	16.1%	103	16.3%	89	14.4%	81	12.9%

2. **Information required to take a decision**
No decision is required, this report is submitted at the request of children’s scrutiny to monitor the number of children in care.
3. **Implications for the Council**
 - 3.1 **Working with People** Not applicable
 - 3.2 **Working with Partners** Not applicable
 - 3.3 **Place Based Working** Not applicable
 - 3.4 **Improving Outcomes for Children**

This information is provided at the request of Corporate Parenting Board to monitor the number of children in care their age and location of placements.
 - 3.5 **Reducing demand of services**
Not applicable
 - 3.6 **Other (eg Legal/Financial or Human Resources) Not applicable**
4. **Consultees and their opinions**
Not applicable
5. **Next steps**
A similar report will be presented at a future Corporate Parenting Board.
6. **Officer recommendations and reasons**

That the report be noted.
7. **Cabinet portfolio holder’s recommendations**
Not applicable
8. **Contact officer**
Steve Comb / Julie Bragg Corporate Parenting
9. **Background Papers and History of Decisions**
Previous reports to the Corporate Parenting Board on number and age of children in care.
10. **Service Director responsible**
Elaine McShane, Service Director (Child Protection and Family Support)

Name of meeting: Corporate Parenting Board
Date: 10 September 2019
Title of report: Annual Private Fostering Report

Purpose of report

To provide information to Corporate Parenting Board in relation to the number of children and young people Privately Fostered in the District on an annual basis. To also provide assurance relating to awareness raising in relation to Private Fostering, and the referral mechanisms that are in place for both professionals and members of the public to use.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	NA
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	NA
The Decision - Is it eligible for call in by Scrutiny?	NA
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Mel Meggs) – 2.9.19
Is it also signed off by the Service Director for Finance IT and Transactional Services?	NA
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	NA
Cabinet member portfolio	CIr V Kendrick Childrens Portfolio

Electoral wards affected: All

Ward councillors consulted: No

Public or private: Public

(Have you considered GDPR?)

Yes GDPR has been considered. The information in this report does not identify any individuals.

1. Summary

Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.

A connected person is defined as a 'relative, friend or other person connected with a child'. The latter is likely to include person(s) who have a pre-existing relationship with the child, for example, a teacher who knows the child in a professional capacity.

Private foster carers can be from the extended family, for example, a cousin or a great aunt, but cannot be a relative as defined under the Children Act 1989, section 105:

A relative under the Children Act 1989 is defined as a 'grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent'.

The local authority must be notified if a child is living with someone who is not their parent or a 'connected person' for longer than 28 days. The local authority need to be satisfied that the placement is suitable and the child is safe. To be defined as 'private fostering', the child must be living with that person for longer than 28 days and this should be continuous but can include occasional short breaks.

National Minimum Standard 7.9 states:

The local authority provides a written report each year, for consideration by the Director of Children's Services, which includes an evaluation of the outcomes of its work in relation to privately fostered children within its area.

2. Information required to take a decision

No decision is required, this report is submitted at the request of the Chair to monitor the number of children who are privately fostered in the District, and to also update the board re specific awareness raising activity taking place related to Private Fostering.

3. Implications for the Council

3.1 Working with People

Not applicable

3.2 Working with Partners

To raise awareness of what Private Fostering

3.3 Place Based Working

Not applicable

3.4 Improving Outcomes for Children

This information is provided at the request of Corporate Parenting Board to outline the work undertaken in relation to Private Fostering and ensure board are aware of the number of children and young people who have this legal status.

3.5 Reducing demand of services

Not applicable

3.6 Other (eg Legal/Financial or Human Resources)

Not applicable

3.7 **Consultees and their opinions**

Not applicable

4. **Next steps**

A report will be submitted to the Corporate Parenting Board annually and a similar report will also be presented annually to the Kirklees Safeguarding Children's Board.

5. **Officer recommendations and reasons**

That the report be noted.

6. **Cabinet portfolio holder's recommendations**

Not applicable

7. **Contact officer**

Andy Quinlan Service Manager Fostering

8. **Background Papers and History of Decisions**

Attached

Private Fostering Annual Report

Private Fostering Pathway

Private Fostering Action Plan

9. **Service Director responsible**

Elaine McShane, Service Director (Child Protection and Family Support)

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Annual Report on Private Fostering 2019-20

Annual Report on Private Fostering 2019-20

1 Planning on Private Fostering

- 1.1 Between January and July 2019 Private Fostering was the responsibility of the Connected Person's Support Team with a designated Social Worker. The assessment part of that role is now with the Connected Person's Assessment Team. This team has experience of assessing family and friends and the completion of reports. With this being a team responsibility, the pool of persons available to assess at short notice has been widened.
- 1.2 Responsibility for the welfare of the child residing in a Private Fostering placement, is now with the Assessment and Intervention Team. This is in line with our neighbouring Local Authorities. More details outlined below.
- 1.3 The Team Managers for the Connected Person's Assessment Team have lead officer responsibility for private fostering and reports to the LSCB as required but no less than annually.
- 1.4 Standard 1 of the National Minimum Standards requires that the Local Authority has a written statement or plan which sets out its duties and functions in relation to private fostering. The Private Fostering Action Plan was created in January 2019 and is updated annually. The most recent is attached to this document (Appendix A)
- 1.5 A statement of purpose has been established.
- 1.6 The private fostering functions relating to assessing suitability is with the connected person's assessment team, whilst welfare visits are with the Assessment and Intervention Team.
- 1.7 Coram BAAF Quarterly Special Interest Group on Private Fostering has now ceased meeting. We are however signed up to support and guidance from Coram BAAF, in relation to Private Fostering.

2 Notification Arrangements – see appendix B for the pathway

- 2.1 The Duty and Advice service receives all enquiries and referrals regarding proposed private fostering arrangements. All the publicity specifies that this service is the contact point. The child is allocated to a Social Worker in the Assessment and Intervention Team who have case accountability for the child. The responsibility for assessing the private fostering placement is with the Connected Person's Assessment Team, who will undertake a joint visit with the allocated social worker. They will visit the household to establish it fits the criteria for private fostering and ensure there are no safeguarding concerns apparent. The Social Worker from the Connected Person's Assessment Team will undertake a full private fostering assessment, following which their involvement ceases.

- 2.2 The current arrangements ensure there is a timely and robust response to all notifications to the Service.
- 2.3 The Designated Social Workers for Private Fostering, Team Manager and Kirklees Safeguarding Children Board Admin and Information Officer will implement a range of initiatives to highlight the notification arrangements to existing and potential private foster carers and the public. This includes:
- Public Leaflets and posters widely circulated
 - Maintenance of a dedicated webpage on the Council's website
 - Fostering Marketing Team to develop strategies to improve awareness of Private Fostering.

3. Safeguarding and Promoting Welfare

- 3.1 The Duty and Advice service are the team that receives all new referrals in Children's Services. Upon receipt of a suggested Private Fostering placement, they will undertake safeguarding checks prior to passing through to the allocated team. The joint assessment will determine that there are no safeguarding concerns and that the child is residing in a private fostering arrangement.
- 3.2 The Team Manager of the Connected Person's Assessment Team signs off all assessments on the overall suitability of Private Fostering arrangements.
- 3.3 The Children's Social Care procedures forms on Private Fostering were reviewed following the commissioning of TriX and were subsequently updated.

4 Advice and Support

- 4.1 The Social Worker from Assessment and Intervention ensures that private foster carers, parents and children receive appropriate advice and support. As appropriate this is given in different formats where English is not the first language.
- 4.2 Where appropriate the Social Worker will give advice on options available to safeguard and promote a child's welfare (e.g. recommending a Child Arrangement Order).
- 4.3 Where a situation is more complex and requires work from various agencies, the child will be deemed a Child in Need.

5 Monitoring Compliance with Duties and Functions

5.1 2018 -2019 Financial Year Private Fostering activity

Age	Gender	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
13	Male						1						
13	Male						1						
13	Femal e						1						
7	Femal e											1	
4	Femal e											1	
Number of children with an outcome of private fostering							3					2	
Age	Gender	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
7	Femal e											1	1
4	Femal e											1	1
15	Male								1	1	1	1	1
15	Femal e												
9	Male												
Number of children where LA notified of private fostering									1	1	1	3	3
Age	Gender	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
17	Femal e	1	1	1									
15	Male							1	1	1	1	1	1
17	Male	1	1	1	1	1							
Number of children where private fostering agreed		2	2	2	1	1		1	1	1	1	1	1

5.2 Currently July 31st 2019 there are 2 children in Private Fostering arrangements known to us as outlined below. All Private Fostering arrangements are reviewed annually.

Age at time of placement	Ethnicity	Date placed	Reason
Age 5 years	C2	17-05-19	Birth Parent living abroad child living with Great Aunt.
Age 14 years	A1	29-07-19	Birth Parent has agreed child stay with family friend at current time.

5.3 Ofsted inspection took place in June 2019 and Private Fostering arrangements were inspected as part of the inspection process.

5.4 The Team Manager from the Connected Person's Assessment team have developed a tracker to ensure the timeliness of assessments and collection of data.

6 Future Plans

6.1 Private Fostering in Kirklees has been placed in various teams over the last five years. It is now permanently placed in the Connected Person's Assessment Team for the assessment part of the process and Assessment and Intervention for the support and monitoring. Both teams are skilled in their own right, so as to deliver what is required for our privately fostered children.

