

Public Document Pack



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

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Monday 15 November 2021

Notice of Meeting

Dear Member

Corporate Parenting Board

The **Corporate Parenting Board** will meet in a **Virtual Meeting - online** at **10.00 am on Tuesday 23 November 2021.**

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 Richard Smith

Councillor John Lawson

Councillor Karen Allison

Councillor Elizabeth Reynolds

Councillor Carole Pattison

Gill Addy

Tom Brailsford

Keith Fielding

Stewart Horn

Colleen Kenworthy

Barry Lockwood

Elaine McShane

Mel Meggs

Sara Miles

Jo-Anne Sanders

Ophelia Rix

Janet Tolley

Christine Carmichael

Cabinet Member for Learning, Aspiration and Communities

Designated Nurse for Looked after Children/Care Leavers

Service Director (Resources, Improvement and Partnerships)

Kirklees Fostering Network

Head of Joint Commissioning, Children & Families

Kirklees Fostering Network

Kirklees Fostering Network

Service Director, Family Support and Child Protection

Director for Children's Services

Interim Head of Service (Child Protection & Review Unit)

Service Director for Learning and Early Support

Head of Service, Children in Care, Care Leavers and Looked After Children

Virtual School Headteacher

Kirklees Fostering Network

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of previous meeting

To approve the Minutes of the meeting of the Board held on 5th October 2021.

(To follow)

3: Interests

1 - 2

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: Public Question Time

The Board will hear any questions from the general public. Due to Covid-19 restrictions, questions should be emailed to executive.governance@kirklees.gov.uk no later than 10am on Monday 22nd November 2021.

7: Children's Performance Highlights Report

3 - 14

The Board will consider a report giving key highlights from the latest Performance Monitoring Data for the Children's Service.

Contacts:

Ophelia Rix, Head of Service, Children in Care, Care Leavers and Looked After Children
Janet Tolley, Virtual School Headteacher

8: Youth Justice Service Update

The Board will consider a verbal update on the work of the Youth Justice Service and the Youth Justice Inspection.

Contact:

Ian Mottershaw, Head of Service (Contextual Safeguarding, Family Support and Child Protection).

9: Thriving Kirklees and CAMH's update

15 - 26

The Board will consider a update on the Thriving Kirklees Partnership, including the Child & Adolescent Mental Health Service (CAMHS) and emotional wellbeing support provided for Children in Care.

Contact:

Stewart Horn, Head of Children's Integrated Commissioning

10: Annual Fostering Report

27 - 48

The Board will consider the Annual Fostering Report setting out the work undertaken by the fostering service between April 2020 and September 2021.

Contacts:

Simon Brown, Interim Integrated Commissioner
Stewart Horn, Head of Joint Commissioning

11: Kirklees Looked After Children Annual Health Report

49 - 74

The Board will consider the Kirklees Looked After Children Annual Health Report for April 2020 to March 2021.

Contact:

Gill Addy, Designated Nurse for Looked After Children

12: Virtual School Headteacher Report 2020-21

75 - 120

The Board will consider the Virtual School Headteacher Report on how the Virtual School has been working during the academic year 2020-21.

Contacts:

Janet Tolley- Virtual School Headteacher

13: Virtual School Governing Body Update

The Board will receive a verbal update from the Chair of the Virtual School Governing Body, Councillor Carole Pattison.

Contacts:

Councillor Carole Pattison
Janet Tolley, Virtual School Head Teacher

14: Update on Ofsted Report

The Board will consider a verbal update on the latest Ofsted Report.

Contact:

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

15: Children's Ambition Board Update

The Board will receive a verbal update in relation to the Children's Ambition Board.

Contacts:

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

Tom Brailsford, Service Director (Resources, Improvement and Partnerships)

16: Updates from Board Members on Interaction with Services

The Board will consider verbal updates from Members in relation to progress and key issues following interactions with Services and partners to challenge the role of the Corporate Parent.

Contact:

Jodie Harris, Principal Governance and Democratic Engagement Officer

17: Corporate Parenting Board Agenda Plan 2021/22

The Board will consider its agenda plan for 2021/22.

Contact:

Jodie Harris, Principal Governance and Democratic Engagement Officer

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.

Corporate Parenting Board – Highlight Report

Date of Board: 23 November 2021

Data is as at 31 October 2021, unless stated otherwise.

* Benchmarking Source: Children's Social Care Benchmarking Tool (BMt) V3.10. Benchmarking data is from March 2020 unless stated otherwise. SN = Statistical Neighbours average, Eng. = England average. Where no equivalent published data is available, "N/A" is shown.

Children Entering Care, Children in Care and Placement Stability

| Key Indicator | Type of measure | Month End | | | | *Benchmarking | |
|--|---------------------------------|---------------|---------------|---------------|---------------|---------------|-------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 4.02.01 Children in care - numbers in care per 10,000 of age 0-17 population. | Per 10,000 population aged 0-17 | 68.7 (688) | 64.7 (648) | 63.0 (631) | 62.6 (627) | 92.2 | 67.0 |
| | Direction of Travel | | ↓ | ↓ | ↓ | | |
| 4.02.04 Children in care by placement within and outside the LA boundary: Total placed outside Kirklees and more than 20 miles from home address | % (number) | 11.6% (80) | 11.9% (77) | 12.0% (76) | 12.3% (77) | 12.9% | 16.0% |
| | Direction of Travel | | ↑ | ↑ | ↑ | | |
| 4.05.01 Placement Stability Within Year - LAC with three or more placements | % (number) | 7.8% (54) | 6.2% (40) | 6.8% (43) | 6.7% (42) | 10.3% | 11.0% |
| | Direction of Travel | | ↓ | ↑ | ↓ | | |
| 4.05.04 Social Worker change of LAC in care 12+ Months: Number of Social Worker changes | Number | 252 | 217 | 228 | 225 | N/A | N/A |
| | Direction of Travel | | ↑ | ↑ | ↔ | | |
| Average number of SW changes | Average | 0.52 | 0.42 | 0.45 | 0.44 | N/A | N/A |
| | Direction of Travel | | ↓ | ↑ | ↓ | | |

Service Narrative

What difference did we make?

- There is currently a decreasing trend in the number and rate of children in care from 68.7 (688 children) in Nov 20 to 62.6 (627 children) in Oct 21. The current 12-month average for Kirklees is 65.9 (660 children), below our 31 March 2020 published rate of 67.0, the England 2020 rate of 67.0 and significantly below our Statistical Neighbours 2020 rate of 92.2.
- Of the 77 children placed outside of Kirklees and more than 20 miles from their home address, the large majority are placed in fostering.
- Legal Gateway and Permanence Panel takes place on a weekly basis and chaired by the Head of Service. The panel meetings continue to oversee, and quality assure, consistency in regard to decision making and planning around Placement moves, and care planning for children and young people. An External Placement Review Panel is now in place, and is held every 2 weeks, chaired by the Service Director. The purpose of the panel is to ensure better oversight of children who are not placed in Local Authority provision.
- A review of External Residential Placements has been undertaken 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. The review highlighted that the young could not be moved back to Kirklees due to them commencing their GCSEs. We will continue to review all external placements on a quarterly basis.

- Whilst the number of social work changes has improved a focus needs to remain on reducing this number further, as we are mindful of the impact this has on our children and young people and will continue to focus on staff retention and consistency in case allocation.

What do we want to improve?

- The service will continue to work with the Placement Support team and the Multi-Systemic Therapy (MST) team to collaboratively support improving placement stability for our children and young people with a focus on integrating strength-based approaches and tools into practice.
- Further worker needs to be undertaken to improve allocated social worker stability.
- Reduce 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.
- We are planning to review all of our external foster placements to consider whether children and young people who are placed more than twenty miles from Kirklees, in line with their care planning and meeting the children and young person's needs, are able to return to more local placements.

Children Looked After Reviews, Visits and Missing

| Key Indicator | Type of measure | Month End | | | | *Benchmarking | |
|--|---------------------|------------------------|------------------------|------------------------|------------------------|---------------|------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 4.06.01: CLA Reviews Within Statutory Timescale | % | 98.2% | 99.4% | 99.4% | 99.1% | N/A | N/A |
| | Direction of Travel | | ↑ | ↑ | ↓ | | |
| 4.07.01: CLA visits within statutory time-scale: % of CLA visited in line with Kirklees Practice Standards | % | 93.2% (641/ 688) | 90.4% (586/ 648) | 94.8% (598/ 631) | 94.9% (595/ 627) | N/A | N/A |
| | Direction of Travel | | ↓ | ↑ | ↑ | | |
| 4.09.02: Missing children: a. No. of CLA having at least one Missing episode per month | % (number) | 2.5% (17) | 2.8% (18) | 3.3% (21) | 2.9% (18) | 9.3% | 11% |
| | Direction of Travel | | ↓ | ↑ | ↓ | | |
| b. No. of LAC that have more than one missing episode in the month (repeat Mispers) | % (number) | 23.5% (4) | 44.4% (8) | 52.4% (11) | 61.1% (11) | N/A | N/A |
| | Direction of Travel | | ↓ | ↑ | ↑ | | |
| 4.09.03: Independent Return Interviews for CLA offered within 72 hours of the child being located | % (number) | 60.0% (3/ 5) | 81.0% (17/ 21) | 87.5% (21/ 24) | 50.0% (7/ 14) | N/A | N/A |
| | Direction of Travel | | ↑ | ↑ | ↓ | | |

Service Narrative

What difference did we make?

- 5 requests for Initial Review forms were received by the Child Protection and Review unit in October 2021 relating to 8 children. For all the referrals received, children and young people were allocated an Independent Reviewing Officer (IRO) within 24 hours and Initial Child Looked After Reviews were arranged within 4 weeks of the children and young people becoming Looked After.
- In October 2021, the Child Protection and Review Unit held 118 Looked After Review Meetings for children, with 99% of these being held within timescales
- Independent Reviewing Officers closely monitor Child Looked After Review timescales to ensure that this high percentage is maintained and improved upon, whilst a clear rationale is recorded on a child's file if there are circumstances which result in a child's review meeting not being held within statutory timescales.
- As stated in the Ofsted feedback, IROs robustly review children's care plans. They provide time-bound actions, which they follow up in between reviews so that plans for children progress swiftly. Informal and formal resolution processes are used effectively when drift is identified. Children's

reviews are well attended by a range of partner agencies, who commit to taking actions to improve children's experiences and outcomes.

- In October 2021, 8 children and young people were supported by an Advocate from the Children's Right's Team at their Looked After Review, including 3 Children Looked After living in host local authority area.
- The timeliness of CLA visits has fluctuated with a 12-month low of 87.7% in Jan 21, and a high in Jul 20 of 94.6%. Performance in October 21 was 94.9%, above the 12-month average of 91.7%.
- There has been an increase with regards to the number of Children in Care who have received a statutory visit in line with practice standards, we continue to monitor the visits as part of our service performance meetings to address and increase the timeliness of visits to children and young people.
- *Missing CLA:*
 - The number of Children having at least one missing episode has reduced in October, however the overall number remains static at approx. 3%. This mean average remains considerably below the national average and statistical neighbours (11% and 10% respectively).
 - The principals of 'Right Support, Right Person, at the Right Time' are consistently adopted when approaching an Independent Return Interview. Utilising familiarity and identifying the right person for the circumstances and placing the Young Person at the centre of the decision is the consistent approach undertaken. August and September provide evidence of how the principals have produced very high take up in successful independent return Interviews. October data appears far less favourable however there are circumstances relating to very specific individuals that account for a far lower take up in 'Return Home Interviews.' These circumstances cannot be shared within the report, but assurance can be provided that alternative remedial action was and continues to be undertaken in relation to those individuals.
 - The number of children having multiple missing episodes has fluctuated between 8 and 11 in the three-month period which is higher than the 12-month average. The percentage rate of these children is determined from a very low overall number in the cohort of missing children.
 - As per previous reports, all children's homes are being encouraged to review missing reporting strategies with the placing Local Authorities to ensure they are fit for purpose and have a clear expectation on the home to try all avenues to locate the child before reporting them missing.
 - Daily Risk Exploitation and Missing Meetings (DREAMM) occur with partners to discuss, intelligence, missing episodes and individual circumstances to ensure actions, and allocations are in keeping with the core principals placing the child at the centre.
 - The Philomena Protocol documents continue to be used by all children's homes and semi-independent providers in Kirklees (introduced in July 2020). A number of meetings have been held with providers recently to consider the protocol, the information within it and expectations that all providers use it. Feedback showed that children's homes and semi-independent providers like the protocol and that the information held means that children are located more quickly and that it aids the Police to do this. It was recognised by the police that more work needs to take place with the police call operators who receive the information as they are not all familiar with the protocol.
 - Provider meetings are run 3 to 4 times per year. During 2020 these have focussed on the Philomena Protocol and support through Covid-19. Meetings have continued to take place and attendance has been good, but more work is required, to increase understanding and fully implement the protocol across the partnership.

What do we want to improve?

- The principals of Right Person, Right Support at the Right Time is embedded in the decision making through the Youth Engagement Service. This principal must continue to be the driver of decisions and become the default position across more services.
- The report identifies the number of independent Return Home Interviews offered and accepted. Securing more IRI's remains a priority and together with securing those IRI's comes the requirement to ensure quality and value is maximised.

- The Service Managers are increasing focus on statutory visit compliance to improve the performance. Regular performance meetings are held within the service to ensure that we can improve our performance.
- Independent Reviewing Officers to continue to liaise closely with Social Workers and the Children's Rights team to ensure that children are enabled to participate in their Reviews and that their voice is heard. IROs are Linked to Social work team and Clusters to share updates about Services and highlight any themes and issues that may be contributing to delays for children. Ofsted feedback noted the important role that IROs can play as experienced workers who can engage in discussions incorporating positive challenges with SWs and Team Managers to improve quality and timeliness of Children's plans.
- Children's Rights Service have liaised closely with IRO Service and are relaunching updated online versions of Children's consultation documents for Looked After Reviews. These include children's consultation and feedback forms for Reviews and an Information about Reviews 'Booklet', for two ranges. These are finalised and ready for distribution to the Social Work Teams to be shared with children and young people when they first come into care. The aim is to help children and young people gain understanding of what a Review meeting is, what they can expect, why it is important that their views are heard, the different ways they can make sure this happens, and to encourage improved participation in reviews.

Children Looked After Education Outcomes

| Key Indicator | Type of measure | Autumn Term 20/21 | Spring Term 20/21 | Summer Term 20/21 | Benchmarking | |
|--|---------------------|-------------------|-------------------|-------------------|--------------|------|
| | | | | | SN | Eng. |
| 4.10.02 Personal Education Plans (PEP) up to date (current school age LAC with PEP in the last term) | % | 100% | 100% | 100% | | |
| | Direction of Travel | - | | | | |

| Key Indicator | Type of measure | Month End | | | | Benchmarking | |
|---|-----------------|-----------|--------|--------|------------|--------------|------|
| | | Jul 21 | Sep 21 | Oct 21 | Cumulative | SN | Eng. |
| Initial PEP completed within 10 school days of Virtual School being notified child came into care | % | 100% | 100% | 100% | 100% | N/A | N/A |

| Key Indicator | Type of measure | Month End | | | | Benchmarking | |
|----------------------------------|---------------------|-----------|--------|--------|--------|--------------------|--------------------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 4.10.05 LAC Persistent Absentees | % | N/A | N/A | 92.0% | 91.5% | 10.5% (2018/19) | 10.9% (2018/19) |
| | Direction of Travel | | | | ↓ | | |
| LAC with a mid-year school move | % | 40 | N/A | 21 | 2 | N/A | N/A |
| | Direction of Travel | | | | ↓ | | |

Service Narrative

What difference did we make?

- 100% of PEPs have been completed within the Autumn Term in-line with the termly processes.
- The Virtual School is currently leading on all PEPs since the Covid-19 lockdowns began in March 2020. These are all currently virtually held meetings.
- 100% of initial PEPs have been completed within 10 school days of child coming into care since 01/09/2021.
- We continue to work with social work teams to improve both PEP and initial PEP completion and the quality assurance of PEPs. We have successfully moved to termly PEPs to meet statutory requirements.

- 100% of school moves since the start of the academic year have been carefully planned across the service to ensure a smooth transition with no break in provision.

What do we want to improve?

- Our initial focus was the transition back into education following the Covid-19 school closures (vulnerable offer) with a continued focus on supporting young people who are having to work at home e.g. isolation / bubble closures. This will continue to be our priority following the current return to school for all pupils, especially with the ongoing Covid-19 cases for school aged young people.
- We will continue to have a focus on termly PEP completion with transition support and support for working at home where necessary as key focus areas.
- Attendance / Persistent Absence (PA) remains a high priority and all pupils with attendance less than 90%. We will need to be mindful of some of the emotional issues for our young people as they return and respond creatively where there are issues or concerns.
- Covid-19 continues to impact on the number of PA pupils, even though many of these young people are not attendance concerns. We monitor individual attendance closely and work to support young people on an individual basis. We will continue to maintain a strong focus on pupils not in full-time education provision.
- We will continue to work across service to reduce the number of school moves (2018-19 (82), 2019-20 (64) 2020-21 (75)) and to reduce the number of young people with a break in provision whenever possible.

Children Looked After Health

| Key Indicator | Type of measure | Month End | | | | Benchmarking | |
|--|---------------------|--------------|--------------|--------------|--------------|--------------|------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 4.11.11 Dental Checks within last 12 months - timeliness | % | 47.5% | 50.7% | 54.9% | 58.0% | N/A | N/A |
| | Direction of Travel | | ↑ | ↑ | ↑ | | |
| 4.11.12 Initial health Assessments completed on time - within 20 days | % | 88.5% | 88.8% | 88.8% | 85.1% | N/A | N/A |
| | Direction of Travel | | ↑ | ↔ | ↓ | | |
| 4.11.13 Annual health assessments: a: Under 5's 6 month Developmental Assessments -percentage up to date | % | 93.8% | 88.2% | 87.1% | 86.8% | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↓ | | |
| b: Over 5s Annual Health Assessments – percentage up to date | % | 90.5% | 92.2% | 92.1% | 91.2% | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↓ | | |
| 4.11.16 No. of LAC in care more than 12 month and identified as having a substance misuse problem during the last year | % (number) | 0.41% (2) | 0.97% (5) | 0.99% (5) | 1.17% (6) | 2.4% | 3.0% |
| | Direction of Travel | | ↑ | ↔ | ↑ | | |

Service Narrative

What difference did we make?

- **Initial health assessments:** Kirklees Local Authority (LA) rolling 12-month data shows that **85.1%** were completed in the statutory 20 working day timescale.
- **Review health assessments:** Kirklees rolling 12-month data shows that **86.8% & 91.2%** of the 'Developmental' assessments (under 5yrs old) and 'Annual' assessments (over 5 yrs. old) respectively, were completed in statutory timescales.
- **Dental Checks within last 12 months:** Kirklees rolling 12-month data shows that **58%** children when asked at their health assessment had attended the dentist. Consideration should be made to

the closing and subsequent opening of dental surgeries due to Covid restrictions during the last year. Routine appointments are now available at most surgeries, but there is a delay caused by a backlog of outstanding appointments.

- **Substance misuse:** 6 young people (1.17%) have admitted at their RHA or are known to use substances that significantly affect their life. The data relies on the young person admitting usage, but due to the illegality, they may not wish to admit it. A gap has been recognised in collecting this data, as it is captured at the RHA. If a young person declines their RHA, it may be missed. The team are now following up any declined assessments. There may be a more accurate source for this information, possibly through social workers and substance misuse services. Any young person misusing substances at any level is offered support. Young people who refuse support, are discussed with the local Substance Misuse Service, to try to offer an alternative response e.g., group work or access through other agencies.

Children Looked After Convictions

| Key Indicator | Type of measure | Quarter | | | | *Benchmarking |
|---|---------------------|------------------|------------------|------------------|------------------|--|
| | | Oct-Dec 20/21 Q3 | Jan-Mar 20/21 Q4 | Apr-Jun 21/22 Q1 | Jul-Sep 21/22 Q2 | |
| 4.12.01 Number of young people who have been looked after continually for 12 months or more aged between 10 and 17 who have offended and received a substantive outcome (Youth Caution/ Conditional Caution or a Court Order) | % | 1.24% (4/321) | 1.24% (4/321) | 1.37% (5/364) | 0.55% (2/364) | Eng.: 3.00% SN: 3.43% Y&H: 3.00% |
| | Direction of Travel | ↓ | ↔ | ↑ | ↓ | |

Service Narrative

What difference did we make?

- For the year 2018/2019 65.8% of Children Looked After successfully completed their interventions but is however a much-improved picture from 2016 when less than 30% of Children Looked After successfully completed their interventions
- For the year 2019/2020 90.9% of Children Looked After successfully completed their interventions which in comparison with the last year is an increase of over 25% (65.8%).
- For the year April 20 to March 21, 87.7% of Children Looked After successfully completed their interventions. Whilst this performance is slightly worse than the same period of the previous year, it remains in line with that of the general population successfully completing their intervention.
- For the April to Sept 21 period 76.9% of Children Looked After successfully completed their interventions, compared to 89.5% of the general population. This is a reduction in Children Looked After completion from the same period of last year which was 82.6%, whilst the general population remains broadly the same.
- Whilst the numbers of Children Looked After offending remain small in the cohort, we are seeing a decrease in the numbers compared to the same period last year. In the year to date we have seen a rise in the percentage of CLA offending from 3.11% (20/21) to 1.92% (21/22).

What do we want to improve?

- Continued reduction in the numbers of Children Looked After offending. The overall cohort for the 21/22 year is bigger than the 20/21 year (364 compared to 321), but through continued interventions by the YOT, restorative processes, liaison with Children's Homes and creative out of court disposals it is hoped the offending rate will continue to fall.

Care Leavers

| Key Indicator | Type of measure | Month End | | | | *Benchmarking | |
|---|---------------------|-----------|--------|--------|--------|---------------|-------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 5.01.04 Children in care aged 17 years and 4 months with a Personal Advisor | % | 90.4% | 72.2% | 83.8% | 73.5% | N/A | N/A |
| | Direction of Travel | | ↑ | ↑ | ↓ | | |
| 5.01.08 Local Authority In Touch with Care Leavers | % | 90.3% | 92.1% | 90.6% | 91.4% | 94.0% (2019) | 93.0% |
| | Direction of Travel | | ↑ | ↓ | ↑ | | |
| 5.01.09 Care Leavers in suitable accommodation | % | 84.0% | 87.0% | 85.5% | 82.4% | 89.3% | 85.0% |
| | Direction of Travel | | ↑ | ↓ | ↓ | | |
| 5.01.10 Care Leavers Employment, Education and Training (EET) | % | 50.4% | 57.0% | 56.9% | 55.9% | 49.1% | 53.0% |
| | Direction of Travel | | ↑ | ↓ | ↓ | | |
| 5.01.11 Number of Care Leavers with a Pathway Plan that is up to date | % | 93.3% | 78.0% | 84.1% | 90.3% | N/A | N/A |
| | Direction of Travel | | ↓ | ↑ | ↑ | | |

Service Narrative

What difference did we make?

- *Contact with care leavers* – There has been increase in relation to the number of Care Leavers we were in touch with during September and October 2021. This has to be viewed in the context of this group all being aged 18 plus. In some situations, young people do not wish to keep in 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 significant impact on the increasing demands for tenancies during the pandemic. However, we have worked closely with our housing colleagues who have agreed to prioritise the properties for our young people and this has helped to improve our performance in May 2021 but have seen a decline in October 2021 to 82.4%. We will continue to work with our Housing providers to ensure that suitable accommodation is available, we have also maintained strong links with private housing providers. We have continued to provide virtual life skills and pre-tenancy training during COVID19 and exploring collectively how we can improve independence training for our young people.
- *Children in Care aged 17 years and 4 months with an allocated Personal Advisors* – There has been decline in performance on this indicator this month from 83.8% in September 2021 to 73.5% in October 2021. Work to be undertaken with the team to address Personal Advisor (PA) allocation, but it is important to note that all the young people do have either an allocated PA or an allocated Social Worker.
- *Education Employment Training* – Our performance in relation to Employment, Education and Training (EET) indicator is a focus for improvement. 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. Due to the COVID19 pandemic some of our young people have unfortunately been in a situation where they have either been furloughed or made redundant from their employment. In order to offer support to our young people we have recently established a virtual clinic where extra support is available from our Careers Advisor. In October 2021 we have seen a decrease in the number of young people who are either in employment, education or training.
- *Pathway Plans* – We have seen a slight improvement in the numbers of young people who have an up-to-date pathway plan. 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. This is monitored at our performance meetings chaired by the service manager.