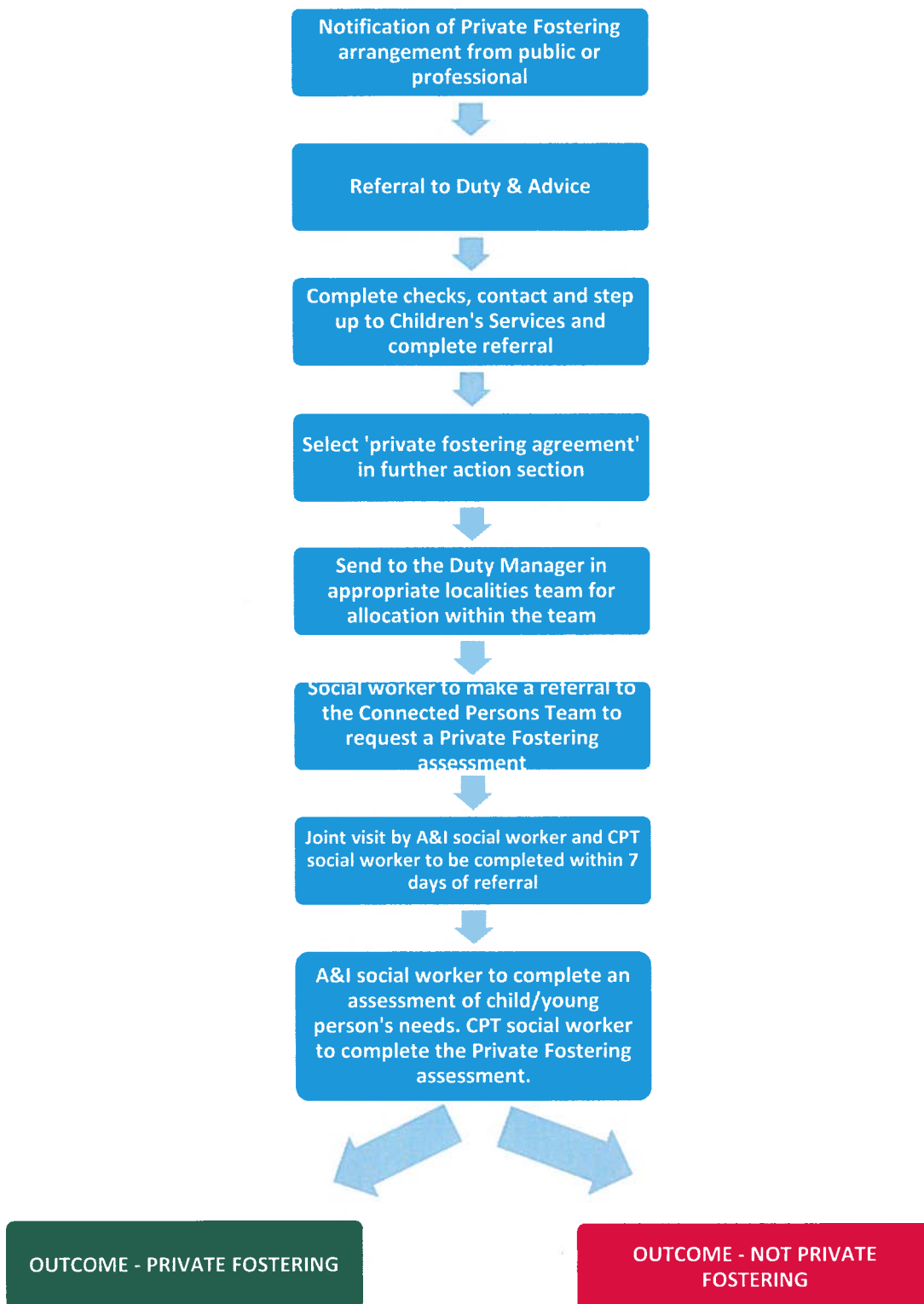
6.2 Social Workers are to attend the next Kirklees Safeguarding Board Annual Conference to raise awareness of Private Fostering.

6.3 Social Workers are to link with Housing colleagues to raise awareness amongst this group of staff of Private Fostering.

6.4 Link with the Safeguarding Board and hope this will assist in raising awareness amongst other professionals as we feel this is not being achieved as fully as we would like.

6.5 We are discussing with schools admissions a form change to reflect if a child is in a Private Fostering arrangement. This needs further discussion with the relevant professionals.

Private Fostering Pathway



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Appendix A - PRIVATE FOSTERING ACTION PLAN 2019/20

ISSUES	ACTION	BY WHO	ONGOING
1. Pathway for Private Fostering enquiries. See Appendix B	Meet with representative from Duty and Advice	Ruth Cresswell, TM Private Fostering Theresa Racz, TM Duty and Advice	Completed
	Develop a Flow Chart	Ruth Cresswell, TM Rahila Habib, SM Bethany BSO	Completed
2. Complete pathway on Liquid Logic.	Meet with Liquid Logic	Ruth Cresswell, TM	Completed.
3. Kirklees private fostering documents to be updated.	Meet with Policy and Partnerships Officer	Stephen Bonnell Ruth Cresswell	Completed
	Update the policy.	Ruth Cresswell	Completed
	Update the Private Fostering Statement of Purpose.	Ruth Cresswell	Completed.
4. Produce a briefing to deliver to the teams within Children's Services and partner agencies.	Meeting with Learning and Organisational Development Service.	Ruth Cresswell, TM Ernest Bass, SW David Anker, Learning and Development Officer	Completed
5. Refresh and renew all marketing materials and circulate to partner agencies	Liaise with CoramBAAF	Ruth Cresswell TM Savita DeSousa, Consultant CoramBAAF	Completed
	Meet with Communications and Marketing Team	Ruth Cresswell TM Conrad Dales, Senior Communications Officer	Completed
	Send out completed materials to monthly school Heads meeting Health and GP's practices.	Document Solutions Virtual School	Completed

6. Re-establish link with Kirklees Safeguarding Board	Meet with the Leader of the Board.	Ruth Cresswell TM Sharon Hewitt	Completed
7. Re-establish partnership with the University of Huddersfield to deliver a session on PF to social work students.	Discussions between the designated social worker and course tutor. New students arriving September 2019	Ben Raikes, Head of Social Work Meeting with Caz Money Placement Co-ordinator to establish induction package.	Completed September 2019
8. Establish links with the PF services in other LA's	Attend the CoramBAAF Private Fostering Special Interest group	Senior Practitioner – CP assessment team	Completed
9. Transfer of assessments to Connected Person's Assessment Team with case accountability to be held by Assessment and Intervention	Protocol in place. Senior Practitioner from the Connected Person's Team to take responsibility for marketing and awareness building.	Andy Parkinson/Rachel Head (Team Managers CP assessment team)	Ongoing
10. Development and implementation of a Private Fostering Tracker	To ensure all new and ongoing PF referrals are logged and that checks have been undertaken. review date to be included.	Andy Parkinson/Rachel Head.	September 2019
11. Need to adhere to the National Minimum Standards (NMS) and ensure protocol for undertaking assessments and offering support is in place.	Meeting arranged for 20-09-19 between fostering and A and I to look at the NMS and the action plan to ensure adherence to those standards,	Meeting arranged by Andy Quinlan and be attended by nominated Team Managers in Fostering and A and I.	20-09-19



**Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group**

**Kirklees Looked After Children
Annual Health Report
April 2018 – March 2019**

**Dr Gill Parry & Gill Addy
Designated Doctor & Designated Nurse
Looked After Children & Care Leavers
August 2019**

EXECUTIVE SUMMARY

The Looked after Children (LAC) Health Report, outlines the work that has taken place over the last year and provides assurance that the Clinical Commissioning Groups are fulfilling their statutory responsibilities.

The main body of the report is based on the local activity of Looked After Children, during the time frame 1st April 2018 – 31st March 2019.

Blue text has been used in the document to highlight the latest relevant National data. This is for the period 1st April 2017 to 31st March 2018, ('Statistical First release' DfE 2018), therefore its alignment for comparison cannot be exact.

Following on from the high numbers of children entering care up to March 2017, the numbers have continued to show a steady decline. A small number of unaccompanied asylum seeking children (UASC) have become looked after and a number have reached 18 years old and moved into the Care Leavers Service, where they continue to access support.

The majority of children in care in Kirklees are placed with foster carers (76%), as opposed to residential, with parents or semi/independent living.

The Key Performance Indicator results have remained very good, despite some challenges that had the potential to affect the stringent processes that are adopted by the wider team, made up of Kirklees & Calderdale NHS Foundation Trust, Locala Community Partnerships and the Local Authority.

An average of 97% of the Initial health assessments were completed within timescales. The developmental (<5 years old) and annual (>5 years old) Review Health Assessments, were completed on average 98% & 90% respectively in timescales. This is higher than the National average (85% & 88%). There was a decrease in the number of assessments completed in timescales by other authority health teams on our behalf. This we are informed is related to capacity and has prompted us to continue to travel and complete as many health assessments as possible using our own resources, improving timeliness, quality and having a positive financial implication.

All the data for dental registration, dental attendance and immunisation uptake is higher than the National average.

The work with sexual health and substance misuse outreach and the emotional health and well-being team, has continued, reinforcing a collaborative working model.