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 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.
- We have recently reviewed our financial offer to our care leaver along with our staying put policy and they will be launched following approval. We aim to review our commitment to care leavers and both will significantly improve and enhance our offer to our young people.
- To improve the allocation timeliness of Personal Advisors.
- Work needs to be undertaken to increase the number of our young people who will have access to Education, Employment or Training.

Adoption

| Key Indicator | Type of measure | Month End | | | | *Benchmarking | |
|---|---------------------|--------------|---------------|--------------|--------------|------------------|------------------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 5.02.01 Number of children adopted as a percentage of children leaving care (12 month rolling period) | % (number) | 7.8% (18) | 10.4% (24) | 9.5% (22) | 9.7% (22) | 19.0% | 12.0% |
| | Direction of Travel | | ↑ | ↓ | ↑ | | |
| 5.02.03 A10 Average timescale (days) between the child coming into care and being placed with the adopter adjusted for foster carer adoptions (12 month rolling period) | Number | 566.6 | 584.6 | 588.8 | 591.4 | 386.0 (17-20) | 367.0 (17-20) |
| | Direction of Travel | | ↓ | ↑ | ↑ | | |
| 5.02.05 A2 Average timescale (days) between Kirklees council receiving court authority to place a child and the council deciding to match the child with an adoptive family (12 month rolling period) | Number | 268.2 | 242.3 | 240.8 | 244.4 | 173.0 (17-20) | 175.0 (17-20) |
| | Direction of Travel | | ↓ | ↓ | ↑ | | |

Service Narrative

What difference did we make?

- At the end of October 2021, 9.7% of children leaving care in a 12-month rolling period had been adopted, equating to 22 children. At the level of performance to October 2021, Kirklees is significantly below the England rate of 12.0% (2020) and the Statistical Neighbours rate of 19.0% (2020)
- The average timescale has been increasing and stood at 614.6 in December 2020 before decreasing to 584.6 by Aug 2021 and increasing again to 591.4 this month. This remains well above the Statistical Neighbours average of 384.7 days and the England average of 376.0 days from the Adoption Scorecard (3-year average outcome to March 2019). Kirklees performance on the Scorecard was 388 days, so the average timescale has increased since this time.
- The average timescale increased slightly to 244.4 days in October 2021. Overall, this remains above the Statistical Neighbours average of 168.9 days and the England average of 178.0 from the Adoption Scorecard (3-year average outcome to March 2019). Kirklees performance on the Scorecard was 132.0 days, so there has been an 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 and Permanence Panel 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. They will be working with Kirklees staff on 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 offers funding for ongoing support to adoptive families and children. There has been an increase in successful applications for Kirklees children that resulted in an increase of support, training and therapeutic input.
- The progression of Adoption cases is now monitored by Head of Service at the monthly permanence tracking panel ensuring a more robust approach to avoiding drift and delay.
- During the recent COVID19 we have had some difficulties in relation to being able to progress transition plans however as restrictions have been lifted we are now in a much stronger position in being able to progress these plans to be able to move children into their potential adoptive Placement. As a result of the CODID 19 pandemic we have experienced delays in relation to court hearings for application for adoption orders again has restrictions have lifted this is now an improving picture.

What do we want to improve?

- To continue to develop working relationships 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. Regular meetings between the Service Managers in One Adoption and Assessment and Intervention have been established which will improve areas of communication and partnership working to assist timely adoption for our children.

Fostering

| Key Indicator | Type of measure | Month End | | | | Benchmarking | |
|--|---------------------|-----------|--------|--------|--------|--------------|------|
| | | Nov 20 | Aug 21 | Sep 21 | Oct 21 | SN | Eng. |
| 6.02.07 Total New Carer Approvals in Month: | Number | 6 | 8 | 3 | 3 | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↔ | | |
| In-house Fostering approvals in the month | Number | 3 | 6 | 1 | 2 | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↑ | | |
| In-house Fostering De-registrations in the month | Number | 2 | 5 | 4 | 1 | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↓ | | |
| 6.02.09 Placements split: a. In-house foster placements | Number | 251 | 230 | 226 | 201 | N/A | N/A |
| | Direction of Travel | | ↓ | ↓ | ↓ | | |
| b. Family and friend placements | Number | 96 | 100 | 97 | 107 | N/A | N/A |
| | Direction of Travel | | ↑ | ↓ | ↑ | | |
| c. Independent Fostering Agency Placements | Number | 197 | 170 | 166 | 178 | N/A | N/A |
| | Direction of Travel | | ↓ | ↓ | ↑ | | |

Service Narrative

What difference did we make?

- Between August and October 2021 we approved an additional 9 fostering families. The rolling 12-month total to October 2021 was 40 households. The rolling 12-months total for in-house de-registrations is 30. This gives a net gain of 10 households.

-
- The number of children placed with Kirklees foster carers decreased to 201 at the end of October 2021 compared to 230 in August. This is below the 12-month average of 237, although this should be seen in the context of reducing numbers of CLA overall.
- The number of Family and Friends Placements increased to 107 in October 2021 compared to 100 in August 2021. This is well below the 12-month high of 118 in Jun 20 (Note that this figure includes Reg 24 Placements). The 12-month average is 100.
- The October figure of 178 Independent Fostering Agency (IFA) placements is an increase over the 170 seen in August 2021. The 12-month average is 182.
- The Fostering Service is working to grow the number of Kirklees foster placements. The Council has achieved a net gain of 10 fostering families over the past 12 months.
- We are reviewing the 30 resignations so we can identify learning we can take forward. The initial finding is that the majority of resignations are caused by foster carers becoming special guardians, so this is a positive ending, where a child achieves permanency.
- The fostering recruitment process and team functions have been reviewed and will soon go live on Liquid Logic. When this process is live, we will have accurate recruitment data to show how many enquiries, expressions of interests and live assessments, and the time to complete each stage.
- There are currently 8 fostering households in the formal assessment process with another 2 families awaiting allocation.

What do we want to improve?

- Recruitment and retention of foster carers is a priority. We are focussed on recruiting foster carers who can help us to meet our sufficiency needs around placements for older children, children with complex needs, offering long-term placements and emergency placements.
- We want to ensure that new foster carers receive the right level of support particularly in their first year of fostering; induction, training and support from a Supervising Social Worker are all essential aspects of supporting and retaining new foster carers.
- We need to continually review and compare Kirklees fostering fees with other Local Authorities and the White Rose Independent Fostering Agencies, to ensure we are competitive.
- We will be reviewing the annual leave entitlements and other non-monetary benefits so that an accurate comparison can take place.
- We will also benchmark our benefits against other Local Authorities. The Kirklees offer then needs setting out so that existing and new carers are clear about the Council's offer to foster carers.
- We are currently implementing a modernisation plan for the Fostering Service. This includes the line management, performance management and the integration with the Placement Support Service. This latter project includes the recommissioning of the clinical support from South West Yorkshire Partnership Foundation Trust. The aim is to provide specialist support closer to home, delivered by people known to the family and provided when it is needed.
- In the past month we have also launched our first Mocking Bird Constellation, this is where one fostering family supports a network of other foster families, offering planned and emergency sleepovers, advice, training and practical help.
- Under the wider sufficiency agenda, we are in the process of opening a new children's home in Huddersfield to support bringing children back to Kirklees and/or reducing external placements.
- We launched the MST-FIT residential provision at Healds Road, which supports reunification with family using an evidence-based model. Support is provided to the young person and their family with intensive support provided once the young person returns home (after 12 weeks in the residential unit).

Appendix – Glossary of Terms

| Term | Description |
|--------|---|
| A&I | Assessment & Intervention (part of Family Support & Child Protection) |
| ADCS | Association of Directors of Children's Services |
| ASYE | Assessed and Supported Year in Employment (for a newly qualified Social Worker) |
| BSM | Business Support Manager |
| BSO | Business Support Officer |
| CCE | Child Criminal Exploitation |
| CIC | Child(ren) in Care (see also CLA and LAC) |
| CIN | Child(ren) in Need |
| CLA | Child(ren) Looked After (also see CIC and LAC) |
| CPP | Child Protection Plan |
| CPRU | Child Protection & Review Unit |
| CSC | Children's Social Care |
| CSE | Child Sexual Exploitation |
| CWD | Children with a Disability |
| D&A | Duty & Advice (part of Family Support & Child Protection) |
| DCS | Disabled Children's Service / Director of Children's Services |
| EET | Education, Employment or Training |
| EHC | Education, Health and Care (Plan) |
| EITS | Early Intervention and Targeted Support |
| HMCI | Her Majesty's Chief Inspector |
| Form F | Assessment form for approval of Foster Carers |
| HMIP | Her Majesty's Inspectorate of Prisons |
| HOS | Head of Service |
| ICPC | Initial Child Protection Conference |
| IFA | Independent Fostering Agency |
| IHA | Initial Health Assessment (for a Looked After Child) |
| IRO | Independent Reviewing Officer |
| KNH | Kirklees Neighbourhood Housing |
| LA | Local Authority |
| LAC | Looked After Child(ren) (also see CIC and CLA) |
| LAIT | Local Authority Interactive Tool (DfE tool for access to nationally published data) |
| NEET | Not in Education, Employment or Training |
| NQSW | Newly Qualified Social Worker |
| PA | Personal Advisor (to Care Leavers) |
| PEP | Personal Education Plan (for a Looked After Child) |
| PLO | Public Law Outline |
| QSW | Qualified Social Worker |
| RCPC | Review Child Protection Conference |
| RHA | Review Health Assessment (for a Looked After Child) |
| S17 | Section 17 of the Children Act – Relates to Children in Need |
| S20 | Section 20 of the Children Act – Relates to a child accommodated by the LA |
| S47 | Section 47 of the Children Act – Relates to Child Protection |
| SDQ | Strength and Difficulties Questionnaire |

| Term | Description |
|------|---|
| SEND | Special Educational Needs and Disability |
| SM | Service Manager |
| SN | Statistical Neighbours (closest match Local Authorities for benchmarking) |
| SW | Social Worker |
| TM | Team Manager |
| UASC | Unaccompanied Asylum-Seeking Child |
| Y&H | Yorkshire and the Humber |
| YOT | Youth Offending Team |

Name of meeting: Corporate Parenting Board
Date: 23rd November 2021
Title of report: Thriving Kirklees and CAMHS update

Purpose of report

The purpose of the report is to provide an update on the Thriving Kirklees Partnership, including the Child & Adolescent Mental Health Service (CAMHS) and emotional wellbeing support provided for Children in Care.

| | |
|--|---|
| 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 | Tom Brailsford – 15 th November 2021 |
| 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: None

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

Thriving Kirklees Partnership

The Thriving Kirklees Partnership was developed as an innovative way to bring together a range of children's service providers together in order to deliver integrated holistic services that are designed with children and families to make their experience more seamless and to have a focus on positive outcomes.

The Thriving Kirklees contract was awarded in 2017 as an ambitious 10 year transformation programme. As we reached the mid-point of the contract, we commissioned an independent review of the service to evaluate how the partnership and integration had progressed, whether the outcomes of the specifications were being met, and to make any recommendations for future developments. The authors of the report spoke with a wide range of stakeholders, including families and health and social care professionals. The report concluded that significant progress had been made and provided a number of recommendations for further improvements.

Following the review an action plan has been created to implement the recommendations to be implemented by commissioners and partners. This includes an update of the service specifications, which are being reviewed with stakeholders to reflect changing needs and to drive improvements during the second five years of the contract.

A key recommendation of the review was for closer co-operation and integration with our Early Support offer. Teams are working together to improve pathways, reduce duplication and develop appropriate early intervention services.

Emotional Wellbeing and Mental Health Support for Children & Young People

Children's Emotional Health and Wellbeing activity in Kirklees is provided through the Thriving Kirklees contract. Lead contractor for Thriving Kirklees is Locala, in partnership with South West Yorkshire Foundation Trust (SWYFT), Northorpe Hall, Yorkshire Children's Centre and Homestart.

Referrals into the service are made through the Thriving Kirklees Single Point of Access (SPA). SWYFT provide the clinical mental health service (formerly known as tier 3) whereas Northorpe Hall provide the Children's Emotional Wellbeing Service (CHEWS – formerly tier 2). In-patient mental health beds (tier 4) are commissioned by NHS England.

Autism and ADHD assessment is provided as part of the Thriving Kirklees contract as a combined neurodevelopmental pathway.

This report describes the current demand pressures on the service and waiting times. It also provides an overview of the plans in development to improve the quality and responsiveness of support provided.

Whilst Children in Care can access the range Emotional Wellbeing and Mental Health Support, specific additional support for Children in Care is also commissioned from SWYFT and Northorpe Hall.

CAMHS service

The CAMHS service provides a range of clinical services to meet the range of mental health needs, including crisis support.

The Core CAMHS service is the general mental health provision for young people in Kirklees providing ongoing psychosocial interventions such as Cognitive Behavioural Therapy or Counselling, as well as providing coping strategies and self-management techniques. It consists of a range of mental health practitioners, including nurses, occupational therapists and psychologists.

In line with national trends demand for CAMHS services in Kirklees has been rising steadily in recent years. Significant investments have been made to increase capacity and reduce waiting times during the life of the Thriving Kirklees contract, but the rise in demand means that people still often wait longer than they should for assessment and treatment. The number of Children & Young People on the waiting list for core CAMHS is beginning to gradually reduce. New support requests are currently below the 12 month rolling average. Following a spike in August, due to staff annual leave, waiting times for core CAMHS are steady and are below the annual average at 7.9 weeks. (see appendix One).

There is currently a national shortage of suitably qualified mental health staff so it has been difficult to recruit and retain enough of the right staff to provide the level of service we expect.

We have recently carried out a CAMHS survey which has told us that generally, children, young people and their families benefit from the clinical input when they receive it but they also value a rapid response when they seek help.

In 2020 an independent review of the CAMHS service was carried out which made a number of recommendations, including:

- Increase clinical leadership in the SPA to aid triage
- Improve SPA processes to reduce hand-offs and waiting times
- Clarify the role of the SPA in 'Getting advice'
- Closer working with Early Support and Family Hubs
- Improved digital and online offer

An action plan has been developed and these recommendations are being taken forward by the partnership, supported by commissioners.

In addition to this, recent development activity to support CAMHS services includes;

- Mental Health in Schools teams
- Place Partnership mental health schemes
- Silver Cloud online support
- Night Owls overnight MH support line

The MHST should play a significant role in providing rapid support to young people, working closely with schools. It has provided a significant investment in extra staff and training. The MHST pilot currently covers approximately 40% of Kirklees schools. From January 2022 this will increase to 50%.

Children's Emotional Wellbeing Service

The Children's Emotional Wellbeing Service (CHEWS) is provided by Northorpe Hall Child and Family Trust. This service provides emotional health and wellbeing support for children and young people by offering face to face support, including counselling, group work, telephone support and family support.

The Covid 19 pandemic has impacted the service in two ways – demand for the service has increased and the capacity to deliver the service has been reduced, either through restricted face to face contact or staff sickness/isolation. This resulted in the increase in expected waiting times from under 12 weeks in October 2020 to 24 weeks in July 2021.

We are working closely with Thriving Kirklees to find ways to improve the service offer and to reduce waiting times. This includes improvements to the Single Point of Access, such as better clinical triage and closer working with Early Support services. There is a range of support options available while children are waiting. This includes information and advice on the Thriving Kirklees and Local Offer websites, online support and counselling from the Kooth and Chat Health apps. As our Mental Health in Schools teams continue to develop, schools are able to refer directly to the teams to support children quickly and effectively.

Neurodevelopmental assessment

In line with national and regional trends demand for autism and ADHD assessment in Kirklees has increased in recent years. Waiting times have been a long term issue for the service and significant investment reduced waiting times to 7 months in September 2020. Requests for assessment rose from approximately 30 per month in 2017 to approx. 75 per month by 2020.

The assessment service was significantly impacted by the Covid 19 pandemic. Assessment clinics were halted as face to face contact was not possible and clinicians were redeployed to carry out other tasks. As a result waiting times rose to 92.4 weeks in September 2021, with 789 children and young people on the waiting list.

An action plan has been created to reduce waiting times and improve support to children and families waiting for assessment. This includes short term funding for extra assessments to address the people who have been waiting longest on the waiting list and additional long term funding to increase the number of assessments that can be carried out in future to match demand. The aim is to reduce longest waiting times to under 12 months within a year.

In addition to this, work is ongoing with Thriving Kirklees and Early Support to provide earlier help and advice to families pre-diagnosis or while they are on the waiting list.

Where an urgent diagnosis has been required to facilitate the appropriate placement or support for a child in care, assessments have been commissioned from independent providers.

Support for Children with Autism and Learning Disabilities

We have introduced a new Intensive Support Team (IST) to provide specialist, multidisciplinary input to young people who have a diagnosis of Autistic Spectrum Condition (ASC) and who present with behaviours that increase the risk of:

- contact with the criminal justice system;
- or a specialist hospital admission;

- or a breakdown of a placement (that results in an out of area or specialist residential placement).

This is a new team which is intended to work intensively with the families most in need. The team carry out specialist assessments, including Speech and Language Therapy, Occupational Therapy and Functional Behaviour assessments to inform treatment and advice.

Between October 2020 and September 2021 they have provided support to 16 young people presenting with significant risks, such as a young person with a diagnosis of autism, learning disability and pica (eating inedible objects) to prevent a family placement breakdown.

We provide the Cygnet parenting support programme through Northorpe Hall for parents of children with a diagnosis of autism. This consists of 6 weekly sessions of 2 to 3 hours where families can learn how to support their child effectively.

We are currently redesigning our support offer for children and families on the waiting list for autism assessment in conjunction with our Early Support service to provide greater access to support and advice.

We also commission a Specialist Learning Disability service for children & young people from SWYFT. This team often work with our Children's Homes to support staff when looking after young people with challenging behaviours, to understand their behaviours and provide techniques and strategies to help respond to them.

Eating disorders

Demand for support with eating disorders has risen sharply throughout the pandemic with the caseload rising from 39 in September 2020 to 81 in August 2021. Eating disorder referrals are on a downward trajectory currently. 100% response time targets achieved in September 21.

Additional funding has been made available to support and develop an increased community eating disorder provision, with an emphasis on early intervention and hospital admission avoidance.

Emotional Wellbeing support for Children in Care (Vulnerable Young People team)

Children in Care can access any of the mental health and Emotional wellbeing services in our mainstream offer, such as crisis support, eating disorder service or neurodevelopmental pathway. However, we recognise that due to their circumstances and increased level of need, Children in Care often require an additional level of support.

Emotional wellbeing and mental health support for children in care, their carers and care leavers in Kirklees is provided by a multi-disciplinary team which comprises Clinicians employed by CAMHS working alongside social workers. This includes psychologist, psychotherapist and mental health practitioners with a wide variety of professional skills.

The team use a varied range of interventions dependent upon the needs identified and actions agreed during the consultation process. The team can also commission recommended therapeutic intervention for looked after children who live outside of the Kirklees boundary in another Local Authority.

The team has an emphasis on supporting foster carers and families to maintain and support stable and emotionally nurturing placements for our looked after children.

Regular Emotional Well-being Clinics are held where a multi-disciplinary team meet to provide consultation and advice to social workers working with children and young people who have or are experiencing difficulties with emotional well-being resulting from Early Adverse Childhood Experiences (ACEs). A bespoke support plan is created for each young person and/or family. The EWB provides support and guidance for foster carers to help them support the children in their care and to maintain the family environment.

The team provide support to Kirklees Residential Children's Homes to meet the needs of the children who live there. The Clinical Psychologist offers guidance and advice to adapt responses to meet the individual and cumulative needs of the looked after children in residential settings. A CAMHS Learning Disability Advanced Nurse Practitioner provides specialist support and advice to residential home staff to support young people with challenging behaviours due to LD and/or autism.

The team also work directly with children and young people. This includes play therapy, support to develop skills to improve self-regulation, self-awareness and undertake therapeutic life story work.

Waiting times for Emotional Wellbeing clinics are currently 5 to 6 weeks, against a target of 28 days. This is a result of difficulties with recruitment and retention of staff. For comparison the expected waiting time for regular CAMHS/CHEWS support is currently 24 weeks

A new holistic service model for the Placement Support team (known as 'One' Placement Support) is currently being developed with a different skill mix and structure which will include dedicated clinicians, including psychologists, to work with children and staff teams. The service will have a trauma informed focus. There will be an emphasis on skills development and support for non-clinical members of the team. This will make the team more responsive and better able to meet needs of the young people. This will sit alongside our multi-systemic therapy offer, which aims to re-unite families, as well as provide more direct clinical input into our children's homes.

Strengths and Difficulty Questionnaire

Every year we send out a Strengths and Difficulty Questionnaire (SDQ) to all of our families with Children in Care. This helps social workers and health professionals to understand the emotional and mental health needs of the children. If the score is of concern, the child's social worker will contact the Emotional Well-being Team for support, alongside the Supervising Social Worker and the carer.

The most recent figures show that the rate of cause for concern has increased in the last year. This reflects an increase in emotional wellbeing concerns displayed in the general Year 9 pupil survey in Kirklees and nationally during the COVID 19 pandemic.

Virtual School

The Kirklees Virtual School ensures that Health and Emotional Well Being is discussed in every Personal Education Plan (PEP) and rated Red, Amber, Green. These ratings and the SDQ scores form the basis of individual action plans for each child. The identified actions and follow up activities are identified and reviewed.

Funding from the Virtual School enables Kirklees children in care to access an enhanced service within CHEWS at Northorpe Hall. This gives priority access to services for Children

in Care. The length of time the service can work with a young person is extended from standard provision, with no fixed time limit in place.

Specialist Placements and Packages of Care and Support

Our aim is for children to live in a family environment wherever possible although there are occasions when the needs of the young person are such that they require a residential placement with a package of care and support wrapped around them. In these cases the needs of the young person are presented to a multi-disciplinary panel to decide the most appropriate placement and the support required taking into account their social care and health needs, as well as their education. We ensure that the home is able to provide the mental health support from appropriate professionals before agreeing the placement.

The aim is still for children to live in, or close to Kirklees (within 20 miles) where possible. However, sometimes where a particular specialist placement is needed it may be further away. Joint funding is arranged for residential placements with contributions from social care, health and education, as required.

Conclusion and Next Steps

We recognise that Children in Care are amongst the most vulnerable in the community and often present with greater levels of need than the general population. They have frequently experienced significant trauma which can adversely affect their behaviour and self-regulation. The need for rapid access to emotional wellbeing and mental health support is often increased to support or maintain a placement. For these reasons we have made the additional investments in specialist services as described in this report.

We are currently implementing a Kirklees wide approach to addressing trauma and adverse childhood experiences (ACEs). We are also developing an Emotional Wellbeing Strategy for Kirklees which will be supported by an action plan and strategy group.

Kirklees Children & Families services received a Focussed Visit from Ofsted inspectors in October 2021. The visit report praised the Kirklees approach to emotional wellbeing provision for Children in Care. However, we are continuously looking to improve our provision to meet the increasing demand and complexity of Children in Care and we will work with children and families to co-produce services to provide the support they need at the right time, in the right way.

2. Information required to take a decision

The board are asked to note the contents of this report.

3. Implications for the Council

3.1 Working with People Thriving Kirklees is committed to the principles of co-production and working with children, families and partner agencies to develop integrated, holistic services.

3.2 Working with Partners The Thriving Kirklees partnership is well engaged with the partnership approach and is well engaged with Early Support, Social Care and Education services.

3.3 Place Based Working Thriving Kirklees partners are developing place based working arrangements in conjunction with the Family Hub model.

3.4 Improving Outcomes for Children

Children in Care are often among the most vulnerable in the community. This report describes how we make additional provision and resources available to prioritise the emotional wellbeing of Children in Care. This in turn will impact upon achievement in education and improve life chances.

3.5 Reducing demand of services

Not applicable

3.6 Other (e.g. Legal/Financial or Human Resources)

Not applicable

4. Consultees and their opinions

N/A

5. Next steps

N/A

6. Officer recommendations and reasons

- The content of the report is noted by the board
- The board agree to receive future updates in relation to the EHWP provision for our children looked after as "One" placement support is developed and Implemented

7. Cabinet portfolio holder's recommendations

Not applicable

8. Contact officer

Stewart Horn, Head of Children's Integrated Commissioning

9. Background Papers and History of Decisions

N/A.