The regional adoption agency is established and the Designated Doctor LAC, continues to carry out adult and child medical reports.

The Strength & Difficulty Questionnaire (SDQ) process, continues to provide a robust formula for ensuring alerts are made about children, who may be struggling with their emotional health. The pilot of the Ages & Stages Social & Emotional (ASQ–SE) questionnaire, has provided a further resource to measure the emotional health of children and babies under 4 years old.

Following a good rating from the Safeguarding & LAC Care Quality Commission (CQC) inspection in January 18, work has continued by the wider health team, to implement some recommendations to improve practice further (See 2.16).

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1 - Introduction

1.1 Purpose of the report

This document provides North Kirklees Clinical Commissioning Group (CCG) and Greater Huddersfield CCG, with an Annual Report representing the work undertaken by the Looked after Children Health Team, in conjunction with other agencies. It provides assurance of compliance with their LAC statutory duties and those responsibilities specified under Section 10 (co-operation to improve wellbeing) and Section 11 (arrangements to safeguard and promote welfare), of the Children Act 2004, with regard to improving the health and wellbeing of Looked After Children.

The report outlines how the key performance indicators and priorities for LAC were actioned, as set by the CCG's Governing Body for the period 2018/19.

The report will highlight challenges, experiences and identified gaps, with planned actions to improve the service.

National data will be presented from the most recent Government publication '*Children looked after in England (including adoption) year ending 31st March 2018 (DfE 2018)*' and is therefore set within a different timeframe to the local evidence.

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>

The term 'child' & 'young person' will be used interchangeably depending on the context of the information.

1.2 Background

'Looked After Child' (LAC) is a generic term introduced in the Children Act 1989, to describe children and young people subject to Care Orders (placed into care of Local Authorities (LA) by order of a court) and children accommodated under Section 20 (voluntary) of the Children Act 1989. Children and young people who are 'looked after' may live within foster homes, residential placements, with their parents or with family members who are approved as Foster Carers.

The Legal Aid, Sentencing and Punishment of Offenders Act 2012 (chap.3 sec.104), states that all young people remanded in custody are regarded as LAC. Further guidance is available through the, '*Application of the Care Planning and Placement and Case Review (England) Regulations 2010 to looked-after children in contact with Youth Justice Services*' (DfE 2014).

Evidence from research shows, that Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse

level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for Looked After Children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.

(Statutory Guidance on 'Promoting the Health and Well-being of Looked after Children, DfE, DH, 2015).

1.3 The Looked after Children Health Team

Designated Doctor / Consultant Paediatrician / Medical Advisor Looked After Children – Part-time (PT).

Medical Advisor / Paediatrician – PT

Designated Nurse – Whole-time (WTE)

Specialist Nurse for Looked After Children, Complex Needs and Disabilities – (WTE)

Specialist Nurse for Looked After Children and Care Leavers – (PT)

Specialist Nurse for Looked After Children, Health Visitor with an interest in unaccompanied asylum seeking children – (PT).

Administration support is provided from the Local Authority, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the NHS Community Health provider (Locala).

The Paediatricians are employed by CHFT and are based in a clinic setting.

The Looked After Children Nurses, are employed by the local NHS Community Health Provider, 'Locala, Community Partnerships' and are co-located with the Looked After Children and Care Leavers Service, within the Local Authority.

2 – Kirklees Looked After Children Health Service
1st April 2018 – 31st March 2019

2.1 Numbers of Looked After Children

Timeline March 2007 – March 2019

Mar 07	Mar 08	Mar 09	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	Mar 18	Mar 19
399	448	510	563	597	645	650	604	620	652	703	671	626

The National picture has shown a continuing increase in the numbers of Looked After Children in England. At 31.3.18 there were 75,420, this is an increase of 4% from 72,670 in 2017.

The most common reason for children becoming 'looked after' Nationally is 'abuse and neglect' (47,530), followed by 'family dysfunction' (11,270) and 'family being in acute stress' (5980).

4860 children were identified as being in care due to 'absent parenting', almost all of these were unaccompanied asylum seeking children.

Unaccompanied asylum seeking children (UASC) - Kirklees

In Kirklees there has been a steady number of male, older teenagers becoming 'looked after' by the Local Authority, over the last few years. Some have now become Care Leavers as they have reached 18 years old.

Year	2015	2016	2017	2018
Number entering care	8	9	6	9

The number in Kirklees at 31.3.19:

	Number
LAC	15
Care Leaver	19

Unaccompanied asylum seeking children - Nationally at 31.3.18

Nationally in 2016 there was a large rise in the numbers of UASC, this was followed by a modest increase in 2017 and a slight fall of 4% in 2018.

At 31.3.18 there were 4,480 UASC Nationally, this represents around 6% of all LAC in England.

2.2 Ethnicity, Gender and Age Profile

Ethnicity percentages/numbers in Kirklees at 31st March 2019:

Ethnicity	Percentage	Number
White British	70.1%	439
Asian or Asian British	7.5%	47
Black or Black British	1.6%	10
Other Ethnic Groups	20.8%	130

There was a decline from the previous year in White British children becoming 'looked after' from 73.3% to 70.1% and an increase in those from other ethnic backgrounds from 26.7% to 29.9%.

Ethnicity Nationally at 31.3.18

The percentage of White British LAC had decreased slightly from 78% the previous year, to 75%, 9% were of mixed ethnicity and 7% were Black or Black British. The proportions of Asian or Asian British have increased slightly, likely due to the broadly non-white make up of UASC, which has grown in numbers in recent years.

Gender

Gender Kirklees	2015	2016	2017	2018	2019	National % at 31.3.18
Male	54%	52%	54.6%	55.4%	55%	56%
Female	46%	48%	45.4%	44.6%	45%	44%

The gender profile remains similar locally and in line with National data.

Age profile

Age	31.3.16	31.3.17	31.3.18	31.3.19	National % at 31.3.18
Under 1	7%	7.3%	8%	5%	6%
1-4	13.7%	12.4%	13.2%	17%	13%
5-9	20.8%	23.3%	22%	20%	19%
10+	58.6%	57%	56.7%	58%	62%

Compared to the year ending 31.3.18, there has been a reduction in children under 1 year's old entering care, an increase in the 1-4 age group, a decrease in the 5-9 year olds and a slight increase in those aged 10 to 17.

2.3 Kirklees placements at 31.3.19

Type of Placement	Kirklees 2018	Kirklees 2019	National % at 31.3.2018
Foster care	72% (n486)	76% (n476)	73%
Placed with parents	8% (n51)	6.5% (n41)	6%
Residential/secure units/semi-independent	20%	17.5% (n109)	11%

Some children and young people are purposely placed out of area for a number of reasons, including safeguarding and complex needs.

2.3.1 Looked After Children from other local authorities residing in Kirklees

There is a statutory requirement for Local Authorities to inform other authorities when a Looked After Child under their care, moves to a new area. The responsibility for the child remains with the 'Home' area. It can be difficult to ascertain the exact number resident in Kirklees, as it relies on a robust method of information sharing. Non-compliance can result in safeguarding issues and an inability to access services.

Kirklees LA circulate a monthly report of all notifications received of LAC from other authorities living in Kirklees. A local offer is made including information about the health services offered to LAC, in line with the Association of Directors of Children's Services notification of arrangements.

A residential 'provider meeting' held in 2017 has been repeated in 2019, as it proved a useful method of linking with a growing number of private children's homes opening in Kirklees, who take on mainly Looked After Children placed from other authorities.

A process has been developed by the Kirklees LAC Health Team, to notify other authority LAC Health Teams throughout the United Kingdom, that a child has become resident or left their area. The purpose is to ensure they are aware at the earliest convenience and bridge any gaps in health communication.

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs have access to a Specialist Looked After Children's Nurse, who completes the majority of the 'Review Health Assessments' and works in partnership with the Paediatricians to complete the 'Initial Health Assessments'.

Many of these children see several consultants, so in order to reduce the number of professionals they see; the nurse may liaise with agencies in order to support a collaborative care approach.

Some children are accommodated out of Kirklees in specialist provisions to meet their complex needs. Special arrangements may be required to ensure their health assessments take place.

	2015	2016	2017	2018	2019
Number of children with a disability classification	39	43	50	46	38

2.5 Initial Health Assessment (IHA) process

The statutory guidance '*Promoting the health and well-being of looked after children*', (DfE, DH 2015), requires that all children coming into care receive a medically led Initial Health Assessment. This assessment should be completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care Review 2015) of a child becoming looked after and the recommendations from the assessment should be available at the child's first Looked after Review, by way of the Health Recommendation Plan (HRP).

Initial Health Assessments – (Data from health provider reporting sources)

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of IHA clinics held	98	90	126	131	129	122
Number of IHAs completed including other local authorities (OLA) looked after children	165	238	254	302 Kirklees + 6 OLA	198 Kirklees + 3 OLA	146 Kirklees + 9 OLA
Percentage completed with Kirklees LAC in 20 working day timescale (average over year)	87%	98%	98%	98.25%	98%	97%
Number of pre-adoption medicals	-	-	59	58	57	75

Monthly breach reports from Locala help to identify any trends associated with late assessments. There have been 5 assessments that have not been completed within the 20 working day timescale. The reasons were: 4 x late notification by social care process, 1x client did not attend.

The administration processes connected to being alerted to children coming into care, has been a challenge. Due to the statutory duty to carry out the Initial Health Assessment within 20 working days, it is essential to be alerted at the earliest time, as any delay can affect the ability to achieve this. The wider LAC health team are tenacious in their approach to recognise issues at the earliest point. Discussions with senior personnel, emails to social care staff, relationships built with placement team members and access to documents prior to a child coming into care, have all helped alert the team. This has provided a pro-active response regarding booking children into the clinic and keep the number of late assessments to a minimum.

2.6 Review Health Assessment (RHA) Process

Children under 5 years of age have a ‘Developmental’ RHA on a six monthly basis and children between 5 and up to their 18th birthday, receive an ‘Annual’ RHA. The assessments follow on from the child’s Initial Assessment in terms of timing and are completed by an appropriately qualified health professional.

The planned assessments in Kirklees are shared between the LAC nurses, Locala 0-19 and Safeguarding Hub teams and are dependent on the circumstances surrounding the child. In some cases nurses linked to the Youth Offending Team, Pupil Referral or Family Nurse Partnership may be asked.

Total number of RHAs completed

	2015-16	2016-17	2017-18	2018 - 19
Total RHAs including OLA	616	676	730	734

2.6.1 RHA’s completed in Kirklees

The Health Report last year, noted that significant improvements had been made to reconcile the data between the provider and Local Authority (LA) data bases. The introduction of a new LA IT system part way through the year, produced a number of challenges in maintaining this position. Therefore Locala data will be used primarily for this report, with reference to LA data where appropriate.

A consideration to note is that the LA use a rolling 12 month data period, which holds information that can affect their current picture. Locala use a monthly data set, which shows information linked to the specific month.

	2018 - Locala	2019 - Locala	National % at 31.3.18
‘Developmental’ under 5yrs old	95%	98%	85%
‘Annual’ over 5yrs old	94.5%	90%	88%

A small number of young people refuse their assessment. A number of attempts will be made to encourage engagement, but if refused a ‘Virtual Assessment’ will be completed, with the agreement of the young person. This entails gathering information from health records, Carers, Social Workers and others, in order to provide a snapshot of any health matters to support future interventions. Any serious concerns would be actioned in collaboration with social care. The virtual assessments are recorded and used to inform LAC reviews, but are not counted in the data.

	Number RHA’s completed outside timescales
2016-17	71
2017-18	28

2018-19	45
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The number of timescale breaches had reduced dramatically during 2017, following improvements in the wider process. The rise seen in 2018/19 was due to the impact of a couple of organisational changes; the introduction of the new LA IT system and changes in the provider arrangements.

During January and February there were high numbers of RHA's due. The impact of the Local Authority IT change over and changes to the teams completing the assessments within Locala, made efforts to keep in timescales challenging. A high number of timescale breaches were recorded in January and February, 9 and 8 respectively. We also saw a higher number of timescale breaches for those completed on our behalf by other areas in January and February.

Locally we have seen the figure return to a more usual figure (March n3), as the IT system has become embedded and the provider has amended their earlier arrangements.

The most common reason for timescale breach this year has been issues arranging appointments with Carers (n10), up from 4 last year, but in line with 2017 (n11). Placement moves, Carer holidays and staff sickness/capacity (Locala) had equal numbers (8 each). 5 young people declined an assessment down one from last year.

Reason for breach	Number
Issues arranging with carers	10
Placement move	8
Carer holidays	8
Sickness/workload - Locala	8
Declined	5
LAC Nurse/Admin oversight	4
Bereavement in carer family	1
Difficulty in engaging young person	1

2.6.2 RHA's completed by other Local Authorities on behalf of Kirklees

Children accommodated outside the Kirklees boundary, require their LAC health assessments completing within the same statutory guidelines as children living in Kirklees. This usually affects Review Health Assessments and rarely Initial Health Assessments.

If it is not viable for Kirklees LAC Nurses to complete the assessments due to the distance to travel, the accommodating authority are asked to complete them on our behalf and this is paid for by the Kirklees Clinical Commissioning Groups (CCGs). These requests are kept to a minimum to avoid; drift and delay and variations in quality of the assessments.

If a request to another authority is necessary, contact is made with the relevant LAC Health Team eight weeks prior to the due date, if agreed the paperwork is transferred. A follow up contact is made after four weeks to ensure compliance.

If a team are unable to complete the assessment, a request is made to the local GP surgery, but this can cause delays.

A number LAC Health Teams in other Authorities have issues related to completing Health Assessments for other Local Authorities. This is mainly due to capacity for example; Wales, Lancashire and Manchester. Southern Health Foundation Trust in Hampshire and Bristol, have informed us for a second year, that they are unable to complete Assessments for other Authorities.

The Kirklees team are flexible in their approach to completing the assessments and will travel generally a 30 mile radius, but this can be extended.

The requirement to complete an Assessment in France this year was outside the team remit. A successful outcome was achieved, as arrangements were made with a GP in France via the social worker, Commissioner and Grandparent. Due to a level of complex health needs, it was pertinent for the assessment to be undertaken, to provide assurances that the health needs and referrals to specialists were completed, prior to the Special Guardianship Order being made.

	Number sent to other LA	% completed in timescales by other LA
2016-17	119	61%
2017-18	77	71%
2018-19	84	56%

2018-19

Reason for timescale breach	Number
No reason given	8
Capacity	7
Oversight by other authority	5
Placement move	4
Staff sickness	3
Carer not in	1
Declined	1
Difficulty arranging with carer	1
Child moved to Europe	1

2.6.3 Requests from other Local Authorities to complete RHA's with children, on their behalf

21 'Developmental' RHA's were completed for other LA and **100%** were completed in timescales.

44 'Annual' RHA's were completed for other LA and **85.5%** were completed in timescales.

The reasons for breach of timescales were: 5x late requests by the other authority and 1x carer cancelled.

2.7 Dental

Dental Registration

Locala collate dental information from the LAC Health Assessments. The data is broken down into children under 5 years (excluding babies under 18 months) and children over 5 years old. This provides an opportunity to action issues that are appearing within the different age groups and are highlighted on an individual basis to the Designated Nurse to action.

Reasons for non-registration are some dentists do not register babies under 18 months old, or until their teeth appear and young people over 16 may refuse to attend.

At the Initial Health Assessment there is an expectation on the Carer, that they will register the child in their care within 3 months and earlier if possible.

(Locala data)

	2015	2016	2017	2018	2019
Registered with a dentist up to age 5 (minus u18 months old)	93% (all ages)	97% (85.5% if include u18 months)	97% (82% if include u18 months)	97% (76% if include u18 months)	98% (77% if include babies under 18months)
Registered with a dentist age 5+		97.25%	97.5%	96%	97.5%

The data shows that for children under 5 years old, for 10 months of the year, 100% registration was achieved.

For children over 5 years old this percentage was achieved for 5 months of the year. Both these are improvements from last year.

[No National data for registration is available.](#)

Dental Attendance (LA data – all ages from 12 months old)

The collection of accurate dental ‘attendance’ data is challenging, relying on individuals informing the LAC Health Team of the visit. It is collected at the Review Health Assessments, but this can be annually for over 5 year olds.

Various steps have been introduced to gather missing dental attendance data through; monthly data exception reports followed up by direct contact with the carer, Locala alerts following health assessments, a ‘refuses to attend’ tab has been added to the IT system and a request made with every Strength and Difficulty Questionnaire sent out (See later). It should be noted that the figures are likely to be higher, as we cannot be aware of all recent attendances. Also children who have come into care in the last 12 months and who attended the dentist prior to coming into care, are not included in the LA data, therefore it is likely that more children are actually compliant.

2018-19

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Dental Checks Recorded in Last 12 Months	88.5%	87.8%	88.0%	88.4%	87.9%	85.7%	92.5%	95.5%	88.9%	88.4%	90.5%	89.1%

2017-18

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dental Checks Recorded in Last 12 Months	83.7%	84.7%	87.5%	88.6%	88.4%	85.4%	82.9%	84.0%	82.4%	85.6%	80.0%	87.5%

Nationally – 84% of all LAC had their teeth checked by a dentist. (75% for age 16+)

2.8 Immunisations

The data is separated into children under and over 5 years old, to allow issues to be addressed with individuals within age groups.

It could be suggested that the higher rate of compliance for under 5 year olds, is related to the more pro-active service by health practitioners with parents of children at a young age and that older children, may refuse or be complacent, which is recognised Nationally.

Locala data

	2015	2016	2017	2018	2019	National % 2017-18
Up to date with immunisations at developmental health assessment (under 5 years old)	93%	98.75%	98.5%	98%	98%	85% all ages
Up to date with immunisations at annual health assessment (over 5 years old)	93%	92.75%	89.25%	91%	92%	77% for those aged 16+

The data shows that in Kirklees compliance is very good for all age groups, compared to the National average.

67 children were recorded as having outstanding immunisations at the time of their LAC Review Health Assessment between April 18 and March 19. This accounts for a total of 92 missed immunisations.

This compares to 38 children the previous year, accounting for 42 missed immunisations. Improvements to the recording process in 2018, may have contributed to this increased figure.

Of the 67 children, 56 (84%) were between the ages of 5 and 18 years old and 11 (16%) were under 5 years old

The ability to drill down further into the data has allowed the collection of additional reasons for missed immunisations i.e.