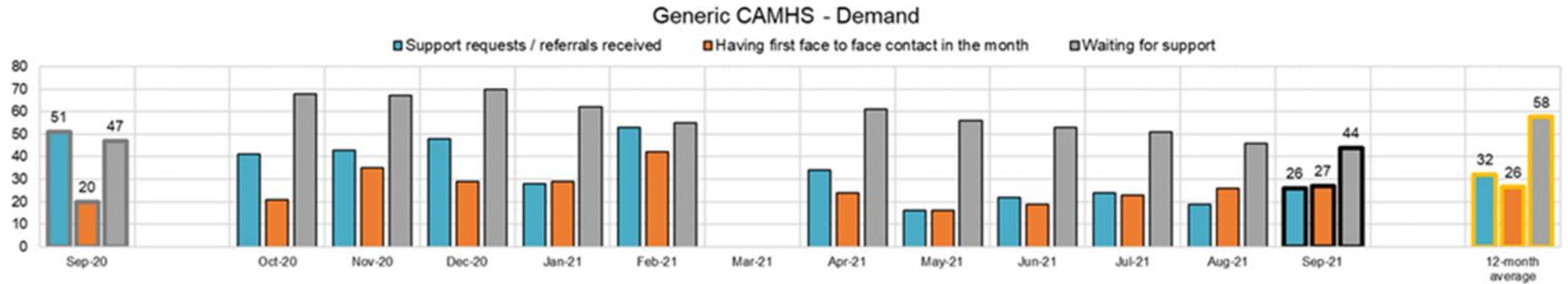
10. Service Director responsible

Tom Brailsford, Service Director (Resources, Improvement and Partnerships)

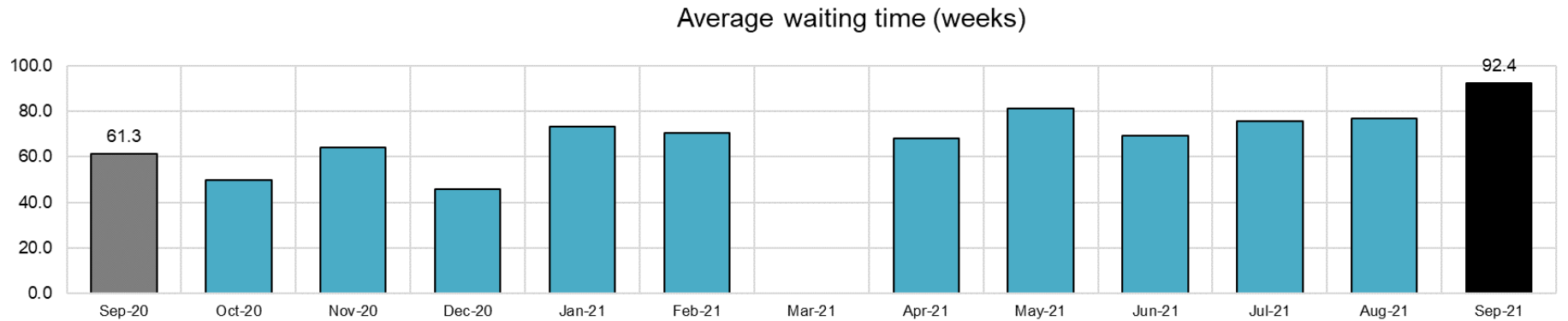
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Appendix One – CAMHS Data

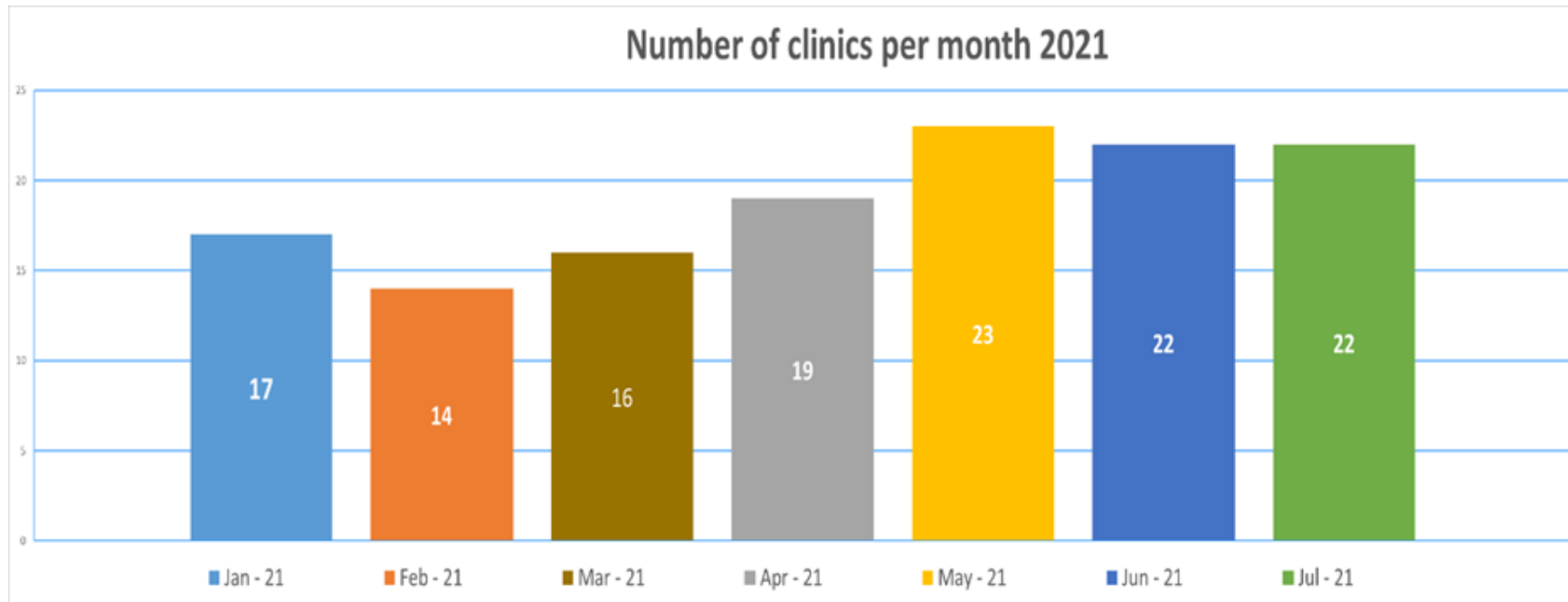
Core CAMHS activity



Neurodevelopmental Assessment waiting times



Emotional Wellbeing Clinics for Children in Care



Name of meeting: Corporate Parenting Board
Date: 23rd November 2021
Title of report: Fostering Annual Report

Purpose of report

The purpose of the report as set out in regulations is to inform the Corporate Parenting Board of the work undertaken by the fostering service between April 2020 and September 2021. The report updates the Board on activity in relation to the recruitment and retention of foster carers and developments within the service.

| | |
|--|-------------------------------------|
| 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 | Tom Brailsford |
| 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: None

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**

Kirklees Council's fostering service undertakes an annual report to reflect upon its performance and set targets for the forthcoming year. This report reflects the fostering service's activities for the 18 months from April 2020.

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

No decision is required, this report is submitted at the request of the Board.

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 inform as to the work undertaken regarding recruitment and retention of foster carers. By increasing numbers of in-house carers, we reduce the need for children to be placed with Independent Fostering Agencies, often outside of the borough. The carers are approved by us and we are responsible for their training and development, so as to offer placements that are appropriate and of excellent quality.

3.5 **Reducing demand of services**

Not applicable

3.6 **Other (e.g. Legal/Financial or Human Resources)**

Increasing numbers of in house carers reduces the cost of placements, as we are less reliant on Independent Fostering Agencies and higher costs. This means that Kirklees' children can remain within their locality and maintain meaningful relationships with their family, peers, schools and professionals.

4. **Consultees and their opinions**

n/a

5. **Next steps**

N/A

6. **Officer recommendations and reasons**

That the report be noted.

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

Not applicable

8. **Contact officer**

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

N/A.

10. **Service Director responsible**

Tom Brailsford, Service Director (Resources, Improvement and Partnerships)

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Kirklees Children's Services
Fostering Report
April 2020 to September 2021



1. Introduction

The purpose of the report as set out in regulations is to inform the Corporate Parenting Board about the work undertaken by the fostering service between April 2020 and September 2021. The report updates the Board on activity in relation to the recruitment and retention of foster carers and developments within the service.

A key priority for Kirklees Council is to ensure that children can be brought up safely with their birth parents or within their wider extended family network. Where it is identified that children cannot remain within their family, the fostering service contributes to improving outcomes for the most vulnerable children and young people who are looked after.

The Kirklees Sufficiency strategy describes our aim for children to live in a family environment, within the boundaries of Kirklees wherever possible. Fostering plays a vital role in supporting this ambition.

Kirklees Fostering Service and our team of foster carers work in partnership to ensure children live in safe, nurturing family homes where they can achieve their potential and enjoy their childhood.

This Annual Report provides a summary of the performance of the Fostering Service during the past year looking at work undertaken by our:

- Recruitment Team
- Connected Persons' Team
- Fostering Support Team

2. Background information

In Kirklees the number of children who are looked after has decreased over the past 18 months. The table below shows the snapshot position on 31st March each year, apart from the position for 2021/22.

| | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 30/09/21 |
|-----------------------|---------|---------|---------|---------|---------|----------|
| Children Looked After | 698 | 673 | 621 | 665 | 661 | 631 |
| Rate/10,000 | 70 | 68 | 62 | 66 | 66 | 63 |
| Stat Neighbours | 85 | 86 | 92 | 92 | N/A | N/A |

The number of Children Looked After per 10,000 people in Kirklees is much lower than that of all Kirklees' statistical neighbours and is lower than that of the region and England as a whole. This is in contrast to other areas which have seen an increase in children in care during the Covid 19 pandemic.

We have seen a change in the ages of children looked after in Kirklees (see table below). There has been a significant reduction in children aged under 1 and a significant rise in young people aged over 16. This can present difficulties in recruiting foster carers with the necessary skills to care for older children.

| Age Range | 31/03/2021 | 30/09/2021 | % Change |
|-------------------|------------|------------|--------------------|
| Under 1 | 44 | 25 | 43% Drop |
| Between 1 and 5 | 120 | 123 | 3% Increase |
| Between 5 and 10 | 109 | 98 | 10% Drop |
| Between 10 and 16 | 281 | 267 | 5% Drop |
| Over 16 | 107 | 118 | 10% Increase |
| Total | 661 | 631 | 5% Decrease |

Type of accommodation of Children in Care

As of 30th September 2021 Children in care in Kirklees lived in the following types of care provision;

| Care Type | Number of Children |
|-------------------------------|--------------------|
| Fostering- Unconnected Person | 378 |
| Fostering- Connected Person | 111 |
| Placed for Adoption | 11 |
| Placed with Parents | 45 |
| Children's Homes | 34 |
| Residential School | 2 |
| Supported Living | 29 |
| Other | 21 |
| Total | 631 |

In total 489 children are placed with approved foster carers, either through a Kirklees fostering or through an Independent Fostering Agency (IFA). Of these, Kirklees fostering provides 308 children with a foster placement and 181 are looked after by an IFA carer. 54% of all Kirklees children living in foster care are placed within the Kirklees area.

We know that children from other Local Authorities are placed with Kirklees families. An audit of all independent fostering providers has identified that there are 52 independent approved foster carers within Kirklees. At the end of September 2021, these 52 foster carers offered 22 Kirklees' children a placement, and 41 children from other council areas. We need to understand why foster carers who live in Kirklees look after children from out of the area, rather than from within Kirklees.

3. Recruitment and Retention

The Fostering Service plays a key role in our overarching strategy to reduce the number of young people living in residential care and improve outcomes for children and young people. To do this we need to increase the overall number of Foster Carers, maintain levels of retention and increase the skills of foster carers to develop a more wide-ranging offer that meets the varying needs of our children.

Our ambition is to achieve a net increase of foster carers on an annual basis therefore increasing the number of children and young people in Kirklees remaining close to their families and communities.

Between April 2020 and September 2021 Kirklees has approved 47 new fostering families. Over the same period 36 foster carers have resigned. This gives us an increase of 11 new fostering families

Increasing the number of in house foster placements within Kirklees will improve outcomes for children, allowing children to continue to attend their existing school, continue to take part in leisure and social activities and retain links with their wider family and community network.

As well as improving outcomes for children and young people; increasing the number of foster placements will reduce spend on external residential and independent fostering placements in line with the Children and Families Directorate budget strategy. The Fostering Service has developed a recruitment strategy and is working towards delivering a greater number of local fostering placements to achieve this.

The Council faces competition for recruiting carers from the 15 Independent Fostering Agencies operating in the Kirklees area when recruiting new foster carers. This reinforces the importance of an effective marketing strategy, high quality support offer and smooth, effective processing of applications.

During 2020/21 there were 294 enquiries relating to becoming a foster carer. There is a process which is followed, and the table below shows the flow through this process.

| Stage | Number of People |
|-------------------------|------------------|
| Enquiry | 294 |
| Expression of Interest | 181 |
| Initial Visit | 113 |
| Essential Info Sent | 67 |
| Essential Info Returned | 51 |
| Approved at Panel | 16 |

As can be seen the number of people reduces as they go through the application process. Of the 294 people who expressed an interest in becoming a foster carer, 16 were approved. This figure is known as the conversion rate and stands at 8.8% for 2020/21.

24 new unconnected fostering households were approved during this period, that is where the foster family has no previous connection to the child. This is a significant increase from the previous year.

A total of 36 fostering and kinship households were deregistered between April 2020 and September 2021. This means that they no longer wish to be foster carers. The reasons are varied, but the majority of deregistration's are for positive reasons such as kinship carers becoming Special Guardians or children returning to parents. Similarly with mainstream foster carers deregistration is mainly due to retirement or a change of personal circumstances.

Foster Carer Support and Retention

Retention of foster carers is critical in providing high quality care and security for children who may have experienced a troubled start in life. Alongside financial support to carers, Kirklees has developed a range of other services to support foster carers and their birth children to deliver high quality care.

Kirklees has a reward system which gives foster carers a professional payment for their services linked to their skills. Foster carers can receive 3 payments; an allowance for the child, a skill element and a long service payment. Together these allowances can provide financial security for foster carers and reflect Kirklees Council's commitment to the carer.

The tables below show the current allowance structure and examples of weekly payments to carers. The rates increase in line with their skill level, which is described below.

| Skill Level | Allowance Rate |
|-------------|----------------|
| 1 | £101.40 |
| 2 | £126.75 |
| 3 | £177.45 |
| 4 | £228.15 |

Level 1 progression- completed Journey 2 Foster Training, completed a portfolio, which demonstrates that the National Fostering Standards have been met.

Level 2 progression- completed all mandatory training, completed TSD workbook and undertake a minimum of 4 further days or equivalent hours training or activities (classroom training, work with the placement support team, online training) to meet identified needs within your first year of practice.

Level 3 progression- completed the Level 3 Diploma or have a relevant equivalent qualification.

Level 4- is paid in certain circumstances. If a child placed is in receipt of the highest rate of Disability Living Allowance (DLA) or Personal Independence Payment (PIP it will be paid).

Foster carers are also paid different allowance rates depending on the ages of the children they care for.

| Age Range | Child Allowance |
|-----------|-----------------|
| 0-4 | £144.86 |
| 5-10 | £165.01 |
| 11-15 | £205.42 |
| 16+ | £249.89 |

Foster carers are also rewarded through long service, receiving £10 per week for every year of service, up to a maximum of 15 years. Therefore, a foster carer with 5 years' experience, looking after a 10-year-old child and having reached Level 3, will receive £392.46 per week.

Alongside the financial element there are non-financial benefits available. These include;

- A supported induction programme to be completed within 12 months of becoming approved
- A minimum of monthly support groups, including information from the Placement Support Team, Mockingbird, CAMHS, Kirklees' Legal Team and the Virtual School.
- Two celebration events
- 4 weeks paid annual leave
- Birth children/family events including camps, football matches
- Access to Kirklees Council's Employee Health Scheme
- 6 weekly supervision
- Discount card for shops, restaurants and cinemas
- Provision of laptops, Kirklees based email address and access to IT infrastructure

We are currently in the process of exploring further additions to the non- financial benefits with local partners and internally. To further support foster families, Kirklees Council has adopted the innovative Mockingbird support approach which is being launched during October 2021. The model consists of support networks known as constellations, with the first constellation of 7 carers, which cover mainstream, connected persons and SGO carers. The children in the constellation are aged between 8 months and 15 years.

The Mockingbird model includes a Hub Home Carer, who is developing positive relationships with the carers in the constellation and providing support to carers through daily/weekly telephone calls, messages and or visits depending on the needs of the carers and young people. The Hub Home Carer has commenced sleep overs with the children offering them one sleep over per month. This provides tremendous support to the carers knowing they have that planned sleepover in advance providing them with the break they need. It also creates opportunities for the children to socialise and develop friendships as well their independence.

A final aspect of our support for both young people and carers is the implementation of a revised Staying Put Policy in summer 2021. The Children and Families Act 2014 places a statutory duty on local authorities to support care leavers who wish to stay with their former foster carers (Staying Put arrangements) until they turn 21.

The intention is that this will allow young people to leave home when they are ready and at a time that is right for them to make the transition to living independently as an adult rather than an arbitrary point in time. It will help them get the best start at an adult life, putting them on equal footing with the same opportunities and life prospects as their peers.

Our revised “Staying Put” policy has been developed to address and meet the requirements of the many pieces of legislation and Guidance that exist in relation to children and young people, Fostering and Care Leavers.

The main aim of Staying Put is to ensure that young people do not experience a sudden disruption to their living arrangements, that educational and training achievement and continuity is promoted and that all young people can make a gradual transition from care to independence or to an Adult Service if the young person’s assessed needs meet this criteria.

Each young person will have differing needs, so it is right that the individual aims of Staying Put arrangements are made specific to each young person with their best interests and welfare at the heart of any decision making. It has been extremely well received by the Foster Carer Network as a significant development and improvement.

6. Connected Persons and Special Guardianship Orders

Supporting Children to grow up in permanent arrangements with families is the core goal for children’s services. Where appropriate, enabling children to be cared for by their extended family either through fostering or through Special Guardianship Orders can provide significant benefits to the child’s sense of belonging and security. Social Workers will continually assess and review children’s plans for permanency and consider where appropriate and feasible how Special Guardianship applications

can best be supported for children in Connected Persons and Foster Care arrangements.

We know that in order to provide these types of arrangements for Foster Carers and Connected Carers those carers need to be assured that the support the authority provides is equivalent to that which they receive as Foster carers and Connected Carers, and that this support remains available on an ongoing basis. Kirklees has developed a consistent offer for Foster Carers who move to support children via an SGO. This offer ensures that the carer is not at a disadvantage in caring for a child via an SGO.

The Connected Persons' team undertakes a range of interventions.

- initial viabilities of prospective carers
- Regulation 24 assessments
- Full fostering assessments
- Special Guardianship Order Reports
- Special Guardianship Support Plans

The Connected Person's team works to very short timescales, which are primarily under the fostering regulations but also led by the Family Court system. Since April 2020 the Connected Persons' Team has undertaken 339 viability assessments. Between April 2020 and September 2021 73 Special Guardianship Orders were made in favour of connected carers, this equates to 22% of viabilities lead to permanency for children within their birth family.

7. Foster carer training and development

Caring for our children and young people requires a range of skills and knowledge. Our training offer to them is critical in helping them manage difficult situations and care effectively for our children. Developing the skills of our Foster Carers will support them in being able to care for children with more difficult and complex behaviours, reducing our reliance on external placements and improving outcomes for young people.

All applicants to the fostering service are required to participate in training. Initially this was planned as a group based course, but since the Covid 19 pandemic , has become an online course like other training offers. The current courses cover a range of topics that includes Core Values and Skills, Working with Adolescents, Understanding Trauma, etc. Prospective carers are also required to attend a selection of taster courses prior to their approval at Fostering Panel. These new

courses give prospective carers a better understanding of the role of being a foster carer, introduce some of the issues they may encounter as carers and explains more about the social care system.

A training and development programme is provided for all approved foster carers and is linked to the Payment for Skills model. Foster carers are required to attend training or development opportunities dependant on their payment fostering skill level. The training framework is reviewed and updated by the foster carer training steering group alongside colleagues from Workforce Development.

The Fostering Service maintains a very close working relationship with the Placement Support Service. They offer training and support groups to foster carers. We are also reviewing the potential to offer courses online.

In collaboration with our Foster Carers and Workforce Development we will review our training programme and take into account the impact of and learning from Covid 19. The Workforce Development team have been able to move training online. This has allowed our training offer to continue. This happened very quickly at the beginning of the Covid 19 pandemic and has ensured that the flow of training to new and existing carers has continued.

During 2022 Kirklees is introducing a new Placement Support Service model. There will be an integrated model of therapeutic support ensuring the right person works with the child and fostering family at the right time in the right place. This will reduce delay and build upon relationships which already exist for the child and foster carer. Part of the model is the introduction of the idea of Formulation. Formulation provides an opportunity for all those involved in the care of a child to come together and understand what is driving their behaviour. This enables the participants to begin to think about how they can help the child change their behaviour and agree specific offers of support and intervention. This helps improve placement stability and security by ensuring that everyone is working from a common plan and to common goals. Formulation is guided by trained staff who are able to support carers and the team around them.

We need to ensure that our ambition to offer a wider range of foster placements to children with more complex and challenging behaviours and needs is underpinned by a suitable training programme so that foster carers are better equipped to understand and manage the behaviour of children who may present in ways that are hard to understand or manage. Developing this offer will help our carers look after children and young people with a broader range of behaviours and will contribute to reducing demand for external residential placements.

8. Fostering Panels

There are currently three Fostering Panels which meet on a monthly basis. We have one Independent Chair, and one Vice Chair and 20 other members from various backgrounds. All Panels complete a quality assurance audit of each item heard. This is then collated and provides evaluation of the reports to panel. Overall, the feedback from the Fostering Panels is positive. Where poor quality reports are identified, feedback is given to the author, their manager and improvement actions agreed.

The fostering panel considers assessments of connected and unconnected carers, extensions to Regulation 24, changes of approvals, first annual reviews and long-term matching. The tables below show the work of the panel over the past 18 months

| Panel Activity 2020/21 | Number |
|----------------------------------|-----------------|
| Change of Approval / Amendment | 5 |
| Connected Persons Carer Approved | 17 (3 deferred) |
| Short reports | 1 |
| Deregistered | 0 |
| Extension Regulation 24 | 39 |
| Long Term Match | 7 |
| Mainstream Carer Approved | 16 |
| Post allegation | 3 |
| First Annual Reviews | 14 |
| Resignations | 27 |
| Total | 132 |

| Panel Activity 2021-22 | Number |
|----------------------------------|---------------|
| Change of Approval / Amendment | 0 |
| Connected Persons Carer Approval | 8 |
| Deregistered | 0 |
| Extension Regulation 24 | 14 |
| Long Term Matching | 7 |
| Mainstream Carer Approval | 8 |
| Post Allegation Review | 2 |
| Short Report | 0 |
| First Annual Reviews | 4 |
| Resigned | 9 |
| TOTALS | 52 |

The resignations are linked to carers moving from fostering to Special Guardianship Orders, retirement and changes in the foster carer's personal circumstances.

9. Quality Assurance Information

It is essential to have confidence in the quality of practice in fostering. This is assessed in a number of ways;

- Supervision
- Fostering Panel
- Annual Foster Carer Reviews
- The Family Court

The initial fostering assessment and the carer's first annual review is considered by the Fostering Panel. Subsequent annual reviews are primarily undertaken by an Independent Reviewing Officer, with some being undertaken by fostering managers who do not have line-management responsibility for the supervising social worker. Overall these provide reassurance that the current work is assessed as meeting the minimum standards.

The annual fostering review is a mandatory requirement. An audit of performance for 2020 and 2021 has been undertaken (see table below).

| Period | Number of Reviews Undertaken | % Of Reviews completed within 1 year |
|--------------------------|------------------------------|--------------------------------------|
| January to December 2020 | 160 | 56% |
| January to October 2021 | 138 | 63% |

The fostering service has developed an action plan to ensure 100% compliance in 2022. This will include implementing managerial audits across the three areas of fostering.

10. Diversity of Foster Carers and CLA

Kirklees has a diverse population, and it is important that our foster families reflect this diversity. The ethnicity of Kirklees children in care on 31st March 2021 was as follows;

| Ethnicity Group | 2020/21 | Profile at March 2021 |
|------------------------|----------------|------------------------------|
| White | 479 | 72.5% |
| Mixed | 109 | 16.5% |
| Asian | 47 | 7.1% |
| Black | 14 | 2.1% |
| Other | 12 | 1.8% |

In comparison the ethnicity of Kirklees foster carers is;

| Ethnicity Group | 2021/22 | Profile at September 2021 |
|------------------------|----------------|----------------------------------|
| White | 191 | 76.1% |
| Mixed | 7 | 2.8% |
| Asian | 29 | 11.6% |
| Black | 6 | 2.4% |
| Not yet known | 18 | 7.2% |

This shows some differences between the profile of children in care and approved foster carers. As a service there is a need to ensure that the profile of our foster carers reflects that of the children they look after and the wider diversity of the Kirklees population. Our recruitment strategy includes targeting faith and wider diverse community groups as a priority.

11. Response to the Covid 19 pandemic

Due to the Covid 19 pandemic, from April 2020 the role of the fostering service and the support offered to foster carers needed to change. Face to face assessments and supervision visits stopped and were replaced by virtual meetings. This was difficult to manage but over time the carers and the service adapted and became more flexible.

The fostering service had weekly check-ins with carers, to make sure everyone was ok and safe. These were identified as Covid-19 case notes. In some cases, carers did not want these so in these situations the service negotiated specific arrangements.

There was direct communication from the Service Director to clarify issues such as school attendance and family contact. These were very helpful in reassuring foster carers, children and their natural families. There were also weekly meetings in place between the Service Director and Kirklees Fostering Network so we could work closely together to identify challenges and co produce solutions together.

The fostering service supported foster carers with school risk assessments, technology for contact and education, provided links to the changing Government guidance, and provided support when things started to return to normal.

Assessments of technology requirements were undertaken and where required foster carers and children were offered laptops or I-Pads.

Some foster carers contracted Covid 19, and the fostering service offered practical support in terms of shopping and medication deliveries. All foster carers have access to the Kirklees employee health service and this was particularly useful to support carers where there were anxiety and stress related issues associated with Covid 19.

12. Future Priorities

Our Future Priorities are for the fostering service are;

- To increase the number of foster carers in Kirklees and to reduce the use of Independent Fostering Agencies and residential placements out of Kirklees
- To develop different strands of foster carer offer, in particular
 - Support for children of secondary school age with complex behaviour
 - Embed the new Placement Support offer
- To review our Payment for Skills model to attract carers from a more skilled background, to enable the development of a stronger adolescent offer
- To increase the number of foster carers who identify as being BAME so that the percentage of our foster carer cohort is similar to that of the young people we work with
- To continue developing our additional support offer to foster families to ensure Kirklees remains the best possible place to be a foster carer
- To review the Family Group Conference process to ensure families identify members who are potential connected persons carers, therefore creating more capacity within the Connected Person's team to undertake assessments and SGO applications.
- To maintain our scrutiny of external placements and ensure that we only place children in external placements when necessary and that when placed, outcomes are good.
- To review the offer to foster carers who want to become SGO carers

- Extend the use of formulation and early help support services to foster families
- Implement the new staying put policy

13. Corporate considerations

Consultation and engagement

The Kirklees Fostering Network meets bi-monthly with senior officers to discuss areas of service development and any issues of concern. Foster carer representation and stakeholder involvement in new service developments remains a key principle of the service.

The work of the Fostering Service is overseen through the Corporate Parenting Board. The Board has representation from services, partner agencies and from Elected Members and provides oversight of the work of the Fostering Service.

Equality and diversity / cohesion and integration

The Fostering Service will undertake an Equality Impact Assessment. This report will lead to recommendations that will improve the services work in ensuring a cohort of carers reflective of the cohort of children we care for.

Resources, procurement and value for money

The offer of Foster Care placements continues to provide a good use of resources. Foster placements are not only less costly than other types of offer but offer young people a safe family experience which has lifelong effects on their ability to parent.

Legal implications, access to information, and call-in

This report is subject to call-in.

Risk management

It is a regulatory requirement of the local authority that this report is prepared and presented to the Corporate Parenting Board of the Council. The report is linked to the corporate risk on Safeguarding Children.

14. Conclusions

The recruitment and retention of foster carers and the development priorities of the fostering service will continue to be addressed in order to achieve a high quality service and best outcomes for children and young people looked after.

15. Recommendations

That the Corporate Parenting Board receives this report and continues to support the work of the Fostering Service and promote best outcomes for children.

That the Corporate Parenting Board support the following specific recommendations.

- To increase the number of current foster care placements available to children and young people cared for by Kirklees and to reduce the use of external residential and Independent Fostering Agency placements for children.

To conduct exit interviews when foster carers leave the service and use this information to inform future service developments.

- To develop the offer of additional activities and supports for fostering families.
- To increase the diversity of our foster carers so that it matches that of the communities we serve and the children we care for.
- To increase our ability to meet a wide range of children's complex needs by developing a broader service offer underpinned by an enhanced training programme.
- To continue with our work to improve and enhance the offer for Foster Carers agreeing to Special Guardianship Orders.

Definitions

| Term | Definition |
|----------------------|--|
| Connected Person | A connected person, is a foster care who has a link to the child before they take on a caring role. The person can be a relative, a parent of a friend, a person who knows the child in a employment role such as a teacher. |
| Viability Assessment | This is an assessment carried out prior to a child being placed with a connected person. |
| Unconnected Person | This is a foster carer who has no connection with the child prior to them being placed with the carer. |
| Fostering Panel | The fostering panel is a statutory function of the fostering service. It recommends the approval of prospective foster carers and the terms of their approval. |
| De-registrations | Foster carers are legally registered with one Fostering Service. At the end of their fostering period they need to formally resign and be de-registered from the fostering service. |
| Mockingbird Model | This is an innovative method of delivering foster care using an extended family model which provides sleepovers and short breaks, peer support, regular joint planning and training, and social activities. The programme improves the stability of fostering placements and strengthens the relationships between carers, children and young people, fostering services and birth families. |



Kirklees Looked After Children
Annual Health Report
April 2020 – March 2021

Dr Gill Parry & Gill Addy
Designated Doctor & Designated Nurse
Looked After Children & Care Leavers
September 2021

EXECUTIVE SUMMARY

This report outlines the work that has taken place in the Looked After Children's Health Team 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, during the time frame 1st April 2020 – 31st March 2021.

Blue text highlights the latest National data for the period 1st April 2019 to 31st March 2020, (DfE 2020), therefore its alignment for comparison cannot be exact.

This report commences at the start of the COVID-19 pandemic and was to alter the provision and practice usually delivered. An overview in the introduction shows the significant changes to practice that were necessary in the first six months, followed by the re-forming of the service in the second half of the year.

The key performance indicators were difficult to achieve due to practice changes, but the Initial Health Assessments (IHA's) remained excellent at an average 98% in timescales. Due to clinic closures, they were completed virtually by telephone throughout the year, with face-to-face appointments if they were necessary, in a hospital setting.

Almost all Review Health Assessments (RHA's) were completed virtually or face to face in the month they were due, throughout the imposed Covid-19 working restrictions (exception April 20). There were 151 enforced Covid-19 related breaches of exact timescales. The performance improved to near pre-pandemic levels in quarter 4, as the 0-19 practitioners returned to their substantive posts following deployment, and face-to-face assessments resumed.

The restricted working of dental surgeries during the pandemic, affected the registration of children 'new into care' and those who moved placement. Attendance for routine checks fell to 24% at one point for children under 5 years old, but this steadily improved.

Liaison with the emotional wellbeing team, sexual health, and substance misuse outreach has continued, reinforcing a collaborative working model, but their face-to-face services have been restricted.

The regional adoption agency is established, and all adult and child medical reports continued to be completed.

The Strengths & Difficulties Questionnaire (SDQ's) has continued to provide an alert, about children who may be struggling with their emotional health. A carer and young person version were distributed, with the results suggesting the potential difficulties during the pandemic. 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, and dovetails into the SDQ process.

The 'Outcome Audit' project has enabled a measure to be taken of the health needs of children as they entered care, and a comparison of improvements to their health for those who remained in care, at the point of their first RHA (see section 3).

A second audit provided reassurance regarding children who originate from other local authorities who are residing in Kirklees, that they are known to local services and their health needs are being addressed (see section 3).

Key Points

| |
|---|
| <p>The number of Looked After Children fluctuated during the year, peaking at 690+ in summer and December 2020.</p> |
| <p>224 IHA's were completed (Including 5 for other authorities). An average 98% were completed in statutory timescales. 62 Pre-adoption medicals were also carried out.</p> |
| <p>756 RHA's completed, an increase of 59 on the previous year.</p> <p>Covid-19 working restrictions & its affect, resulted in 151 statutory timescale breaches, but the majority were completed in the month they were due.</p> |
| <p>Closure of dental surgeries affected the registration and attendance of children. The lowest recording for children under 5 years old, was 24% attendance in December 2020. Improvements were seen gradually as surgeries re-opened.</p> |
| <p>Immunisation rates remained good throughout the year, averaging 95% across all ages. Boosters to older children for Diphtheria/Tetanus/Polio & Meningitis ACWY are the most common outstanding, as in previous years.</p> |
| <p>The emotional & mental health of children appeared to be adversely affected during pandemic. Reports from carers & children returning screening questionnaires, showed a decrease in 'satisfactory' scores by 3% & 5% respectively and an increase in 'causes for concern' by 4% & 6% respectively.</p> |
| <p>49 Ages & Stages Questionnaires (emotional health of babies & young children under 4 years) were distributed. 3 very high and 4 high scores (high suggests a potential issue) were returned, resulting in liaison with relevant personnel.</p> |
| <p>90 Care Leaver Letters/Passports were produced, providing a snapshot health history for young people leaving care.</p> |
| <p>181 adult medical reports for foster and special guardianship orders, 67 adult medical reports for OneAdoption WY, 98 child medical reports and 24 meetings with prospective adopters, were completed by the Designated Doctor/Medical Advisor.</p> |
| <p>Audit – Assurance was provided that, Looked After Children living in Kirklees who originated from other local authorities, are known to local health agencies, have their health needs addressed and that joint working is recognised. It was recognised that GP surgeries and other health agencies e.g., Locala provided a significant level of support.</p> |
| <p>Audit – A system was developed to measure the health needs of children as they enter care and identify positive outcomes at their first review health assessment, 6 to 12 months later. Improvements were seen in all health categories, especially dental care, immunisations, referrals or re-referrals for chronic health issues, emotional and mental health, and support to access sexual health and substance misuse support for older children.</p> <p>Any child identified as having outstanding health needs as they become a Looked After Child, are provided with the necessary support at that time, regardless whether they remain in care.</p> |

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1 - Introduction

1.1 Purpose of the report

This document provides the Kirklees Clinical Commissioning Group (CCG), Locala, Calderdale & Huddersfield NHS Foundation Trust (CHFT) and the Local Authority, 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 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, related to improving the health and wellbeing of Looked After Children.

The report outlines the key performance indicators set by the CCG's Governing Body and highlights the service improvements, challenges and identified ga.

National data is usually used to compare the findings locally. The most recent Government publication '*Children looked after in England (including adoption) year ending 31st March 2020 (DfE 2021* is presented a year behind and does not reflect the effect of the pandemic working restrictions. References will be made where appropriate and referenced in context.

[Children looked after in England including adoption: 2019 to 2020 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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

1.2 Background

'Looked After Children' is a generic term 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/friends.

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 Looked After Children. [Children Act 1989: care planning, placement and case review - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Looked After Children 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 Part-time (PT), Paediatrician PT - CHFT,
Designated Nurse Whole-time (WTE) & Specialist Nurse's 2.6 WTE - Locala
Community Partnerships, co-located within Children's Social Care.

Locala 0-19 service supports the completion of RHA's and provides health visiting
and school nurse services.

Administration support is provided from the Local Authority, CHFT and Locala.

1.4 The COVID-19 19 Pandemic – working practice changes 2020-21

March 2020 saw an NHS England directive to cease usual looked after children
nursing duties, except for safeguarding and specific aspects of practice, in
preparation for the deployment of staff to front line services.

This resulted in the continuation of statutory doctor-led IHA's, and the stopping of
nurse-led RHA's.

All RHA's that had been sent for other local authorities (LA) to complete in late March
& April 20 on our behalf due to travel distances, were recalled and added to the
planned in-house list.

A set of priorities were drawn up and work was started to re-model the service. This
initially involved the identification of vulnerable children at a heightened risk of
contracting COVID-19.

512 electronic health records were accessed to identify children & young people
who were likely to be placed in the 'Shielding' category for risk. Thirteen individuals
were identified and around 100 were categorised as 'Vulnerable', requiring
additional advice and support.

All carers and social workers of the individuals were contacted by phone and the
team worked with the LA, General Practitioners, and the CCG's. A priority contact
list was drawn up that included: children with disabilities, those with significant health
conditions, including Care Leavers, pregnant young woman, unaccompanied
asylum-seeking children, those placed with parents/connected persons, children
accommodated in other local authorities and those in semi-independent/residential
homes.

Health Assessments and Dental Services

Significant changes to practice were made regarding the statutory health
assessments. The hospital clinic routinely used for IHA's was closed, and face to
face appointments had to be kept to a minimum. IHA's were carried out by telephone
or Microsoft Teams. This enabled parents, carers, and social workers, to continue
to be part of the IHA, to allow valuable health information to be shared.

Most of the April 2020 RHA's were completed through case review and discussion with carers, and from May until September, most assessments were completed by telephone. The service eventually returning to face-to-face by October 2020.

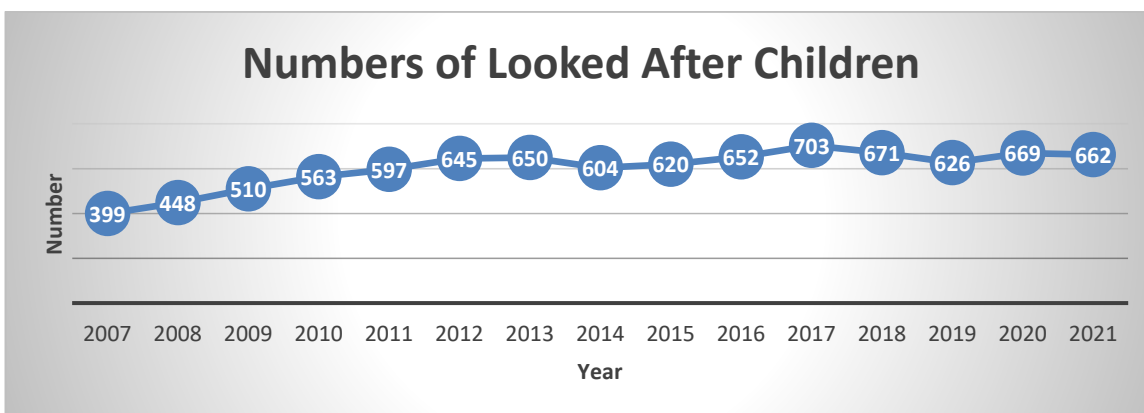
The re-deployment of school nurses and health visitors from the provider 0-19 service, depleted the workforce who support the Looked After Children's nurses to complete RHA's. This had a negative impact on the KPI targets, but very few were not completed in the month they were due.

Access to dental registration and appointments were significantly affected by the closure of dental practices nationally, as routine appointments were cancelled with limited emergency services. National, regional, and local forums liaised to encourage dental commissioners/practices, to recognise this vulnerable group. Little progress was made until 2021, when the surgeries recommenced a limited service. Locally a letter was devised and sent to the dental commissioner to circulate in February 2021, alongside a request to all foster carers to contact their local surgery to ask for appointments.

2 – Kirklees Looked After Children Health Service **1st April 2020 – 31st March 2021**

2.1 Numbers of Looked After Children

Kirklees Timeline March 2007 – March 2021



A gradual increase was seen in the numbers of children entering care from 669 at the end of March 2020 to a peak of 692 during the summer and again in December 2020, followed by a steady decline.

The National picture has shown a continuing increase in the numbers of Looked After Children in England.

| | 2017-18 | 2018-19 | 2019-20 |
|--------|---------|---------|---------|
| Number | 75,420 | 78,150 | 80,080 |

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect' (65%), followed by 'family dysfunction' (14%) and 'family being in acute distress'

(8%). 7% of the children were identified as 'being in care' due to 'absent parenting' and 6% due to the child's or parent's disability.

Unaccompanied asylum- seeking children (UASC) - Kirklees

| Year | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|----------------------|---------|---------|---------|---------|---------|----------------|
| Number entering care | 8 | 9 | 6 | 9 | 8 | 5 |

On the 11/05/21 there were 26 Care Leavers aged 18-21 who had been UASC previously.

Unaccompanied asylum-seeking children – National data

Nationally at 31.3.20 there were 5000 UASC, which is a decrease of 3% from the peak of 5140 the previous year, this represents 6% of all Looked After Children in England.

Most UASC are male (90%) and 86% are aged 16 and over.

2.2 Gender and Age Profile

Gender

| Kirklees | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | National at 31.3.2020 |
|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------------|
| Male | 52% | 54.6% | 55.4% | 55% | 55% | 54% | 56% |
| Female | 48% | 45.4% | 44.6% | 45% | 45% | 46% | 44% |

Age profile

| Age | 31.3.16 | 31.3.17 | 31.3.18 | 31.3.19 | 31.3.20 | 31.3.21 | National at 31.3.20 |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------------------|
| Under 1 | 7% | 7.3% | 8% | 5% | 6% | 7% | 5% |
| 1-4 | 13.7% | 12.4% | 13.2% | 17% | 15% | 19% | 14% |
| 5-9 | 20.8% | 23.3% | 22% | 20% | 18% | 16% | 18% |
| 10+ | 58.6% | 57% | 56.7% | 58% | 61% | 58% | 63% |

2.3 Looked After Children from other local authorities residing in Kirklees

Children may be accommodated in an alternative local authority to their 'home' area, who retain corporate responsibility, including making requests for their statutory health assessments, to be completed by the new health provider.

There are approximately 250 looked after children from other authorities living in Kirklees in private/independent residential homes, 16+ accommodation or with independent foster carers.

An audit has been carried out to identify the communication pathways, the health needs and potential impact on services, required by children accommodated in Kirklees from other authorities (see later).

2.4 Children with Disabilities and Complex needs

Children with disabilities and complex needs and their foster carers, have access to a Looked After Children's Nurse, who completes the majority of the 'Review Health Assessments'. This is to enable trusting relationships to develop and to reduce the number of professionals they may see. Some children are accommodated out of the local authority in specialist placements.

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--|------|------|------|------|------|------|-------------|
| Number of children with a disability classification on 31 st March (based on the LA Liquid logic recording) | 39 | 43 | 50 | 46 | 38 | 42 | 46 |

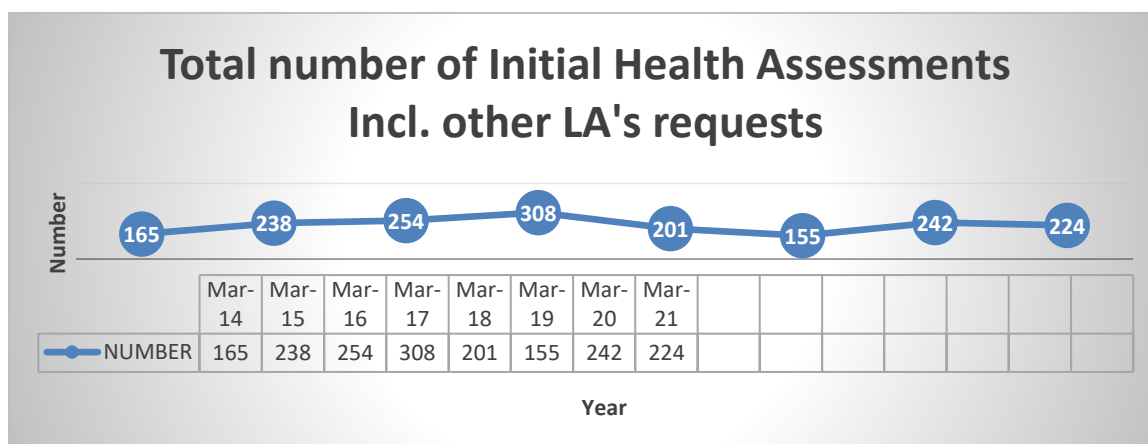
2.5 Initial Health Assessment (IHA) process

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).

Due to the Covid-19 pandemic alternative ways of working were implemented. The closure of the paediatric clinic at Acre Mills and the advice to work remotely, prompted IHA's and Adoption Medicals to be carried out by the paediatricians by telephone or video call, with the preparation of templates and referrals, continuing to be made by the nurses.

This method of working presented some challenges for example, utilising IT and being able to speak to and assess the children remotely. Despite the difficulties, 100% of the assessments were completed in statutory timescales for 10 out of 12 months. There were three timescale breaches: late notification, appointment date error and IT failure.

An arrangement with the Rainbow Centre at Calderdale Royal Hospital, allowed for any children requiring a face-to-face assessment to be seen, following national guidelines.



| | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|--|---------|---------|---------|--------------------------|--------------------------|--------------------------|---|--|
| Number of IHA clinics held | 98 | 90 | 126 | 131 | 129 | 122 | 125 | All Virtual |
| Number of IHAs completed including other local authorities (OLA) looked after children | 165 | 238 | 254 | 302 Kirklees + 6 for OLA | 198 Kirklees + 3 for OLA | 146 Kirklees + 9 for OLA | 224 Kirklees + 15 for OLA +3 done on our behalf | 214 Kirklees + 5 for OLA + 5 done on our behalf |
| % Kirklees 20 working day timescale (average over year) | 87% | 98% | 98% | 98.25% | 98% | 97% | 95.5% | 98% |
| Number of pre-adoption medicals | - | - | 59 | 58 | 57 | 75 | 58 | 62 |

Other local authority requests for IHA's to be carried out by Kirklees

5 IHA requests were received from OLA's to complete on their behalf compared to 15 the previous year, mainly due to authorities completing their own online assessments. In previous years, late requests from OLA's have been common e.g., last year 40% were requested after the statutory date. This year all were requested and completed by the due date.

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 registered nurse.

The planned assessments for children accommodated in Kirklees, are usually shared between the Looked After Children's Nurses, Locala 0-19 Health Visitors, School Nurses and Specialist Nurses e.g., Youth Justice, Pupil Referral or Family Nurses, depending on the child's circumstances.

Locala health data is used to inform the annual report, as it is presented using a monthly data set from source.

Due to the pandemic event, the usual RHA process between April to September 2020 was adapted to fit the needs of the service and guidance at the time. See the following timeline:

2.6.1 April 2020 only

62 RHA's were due to be completed in April. Those sent to other authorities to complete on our behalf were recalled. All carers of children due an RHA in April were contacted. The outcome for assessments in April 2020 were:

11% had a full face to face assessment that had already taken place prior to the restrictions

13% had a comprehensive telephone assessment, due to identified health needs.

29% had a case review & discussion with the carer in April, followed by a fuller telephone assessment by November 20, due to their lower-level health needs.

47% had a case review & discussion with the carer in April and a planned face to face assessment in April 2021, as they were in good health.

2.6.2 May to September 2020

The planned re-deployment of the Looked After Children's nurses was stopped at the beginning of May, allowing the team to reconvene and devise a method of completing all 'virtual' telephone assessments until the return of the 0-19 practitioners in October. Face to face visits could have been made if necessary following PPE guidelines.

Between May and August, 94% of the RHA's were completed in the month they were due, progressing to 100% by September.

| | Total RHA's due | Completed by other authorities or no longer CLA/Other | Telephone assessments completed |
|------------------|-----------------|---|---------------------------------|
| May to Sept 2020 | 307 | 17 | 290 |

2.6.3 October 2020

A planned return of the 0-19 service to substantive roles in October, allowed face-to-face RHA's to resume, with full adherence to PPE guidelines. A flexible approach was taken as some households had positive COVID-19 results and situations were avoided with heightened risk. The Looked After Children nurses took a larger proportion of the RHA's, to allow the 0-19 service nurses to embed themselves back in their roles.

2.6.4 Overview of RHA's completed in Kirklees

From November 2020 to the end of March 21, usual RHA practice resumed.

Total number of RHAs completed

| | 2015-16 | 2016-17 | 2017-18 | 2018 - 19 | 2019-20 | 2020-21 |
|---|---------|---------|---------|-----------|---------|--|
| Total RHAs including other LA's requests. | 616 | 676 | 730 | 734 | 697 | 694 (+ 62 April telephone RHAs) Total = 756 |

The last year has seen a significant increase in the number of RHA's from 697 to 756, (including requests from other authorities). This may have been a result of an increase in numbers of children coming into care during the pandemic months, and many (116) of these were under age 5, requiring two RHA's at 6 monthly intervals.

Requests are usually made to other authorities to complete RHA's on our behalf for children accommodated at a distance from Kirklees. As the assessments were carried out by telephone from April to October, it was more efficient to complete the assessments in-house, rather ask other area teams, who were in a similar position and risk them not being completed or returned late.