Reason	Number
Delay in the primary course	11
No immunisation history therefore starting shortened schedule (Usually children from other countries)	10
Consent refused	5
Delay in 1 year schedule, due to missed primary immunisations	2
Immunosuppressed child – MMR delay	1
Consent initially refused, now given	1

Of the numbers that had outstanding immunisations, 7 are now known to be up to date, 5 remain unable to have their immunisations due to medical reasons and 6 are no longer LAC.

26 of the children who are classed as not being up to date, with none of the above reasons being obvious, are accommodated out of the Kirklees area. The main reasons for the lack of information are; the IT system can only be updated if the Child Health Department are informed independently by the other Authority, or when the next Review Health Assessment gathers accurate data to record.

Types of missing immunisations

Type	Number 2017-18	Number 2018-19
Meningitis (MenACWY)	22	26
Diphtheria/Tetanus/Polio (DTP)	13	22
Measles/Mumps/Rubella (MMR)	4	4
Human Papilloma Virus (HPV)	3	10

The most common outstanding immunisations as in the previous year, was the MenACWY booster and Diphtheria/Tetanus/Polio.

Of the children who just had the DTP outstanding, 5 were delayed due to the catch up of previous doses.

Of the 26 children/young people who were not up to date with their MenACWY at their last RHA, 17 of the same individuals had also not had their DTP. Identified reasons other than just 'missed': 5 refused, 4 had medical conditions contraindicating them being immunised, 2 were on remand and would be offered the immunisations.

An additional improvement to practice in order to target young people who have their immunisations outstanding, is through a monthly report to the Designated Nurse from Locala following the RHA's. Individuals are followed up through their Social Worker, Personal Advisor or Carer.

2.9 Substance Misuse

The collection of Looked After Children substance misuse data is governed by a DfE Annual Directive, underpinned by strategic guidance; Every Child matters: Change for Children – young people and Drugs 2005 and Promoting the health and well-being of looked after children 2015. (DfE 2018)

The guidance for the National return of data, has strict criteria. This relates to illegal and legal substances, dependant on age, regular excessive or dependant use leading to social, psychological, physical or legal problems.

Of the 512 eligible Kirklees Looked After Children who have had a health assessment year-ending March 2019, 11 (**2.15%**) were identified as having a 'dependant substance misuse problem'. (8 male, 3 female). This is a positive picture from the 21 (4.2%) identified the previous year. This is also well below the National average. However this data is notoriously difficult to collect, as it relies on the young person sharing the information and the Local Authority having a means to collect it accurately.

All Kirklees LAC who are identified as having any level of substance misuse, are offered a service from our local young people's substance misuse service, or other suitably qualified practitioners e.g. Youth Offending Team specialists, depending on the level of need.

[National data for 2017-18 highlights that the number of Looked After Children identified as having a substance-misuse problem has remained at 4% since 2016. It is slightly more common in males than females.](#)

Kirklees Substance Misuse Support Services

The Substance Misuse Support Service commissioned by Kirklees Council Children and Young People Directorate. A dedicated worker is employed to focus on vulnerable cohorts, including Looked After Children and Care Leavers.

The multi-disciplinary approach introduced in September 2016 between the LAC Nurses, Substance Misuse and Sexual Health Outreach, has provided a monthly opportunity to discuss young people and meet up in the LA children's homes.

The number of LAC referrals to The Base has reduced in the last year from 22 to 14. From these referrals, 5 young people entered into structured treatment and all 14 young people received harm minimisation advice and information. Three young people left the service drug free.

Single and multi-agency drop-ins/group work has been delivered in 3 Local Authority homes, 5 private homes and 3 semi-independent homes.

Staff training about substances has been delivered in 4 of the homes and a forthcoming date is planned for another LA home on the 8th of May 2019.

A number of sessions were planned at the No11 drop-in venue around CSE, Hidden Harm and substance misuse from June 2018, but due to limited attendance and changes at the venue, they were cancelled. A trial of weekly attendances by the outreach worker at No11 is planned to start April 19.

2.10 Sexual Health

In 2017 a new Sexual Health Outreach and Prevention Service was established locally. The aim was to target vulnerable groups including LAC and Care Leavers. A weekly multi-agency clinic, including the local Substance Misuse Service provides prevention work, 1:1 support, screening and treatment. One aim is to introduce the young people to the main sexual health clinic for future support if required.

The Outreach Worker is also involved with the 'LAC and Care Leaver No11 drop-in' in Huddersfield, providing support as required, for example C-Cards, condoms and pregnancy testing and sexual health and relationship education.

Work has also been undertaken in 2 LA Residential Homes, a semi-independent residence and 2 private residential homes.

Locala are the provider of general sexual health services in Kirklees and have online contact details for young people to find information focused on their needs. Posters are located around the area giving details of services and some local pharmacies provide support.

2.11 Emotional and Mental Health

Looked After Children, have consistently been found to have much higher rates of mental health difficulties than their peers (almost 50% have a diagnosable mental health disorder, DfE 2015).

The Strengths and Difficulties Questionnaire (SDQ) is a clinically validated screening tool, used to indicate the level of emotional difficulties in children from the age of 4 to 17 and is a statutory requirement for LAC. It provides an estimate of the prevalence of mental health conditions and has shown to increase the detection rate of socio-emotional difficulties. Satisfactory emotional and mental health is indicated by a low score.

A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more identifies a 'cause for concern'.

More information is available about SDQ's at: <http://www.sdqinf.com/>

A number of steps have been introduced to utilise the SDQ more effectively. This has ensured that the results inform the actions to improve the mental health support to individuals. This work dovetails into the discrete CAMHS/LAC Service, which is co-

located in Children's Social Care and was introduced as part of the 'CAMHS Local Transformation Plan'. Their team comprises of a Clinical Psychologist, Child Psychotherapist, Mental Health Worker and Specialist Worker to support the transition to adult services. This sits with the Placement Support Team in the LA. If a child is accommodated outside Kirklees, the CCG commission an appropriate CAMHS intervention in the area of the placement.

SDQ process

An SDQ is sent out to all Carers of LAC aged 4-17 annually and children are sent their own version if over 11 years old. The returned questionnaires are scored with the results disseminated to the Social Worker, Independent Reviewing Officer (IRO) and Carer. If a child completes their own, it allows insight into the child's views in comparison to the Carer and can depict where support should be directed.

To support the work of the 'Virtual School', the 'Teacher' version is sent out automatically to the Designated Teacher for LAC in the child's school, when a high score is returned from either the Carer or child. The score is shared with the Virtual School Team, Social Worker and IRO allowing for the information to be triangulated.

High scores (17+ cause for concern)

If the score is of concern, the Social Worker is provided with the contact details of the Emotional Well-being Team, this will enable a referral to be made for a consultation if necessary. The Supervising Social Worker for the carer is copied in, to encourage a wider discussion.

In addition, the Social Work Team Managers are copied into a monthly list of all returned high scores, so they can discuss these in supervision with their team members.

A discussion is in progress with Children's Social Care, to look at the possibility that a portal be established within Liquid Logic. This will allow secure communication with Carers and encourage their completion of the questionnaires electronically, saving a significant amount of administration time.

The use of the SDQ is subjective, as it does not factor in the beginning and ending of interventions and some children's emotional health can get worse before it gets better. Interventions related to mental health can take a long time in comparison to physical issues. The scores should not be compared with those of their peers who have not been in care. However the tool is used successfully to alert services to children who have emotional and behavioural issues and ensure that actions are taken to offer support.

The introduction of the Liquid Logic IT system, had a significant impact on the monthly reporting, therefore data cannot not be shared within this annual report. Work has now been undertaken to resolve the issue and throughout the year SDQs have continued to be distributed using an alternative mechanism, continuing communication with Social Care Workers as usual.

Nationally 78% of looked after children have an up to date SDQ at 31st March18 and their average score is 14.2 in line with statistical neighbours at 14.1

Child SDQ

The introduction in 2016 of the 'Child (voluntary) SDQ', as part of the Kirklees process, provided an insight into emotional mental health from the child's perspective. This has been used to compare the scores, ensuring the child's voice is captured and shared with Social Care and within the child's health record. We are unable to provide a whole year of data for 2018/19 due to the problems associated with the IT change over, but we are able to retrieve a cohort of eight months i.e. 84 questionnaires compared to 100 the previous year.

Score	Child 2017	Child 2018	Child 1.8.18-31.3.19
0-13 (satisfactory)	61.4%	56%	59%
14-16 (borderline)	12%	15%	20%
17+ (concern)	26%	29%	21%

Ages and Stages – Emotional and Social Questionnaire (ASQ - SE)

As a result of a pilot during 2018/19 the ASQ – SE is to be introduced later in the year with babies and young children aged under 4 years, to measure their emotional wellbeing. This will see it dovetail into the SDQ process (see 'Priorities 2018-19' p.24).

2.12 Care Leavers

Care Leavers have the opportunity of accessing the Specialist Nurse for Care Leavers, either by self-referral, referral from the Looked After Children and Care Leavers Service, Children's Rights or via any Social Work Team within Children and Adult Services.

To ensure the needs of Looked After Children and Care Leavers are met, the LAC Nurses work in a flexible way, having appointments at times and in places to suit the young people's wishes.

There is good liaison between the Personal Advisors (PAs), Social Workers and Nurses, with regular attendance by the nurses at the PA meetings, to share reports and proposals to benefit the health care needs of care leavers. This includes an opportunity to refer to the teenage pregnancy data sheet for updates. Being co-located ensures that face to face consultations can take place, resulting in quick responses for health queries and signposting.

A Care Leaver letter which was developed with support from Care Leavers, is provided to each young person when they become 18 years old. The letter contains their personal health history and essential local support information. A version aimed at Carers of, and children with disabilities is also under development.

At their final Review Health Assessment, young people are asked if they would like a standard format or a customised version. We are able to report that in the last year, 47 young people gave a preference. 43% (n20) requested a standard letter and 57% (n27) a customised more in-depth version. As a result of this outcome, the current practice of asking the individual will continue, as there is no clear preference for either.

The LAC Nurses provide a drop-in service at No.11 on a weekly basis for advice and support for children/young people and staff.

The LAC Nurses are part of a vulnerable children team with the Youth Offending Team, Pupil Referral Service and Family Nurse Partnership (FNP). This provides an opportunity to share information and allow the most pertinent health professional to take a lead role. (FNP is an intensive home visiting programme offered to first time young mothers, providing good parenting skills working with the strengths of the clients, encouraging them to fulfil their aspirations for their baby and themselves. LAC and Care Leavers are given priority for this service).

2.13 Adoption and Fostering - Designated Doctor/ Medical Advisor

The Regional Adoption Agency OneAdoption West Yorkshire is now fully established. The service is hosted by Leeds on behalf of the 5 Local Authorities.

The Agency Medical Advisers for the 5 Children's' Social Care Departments are now working more closely together. The Medical Advisers are aiming for consistently good practice and also to use a standardised format for reports. This will not mean any significant changes to practices already adopted in Kirklees. Audits are currently ongoing to look at standards of reports both for Adults' Health and for Adoption Medical Reports.

All adults applying to become Adopters, Foster Carers or Connected Carers have a Medical Report prepared by the Medical Advisor which is based on a report compiled by the applicants' GP. Some applicants have significant and complex health problems and the Medical Adviser may need to liaise further with the GP or hospital specialists to obtain a clearer picture of the applicant's health and the implications of this for the task of adoption or fostering. This work can be extremely challenging and time consuming.

Once approved, Foster Carer Medical Reports have to be reviewed every three years by the Medical Advisor and an updated Medical Report is provided to the Local Authority Fostering Service. Prospective Adopters have updated reports every 2 years.

Number of Adult Medical Reports for Fostering and Special Guardianship Orders.

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>
308	318	318	286	348	337	226

Number of Adult Medical Reports for OneAdoption West Yorkshire

Jan- March 2018 2018-19

43

95

Children who have a plan for adoption have a detailed Adoption Medical Report following a thorough medical and developmental assessment. The report gives information about the child's physical and emotional health and developmental progress. The report also includes information about the pregnancy and birth and about the health of the birth family (this information is shared with consent).

Number of Adoption Medical Reports

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>
163	138	117	135	168	142	122

The Medical Adviser who sees the child and completes the report then meets the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. The information is often complex as children frequently have backgrounds of neglect, abuse, domestic violence and parents who have used drugs or excess alcohol or who have learning difficulties or mental health problems. These meetings have been standard in Kirklees and some local areas for several years but have only just been introduced in others.

Number of Meetings with Prospective Adopters

<u>2012-13</u>	<u>2013-4</u>	<u>2014-15</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>
44	43	36	43	45	27	37

Medical Advisers continue to attend adoption panels regularly. This means reading all the paperwork and being a full member of the Panel in addition to giving medical advice. One of the Medical Advisers from Calderdale or Kirklees has attended all OneAdoption West Yorkshire panels held in Huddersfield. Medical Advisers from other areas cover the other Panels.

A LAC Nurse attends 4 Fostering Panels per year, to provide an alternative health perspective.

2.14 Training

The LAC Health Team provide training and induction for Social Workers and health students/professionals who are associated with the care of Looked After Children and young people.

Each School Nursing and Health Visiting Team have been visited during the year, to advise, liaise and share good practice. New ideas have been shared and issues resolved.

Formal mandatory training sessions are delivered to Foster Carers covering health matters, at three half-day sessions per year.

The Designated Nurse (DN) visited identified GP surgeries to discuss their LAC cohort and offered advice and support. Intercollegiate briefing slides (see sec.3), have been shared with all Kirklees GP surgeries and some dentists, to provide a training resource. The DN also attends GP Safeguarding Lead Meetings to provide an opportunity to share information and discuss issues.

The LAC Nurses are available due to their co-location, accessibility and through technology to support children, Carers, Social Care Workers, Health Practitioners and others, including Private Residential Home staff

2.15 Remand

There have been a small number of young people remanded to custody and therefore became LAC under the 'Legal Aid, Sentencing and Punishment of Offenders Act 2012' (S20).

In 2015 the requirement for a statutory health assessment was dis-applied from the 'Care Planning, Placement and Case Review (England) Regulations 2010'. However Kirklees feel that it is good practice to ensure that any health needs are being identified and support offered while ever they have the LAC status.

A copy of the Comprehensive Health Assessment Tool (CHAT) which is used in youth custody, is requested from the secure estate, upon sentencing or release. This provides a brief overview of the health of the young person as they entered custody and for the time of their remand. Further intervention on release from custody would be provided by the LAC health team or another appropriate health practitioner e.g. Youth Offending Nurses, if the young person remained a Looked After Child.

Young people may be alternatively remanded into Local Authority accommodation, rather than custody, following a strict plan and supervision (S20). This may require the YOT or LAC nurses to support an Initial Health Assessment in the community.

2.16 Care Quality Commission

Safeguarding and Looked After Children Services in Kirklees, were inspected in January 2018. The report was positive and a few recommendations were made to improve practice. An update of the recommendations are as follows;

- To strengthen the assessment of the emotional health and well-being of LAC within the Initial Health assessment

A greater focus was made within the assessment, with detailed recording of the emotional wellbeing of the child in the 'body' of the assessment and health plan. In addition 24 assessments were randomly chosen to audit throughout the year, covering children from age 2 weeks to 17 years. Feedback was given to the clinic team at quarterly meetings. This showed an increase in the information recorded from personal observation, discussion with Carers and taking into consideration the difficulty with observing very young babies in the clinic setting and time restrictions imposed.

- To develop a more patient centred Care Leaver letter
At a final Review Health Assessment at age 17, young people are offered a standard or customised Care Leaver letter. The latter provides more in-depth information. Young people helped to devise the improved presentation of the letter, making it suitable for their needs. Leaflets have been obtained in various languages and information of support groups/cafes etc. are included with the letter.
- To work together to strengthen the arrangements for obtaining GP health information, to inform health assessments
A letter to GP surgeries requesting supporting information was strengthened. In addition all local surgeries who use the alternative IT system to Systmone, have been visited or contacted by the Designated Nurse. The purpose was two-fold; to improve relations with surgeries where there were obstacles to electronic communication and to reconcile information related to Looked After Children on their data bases. The process evaluated positively and will be an annual event.

3 – Priorities for Looked After Children/Care Leavers 2018/19

To monitor and aim to meet the KPIs set by the Clinical Commissioning Groups (CCG's).

Regular reports are produced on a monthly basis and are shared with the CCG, Corporate Parenting Board, Improvement Board, CHFT via the Designated Doctor, and Locala Board's as required (see 2.5 - 9).

To identify young people who have disclosed having a dependent substance misuse habit at their Review Health Assessment and who refuse support. To work in collaboration with others to find an alternative engagement route.

The Performance Team provide monthly reports to the Designated Nurse, highlighting the young people who have identified themselves as being dependant users of substances. This allows discussions between the Health Team and the Substance Misuse Outreach Worker, which links to the Personal Advisors/Social Workers, to look at ways to engage the young person if they are not accessing support.

The Substance Misuse Outreach Team, target hotspots in the community and link with many other agencies and children's homes.

The substance misuse section on the LAC Health Assessment form has been amended, separating dependant and non-dependant use, to ensure the right support is offered at the right level.

To trial the use of the 'Ages and Stages Questionnaire – Social and Emotional' (ASQ-SE), with carers of children under 4 years old.

A pilot project was undertaken to test the suitability of utilising the ASQ-SE to screen the behaviour, social and emotional development in Looked After Children (LAC) under 4 years old. The aim was to dovetail into the statutory Strengths & Difficulties Questionnaire (SDQ) process, which is available from age 4-16 years.

The pilot evaluated well also allowing the opportunity of hearing the voice of very young children, through alternative means other than just verbalisation of words. It was agreed that it would be rolled out from September 19, using a similar distribution method as the SDQ process. The questionnaires are sent out about 6 weeks before the child's Review Health Assessment to carers of children aged 12,24 & 36 months old. The returned forms are to be analysed by a suitably qualified Health Practitioner in the Lac Health Team. The results will be shared with the child's Social Worker, who in turn will access the Emotional Wellbeing Team for consultation if necessary. The results will be recorded in the health and social care record. Any issues raised will also be discussed with the carer by the Health Practitioner.

To develop Intercollegiate LAC training slides for use in General Practice and Dental Surgeries.

The slides were developed and distributed to all Kirklees GP practices and shared with the Calderdale Safeguarding Designated Nurse. They have been shared with some dental practices and used with new LA staff, who have a link to Looked After Children.

To develop a process to collect information about the health needs of Looked After Children as they enter care, any that require a re-referral and any new health issues that are identified during the Initial Health Assessment.