It is not possible to compare the key performance indicator percentages against previous years, due to the 6-month period when they were completed by telephone. However, January to March 21 saw a more usual face to face practice resume, resulting in approximately 90% completed in statutory timescales, compared to 94% in 2020.

A small number of young people refuse their RHA, despite efforts to encourage participation. A 'virtual' assessment and care plan is then compiled with the young person's agreement. It gathers information from health records, their carer and social worker and informs reviews and the Care Leaver Letter. This year saw a decrease in refusals to engage by young people from 7 to 1 (see table), which may be linked to an option for a telephone assessment, which has not been offered in previous years.

Breach of timescales

The most common reason for breach in RHA timescales this year was COVID-19 restrictions.

| Reason | Number 2019-20 | Number 2020-21 |
|---|-----------------------|-----------------------|
| COVID-19 restrictions | NA | 151 + April |
| Issues arranging with carers | 17 | 11 |
| Declined by child/young person | 7 | 1 |
| Placement moves | 3 | 4 |
| Carer holidays | 3 | - |
| Client/family sickness | 2 | - |
| Other authority unable to complete, returned to us late | 2 | - |
| CLA health team issue | 1 | 4 |
| Staff issue/capacity Locala | 1 | 3 |
| Social Care | | 2 |
| Young person on Army placement | | 1 |

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

A reciprocal agreement exists throughout the UK and a payment by results tariff is in operation.

Requests are made 6-8 weeks before the RHA is due, to the placement area, followed up 4 weeks later to ensure compliance. If the accommodating area are unable to complete the assessment, a request may be made to the GP, but this is rare.

The Looked After Children nurses travel approximately 30 miles from Kirklees to carry out RHA's, as the benefits to completing them in-house are financial, quality and timeliness.

| | Number sent to other LA | % in timescales by other LA |
|----------------|--------------------------------|------------------------------------|
| 2016-17 | 119 | 61% |
| 2017-18 | 77 | 71% |
| 2018-19 | 84 | 56% |
| 2019-20 | 66 | 62% |
| 2020-21 | 50 | 75% |

Breach of timescales

| Reason | Number 2019-20 | Number 2020-21 |
|---|----------------|-----------------------|
| COVID-19 & capacity | - | 10 |
| Capacity | 6 | - |
| Difficulty arranging with carer/cancelled | 4 | - |
| Placement change | 2 | 1 |
| No reason given (only 1&2 days late) | 2 | - |
| Allocated to wrong team/admin error | 1 | 1 |
| Re-arranged to do with sibling | 1 | - |

2.6.6 Requests from other Local Authorities to complete RHA's, on their behalf

40 RHA's were completed on behalf of other authorities in the last year, compared to 74 the previous year, due to team capacity from April to October.

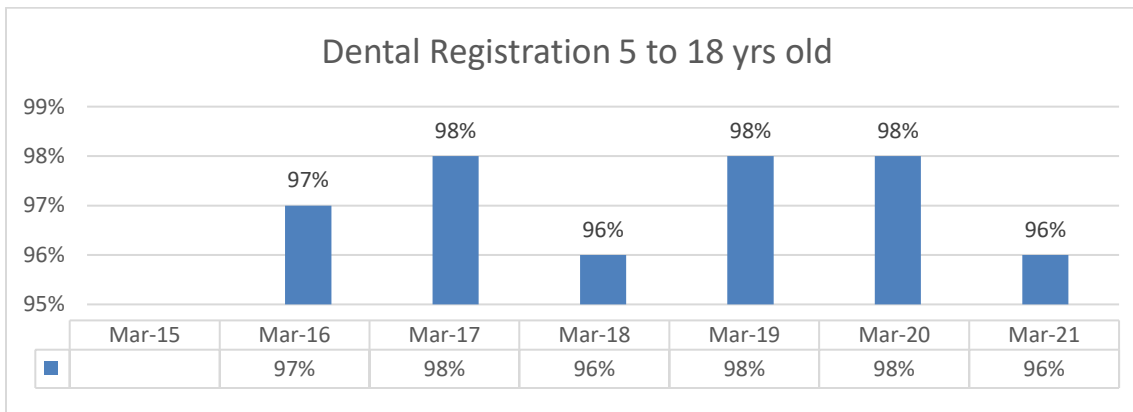
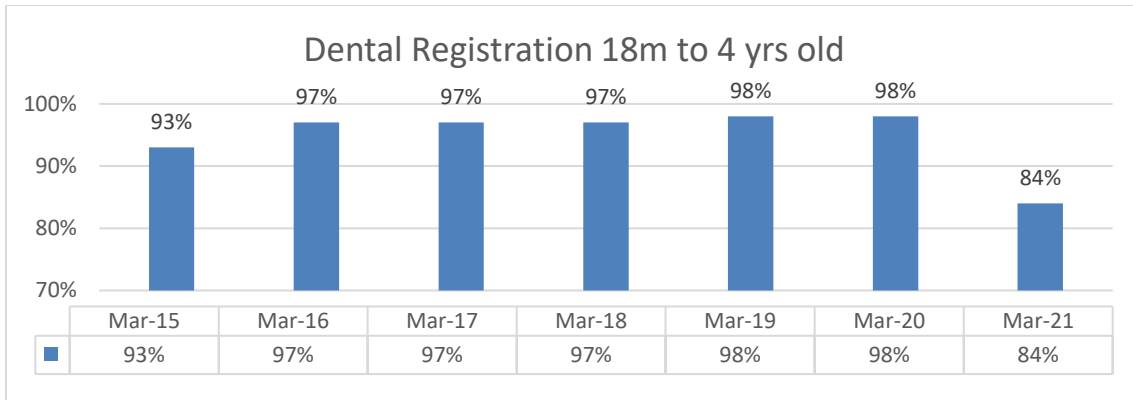
Breach of timescales

| Reason | Number 2019-20 | Number 2020-21 |
|--------------------------|----------------|-----------------------|
| COVID-19 & capacity | - | 10 |
| Late requests | 11 | 4 |
| Arrangements with carers | 6 | - |
| Carers on holiday | 2 | - |
| Young person declined | 1 | - |

2.7 Dental

Dental Registration

At the child's Initial Health Assessment, there is an expectation that the carer will register the child at a dentist. The closure and disruption of dental services has affected mainly children new into care and those who moved placement.



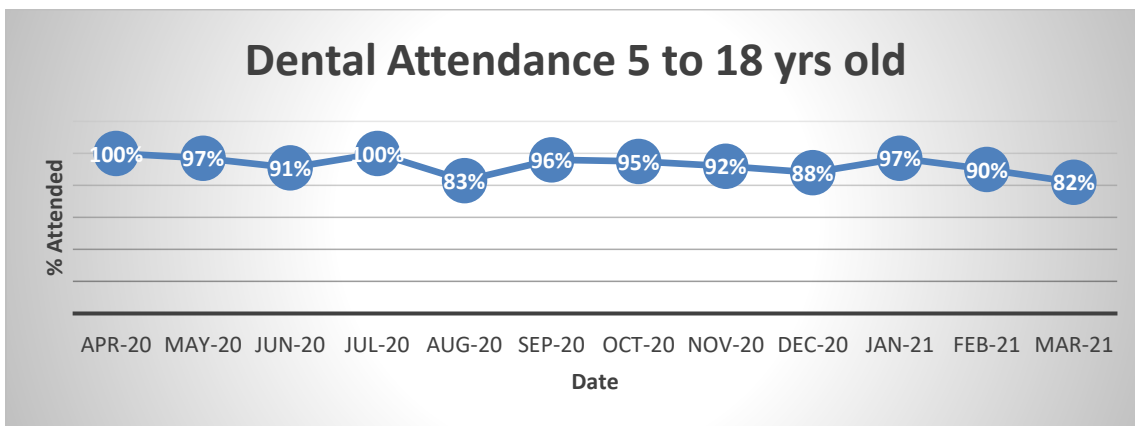
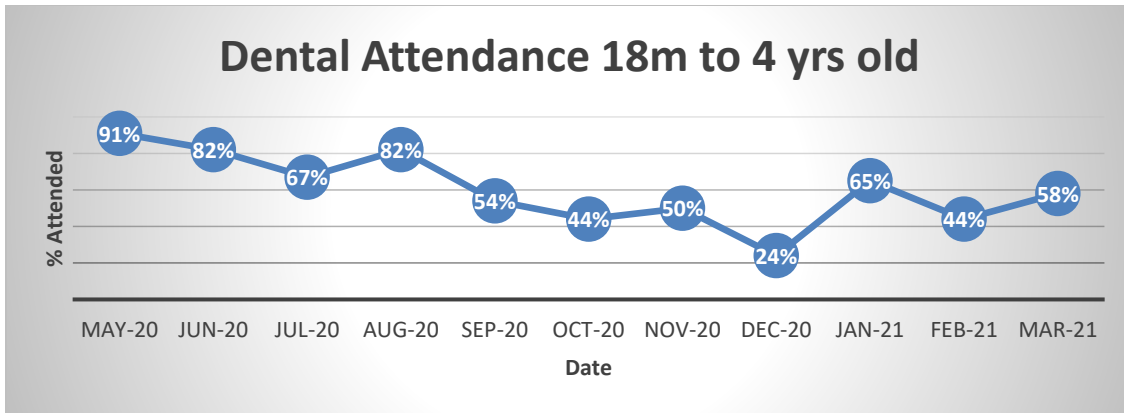
No National data for registration is available.

Dental Attendance from 18 months to 18 years old.

This year saw the first collection of dental ‘attendance’ data through the RHA health records, showing month-on-month recording.

An average of 55% of children aged 18 months to 4 years attended the dentist in the timeframe, which is at a significantly low level. As a method of comparison from previous years having used the local authority rolling 12-month data for all ages, this shows an average of 88% attendance in 2019-20. The current figure of 55% will be relatively accurate, as the assessments for young children take place 6 monthly and their records are updated accordingly.

The data for children aged 5 to 18 years shows that an average of 92% attended the dentist since their last RHA. This figure should be read with caution as they have annual RHA’s using data in some cases prior to the pandemic.



Nationally prior to pandemic year (2019-20) – 86% of all looked after children, had their teeth checked by a dentist.

A recent practice improvement with the Locala dental services, has been made to support them to identify social workers linked to referrals they receive from general dental practices. It has also been suggested that the dental team request access to SystmOne (Child Health Records), to highlight vulnerable children to help with triage.

2.8 Immunisations (Locala data)

Immunisations are recorded at the child’s RHA and throughout the year via the child health department and GP’s.

| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | National % 19-20 |
|---|------|--------|--------|------|------|------|------------|------------------|
| Up to date with immunisations (< 5 years) | 93% | 98.75% | 98.5% | 98% | 98% | 98% | 98% | 88% |
| Up to date with immunisations (> 5 years) | 93% | 92.75% | 89.25% | 91% | 92% | 94% | 92% | 88% |

The National data is pre-pandemic, if compared to the same timeframe of 2019-20, Kirklees data is favourable.

Types of outstanding immunisations

| | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|--|---------|---------|---------|---------|
| Meningitis (MenACWY) | 22 | 26 | 11 | 15 |
| Diphtheria/Tetanus/Polio (DTP) | 13 | 22 | 16 | 29 |
| Measles/Mumps/Rubella (MMR) | 4 | 4 | 8 | 12 |
| Human Papilloma Virus (HPV) girls and boys | 3 | 10 | 5 | 14 |
| Hib/Meningitis C (age 1) | | | 1 | |

(From the September 2019 the HPV immunisation was introduced to boys. HPV is a sexually transmitted disease, that can be asymptomatic having the ability to cause cancer and other viral infections).

Breach reasons:

4 children were on catch up schedules, 6 children refused, 5 parents refused consent and 1 child required a delay for desensitisation due to their disabilities.

A monthly beach report is provided from Locala to identify individuals with outstanding immunisations. Social workers are contacted to support compliance with the carer/child.

2.9 Substance Misuse

The guidance for the National return of data, relates to illegal and legal substances, dependant on regular excessive or dependant use leading to social, psychological, physical, or legal problems (DfE 2020).

Of the 495 eligible young people in Kirklees, who have been in care for at least 12 months, 0.1% were identified through their last RHA as having a probable substance misuse issue. This is down from 0.84% the previous year and well below the national average of 3%. It is difficult to collect accurate data, as it depends on the young person admitting the issue.

All Kirklees looked after children who are identified as having any level of substance misuse, are offered a service from the substance misuse service.

Kirklees Substance Misuse Support Services – The Base 2020-21

“Over this past year, throughout Covid-19, The Base has seen an increase in complex cases referred into the service and an increase in mental health needs and exploitation concerns among Looked After Children. The Base has seen an increase in structured work being the primary intervention type, meaning low level intervention / prevention has decreased. Data from our service shows that over the last 6 months (Sept 20 to March 21), we have worked with 7 young people who are children looked after and have required specialist support.

The Base has provided training to Local Authority and private care homes throughout the year. The Base has created professional networks with Woodlands, Copthorne and Orchard View and they have accessed training, advice, and consultation.

Due to Covid-19 the No 11 & 12 drop-in service stopped, so this was adapted to online drop ins via Zoom for Care Leavers. Although no Care Leavers attended these drop ins, it continued to promote the service to Personal Advisors.

A dedicated worker is employed by the local substance misuse service to focus on vulnerable cohorts, including Looked After Children and Care Leavers, offering support and information to young people, carers, and staff.”

2.10 Sexual Health

The Sexual Health Outreach and Prevention Service was established locally to target vulnerable groups. Prior to COVID-19 restrictions it provided a multi-agency clinic, outreach support to LA & private residential homes, prevention work, 1:1 support, screening, and treatment, with an aim to introduce the young people to the main sexual health clinic for future support. COVID-19 had a significant impact on the service. Initially in 2020 a triage telephone service was available, providing a collection service for oral contraceptives, advice and invites for specific treatments. Drop-in ceased and home visits were very limited. The SH24 national on-line site was promoted to do sexual infection testing and support. This continues to prove a valuable service. By mid-2021, the drop-in services returned and face to face appointments were available. The young person outreach to the residential homes and training has not resumed.

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 district 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 (DfE 2015).

An Emotional and Mental Health Wellbeing team provides ongoing support to looked after children, carers and staff and is co-located within Children’s Social Care.

To recognise emotional and mental health difficulties and meet with statutory regulations, the Looked After Children Health Team disseminate, and process returned Strengths and Difficulty Questionnaires (SDQ’s).

The SDQ is a short behavioural screening tool. Its primary purpose is to give social workers and health professionals information about a child’s wellbeing, age 4-17 inclusive (DfE 2019). 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 statutory SDQ is sent out to all carers of looked after children on an annual basis. In Kirklees, children over 11 years old are also sent their own voluntary version.

To support the work of the 'Virtual School', a 'Teacher' version is sent out to the Designated Teacher in the child's school, when a score of 17+ is returned from either the carer or child.

The returned questionnaires are scored and disseminated to the social worker, independent reviewing officer (IRO), carer and teacher (if appropriate).

High scores (17+ cause for concern)

If the score is of concern, the child's 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.

Carer scores

| | Kirklees 19-20 | National 18-19 | Kirklees 20-21 | National 19-20 |
|------------------------|----------------|----------------|----------------|----------------|
| Average returned forms | 74% | 78% | 69% | 81% |
| 0-13 satisfactory | 50% | 49% | 47% | 49% |
| 14-16 Borderline | 13% | 13% | 13% | 13% |
| 17+ cause for concern | 36% | 39% | 40% | 38% |

There has been a reduction in the average return rate of SDQ's from carers from the previous year. At the start of the pandemic there was a continuation of the better rates peaking at 81.4% in May 2020. By March 2021 the rate had dropped to 61.7%. Significant efforts have been made to encourage the returns, through letters to carers and data shared with social workers to support the expectations. The opening of a secure portal planned for 2022 for the export of documents to carers, should facilitate quicker returns.

The data shows that the percentage of children having a satisfactory score has reduced from 50% to 47% and those with a score of concern has risen from 36 to 40%. The emotional and mental health of children during the pandemic may have been a cause.

The use of the SDQ can be 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. Improvements in mental health can be slow and the scores should not be compared with those of their peers who have not been in care. The tool is used to alert services to children who may require support.

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 for children age 11+. This data has been used in conjunction with the carer responses to compare the scores, ensuring the child's voice is captured and shared with the social worker and within

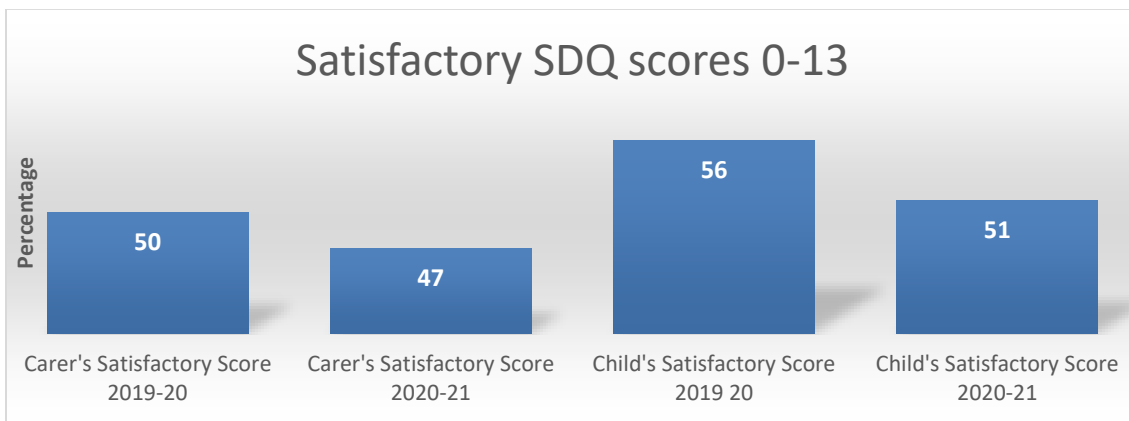
the child's health record. This can highlight discrepancies between the view of the child and carer and can help direct the support.

| Score | 2016-17 | 2017-18 (n100) | Aug 19-Mar 20 (n84) 7 months only | 2019-20 (n156) | 2020-21 (n64) |
|---------------------|---------|----------------|-----------------------------------|----------------|----------------------|
| 0-13 (satisfactory) | 61.4% | 56% | 59% | 56% | 51% |
| 14-16 (borderline) | 12% | 15% | 20% | 17% | 16% |
| 17+ (concern) | 26% | 29% | 21% | 27% | 33% |

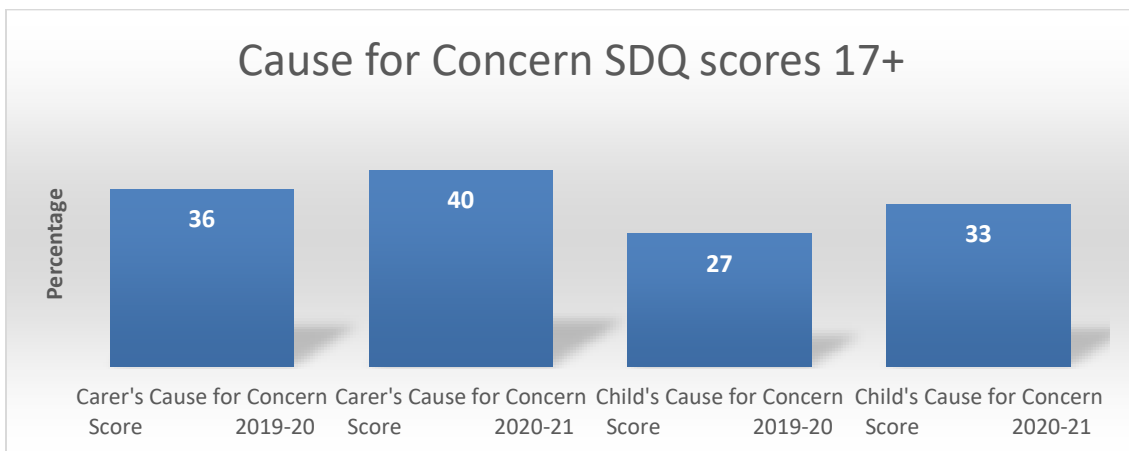
64 child SDQ's were returned between April 20-March 21 in comparison to 156 the previous year.

It is interesting to note that the carer and child data has mirrored, with regards to concerns of satisfactory scores reducing and scores showing concern has risen during the year of the pandemic.

Carer Scores (left side) Child Scores (right side)



Carer Scores (left side) Child Scores (right side)



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

As a result of a pilot during 2018/19, the ASQ–SE has become part of the process to alert social workers and the Wellbeing Team (if appropriate), to carers or babies and children under 4 years old who are not eligible for an SDQ, to any emotional difficulties that may be happening.

The questionnaire is sent to all carers/parents of 1,2 & 3 years-old to enable us to identify signs of potential emotional health issues and offer an opportunity for early intervention/support, as this is key to tackling emotional concerns. It also allows the ‘voice of the child’ to be observed when verbal communication is not available.

49 age-specific questionnaires were sent out prior to the RHA's. Returned forms were scored and analysed by the Looked After Children's health visitor, who shared the results with the social worker, Independent Reviewing Officer and discussed any concerns with the carers. The return rate during the year was initially slow, but eventually resulted in an increased return rate from 33 the previous year.

Notable results:

| Score | Details/comments |
|----------------|--|
| 1 Very High | Completed by Looked after Children nurse following issues identified by the carer during the RHA. Discussed with Paediatrician who agreed recommendation for EWB clinic. Social worker reported she had not known of these significant behaviours and made the referral. The process was helpful in clarifying carer concerns and providing evidence to support referral. Subsequently referred to Neuro-disability Team and waiting for ASD assessment as well as psychologist for trauma/attachment consideration. |
| 2 Very High | Both with known concerns/diagnosis in place. Receiving appropriate support |
| 1 Very High | In connected person placement. This was discussed with carer during RHA and many issues had resolved but may require referral to Placement Support Team in future. |
| 1 High | New into care toddler who had suffered long term neglect and witnessed domestic abuse. Carers were using appropriate strategies. |
| 1 High | Some extreme behaviours which had been discussed during recent RHA. Discussed with carer and behaviours were well managed and much improved by this time. Had been discussed at EWB clinic. |
| 1 High | unknown whether child remaining in UK – SW advised to consider referral if remaining. |
| 1 High | Child of only 9 months. Significant issues identified but Paediatric referral had already been completed. |

- Some identified moderate scores – liaised with HV and advised discussion/review at next contact.

It was noted that completion dates on the forms were rarely filled in by carers, affecting the analysis based on age of the child at the time, this was possibly due to it not being prominent on the form, this has now been rectified

2.12 Care Leavers

The Looked After Children's nurses are accessible to young people leaving care, their carers', personal advisors, and other professionals.

A specialist nurse from the team is assigned to be the main contact and prepares the 'Care Leavers Health History Letters', which has their personal health history and essential local support information. **90** were completed.

A version of the care Leaver letter aimed at carers of, and children with disabilities, is currently under development.

The specialist nurse attends the Personal Advisor team meetings to act as a resource and to share pertinent information.

A weekly drop-in for care leavers has been on hold during the pandemic.

The nurses liaise closely with the Youth Offending and Pupil Referral Nurses and Family Nurse Partnership (FNP), providing an opportunity to share information offer support where necessary.

(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. Looked After Children 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 fully established. The service is hosted by Leeds on behalf of the 5 Local Authorities – Leeds, Bradford, KIRKLEES, Calderdale and Wakefield.

The Agency Medical Advisers for the 5 Children's' Social Care Departments have continued to work together, aiming for consistently good practice.

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 are 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.

In the early months of the pandemic The Adoption and Children (Coronavirus) (Amendment) Regulations came into force on 24th April 2020, with many of the amendments lapsing on 25th September. Some were continued until March 2021. Overall, the regulations were rarely used, the most frequently used allowed medical reports for adults in the fostering and adoption process to be considered at a later stage in the process though still prior to approval. This was because GPS were unable to continue

providing face to face medicals at that time. Instead, adopters were asked to complete Self-declaration of health forms. The medical advisors then advised children's social care and OneAdoption West Yorkshire about the information provided. GP completed forms were provided later, prior to panel

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

| 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 308 | 318 | 318 | 286 | 348 | 337 | 226 | 234 | 181 |

Number of Adult Medical Reports for OneAdoption West Yorkshire

| Jan to March 2018 | 2018-19 | 2019-20 | 2020-21 |
|-------------------|---------|---------|---------|
| 43 | 95 | 99 | 67 |

Children who have a plan for adoption have a detailed Adoption Medical Report. 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). Adoption medicals have continued throughout the pandemic. An agreement was reached with our medical colleagues regionally that all children would be seen face to face by a paediatrician prior to being placed for adoption. This has allowed us to continue providing prospective adoptive parents with high quality medical advice. Although many health assessments have been virtual all children placed for adoption have been seen face to face on at least one occasion.

Number of Adoption Medical Reports

| 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 163 | 138 | 117 | 135 | 168 | 142 | 122 | 113 | 98 |

The Medical Adviser who completed the adoption medical report has continued to meet the Prospective Adopters, to discuss the health needs of the child/children to be placed with them. These meetings have taken place virtually since the start of the pandemic.

Number of Meetings with Prospective Adopters

| 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 44 | 43 | 36 | 43 | 45 | 27 | 37 | 29 | 24 |

These changes have enabled Kirklees Children's social care and OneAdoption West Yorkshire to continue to approve foster carers and adopters and also to move children onto adoptive placements.

Nationally adoptions rose sharply from 2011 to 2015, peaking at 5360 in the latter year, but have decreased since then following Court rulings in 2013, stating that Adoption Orders should only be made when there were no alternatives, e.g., placing with the child's family. There has been a further 4% drop from 2019-20 to 3440.

2.14 Training

The nurses provide training and induction for foster carers, social workers, health students and other professionals.

The usual mandatory face to face mixed experience health sessions, facilitated by the nurses were unable to take place in 2020. This meant that the Continence nurses' session that had proved popular was also unable to take place.

The training has been adapted by the Health Visitor in the team to be used on-line. The training has been developed for use with new foster carers using a Teams Teach approach and self-directed learning for experienced carers.

Each School Nursing and Health Visiting Team are usually visited during the year, to advise, liaise and share good practice, but 2020 saw the visits replaced with virtual meetings.

The Looked After Children Nurses are available due to their co-location, accessibility and through technology to support children, carers, social workers, health practitioners and others, including private residential home staff. The team have seen an increase in the number of telephone calls during the pandemic, for example to support access to postponed hospital appointments or accessing dental care.

2.15 Remand

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

The requirement for a statutory Initial Health Assessment for children on remand, was dis-applied from the 'Care Planning, Placement and Case Review (England) Regulations 2010' in 2015. A decision was made in Kirklees to continue to obtain a copy of the child/young person's 'Comprehensive Health Assessment Tool' (CHAT) report from the secure unit, which proves a useful resource, especially if the child remains 'looked after' on release.

3 – Audits/Surveys

- Surveys of Care experienced children, young people and their carers'.
Survey 1 - An electronic survey is regularly undertaken using an App to gather the views of children and their carers', regarding the current support given by the nursing team, based on the Review Health Assessment.
A snapshot of the responses: 80% of the young people said it was very good and 100% of carers agreed stating; "She was kind and easy to understand", "...she understood me well". Carers said "very professional, approachable, understanding, thorough, the nurse puts the child at ease. During COVID-19 "on time, maintained a distance & friendly".
100% of the young people said they felt listened to.

When asked what was good about the appointments young people said, “gave me loads of advice, flexible by phone” (this has evolved from COVID-19 working practice changes). Carers commented that “it was good to have the review at home”, “reassured the problems would be sorted out”, “child friendly and they liked her”, “during the current lockdown it was really appreciated being visited at home”, “COVID-19 compliant”.

Survey 2 - Virtual ‘Teams’ focus group with care experienced young people to gather their views through a discussion and anonymous survey monkey. The results highlighted that most were aware that their RHA took place annually and that they knew it was important. They felt listened to and able to talk about what they wished. They understood the need for the plan in general. Most preferred a face-to-face discussion at home and would prefer to see the same nurse. Actions are the Consent form has been simplified to ensure the practitioner explains who it will be shared with. A capacity and demand exercise is under consideration in health, to look at the positives of dedicated teams, to allow a named-nurse relationship for children in care.

- Audit to identify the communication pathways, health needs and potential impact on services, for looked after children originating from other authorities who are accommodated in Kirklees.

Results of the key lines of enquiry are that there is a statutory process in place to share information from the LA to health agencies, but limited information from the originating area can delay the process. If there was a willingness from the child to engage, the evidence suggested that services were available and joint working was evident. There was a significant impact on local services including GP surgeries, and local health providers in offering support that may only be recognised if the cohort was recognised separately e.g. A&E or CAMHS.

- Health Outcome Audit – An audit was undertaken, to identify the health needs of children as they entered care at their Initial Health assessment (IHA) (Sample 1) and then a comparison was made of their health status at their first Review Health Assessment (RHA) (Sample 2). Many children left care before their 1st RHA, so sample 2 was size limited. All children are referred and supported for any outstanding health issues from the IHA clinic.

The timeframe was February 2019 to July 2020, to allow for a sizable sample. New-born babies who were discharged directly into care, were not included. The aim was to provide an opportunity to illustrate positive health outcomes for children, who enter the care of the local authority (LA) and to develop a tool to support the general assessment process. The data was not unduly affected by the 2020 pandemic issues due to the timeframe.

An electronic version of the recording template was developed, to replace the initial paper process. This has allowed for easier collection of the data through read codes.

The key results

Section 1 – Whole cohort as they entered care (n325)

- **65** children required a catch up of one or more **immunisations**.
- **143** had no **dental** registration & **29** had registration but had not been taken.
- **18** children had **growth/BMI** issues that were not being addressed.
- **52** children had **chronic health conditions** either identified at the IHA or were re-referred.
- **23** children were either recognised at the IHA or were not accessing previously arranged support, related to an **Education & Health Care Plan**.
- **65** children had recognised **emotional and well-being** issues and not accessing support.
- **8** required referrals to **sexual health** services and **9** had evidence of **risk** that were not engaging with services
- **9** were referred to **substance misuse** services and **24** were encouraged to access stop **smoking** support.

Section 2 – Maximum cohort of 86 - all ages who stayed in care until 1st RHA

- **8** of the 10 children with outstanding **immunisations** when they entered care had caught up & 1 on a reduced schedule.
- **All** children engaged or re-engaged with **dental** services and 100% improvement for those over 5 years old.
- **All 8** children identified at IHA with a **growth** issue had improved.
- **20** saw their **physical health** improve.
- **6** children with **development and learning** issues were referred to services and **8** were re-referred.
- **20** children had been referred to services following non-engagement with **emotional wellbeing** support, or they were referred from the IHA.

4 – References

DfE, DH (2015) Promoting the health and well-being of looked-after children.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

[Children looked after return 2020 to 2021: guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



Name of meeting: Corporate Parenting Board
Date: 23.11.21
Title of report: Virtual School Headteacher Report 2020-21

Purpose of report: To brief the Corporate Parenting Board on how the Virtual School has been working during the academic year 2020-21

| | |
|--|----------------------------------|
| 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 | Jo-Anne Sanders for Mel Meggs |
| Is it also signed off by the Service Director for Finance? | Not applicable |
| Is it also signed off by the Service Director for Legal Governance and Commissioning? | 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

Kirklees Virtual School – Position Statement

This has been a very difficult period for our young people because of the issues caused by the Covid-19 pandemic. There has been increased pressure on the Virtual School to respond to the additional needs of young people due to the fact that their education has been disrupted with time spent in “lockdowns”, “the vulnerable learner offer”, “bubble closures” and “on-line learning”. The Virtual School has ensured that resources and support are in place to minimise the impact as much as possible. This report considers validated data from 2019, with updates for 2020 and 2021 wherever possible. We are very conscious of the impact of the pandemic on the emotional health and well-being of our young people and we are seeing the impact of this as we move forwards.

Ofsted – June 2019

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.

Context July 2021 following the ongoing Covid-19 lockdown periods and subsequent return to school

The role of the Virtual School is clearly defined in *Promoting the education of looked after children and previously looked after children statutory guidance for local authorities February 2018*. Kirklees Virtual School currently works with all young people in the care of Kirklees from the age of 3 through to age 18 (end of year 13 with consent) when they become care leavers. This is delivered by an EYFS / primary team and a secondary / Post 16 team.

The Virtual School Team support and challenge schools and other professionals to enrich the learning experience of our children and young people in care by striving to close the achievement gap through targeted support and intervention when needed.

Our 2 main priorities are to:-

- Ensure all children and young people in care are in an education provision that is right for them
- Ensure all children and young people in care have a high-quality PEP, completed within timescales, that meets their needs.

These key areas of work include:-

- Being proactive in supporting Social Workers with school applications (where a school move is unavoidable) and supporting the transition into the new educational placement.

- Leading and coordinating all Initial Personal Education Plan (PEP) meetings when a young person comes into care – or has turned 3 – to ensure that as much support is in place as soon as possible within their school or educational placement.
- Allocating all young people to an Achievement Coordinator or Teacher, who will be responsible for monitoring and tracking their cohort.
- Reviewing attainment and progress data on a termly basis to identify level of need and intervention and using this data to plan our support.
- Providing the specialist educational challenge and support in PEP Review Meetings according to need and liaising closely with Social Workers and Designated Teachers in these cases.
- Providing advice and guidance to Designated Teachers and coordinating individualised targets and support for our young people to accelerate their progress in education. These are funded through Pupil Premium Plus and their impact is reviewed as part of the PEP process.
- Commissioning capacity across services to prioritise work for our young people with the Educational Psychology Service, Special Educational Needs and Disabilities Assessment and Commissioning Team (SENDACT) and the Early Years Outcomes Team.
- Strengthening partnership working with senior managers in Social Care to ensure that education is central to any decision taken about our children and young people in care.
- Closely monitoring attendance and establishing plans to improve engagement - Welfare Call Ltd are commissioned to collect and report on the attendance and exclusions of our children and young people in care.
- Offering support, guidance and training to Foster Carers, Head Teachers, Designated Teachers, Social Workers and Independent Reviewing Officer's to enable them to work together to put education at the centre of all work with our young people.

We continued to deliver a full service offer throughout 2020-21 as above and increased our involvement to coordinating and leading on all PEPs for all of our young people virtually. This has increased the quality of these discussions as well as achieving 100% PEP completion in all terms.

Self-Evaluation Summary September 2021

| Our Key Strengths | Our key areas for development | Actions we are taking to move forward |
|--|---|--|
| <p>We are well-resourced and have an experienced and effective team who work with all young people to monitor their educational progress, therefore we know our young people well and their progress and attainment are reviewed at least termly so that we can intervene as appropriate.</p> <p>We work well with other professionals including Social Workers (SW), Designated Teacher's, Carer's, Special Educational Needs and Disabilities Assessment and Commissioning Team (SENDACT), Education Psychologist's (EP) to support and challenge others to provide the best for our young people.</p> <p>We have raised the profile of Personal Education Plans(PEPs) across service and completed all PEPs and initial PEPs in line with the statutory timescales.</p> <p>We have robust systems and processes which provide accurate data linked to priorities and statutory duties.</p> <p>We have clear priorities for improving the work of the Virtual School (VS) and track and monitor our performance against these e.g. impact on Year 12 NEET (not in education, employment or training)</p> <p>Outcomes for our young people were generally in line with national outcomes for children and young people in care (2019 validated data). We undertake detailed analysis and use our understanding of this to inform practice moving forwards.</p> <p>We have no permanent exclusions and low numbers of fixed term exclusions because we work proactively with educational providers.</p> <p>Clear evidence that Pupil Premium Plus (PP+) funding is used efficiently - funding is allocated through the <i>ePEP</i> system by the Virtual School Head Teacher – we know how every penny is allocated and track the progress made against each individual personalised target.</p> <p>Commissioned PP+ projects support all schools in Kirklees with an enhanced offer for our children – Early Years Outcomes Team, SENDACT, EP and support workers, Childrens Emotional Wellbeing Service, whole school training linked to the 'Timpson project'.</p> <p>We have a rigorous system of PEP quality assurance implemented by the team and signed off by the team managers. This enables team managers to have a rigorous holistic overview of the cohort.</p> | <p><i>Ensuring that there is minimal impact on the learning of our young people due to Covid</i></p> <p><i>Avoiding drift and delay when a young person needs a school move by early involvement in “stability meetings” and the placement search process.</i></p> <p><i>Reducing the number of Persistent Absentee (PA) pupils / pupils Not in Full Time (NIFT) education</i></p> <p><i>An ongoing focus on improving attainment and progress across all phases with a particular focus on impacting on KS2 outcomes.</i></p> <p><i>Extension of offer for children in care from 0-25</i></p> <p><i>Improve understanding and practice around the work of the Virtual School, aspirations and educational progress</i></p> <p><i>The strategic implementation of the guidance for young people with a Social Worker</i></p> | <ul style="list-style-type: none"> • Asking specific questions around any dips in attainment and progress in PEP's. • Working with others to support individual strategies to support and improve this. • Close liaison between the achievement coordinators / SW when planning school moves • Involvement in placement stability and other professionals meetings • Contact with other VS for advice when a young person is placed in another local authority • All young people with attendance below 90% have a PA plan agreed by all professionals • Regular monitoring and tracking of PA/NIFT pupils by team managers to focus where strategies are or are not having an impact • Sharing of data with SW managers and Independent Reviewing Officer's (IRO) to work in partnership to improve NIFT and PA, and training on data dashboards. • Earlier intervention – Virtual School involvement will be from age 2 by the Summer Term 2022 • Primary teacher tracks and monitors the trajectory of the target cohort ensuring appropriate support is in place • All Primary PEPs have a reading, writing and maths target when appropriate • Letterbox – for all EYFS and primary pupils • Partnership working with Early Years Outcomes Team and Early Years SEN team • Review and evaluation of early years PEP process and further development of tracking and reporting • Developing the work with the EET strategy group (16-25) • Implementation of the Post 16 national developments • Awareness raising around statutory duties and development of advice and guidance offer to schools/providers/care • Develop an internal and external training offer • Improved communications across partners including a newsletter • VSH working to implement the pilot project from September 2021-April 2022 (https://www.gov.uk/government/publications/virtual-school-head-role-extension-to-children-with-a-social-worker) |

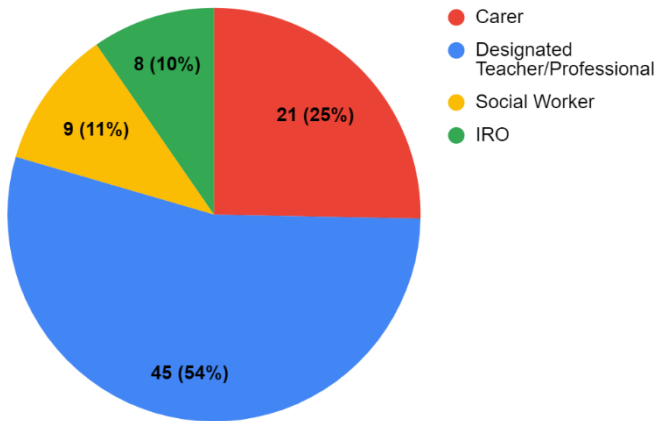
Kirklees Virtual School self-evaluation – Evidence of impact 2018-19 to 2020-21

Verbal feedback during the Ofsted inspection July 2019

- *The Virtual School is held in high regard by schools.*
- *The team are accurate in Self-evaluation regarding their areas of strength and areas for development*
- *Most PEPS reflect the thoroughness of the reviews, and clear and ambitious and show evidence that professionals have a good understanding of children's needs, with a positive move planned to termly PEPS*
- *The voice of the child and carers are meaningfully and purposefully captured in the PEP process.*
- *The impact of Pupil Premium Plus is tracked at individual level, and it is not just tracked it is evaluated – this is 'powerful and effective'.*
- *The Achievement Coordinators have high caseloads although schools confirmed that they are present at key meetings and prioritise according to need, and at points of transition.*
- *For most key stage outcomes we are more or less in line (at KS4 better) than CLA nationally.*
- *Good progress at EYFS*
- *Post 16 tracking...showing positive EET.*
- *Safeguarding – VS have a clear awareness of Gangs and CSE, schools involve the VS if there is an issue*
- *Kirklees College and other schools said that the Virtual School were 'good chasers up'*
- *The sign off process for PEPs is strong, and not just about compliance but about quality.*
- *Joined up communication is improving for young people in Year 12 and 13*
- *NEET is reducing for care leavers, heading in the right direction and is known as an area for focus*

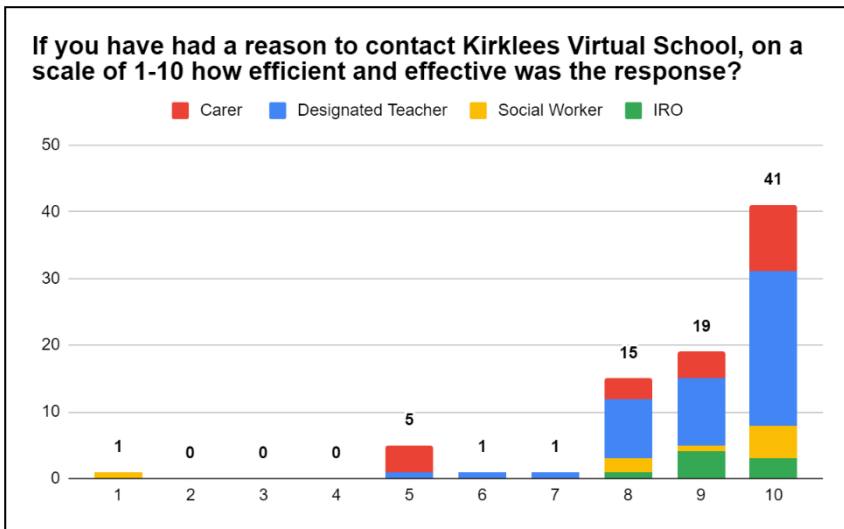
Kirklees Virtual School Feedback May 2021

Survey Responses - 83

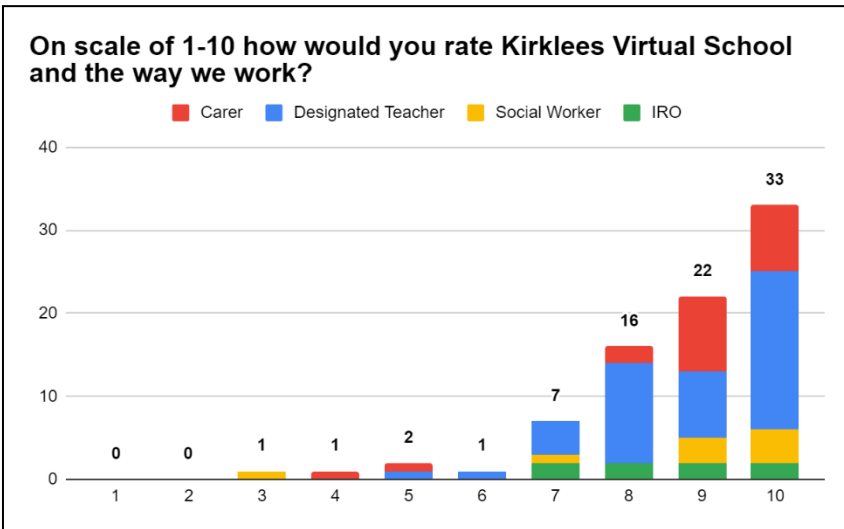


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Kirklees Virtual School self-evaluation - key strengths

- During the 2019-20 we reacted swiftly to the challenges faced due to Covid 19. We provided a full service without any break working from home to ensure all our young people were safe, had any resources and support they needed for home learning - see appendix D (Covid Support)
- Early Years Foundation Stage (EYFS) outcomes are above national for children in care for both GLD and prime areas (2019 data)
- The vast majority of all children in care accessing 3 and 4 year-old free early education are placed with a provider judged 'Good' or 'Outstanding'.
- All children and young people in care have a PEP from aged 3 until the age of 18; these are needs assessed and of good quality – quality assured and signed off by the team managers.
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- The last reported outcomes for our young people taking GCSEs were the highest ever in 2019 and above national for children and young people in care. 2020 and 2021 provisional results are an improvement on these. We were Band B for Attainment 8 in the last published LAIT and Band A for Progress 8 and 9-4 Pass in English & Maths GCSE
- The majority of young people who achieved national expectations at the end of Key Stage 1 and Key Stage 2 progressed on the trajectory to expected outcomes at the end of Key Stage 2 and Key Stage 4.
- Participation and progression remain strong in Post 16 despite the challenges due to Covid.
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What are we doing to address this?

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- There is an expectation that termly targets are set for reading, writing and maths for all primary aged children where below expected progress is recorded
- There is an identified targeted cohort made up of children who have achieved age related expectations at prior key stage assessment points (a good level of development at Reception or at least expected in one or more of the core subject areas (reading, writing and maths) at the KS1 assessment point.) Achievement co-ordinators are supported by the Primary Teacher and EY/Primary Team Manager to pay particular attention to progress for this cohort so that any dips are addressed where possible.

At individual child level:

- Bespoke targets (funded and non-funded) are set and reviewed at least termly for each child to support individual attainment and progress in the core areas of reading, writing and maths. Targets also take account of the child's wider interests, preferred learning styles and build on strengths as well as areas for development.
- Progress and attainment of each child is discussed in regular cohort supervision meetings between EY/Primary Team Manager and allocated achievement co-ordinator

Measuring Virtual School Impact

- Attainment and progress continue to improve and the gap with national narrows.

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.

Kirklees Virtual School Governing Body provide appropriate challenge and support.

3.3 Place Based Working.

Not applicable.

3.4 Climate Change and Air Quality.

Not applicable

3.5 Improving outcomes for children.

Oversight and monitoring of education outcomes for children in care. Corporate Parenting Board to monitor progress, as requested by the Chair.

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

Not applicable.

4. Consultees and their opinions.

Not applicable

5. Next steps and timelines.

Virtual School Head to continue to lead on this way of working during the pandemic.

6. Officer recommendations and reasons.

That the report be noted.

7. Cabinet Portfolio Holder's recommendations.

Not applicable

8. Contact officer.

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

9. Background Papers and History of Decisions

For information only

10. Service Director responsible

Jo-Anne Sanders

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**Promoting the Educational Achievement of
Children and Young People in Care
Draft Headteacher Report
September 2021**

**2018-19 validated outcomes
2019-20 and 2020-21 updated data
(where possible following COVID-19)
Self-evaluation 2018-21
Improvement Priorities 2021-22**

Janet Tolley
Virtual School Headteacher

Sara Hions
EYFS and Primary Virtual School Team Manager

Louise Hallas
Secondary and Post 16 Virtual School Team Manager

Jaskaran Kaur
Data Manager

(updated 27.09.21)

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| Appendix L – EYFS Commission evaluation | |
| Appendix K – KS4 results and prior attainment 2019-20 | |

Kirklees Virtual School – Position Statement

Context

Ofsted – June 2019

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.

Context July 2021 following the ongoing Covid-19 lockdown periods and subsequent return to school

The role of the Virtual School is clearly defined in *Promoting the education of looked after children and previously looked after children statutory guidance for local authorities February 2018*. Kirklees Virtual School currently works with all young people in the care of Kirklees from the age of 3 through to age 18 when they become care leavers. This is delivered by an EYFS / primary team and a secondary / Post 16 team. (Appendix A – Virtual School Staffing Structure).

The Virtual School Team support and challenge schools and other professionals to enrich the learning experience of our children and young people in care by striving to close the achievement gap through targeted support and intervention when needed.

Our 2 main priorities are to :-

- Ensure all children and young people in care are in an education provision that is right for them
- Ensure all children and young people in care have a high-quality PEP, completed within timescales, that meets their needs.

(see Appendix B)

These key areas of work include:-

- Being proactive in supporting Social Workers with school applications (where a school move is unavoidable) and supporting the transition into the new educational placement.
- Leading and coordinating all initial Personal Education Plan (PEP) meetings when a young person comes into care – or has turned 3 – to ensure that as much support is in place as soon as possible within their school or educational placement.
- Allocating all young people to an Achievement Coordinator or Teacher, who will be responsible for monitoring and tracking their cohort.
- Reviewing attainment and progress data on a termly basis to identify level of need and intervention and using this data to plan our support.

- Providing the specialist educational challenge and support in PEP Review Meetings according to need and liaising closely with Social Workers and Designated Teachers in these cases.
- Providing advice and guidance to Designated Teachers and coordinating individualised targets and support for our young people to accelerate their progress in education. These are funded through Pupil Premium Plus and their impact is reviewed as part of the PEP process.
- Commissioning work across services to prioritise work for our young people with the Educational Psychology Service, Special Educational Needs and Disabilities Assessment and Commissioning Team (SENDACT) and the Early Years Outcomes Team.
- Strengthening partnership working with senior managers in Social Care to ensure that education is central to any decision taken about our children and young people in care.
- Closely monitoring attendance and establishing plans to improve engagement
- Offering support, guidance and training to Foster Carers, Head Teachers, Designated Teachers, Social Workers and Independent Reviewing Officer's to enable them to work together to put education at the centre of all work with our young people.