A resource was developed within SystmOne to collect information about the health needs of children as they come into care, which would then be reportable. The document originally produced was agreed to be too lengthy. An alternative option became available, based on an 'Outcome Wheel' model used in Calderdale LAC Health Team. The resource was further adapted for use in Kirklees and is currently undergoing a trial. The manual collection of the data started in February 19 in the Initial Health Assessment Clinic. The plan is for a select number to be chosen throughout the year, based on the RHA's that are completed by the LAC nurses. This avoids introducing something to a wider audience while it is in a pilot stage. The first follow up papers will

be used in August 19, when the first cohort of children who require a 6 monthly RHA are identified.

Contact has been made with Locala SystmOne Manager to look at having the template made electronic and put on SystmOne, to allow for easy reporting, once it has been agreed as a viable tool.

4 – Additional activities / Practice Improvements during the year

- Access made to alternative documents that record children who become 'new into care' at an early stage e.g. 'Becoming Looked After' report, 'Legal Gateway panel' and 'Notification of Placement Move' for early identification This helps to identify them at the earliest convenience. 'New into Care Daily Report' is also now sent directly to the Child Health Department and the CHFT LAC Administration.
- It is now possible to copy and send SDQs via smartphone when it is necessary to complete an SDQ at an RHA, therefore speeding up the process.
- Testicular and breast resources were purchased to help promote cancer awareness at RHA's
- Agreement has been made with the Commissioner, that if a birth parent wishes to attend for their child's immunisations at the GP and this will compromise the safety/confidentiality of the Carer's home address, a request can be made to Locala to have them carried out at an alternative location. This only affects children registered at Huddersfield GP's and a small number of GPs who carry out their own immunisations in North Kirklees.
- The Teacher SDQ has been introduced, at the point of a high SDQ score being returned from the Carer or the child.
- A 'Virtual Assessment Template' has been developed, to be used when a child does not wish to attend their Review Health Assessment. The child is made aware and in agreement that a virtual assessment can be made and shared.
- A LA Children Home Manager has been introduced to the local GP surgery, to enable them to liaise at surgery Practitioner Meetings, to discuss the health needs of LAC registered at the Practice.
- Agreement has been made with the Calderdale Safeguarding Midwife, to access birth information to inform the Initial Health Assessments. This affects children born at Calderdale Hospital, as this information is not available on SystmOne.
- It has been agreed to share the details of the Personal Advisor/Social Worker details of young people who present at Midwifery Services in Calderdale, to enhance the support provided to the young person.

- It has been agreed with the Joint Health Commissioner, Locala & The Whitehouse Surgery, that any UASC who are GP registered outside the Greater Huddersfield area, can access an enhanced commissioned physical and mental health screening. In addition any UASC who are GP registered at The Whitehouse due to them living in Huddersfield, can access the additional mental health screening, through a commissioned request.

5 – Priorities for Looked After Children/Care Leavers 2019/20

- To monitor and aim to meet the key performance indicators set by the Clinical Commissioning Groups
- To continue the pilot project to measure the health needs of children as they enter care and again at their first Review Health Assessment. This is to establish the evidence of any improvements in their health, as a result of coming into the care of the Local Authority. If the pilot is viable and provides the anticipated results, a request for an electronic version will be made to be added to SystemOne for easier auditing and recording.
- To develop closer working relationships with others who support young people leaving or left care age 18-21, with a focus on those with enduring and identified health issues.
- To ensure all eligible Looked After Children and Care Leavers who are pregnant, up to the age of 19, are offered the Family Nurse Partnership Support Service, if available in the area where they are residing.

6 - References

DfE, DH (2015) Promoting the health and well-being of looked-after children

DfE (2018) Children looked after by local authorities in England. Guide to the SSDA903 collection 1 April 2018 to 31 March 2019

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>

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Name of meeting: Corporate Parenting Board
Date: 10th September 2019
Title of report: Outcomes for Looked after Children involved with the YOT

Purpose of report

To inform and update Corporate Parenting Board (CPB) about the level of offending by Looked after Children, and the improvement in outcomes for Looked After Children (LAC) subject to an intervention with the Youth Offending Team (YOT).

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Not applicable
Date signed off by <u>Strategic Director</u> & name	Elaine McShane (for Mel Meggs) – 2.9.19
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Not applicable
Cabinet member portfolio	Cllr Viv Kendrick (Children)

Electoral wards affected: not applicable

Ward councillors consulted: not applicable

Public or private: Public

(Have you considered GDPR?)

Yes GDPR has been considered. The information in this report does not identify any individuals.

1. **Summary**

This report is to update on the progress the Youth Offending Team (YOT) has made in improving the outcomes for Children Looked After (CLA) who are involved with the YOT.

During 2014 the YOT became aware of the significant disparity in outcomes for Children Looked After (CLA) dealt with by the YOT, compared with the general YOT population. Fewer than 30% of CLA successfully completed their intervention with the YOT compared with almost 70% of the general YOT population. It should also be noted that historically Kirklees had performed relatively poorly in terms of the proportion of CLA who offended.

In response to the above we took the decision to create a small team of CLA specialists who would take all cases at the YOT involving CLA. Also for the past five years the YOT has worked with Kirklees residential children's homes to increase the use of "restorative justice" as a way of dealing with most minor crimes that occur within the homes. This approach has now further developed so that the restorative team within the YOT work with the residential sector to encourage a more general restorative approach to dealing with all issues and problems that may arise.

Further details and outcomes are outlined in section 3.3 below.

2. **Information required to take a decision**

For information only, no decision required.

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

Not applicable

3.2 **Economic Resilience (ER)**

Not applicable

3.3 **Improving Outcomes for Children**

The YOT created a small team of staff who were all social work qualified YOT Officers that took responsibility for all CLA YOT interventions. The reasons for this were basically two-fold: firstly, developing greater expertise and skills in the additional processes required when working with CLA; secondly, to improve and develop liaison and joint working with other agencies (e.g. residential sector) and staff (e.g. Children's Social Workers and Residential Staff).

Because of the historic concerns about the poor outcomes for CLA in the YOT we wanted an objective measure that we could use to measure performance. As a result in 2015 we started to measure successful outcomes at the end of a young person's intervention. A successful outcome is defined as completing an order without re-offending or being returned to Court in breach and being resentenced.

In the year April 2015 to March 2016 29% of CLA successfully completed their intervention, while 70% of the general population did so. The aim of the YOT was to bring outcomes for CLA more in line with the general population.

There was a gradual improvement which resulted in 2017- 2018 in the successful outcomes for CLA being better than for the general population.

Last year, 2018 – 2019 66% of CLA successfully completed their interventions and whilst it was marginally lower than the general population of 77% it remains significantly higher than the 2015 -2016 baseline.

There has also been a reduction in the percentage of 10-17 year old LAC who are convicted of an offence, Last year the Kirklees figure was 5.48%. We believe this to be comparable to the national average, based on last available data from 2016.

Over the past 5 years the YOT's Restorative Justice Team has been working with the residential sector to encourage the use of restorative justice to deal with minor offences that occur within children's homes. This is basically where, with the agreement of all parties, a young person is given the opportunity to make amends (reparation) for their offence rather than going through the criminal justice system.

This work with children's homes has been broadened from just using this approach for minor offences to using restorative processes as a general problem solving method involving all parties.

The benefits for all of this approach are perhaps best summed up by a quote from a Senior Residential Care Officer at a Kirklees Children's Home to a YOT Restorative Justice worker

"Thanks you for coming up and spending time with me going through bullying and the restorative approach. From your support and knowledge I was able to create and implement a specific bullying and restorative approach tool designed for our residential children's home"

The current case load of young people being supervised by the YOT is 112. Of these, 13 young people are CLA (11.6%) Clearly CLA are over represented at the YOT compared to CLA in the general population.

Residential circumstances differ for CLA that are supervised by Kirklees YOT. The chart below details the numbers and the residential circumstances.

Residential Circumstance	No
Kirklees CLA residing in Kirklees	4
Kirklees CLA residing out of area	4
Out of area CLA residing in Kirklees	5

Of the 4 CLA residing in Kirklees, 3 are placed in residential care and 1 resides at home.

The 4 Kirklees CLA residing out of area 3 are resident close by in other towns and cities across West Yorkshire and 1 is placed outside of West Yorkshire, and are all placed in residential care.

The 5 CLA residing in Kirklees originate from a number of towns and cities nationwide. The YOT are currently planning a bespoke training session for foster carers to ensure that our foster carers have the same opportunity as residential care home staff to learn more about restorative justice approaches.

3.4 **Reducing demand of services**

Not applicable

3.5 **Other (eg Legal/Financial or Human Resources)**

Not applicable

4. **Consultees and their opinions**

Not applicable

5. **Next steps**

- a. YOT to continue monitoring CLA performance in terms of outcomes and offending relative to the general YOT population so that we are quickly aware of any developing concerns.
- b. YOT to maintain current level of resources for CLA (specialist YOT Social Workers).
- c. YOT restorative justice workers to continue to support residential sector by delivering training and advice on the use of restorative practices in children's homes. YOT to make available and deliver specific training to foster carers.
- d. YOT to update Corporate Parenting Board with a similar report in September 2020

6. **Officer recommendations and reasons**

That the report be noted.