We continued to deliver a full service offer throughout 2020-21 as above and increased our involvement to coordinating and leading all PEPs for all of our young people virtually. This has increased the quality of these discussions as well as achieving 100% PEP completion in all terms.

Self-Evaluation Summary September 2021

| Our Key Strengths | Our key areas for development | Actions we are taking to move forward |
|---|--|--|
| <p>We are well-resourced and have an experienced and effective team who work with all young people to monitor their educational progress, therefore we know our young people well and their progress and attainment are reviewed at least termly so that we can intervene as appropriate.</p> <p>We work well with other professionals including Social Workers (SW), Designated Teacher's, Carer's, Special Educational Needs Assessment and Commissioning Team (SENACT), Education Psychologist's (EP) to support and challenge others to provide the best for our young people.</p> <p>We have raised the profile of Personal Education Plans across service and completed all PEP's and initial PEP's in line with the statutory timescales.</p> <p>We have robust systems and processes which provide accurate data linked to priorities and statutory duties.</p> <p>We have clear priorities for improving the work of the Virtual School (VS) and track and monitor our performance against these e.g. impact on Year 12 NEET (not in education, employment or training)</p> <p>Outcomes for our young people were generally in line with national outcomes for children and young people in care (2019 validated data). We undertake detailed analysis and use our understanding of this to inform practice moving forwards.</p> <p>We have no permanent exclusions and low numbers of fixed term exclusions because we work proactively with educational providers.</p> <p>Clear evidence that Pupil Premium Plus (PP+) funding is used efficiently - funding is allocated through the <i>ePEP</i> system by the Virtual School Head Teacher – we know how every penny is allocated and track the progress made against each individual personalised target.</p> <p>Commissioned PP+ projects support all schools in Kirklees with an enhanced offer for our children – Early Years Outcomes Team, SENACT, EP and support workers, Childrens Emotional Wellbeing Service, whole school training linked to the Timpson project.</p> <p>We have a rigorous system of PEP quality assurance implemented by the team and signed off by the team managers. This enables team managers to have a rigorous holistic overview of the cohort.</p> | <p>Ensuring that there is minimal impact on the learning of our young people due to Covid</p> <p>Avoiding drift and delay when a young person needs a school move by early involvement in “stability meetings” and the placement search process.</p> <p>Reducing the number of Persistent Absentee (PA) pupils / pupils Not in Full Time (NIFT) education</p> <p>An ongoing focus on improving attainment and progress across all phases with a particular focus on impacting on KS2 outcomes.</p> <p>Extension of offer for children in care from 0-25</p> <p>Improve understanding and practice around the work of the Virtual School, aspirations and educational progress</p> <p>The strategic implementation of the guidance for young people with a Social Worker</p> | <ul style="list-style-type: none"> • Asking specific questions around any dips in attainment and progress in PEP's. • Working with others to support individual strategies to support and improve this. • Close liaison between the achievement coordinators / SW when planning school moves • Involvement in placement stability and other professionals meetings • Contact with other VS for advice when a young person is placed in another local authority • All young people with attendance below 90% have a PA plan agreed by all professionals • Regular monitoring and tracking of PA/NIFT pupils by team managers to focus where strategies are or are not having an impact • Sharing of data with SW managers and Independent Reviewing Officer's (IRO) to work in partnership to improve NIFT and PA, and training on data dashboards. • Earlier intervention – Virtual School involvement will be from age 2 by the Summer Term 2022 • Primary teacher tracks and monitors the trajectory of the target cohort ensuring appropriate support is in place • All Primary PEPs have a reading, writing and maths target when appropriate • Letterbox – for all EYFS and primary pupils • Partnership working with Early Years Outcomes Team and Early Years SEN team • Review and evaluation of early years PEP process and further development of tracking and reporting • Developing the work with the EET strategy group (16-25) • Implementation of the Post 16 national developments • Awareness raising around statutory duties and development of advice and guidance offer to schools/providers/care • Develop an internal and external training offer • Improved communications across partners including a newsletter • VSH working to implement the pilot project from September 2021-April 2022 |

Kirklees Virtual School self-evaluation – Evidence of impact 2018-19 to 2020-21

Verbal feedback during the Ofsted inspection July 2019

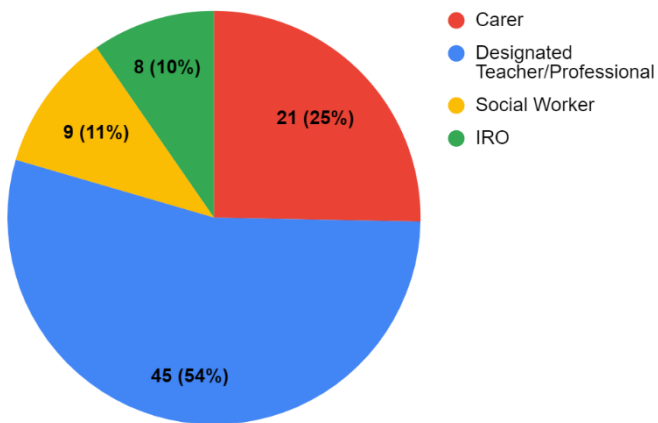
- *The Virtual School is held in high regard by schools.*
- *The team are accurate in Self-evaluation regarding their areas of strength and areas for development*
- *Most PEPS reflect the thoroughness of the reviews, and clear and ambitious and show evidence that professionals have a good understanding of children's needs, with a positive move planned to termly PEPS*
- *The voice of the child and carers are meaningfully and purposefully captured in the PEP process.*
- *The impact of Pupil Premium Plus is tracked at individual level and it is not just tracked it is evaluated – this is 'powerful and effective'.*
- *The Achievement Coordinators have high caseloads although schools confirmed that they are present at key meetings and prioritise according to need, and at points of transition.*
- *For most key stage outcomes we are more or less in line (at KS4 better) than CLA nationally.*
- *Good progress at EYFS*
- *Post 16 tracking...showing positive EET.*
- *Safeguarding – VS have a clear awareness of Gangs and CSE, schools involve the VS if there is an issue*
- *Kirklees College and other schools said that the Virtual School were 'good chasers up'*
- *The sign off process for PEPs is strong, and not just about compliance but about quality.*
- *Joined up communication is improving for young people in Year 12 and 13*
- *NEET is reducing for care leavers, heading in the right direction and is known as an area for focus*

Survey feedback from stakeholders 2021

Continued on next page (also see Appendix C)

Kirklees Virtual School Feedback May 2021

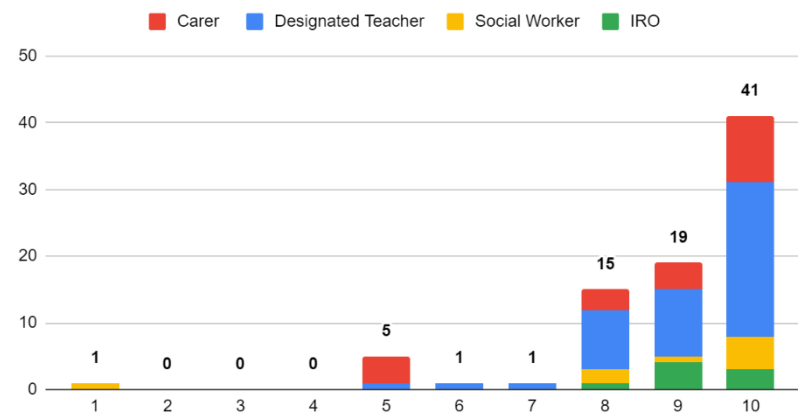
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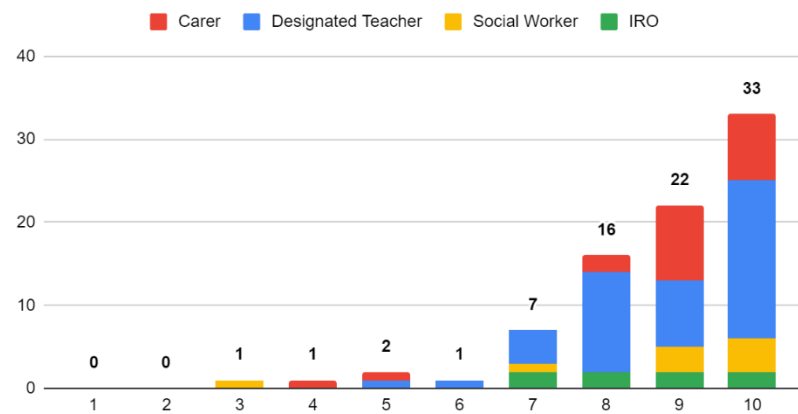
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- Teacher assessment and progress data is submitted termly from individual schools and Early Years providers for each pupil and is the focus for the challenge and support provided by the virtual school through the Personal Education Plan reviews. Attainment and progress is tracked and monitored by Virtual School for all children from age 3 and reported on termly. Trends and areas of concern are identified and form the basis for decisions around whole cohort needs/interventions/training.
- There is an expectation that termly targets are set for reading, writing and maths for all primary aged children where below expected progress is recorded
- There is an identified targeted cohort made up of children who have achieved age related expectations at prior key stage assessment points (a good level of development at Reception or at least expected in one or more of the core subject areas (reading, writing and maths) at the KS1 assessment point.) Achievement co-ordinators are supported by the Primary Teacher and EY/Primary Team Manager to pay particular attention to progress for this cohort so that any dips are addressed where possible.

At individual child level:

- Bespoke targets (funded and non funded) are set and reviewed at least termly for each child to support individual attainment and progress in the core areas of reading, writing and maths. Targets also take account of the child's wider interests, preferred learning styles and build on strengths as well as areas for development.
- Progress and attainment of each child is discussed in regular cohort supervision meetings between EY/Primary Team Manager and allocated achievement co-ordinator

Measuring Virtual School Impact

- Attainment and progress continue to improve and the gap with national narrows.

Cohort summary 2020-2021

Data is for Children in Care who were on the roll of the Virtual School as at 26.07.21

NB tables do not include Year 13 as these young people turned 18 at various points during the year and therefore become care leavers). Areas highlighted in blue are a significant area of focus

Gender

| Year Group | Boys | % | Girls | % | TOTAL |
|--------------|------------|--------------|------------|--------------|------------|
| Year R | 11 | 58 | 8 | 42 | 19 |
| Year 1 | 13 | 68 | 6 | 32 | 19 |
| Year 2 | 7 | 35 | 13 | 65 | 20 |
| Year 3 | 10 | 56 | 8 | 44 | 18 |
| Year 4 | 20 | 65 | 11 | 35 | 31 |
| Year 5 | 22 | 65 | 12 | 35 | 34 |
| Year 6 | 32 | 73 | 12 | 27 | 44 |
| Year 7 | 16 | 46 | 19 | 54 | 35 |
| Year 8 | 31 | 60 | 21 | 40 | 52 |
| Year 9 | 28 | 62 | 17 | 38 | 45 |
| Year 10 | 26 | 43 | 34 | 57 | 60 |
| Year 11 | 23 | 40 | 34 | 60 | 57 |
| Year 12 | 34 | 62 | 21 | 38 | 55 |
| TOTAL | 273 | 55.8% | 216 | 44.2% | 489 |

| Key Stage | Boys | % | Girls | % | TOTAL |
|--------------|------------|--------------|------------|--------------|------------|
| EY (N1/N2/R) | 34 | 6.3 | 29 | 5.4 | 63 |
| KS1 | 20 | 3.7 | 19 | 3.5 | 39 |
| KS2 | 84 | 15.6 | 43 | 8 | 127 |
| KS3 | 75 | 14 | 57 | 10.6 | 132 |
| KS4 | 49 | 9.1 | 68 | 12.6 | 117 |
| Post 16 | 37 | 6.9 | 23 | 4.3 | 60 |
| TOTAL | 299 | 55.6% | 239 | 44.4% | 538 |

Ethnicity

| Ethnicity | Boys | Girls | TOTAL | % |
|--|------|-------|------------|-------------|
| A1 – White British | 208 | 174 | 382 | <i>71.0</i> |
| A3 – Any Other White background | 10 | 9 | 19 | <i>3.5</i> |
| A4 - Traveller of Irish Heritage | 0 | 1 | 1 | <i>0.2</i> |
| B1 – Mixed – White and Black Caribbean | 17 | 9 | 26 | <i>4.8</i> |
| B2 - Mixed - White and Black African | 1 | 1 | 2 | <i>0.4</i> |
| B3 – Mixed – White and Asian | 17 | 10 | 27 | <i>5.0</i> |
| B4 – Any Other Mixed background | 9 | 7 | 16 | <i>3.0</i> |
| C1 – Asian – Indian | 2 | 2 | 4 | <i>0.7</i> |
| C2 – Asian – Pakistani | 15 | 19 | 34 | <i>6.3</i> |
| C4 – Any Other Asian background | 1 | 2 | 3 | <i>0.6</i> |
| D1 – Black – Caribbean | 4 | 1 | 5 | <i>0.9</i> |
| D2 – Black – African | 7 | 2 | 9 | <i>1.7</i> |
| D3 – Any Other Black background | 2 | 1 | 3 | <i>0.6</i> |
| E2 – Any Other Ethnic group | 5 | 2 | 7 | <i>1.3</i> |

School Area

| Year Group | Total CLA | In Kirklees Schools | In OLA Schools |
|--------------|------------|---------------------|------------------|
| Year R | 19 | 15 | 4 |
| Year 1 | 19 | 16 | 3 |
| Year 2 | 20 | 18 | 2 |
| Year 3 | 18 | 13 | 5 |
| Year 4 | 31 | 21 | 10 |
| Year 5 | 34 | 25 | 9 |
| Year 6 | 44 | 28 | 16 |
| Year 7 | 35 | 14 | 21 |
| Year 8 | 52 | 22 | 30 |
| Year 9 | 45 | 27 | 18 |
| Year 10 | 60 | 38 | 22 |
| Year 11 | 57 | 36 | 21 |
| TOTAL | 434 | 273 (63%) | 161 (37%) |

School Type

| Year Group | Mainstream | Special School | Independent School | Alternative provision / PRU | Awaiting New Provision | Secure Unit / YOI |
|--------------------|--------------------|-----------------|--------------------|-----------------------------|------------------------|-------------------|
| Year R | 18 | 1 | | | | |
| Year 1 | 19 | | | | | |
| Year 2 | 20 | | | | | |
| Year 3 | 17 | 1 | | | | |
| Year 4 | 29 | 2 | | | | |
| Year 5 | 29 | 5 | | | | |
| Year 6 | 38 | 6 | | | | |
| Year 7 | 28 | 6 | 1 | | | |
| Year 8 | 43 | 9 | | | | |
| Year 9 | 31 | 13 | | 1 | | |
| Year 10 | 43 | 10 | 3 | 4 | | |
| Year 11 | 39 | 8 | 3 | 5 | 2 | |
| TOTAL (434) | 354 (81.6%) | 61 (14%) | 7 (1.6%) | 10 (2.3%) | 2 (0.5%) | (0%) |

Placement Type

| Year Group | Adoptive Placement | Foster Placement | Foster Placement with Relative / Friend | Placed with Parent / Parental Resp. | Residential Unit | Secure Unit / YOI | Residential School | Hostel / Residential not subject to CH Regs. | NHS / Medical Care |
|--------------|---------------------|------------------------|---|-------------------------------------|----------------------|---------------------|---------------------|--|---------------------|
| Year R | 1 | 11 | 4 | 3 | | | | | |
| Year 1 | | 14 | 3 | 2 | | | | | |
| Year 2 | 1 | 10 | 3 | 6 | | | | | |
| Year 3 | | 11 | 5 | 1 | 1 | | | | |
| Year 4 | | 22 | 7 | 2 | | | | | |
| Year 5 | | 27 | 3 | 4 | | | | | |
| Year 6 | | 34 | 8 | 1 | | | 1 | | |
| Year 7 | | 27 | 5 | 1 | 2 | | | | |
| Year 8 | | 37 | 8 | 3 | 4 | | | | |
| Year 9 | | 26 | 6 | 2 | 10 | | | | 1 |
| Year 10 | | 43 | 10 | 2 | 5 | | | | |
| Year 11 | | 40 | 4 | 3 | 4 | | 1 | 5 | |
| Year 12 | | 24 | 3 | 2 | 7 | 2 | 1 | 16 | |
| TOTAL | 2 (0.4%) | 326 (66.7%) | 69 (14.1%) | 32 (6.5%) | 33 (6.7%) | 2 (0.4%) | 3 (0.6%) | 21 (4.3%) | 1 (0.2%) |

Special Educational Needs

| Year Group | Total CLA | EHCP | Draft EHCP | Request for Assessment | % of each Year Group with EHCP / Draft ECHP |
|--------------|------------|------------|------------|------------------------|---|
| N1/N2 | 44 | 2 | | | 4.5 |
| Year R | 18 | 2 | | | 11.1 |
| Year 1 | 19 | 1 | | | 5.3 |
| Year 2 | 20 | 2 | | | 10.0 |
| Year 3 | 17 | 4 | | 1 | 23.5 |
| Year 4 | 29 | 8 | | 1 | 27.6 |
| Year 5 | 29 | 9 | | | 31.0 |
| Year 6 | 38 | 12 | | 1 | 31.6 |
| Year 7 | 28 | 12 | | | 42.9 |
| Year 8 | 43 | 15 | | | 34.9 |
| Year 9 | 31 | 19 | | | 61.3 |
| Year 10 | 43 | 23 | | | 53.5 |
| Year 11 | 39 | 23 | | | 59.0 |
| Year 12 | 55 | 18 | | | 32.7 |
| TOTAL | 453 | 150 | 0 | 3 | 33% of roll |

Pupil Mobility relating to Children in Care on roll of the Virtual School between 21/07/2020 and 26/07/2021

| Academic Year 2020-2021 | | |
|-------------------------|----------------|--------------|
| Year Group | New in to Care | Leaving Care |
| Early Years | 9 | 4 |
| Year R | 3 | 9 |
| Year 1 | 8 | 10 |
| Year 2 | 5 | 4 |
| Year 3 | 7 | 4 |
| Year 4 | 7 | 3 |
| Year 5 | 4 | 5 |
| Year 6 | 6 | 5 |
| Year 7 | 6 | 6 |
| Year 8 | 10 | 5 |
| Year 9 | 8 | 4 |
| Year 10 | 9 | 5 |
| Year 11 | 14 | 12 |
| Year 12 | 13 | 10 |
| TOTAL | 109 | 86 |

The Virtual School also worked with:-

- a further 22 young people who turned 3 within the academic year.
- with 80 Year 13 young people who turned 18 during the academic year, and 26/80 requested that we stay involved in their educational support until the end of Year 13

Whole School Summaries 2020-21

Attendance Summary 2018-19 (full attendance data is not possible for 2019-20, attendance was monitored to 20.03.20 pre-lockdown) Attendance for 2020-21 includes both C and X codes which have impacted on attendance rates

| Year Group | Attendance 2018-19 | Attendance 2019-20 | Attendance 2020-21 | No. of Pupils Below 90% Attendance 2018-19 | No. of Pupils Below 90% Attendance 2019-20 | No. of Pupils Below 90% Attendance 2020-21 |
|--------------|--------------------|--------------------|--------------------|--|--|--|
| R | 97.40 | | 94.05 | 0 | | 2 (9.1%) |
| Year 1 | 97.88 | | 94.85 | 3 | | 4 (19.0%) |
| Year 2 | 98.31 | | 91.80 | 1 | | 6 (31.6) |
| Year 3 | 96.48 | | 94.68 | 2 (6%) | | 4 (22.2%) |
| Year 4 | 96.72 | | 91.47 | 1 (4.7%) | | 8 (26.7%) |
| Year 5 | 97.80 | | 94.15 | 1 (2.7%) | | 8 (22.2%) |
| Year 6 | 95.16 | | 92.77 | 3 (9.8%) | | 13 (30.2%) |
| Year 7 | | | 95.7 | | | 6 (17%) |
| Year 8 | | | 84.9 | | | 26 (50%) |
| Year 9 | | | 79.7 | | | 23 (51%) |
| Year 10 | | | 80.9 | | | 35 (59%) |
| Year 11 | | | 71.0 | | | 48 (81%) |
| TOTAL | 96.82% | | 86.7% | 11 (4.5%) | | 45.6% (23.7%) |

Attendance data for 2019-20 (not reported) and 2020-21 (86.7 %) are not comparable with previous data due to the impact of Covid 19. This has included full lockdowns, vulnerable offer, bubble closures, isolations and Covid illness. In Kirklees there has been a greater impact due to the ongoing high levels of Covid in the area (see appendix E showing the number of X codes used during these periods)

Throughout this time we have monitored and supported at an individual pupil level to ensure that they have been able to work at home when necessary and attend the vulnerable offer in schools as appropriate.

Persistent Absence (PA) is usually a young person with an attendance below 90%. This has been impacted by the codes as above so this year we have used the unauthorised absence marks to prioritise our current attendance concerns. We currently have 32 young people who we will be supporting with this as they return to education in September.

Exclusions Summary 2020-21

| Year Group | No. Of Pupils | Total No. of Days | No. of pupils with more than 1 exclusion |
|--------------|---------------|-------------------|--|
| Year 0 | 0 | 0 | 0 |
| Year 1 | 0 | 0 | 0 |
| Year 2 | 0 | 0 | 0 |
| Year 3 | 1 | 0.5 | 0 |
| Year 4 | 1 | 9 | 1 |
| Year 5 | 2 | 3.5 | 1 |
| Year 6 | 3 | 3 | 0 |
| Year 7 | 1 | 2.5 | 0 |
| Year 8 | 14 | 108.5 | 6 |
| Year 9 | 7 | 47 | 6 |
| Year 10 | 16 | 62.5 | 9 |
| Year 11 | 10 | 50.5 | 4 |
| TOTAL | 55 | 240 | 27 |

Quality of provision summary 2020-21

| | Total Cohort | |
|----------------------|---------------|-------------|
| | No. of Pupils | % of pupils |
| Outstanding | 74 | 16% |
| Good | 294 | 64% |
| Requires Improvement | 23 | 5% |
| Inadequate | 3 | 0.6% |
| No Inspection report | 68 | 4.7% |

Mid-year school moves summary 2020-21

| Year Group | Closer to Initial Placement | Planned Placement Move | Emergency Placement Move | Adoptive placement | School unable to meet need | Exclusion / Behaviour | Complex SEN needs | House Move | New into care – no school place | To meet pupil need | TOTAL moves in each year group |
|--------------|-----------------------------|------------------------|--------------------------|--------------------|----------------------------|-----------------------|-------------------|------------|---------------------------------|--------------------|--------------------------------|
| Year R | | 1 | | 1 | | | | | | | 2 |
| Year 1 | | 1 | | | | | | | | | 1 |
| Year 2 | | 3 | | | 1 | | | 1 | | | 5 |
| Year 3 | 2 | 1 | | | 1 | | | 2 | | | 6 |
| Year 4 | | 3 | | | 1 | | | | | | 4 |
| Year 5 | | 3 | | | | | | 2 | | 1 | 6 |
| Year 6 | 1 | 3 | | | | | | | | | 4 |
| Year 7 | | 2 | | | | | | | | | 2 |
| Year 8 | | | | | 7 | | 1 | 2 | | | 10 |
| Year 9 | | 2 | | | 5 | | 2 | 2 | 2 | | 13 |
| Year 10 | | 2 | 2 | | 6 | 2 | 1 | 1 | 1 | | 15 |
| Year 11 | | 1 | 1 | | 4 | | 1 | | | | 7 |
| TOTAL | 3 | 22 | 3 | 1 | 25 | 1 | 5 | 10 | 3 | 1 | 75 |

School moves overview 2020-21

From 1.09.20 to 26.07.21 there have been 75 school moves during the academic year

62 (83%) school moves happened with no break in provision.

67 (89%) in under 10 days

69 (92%) in 20 days or under (in line with statutory guidance)

6 (8%) over 20 days

Of the 6 outside statutory timescales:

1 was due to an emergency placement move – out of local authority

1 was new into care – new school required

3 were due to a planned placement move

1 was to meet pupil need

The Virtual School team work closely with carers, social workers and schools to try to avoid drift and delay for all transitions into a new school.