7. **Cabinet portfolio holder's recommendations**

Not applicable

8. **Contact officer**

Richard M Smith
Richardm.smith@kirklees.gov.uk

9. **Background Papers and History of Decisions**

Not applicable

10. **Service Director responsible**

Elaine McShane (Family Support and Child Protection)

Corporate Parenting Board

Agenda Plan 2019/20

Date of Meeting	Issues for Consideration	Officer Contact	Notes
<p align="center">19th June 2019</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Old Court Room, HTH</p> <p align="center">Deadline for reports 7th June 2019</p> <p>Apols: B Lockwood, O Rix</p>	<p align="center">Pre-meeting (Informal)</p> <p>Educational attainment and progress – LAC outcomes data 2018 SFR analysis</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>One Adoption WY Annual Report (may be deferred)</p> <p>Children’s Performance Highlight Report</p> <p>Summary of educational outcomes for 2018</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Statement of Purpose for Fostering Service (Annual)</p> <p>Updates from Board Members on interaction with services</p> <p>Areas for Board Members to Champion and Corporate Parenting Board Agenda Plan 2019/20</p>	<p align="center">J Tolley</p> <p align="center">S Comb/J Tolley</p> <p align="center">S Johal (One Adoption)</p> <p align="center">S Comb/J Tolley</p> <p align="center">J Tolley</p> <p align="center">S Comb/J Bragg</p> <p align="center">J Bragg</p> <p align="center">A Quinlan</p> <p align="center">Board members</p> <p align="center">Board Members H Kilroy</p>	
<p align="center">10th September 2019</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p>	<p align="center">S Comb/J Tolley</p>	

Corporate Parenting Board

Agenda Plan 2019/20

<p>Reception Room, HTH</p> <p style="color: red;">Deadline for reports 30th August 2019</p>	<p>Membership of the Board – to verbally propose a change to add Anna Gledhill, Social Work Practice Lead (Family Support and Child Protection)</p> <p>Animation by adopted teenagers (8 mins video)</p> <p>Children’s Performance Highlight Report</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Annual report on the health of looked after children</p> <p>Annual report on Youth Offending Team relating to their work with children in care and comparative data for 2016/17, 2017/18 and 2018/19</p> <p>Annual Report on Private Fostering</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2019/20</p>	<p>H Kilroy</p> <p>Suzanne Whiteley (One Adoption)</p> <p>S Comb/J Tolley</p> <p>S Comb</p> <p>J Bragg</p> <p>G Addy</p> <p>R Smith</p> <p>A Quinlan</p> <p>Board Members</p> <p>H Kilroy</p>	<p style="color: red;">1st main item on agenda</p> <p>(RS to send a rep to Board as on leave)</p>
<p>24th October 2019</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 1, HTH</p>	<p style="text-align: center;">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p>Head Teachers Report on educational outcomes of looked after children (detailed version)</p>	<p>S Comb/J Tolley</p>	

Corporate Parenting Board

Agenda Plan 2019/20

<p align="center">Deadline for reports 14th October 2019</p>	<p align="center">Public Items:</p> <p>Attendance by Rachel Spencer-Henshall on role of Corporate Parent (verbal update) – to be confirmed</p> <p>Children’s Performance Highlight Report</p> <p>Head Teachers Report on educational outcomes of looked after children (public version)</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Annual report on Review of Foster Carer Handbook</p> <p>Annual report on Children’s Rights and Independent Visitors Scheme (1st April 18 to 31 March 19) to include a 6 monthly update (Apr 19 to Sept 19)</p> <p>The success of placing sibling groups in placements within Kirklees</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Number of young people in Kirklees aged 16-17 in semi/independent accommodation (inc outside District)</p> <p>Annual report on Complaints and Compliments for Children in Care</p> <p>Update on Voice of the Child Development Plan</p>	<p align="center">R Spencer-Henshall</p> <p align="center">S Comb/J Tolley</p> <p align="center">J Tolley</p> <p align="center">S Comb</p> <p align="center">A Quinlan</p> <p align="center">M Tiernan/A Gledhill</p> <p align="center">J Bragg</p> <p align="center">J Bragg</p> <p align="center">S Comb</p> <p align="center">Y Mughal</p> <p align="center">O Rix</p>	<p align="center">1ST ON AGENDA (20 mins)</p>
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Corporate Parenting Board

Agenda Plan 2019/20

	<p>Number of secondary school and placement moves for LAC and an update on what action was being taken to reduce number of school moves</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2019/20</p>	<p>J Tolley/J Bragg</p> <p>Board Members</p> <p>H Kilroy</p>	<p>Janet/Julie to confirm</p>
<p>13th December 2019</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 1, HTH</p> <p>Deadline for reports 3rd December 2019</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report</p> <p align="center">Public Items:</p> <p>One Adoption Agency 6 monthly Report (April to Sept)</p> <p>Attendance by Richard Parry on role of Corporate Parent (verbal update)</p> <p>Children’s Performance Highlight Report</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2019/20</p>	<p>J Tolley/S Comb</p> <p>S Johel (One Adoption)</p> <p>Richard Parry</p> <p>S Comb/J Tolley</p> <p>S Comb</p> <p>Board Members</p> <p>H Kilroy</p>	

Corporate Parenting Board

Agenda Plan 2019/20

<p align="center">10th February 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 1, HTH</p> <p>Deadline for reports 30th January 2020</p> <p>Apols: B Lockwood</p>	<p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Attendance by Karl Battersby on role of Corporate Parent (verbal update)</p> <p>Children’s Performance Highlight Report</p> <p>OFSTED and Improvement Board Update (verbal)</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2019/20</p>	<p>S Comb/J Tolley</p> <p>K Battersby</p> <p>S Comb/J Tolley</p> <p>S Comb</p> <p>J Bragg</p> <p>Board Members</p> <p>H Kilroy</p>	
<p align="center">9th April 2020</p> <p>Pre-meeting 9.30 am – 10.00 am Public Meeting 10.00 am – 12 noon Mtg Room 3, HTH</p> <p>Deadline for reports 30th March 2020</p>	<p align="center">Pre-meeting (Informal)</p> <p>Educational attainment and progress – LAC outcomes data and SFR analysis</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>NO QUESTION TIME (pre-election period)</p> <p>Review of Membership and Terms of Reference of the Board (prior to Council AGM)</p>	<p>J Tolley</p> <p>S Comb/J Tolley</p> <p>H Kilroy</p>	

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	Children’s Performance Highlight Report	S Comb/J Tolley	
	OFSTED and Improvement Board Update (verbal)	S Comb	
	Statement of Purpose for Registered Children’s Homes (Annual)	L Caunce	
	Statement of Purpose for Fostering Service (Annual)	A Quinlan	
	Overview of number of children in Care (snapshot) including age profile	J Bragg	
	Corporate Parenting Board work programme and Agenda Plan for 2020/21	H Kilroy	

Standard reports (as on Agenda Plan)

Future reports (dates yet to be agreed):

- Future shape of service and relationship with partners (E McShane/S Comb) – date tbc
- Action Plan on the Fostering and Placement services in Kirklees (A Quinlan) – date tbc
- Early Help and edge of care (M Meggs/J Saunders) – date tbc
- Update on pilot to mentor and provide role modelling for young people in placements and children’s homes around school attendance (J Tolley) – date tbc
- Kirklees Fostering Network (achievements, current priorities and future aspirations)
- Progress updates from the Residential Managers of the Children’s Homes on the improvements and actions being taken following Ofsted reports (L Caunce/C Morgan)
- Children’s Homes – plans for the future (J Bragg)
- Commitment to Care Leavers (J Bragg)
- Grandparents Plus to attend future meeting of Board (date to be confirmed)
- Impact of the Staying Put Scheme on Foster Carers (A Quinlan) – date to be confirmed

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- Educational Employment and Training and what was being done with local businesses (Julie Bragg) – date to be confirmed
- Sufficiency of foster placements living outside the area to include subset data showing the residual number of children on placement living outside the area (Steve Comb) – to be confirmed
- Number of secondary school and placement moves for looked after children, and an update on action being taken to reduce number of moves that take place (J Bragg/J Tolley) – to be confirmed

Annual reports:-

- 6 monthly report on Children's Rights (Oct to March) (M Tiernan/A Gledhill) – June 2020 (same month every year)
- 6 monthly report on Independent Visitors Scheme (Oct to March) (M Tiernan/A Gledhill) – June 2020 (same month every year)
- Annual Report on Children's Rights and Independent Visitors Scheme (April 19 to March 20) – (M Tiernan/A Gledhill) – June 2020 (same month every year)
- Private Fostering Annual Report (A Quinlan) – Sept 2019 (same month every year)
- Annual report on Complaints and Compliments for Children in Care (Y Mughal) – October 2019 (same month every year)
- Annual report on children who go missing from care (Lead Officer tbc) – date tbc
- Annual report on the work of the leaving care service (J Bragg) – date tbc
- Annual report on children and young people placed outside the Kirklees boundary (S Comb) – date tbc
- Corporate Parenting Board Annual Report (S Comb) – date tbc
- Annual Health Report (G Addy) – September 2019 (same month every year)
- Annual Report on Private Fostering (A Quinlan) – September 2019 (same month every year)

Quarterly reports:

- Fostering Agency Report (April to June) (A Quinlan) – date to be confirmed
- Fostering Agency Report (July to Sept) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Oct to Dec) (A Quinlan) – date to be confirmed
- Fostering Agency Report (Jan to March) (A Quinlan) – date to be confirmed

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