Not in full time summary table 2020-21

| | | |
|---|------------------------------------|-----------|
| Total No. of CLA with episode of less than full time education | 32 | |
| No. with period not on roll awaiting school place OOA (following placement move) | 2 | |
| Reduced timetable reason | Staged Re-integration - new school | 4 |
| | Behaviour Difficulties | 11 |
| | Medical Needs | 0 |
| | Social Difficulties | 1 |
| | Emotional Health & Well Being | 5 |
| | Other | 9 |

Outcome data and analysis - data available:-

- **2018-19 for EYFS KS1 KS2 and KS4**
- **2019-20 KS4**
- **2020-21 for KS1 KS2 and KS4**

Early Years Foundation Stage (EYFS) headline data and trends

Take up of funded early education and care places

Nationally

All 3 and 4-year-old children are entitled to a free part-time 'early education' place within an early years setting. Policy initiatives such as free early education for disadvantaged two-year-olds (for which all children and young people in care are eligible) and the early years 'pupil premium' for disadvantaged children offer huge potential to improve access to – and the quality of – early education for children in care.

In Kirklees

The majority of children in care aged 2 to 4-years-old access free early education and care in Kirklees. Where they are not accessing their entitlement, the reason is known, and the validity checked by a lead social worker. Protocols are in place to ideally place children in care in a provision judged by Ofsted to be "good" or "outstanding".

The Kirklees Virtual School plays a significant role in ensuring the educational needs of each child are met. An initial PEP is completed at age 3 to ensure each child's development in the early years is tracked.

Commissioned work to monitor progress for children in care in relation to the 2-year-old offer was started however impetus and capacity to sustain this work has been impacted by Covid.

Educational Outcomes

Early Years Foundation Stage (EYFS)

The EYFS sets out the learning and development stages for children as they grow from birth to 5-years-old. The EYFS includes 7 inter-related areas of learning:

3 Prime Areas (typically prioritised for all children in the first 3 years of life):-

- Personal, Social and Emotional Development
- Communication and Language
- Physical Development

These begin to develop quickly in response to relationships and experiences and run through and support learning in all other areas. The Prime Areas continue to be fundamental throughout the EYFS.

4 Specific Areas – these include essential skills and knowledge:-

- Literacy
- Mathematics
- Understanding the World
- Expressive Arts and Design

These grow out of the Prime Areas and provide important contexts for learning.

Funded Early Education and care providers have a duty to support children's learning and development across the areas of learning towards the achievement of the Early Learning Goals (ELG) that are assessed at the end of the Reception year.

At the end of the EYFS Reception Year, a 'good level of development' (GLD) is recorded if a child is assessed as having attained the ELG (expected level) across the 3 Prime Areas plus Literacy and Maths.

Good Level of Development (GLD) Measure

At or Above, Below, National CLA figures

Please take note of small cohort size which may distort significance of statistical data

| | National 2018 | National CLA 2018 | 2018 | National 2019 | National CLA 2019 (matched) | 2019 | 2020 | 2021 |
|---|---------------|-------------------|-------------------|---------------|-----------------------------|-------------------|------------------|------------------|
| Number of CLA in cohort | | | 8 | | | | n/a due to Covid | 19 |
| Number in eligible cohort | | | 6 | | | 10 | | 13 |
| % of eligible cohort achieving at least expected in prime goals | N/A | 54 | 66.7% 4 pupils | 79.3 | 45 (57) | 70.0% 7 pupils | | n/a due to covid |
| % of eligible cohort achieving GLD | 71.6 | 46 | 50% 3 pupils | 71.9 | 38 (48) | 50% 5 pupils | | n/a due to covid |

Attainment in the Prime Areas

The Virtual School prioritises challenge and support around the setting of early education targets that link to outcomes in the Prime Areas for children who are not operating within the typical range of development.

Phonics Screening Check (completed in Year 1)

| | National 2019 | National CLA 2019 | 2019 | 2020 | 2021 |
|--|---------------|-------------------|-----------------|------------------|------------------|
| Number in eligible cohort | | | 5 | n/a due to Covid | n/a due to Covid |
| % of eligible cohort achieving pass standard | 81.9 | 64 | 60% 3 pupils | | |

Primary headline data and trends

Key Stage 1 Outcomes

At or Above, Below, of National CLA figures

| | National 2018 | National CLA 2018 | 2018 | National 2019 | National CLA 2019 | 2019 | 2020 | National 2021 | National CLA 2021 | 2021 | SFR 2021 |
|----------------------------|---------------|-------------------|--------------------|---------------|-------------------|-------------------|------------------|---------------|-------------------|-------------------|----------|
| Number in eligible cohort | | | 21 | | | 20 *18 | n/a due to Covid | | | 16 | 16 |
| KS1 Reading | 75 | 51 | 47.6% 10 pupils | 75.2 | 52 | 55% 11 pupils | | | | 43.8% 7 pupils | |
| KS1 Writing | 70 | 42 | 42.9% 9 pupils | 69.5 | 43 | 45% 9 pupils | | | | 37.5% 6 pupils | |
| KS1 Maths | 76 | 49 | 47.6% 10 pupils | 75.9 | 49 | 50% 10 pupils | | | | 43.8% 7 pupils | |
| KS1 RWM | 83 | 37 | 42.9% 9 pupils | 65.1 | 38 | 45% 9 pupils | | | | 31.3% 5 pupils | |
| Number in eligible cohort | | | | | | 17 | | | | | |
| KS1 Reading (without EHCP) | | | 62.5% | 76.7 | 58 | 52.9% 9 pupils | | | | 46.7% 7 pupils | |
| KS1 Writing (without EHCP) | | | 56.3% | 71 | 48 | 47.1% 8 pupils | | | | 46.7% 7 pupils | |
| KS1 Maths (without EHCP) | | | 62.5% | 77.4 | 55 | 52.9% 9 pupils | | | | 40% 6 pupils | |
| KS1 RWM (without EHCP) | | | 56.3% | 66.5 | 43 | 47.1% 8 pupils | | | | 33.3% 5 pupils | |

*2 pupils (2019) were not included in the SFR cohort due to the matching criteria used by the DfE:

- 1 was attending an Independent Special School
- 1 was due to a difference in UPN submitted to the DfE

Cohort context analysis KS1

| KS1 as at 26.07.21 | No. of CLA | % of eligible cohort (2019 figures) |
|-------------------------------------|------------|-------------------------------------|
| Cohort | 20 | N/A |
| Eligible cohort | 16 | N/A |
| EHCP / Disapplied | 1 | 6.3 (10) |
| On roll at a Kirklees school | 14 | 87.5 (65) |
| On roll at a school out of Kirklees | 2 | 12.5 (35) |
| On roll at a special school | 0 | 0 (5) |
| Had a care placement move during KS | 8 | 50 (70) |
| Had a school move during KS | 7 | 43.8 (45) |
| Became LAC during KS | 7 | 43.8 (15) |

Prior EYFS profile data as an indicator for predicted attainment at the end of Key Stage 1 (KS1)

There were 20 children in Year 2

16 were in the eligible cohort (in the care of Kirklees prior to 31/03/20)

Eligible Cohort:

There were 7 children in the eligible cohort of 16 (44%) who were potentially on track to achieve expected in KS1 SATs as they achieved a good level of development (GLD) at the end of the EYFS Reception Year.

5 of these children (71%) achieved expected or above in KS1 SATs across all 3 core areas - Reading, Writing and Maths

1 child (14%) achieved expected in 2/3 core areas

1 child (14%) did not achieve the expected standard in any of the core areas

Key Stage 2 Outcomes

At or Above, Below, of National CLA figures

| | National 2018 | National CLA 2018 | 2018 | National 2019 | National CLA 2019 (matched) | 2019 | 2020 | National 2021 | National CLA 2021 | 2021 | SFR 2021 |
|--|---------------|-------------------|-------------------|---------------|-----------------------------|--------------------|------------------|---------------|-------------------|--------------------|----------|
| Number in eligible cohort (* cohort no included in calculations) | | | *21 22 | | | *28 36 | n/a due to Covid | | | 38 | 38 |
| KS2 Reading | 75 | 51 | 31.8% 7 pupils | 73.2 | 49 | 46.4% 13 pupils | | | | 52.6% 20 pupils | |
| KS2 Writing | 78 | 49 | 38.1% 8 pupils | 78.3 | 50 | 50% 14 pupils | | | | 42.1% 16 pupils | |
| KS2 Maths | 75 | 47 | 31.8% 7 pupils | 78.7 | 51 | 32.1% 9 pupils | | | | 39.5% 15 pupils | |
| KS2 RWM combined | 64 | 35 | 33.3% 7 pupils | 64.9 | 37 | 28.6% 8 pupils | | | | 31.6% 12 pupils | |
| Number in eligible cohort | | | | | | 24 | | | | | |
| Reading (without EHCP) | | | 46.7% | 75.3 | 59 | 50% 12 pupils | | | | 71.4% 20 pupils | |
| Writing (without EHCP) | | | 50% | 80.8 | 62 | 54.2% 13 pupils | | | | 57.1% 16 pupils | |
| Maths (without EHCP) | | | 43.8% | 80.9 | 63 | 37.5% 9 pupils | | | | 53.6% 15 pupils | |
| RWM (without EHCP) | | | 43.8% | 66.9 | 46 | 33.3% 8 pupils | | | | 42.9% 12 pupils | |

* 8 pupils (2019) were not included in the SFR cohort due to the matching criteria used by the DfE:

- 4 were attending an Independent Special School
- 3 were Educated Other Than At School (home tuition)
- 1 was educated outside of England

| Percentage making Expected Progress | National 2018 | National CLA 2018 | 2018 | National 2019 | National CLA 2019 | SFR 2019 | 2020 | National 2021 | National CLA 2021 | 2021 | SFR 2021 |
|-------------------------------------|---------------|-------------------|-------|---------------|-------------------|----------|------------------|---------------|-------------------|------|----------|
| Number in eligible cohort | | | 22 | | | 28 | n/a due to Covid | | | | |
| KS2 Reading | 0.0 | -0.13 | -5.28 | +0.03 | -0.22 | -2.40 | | | | | |
| KS2 Writing | 0.0 | -0.82 | -2.37 | +0.03 | -0.77 | -1.83 | | | | | |
| KS2 Maths | 0.0 | -0.77 | -2.18 | +0.04 | -0.95 | -3.91 | | | | | |

Cohort context analysis KS2

| KS2 as at 26/07/2021 | No. of CLA | % of eligible cohort (2019 figures) |
|-------------------------------------|------------|-------------------------------------|
| Cohort | 44 | N/A |
| Eligible cohort | 38 | N/A |
| EHCP / Disapplied | 10 | 26.3 (33.3) |
| On roll at a Kirklees school | 21 | 55.3 (44.4) |
| On roll at a school out of Kirklees | 17 | 44.7 (55.6) |
| On roll at a special school | 6 | 15.8 (13.9) |
| Had a care placement move during KS | 18 | 47.4 (52.8) |
| Had 5 or more placements | 7 | 18.4 (22.2) |
| Had 3 or more placements | 15 | 39.5 (55.6) |
| Had a school move during KS | 27 | 71.1 (44.4) |
| Became LAC during KS | 9 | 23.7 (22.2) |

Prior KS1 attainment as an indicator for predicted attainment at the end of Key Stage 2 (KS2)

There were 44 children in Year 6

37 were in the eligible cohort (in the care of Kirklees prior to 31/03/20)

Eligible Cohort:

There were 9 children in the eligible cohort of 37 (24%) who were predicted to be on track to achieve expected in KS2 SATs as they achieved expected or above in KS1 SATs across the 3 core areas of Reading Writing and Maths

7 of these children (78%) achieved expected or above in KS2 SATs across the 3 core areas

Furthermore:

3 children who achieved expected in 2/3 core areas at the end of KS1 achieved expected across all 3 core areas at the end of KS2

1 child who did not quite achieve expected in any of the core areas at the end of KS1 achieved expected across all 3 core areas at the end of KS2

Primary Phase

Attendance Summary 2018-19 (full attendance data is not possible for 2019-20, attendance was monitored to 20.03.20 pre-lockdown) Attendance for 2020-21 includes both C and X codes which have impacted on attendance rates

| Year Group | Attendance 2018-19 | Attendance 2019-20 | Attendance 2020-21 | No. of Pupils Below 90% Attendance 2018-19 | No. of Pupils Below 90% Attendance 2019-20 | No. of Pupils Below 90% Attendance 2020-21 |
|--------------|--------------------|--------------------|--------------------|--|--|--|
| R | 97.40 | n/a due to Covid | 94.05 | 0 | n/a due to Covid | 2 (9.1%) |
| Year 1 | 97.88 | n/a due to Covid | 94.85 | 3 | n/a due to Covid | 4 (19.0%) |
| Year 2 | 98.31 | n/a due to Covid | 91.80 | 1 | n/a due to Covid | 6 (31.6) |
| Year 3 | 96.48 | n/a due to Covid | 94.68 | 2 (6%) | n/a due to Covid | 4 (22.2%) |
| Year 4 | 96.72 | n/a due to Covid | 91.47 | 1 (4.7%) | n/a due to Covid | 8 (26.7%) |
| Year 5 | 97.80 | n/a due to Covid | 94.15 | 1 (2.7%) | n/a due to Covid | 8 (22.2%) |
| Year 6 | 95.16 | n/a due to Covid | 92.77 | 3 (9.8%) | n/a due to Covid | 13 (30.2%) |
| TOTAL | 96.82% | | 93.3% | 11 (4.5%) | | 45 (23.7%) |

Exclusions Summary 2020-2021

| Year Group | No. Of Pupils | Total No. of Days | No. of pupils with more than 1 exclusion |
|--------------|---------------|-------------------|--|
| Year 0 | 0 | 0 | 0 |
| Year 1 | 0 | 0 | 0 |
| Year 2 | 0 | 0 | 0 |
| Year 3 | 1 | 0.5 | 0 |
| Year 4 | 1 | 9 | 1 |
| Year 5 | 2 | 3.5 | 1 |
| Year 6 | 3 | 3 | 0 |
| TOTAL | 7 | 47.5 | 2 |

Quality of provision summary table for pupils in primary 2020-21

| | 2019 Total Cohort 200 | | 2020 Total Cohort 196 | | 2021 Total Cohort 190 | |
|----------------------|-----------------------------|-------------|-----------------------------|-------------|-----------------------------|-------------|
| | No. of Pupils | % of pupils | No. of Pupils | % of pupils | No of pupils | % of pupils |
| Outstanding | 24 | 12 | 23 | 12 | 21 | 11 |
| Good | 132 | 66 | 143 | 73 | 122 | 64 |
| Requires Improvement | 28 | 14 | 14 | 7 | 15 | 8 |
| Inadequate | 11 | 5.5 | 9 | 4 | 3 | 2 |
| No Inspection report | 3 | 1.5 | 7 | 4 | 29 | 15 |

Mid-year school moves summary table for pupils in primary 2020-21

NB includes pupils who were looked after during the school move but have left care since.

| Year Group | Closer to Initial Placement | Planned Placement Move | Adoptive placement | SEN | Exclusion / Behaviour | School unable to meet need | House Move | New into care – no school place | To meet pupil need | TOTAL moves in each year group |
|--------------|-----------------------------|------------------------|--------------------|-----|-----------------------|----------------------------|------------|---------------------------------|--------------------|--------------------------------|
| Year R | | 1 | 1 | | | | | | | 2 |
| Year 1 | | 1 | | | | | | | | 1 |
| Year 2 | | 3 | | | | 1 | 1 | | | 5 |
| Year 3 | 2 | 1 | | | | 1 | 2 | | | 6 |
| Year 4 | | 3 | | | | 1 | | | | 4 |
| Year 5 | | 3 | | | | | 2 | | 1 | 6 |
| Year 6 | 1 | 3 | | | | | | | | 4 |
| TOTAL | 3 | 15 | 1 | | | 3 | 5 | | 1 | 28 |

Not in full time summary table for pupils in primary 2020-21

| | | |
|---|------------------------------------|----------|
| Total No. of CLA with episode of less than full time education | | 6 |
| No. with period not on roll awaiting school place OOA (following placement move) | | 0 |
| Reduced timetable reason | Staged Re-integration - new school | 1 |
| | Behaviour Difficulties | 1 |
| | Medical Needs | 0 |
| | Emotional Health & Well Being | 3 |
| | Other | 1 |

Secondary headline data and trends

Key Stage 4 Outcomes

At or Above, Below, of National CLA figures

| KEY STAGE 4 | National 2019 | National CLA 2019 | Kirklees 2019 | SFR 2019 | Kirklees 2020 | National 2021 | National CLA 2021 | Kirklees 2021 | SFR 2021 |
|--------------------------------|---------------|-------------------|------------------|-----------|--------------------|---------------|-------------------|--------------------|----------|
| No. in eligible cohort | | | 50 | *52 | 38 | | | 53 | 53 |
| 9-5 E&M | 42.5 | 7.3 | 12% 6 pupils | 11.5% | 5.3% 2 pupils | | | 20.8% 11 pupils | |
| 5+ 9-5 inc. E&M | 55.8 | 14 | 28% 14 pupils | 25% (NCR) | 5.3% 2 pupils | | | 20.8% 11 pupils | |
| 9-4 E&M | 63.4 | 18 | 32% 16 pupils | 30.8% | 36.8% 14 pupils | | | 39.6% 21 pupils | |
| 5+ 9-4 Inc. E&M | | | 28% 14 pupils | | 34.2% 13 pupils | | | 34% 18 pupils | |
| Attainment 8 | 44.7 | 19.2 | | 25.4 | | | | | 2.4 |
| Progress 8 | -0.00 | -1.23 | | -0.77 | | | | | -0.04 |
| 9-5 E&M (without EHCP) | | | 28.1 | | | | | 34.4 | |
| 9-4 E&M (without EHCP) | | | 50% | | | | | 62.5 | |
| 5+ 9-4 inc. E&M (without EHCP) | | | 43.8 | | | | | 53.1 | |

* (2018) 3 pupils who were in Year 12 have been included in the SFR reporting figures.

* (2019) 2 pupils who were in Year 12 have been included in the SFR reporting figures.

Cohort context analysis KS4

| KS4 as at 26/07/2021 | No. of CLA | % of eligible cohort (2020 figures) |
|---|------------|-------------------------------------|
| Cohort | 57 | N/A |
| Eligible cohort | 53 | N/A |
| EHCP | 21 | 39.6 (37.0) |
| On roll at a Kirklees school | 31 | 58.5 (53.0) |
| On roll at a school out of Kirklees | 22 | 41.5 (47.0) |
| On roll at a special school | 9 | 17 (6.0) |
| On roll at an alternative provision/PRU | 8 | 15.1 (25) |
| Had a care placement move during KS | 16 | 30.2 (42) |
| Had 5 or more placements | 15 | 28.3 (45) |
| Had 3 or more placements | 32 | 60.4 (63) |
| Had a school move during KS | 18 | 34 (42) |
| Had 3 or more secondary schools | 14 | 26.4 (42) |
| Became LAC during KS4 | 2 | 3.8 (0.5) |
| Became LAC during KS2 | 15 | 28.3 (n/a) |

Prior KS2 attainment as an indicator for predicted attainment at KS4

There were 60 young people in Year 11 and 53 were in the eligible cohort

Eligible Cohort:

There were 10 young people in the eligible cohort who were on track for a full Level 2 based on their Key Stage 2 results, all of these young people achieved the full level 2.

On top of this a further 8 young people achieved 5 4+ including English and Maths

This therefore gives an overall 33.96% of those in the eligible cohort of 53 who achieved 5 GCSE's or equivalent at 4 and above including English and Maths.

21 young people achieved 4 or above in English and Maths equalling 39.62%.

11 young people achieved 5 or above in English and Maths equalling 20.75%.

Of the 7 young people who were not in the eligible cohort 1 of them achieved 5 4+ including English and Maths.

Secondary Phase

Attendance Summary 2018-19 (full attendance data is not possible for 2019-20, attendance was monitored to 20.03.20 pre-lockdown). Attendance for 2020-21 includes both C and X codes which have impacted on attendance rates.

| Year Group | Attendance 2018-19 | Attendance 2019-20 | Attendance 2020-2021 | No. of Pupils Below 90% Attendance 2018-19 | No. of Pupils Below 90% Attendance 2019-20 | No. of Pupils Below 90% Attendance 2020-21 |
|--------------|--------------------|--------------------|----------------------|--|--|--|
| Year 7 | 97.57 | | 95.7 | 1 (3.4%) | | 6 (17%) |
| Year 8 | 95.09 | | 84.9 | 7 (15.6%) | | 26 (50%) |
| Year 9 | 94.71 | | 79.7 | 6 (11.5%) | | 23 (51%) |
| Year 10 | 89.86 | | 80.9 | 11 (26.8%) | | 35 (59%) |
| Year 11 | 83.32 | | 71.0 | 28 (45.9%) | | 48 (81%) |
| TOTAL | 91.55% | | 81.56 | 53 (23.2%) | | 138 (55.2%) |

4 Year 11 PA due to study leave

Exclusions Summary 2018-19 (full exclusion data is not possible for 2019-20, data was monitored to 20.03.20 pre-lockdown)

| Year Group | No. Of Pupils | Total No. of Days | No of pupils with more than 1 exclusion |
|--------------|---------------|-------------------|---|
| Year 7 | 1 | 2.5 | 0 |
| Year 8 | 14 | 108.5 | 6 |
| Year 9 | 7 | 47 | 6 |
| Year 10 | 16 | 62.5 | 9 |
| Year 11 | 10 | 50.5 | 4 |
| TOTAL | 48 | 271 | 25 |

Quality of provision summary table for pupils in secondary 2020-21

| | 2019 Total Cohort 249 | | 2020 Total Cohort 249 | | 2021 Total Cohort 249 | |
|-----------------------|-----------------------------|----------------|-----------------------------|----------------|-----------------------------|----------------|
| | No. of Pupils | % of pupils | No. of Pupils | % of Pupils | No. Of Pupils | % of pupils |
| Outstanding | 37 | 16.3 | 45 | 18 | 53 | 20 |
| Good | 144 | 63.4 | 163 | 66 | 172 | 63 |
| Requires Improvement | 26 | 11.5 | 12 | 5 | 8 | 3 |
| Inadequate | 14 | 6.2 | 20 | 8 | 0 | 0 |
| No. Inspection report | 3 | 1.3 | 6 | 2 | 38 | 14 |

Mid-year school moves summary table for pupils in secondary 2020-21

NB includes pupils who were in care during the school move but have left care since.

| Year Group | Closer to Initial Placement | Planned Placement Move | Emergency Placement Move | School breakdown – unable to meet need | Exclusion / Behaviour | Complex SEN needs – school unable to meet need | House Move | New into care – no school place | Custody | TOTAL moves in each year group |
|--------------|-----------------------------|------------------------|--------------------------|--|-----------------------|--|------------|---------------------------------|----------|--------------------------------|
| Year 7 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Year 8 | 0 | 0 | 0 | 7 | 0 | 1 | 2 | 0 | 0 | 10 |
| Year 9 | 0 | 2 | 0 | 5 | 0 | 2 | 2 | 2 | 0 | 13 |
| Year 10 | 0 | 2 | 2 | 6 | 2 | 1 | 1 | 1 | 0 | 15 |
| Year 11 | 0 | 1 | 1 | 4 | 0 | 1 | 0 | 0 | 0 | 7 |
| TOTAL | 0 | 7 | 3 | 22 | 2 | 5 | 5 | 3 | 0 | 47 |

Not in full time summary table for pupils in secondary 2020-21

| | | |
|---|------------------------------|-----------|
| Total No. of CLA with episode of less than full time education | | 26 |
| No. with period not on roll awaiting school place in Kirklees and OOA (following placement move) | | 2 |
| Reduced timetable reason | Staged Re-integration | 3 |
| | Behaviour Difficulties | 10 |
| | Social Difficulties | 1 |
| | Mental Health Needs | 2 |
| | Other (Awaiting School Place | 8 |

Post 16 headline data and trends

Post 16 Education Destination data 2019

Post 16 continues to be really strong with really high levels of participation.

All young people have a PEP meeting in Year 13 and are supported and monitored until their 18th birthday. Young people turning 18 years are asked whether they wish the Virtual School to remain involved in their education. A number of young people requested the continued involvement of the Virtual School.

Year 12 Participation is recorded and reported in November each year and will be updated in November 2021.

| Participation | 2017 | 2018 | 2019 | 2020 |
|----------------------|-------|--------|--------|-------|
| Meeting the Duty | 97.1% | 96.85% | 94.02% | 91.4% |
| Not Meeting the Duty | 2.61% | 2.84% | 5.98% | 8.69% |
| Temporary Break | 0.29% | 0.30% | 0% | 0% |

The cohort consisted of 47 young people, which is a much smaller cohort than previous years. The young people not meeting the duty consisted of 3 young people in employment (therefore these would meet the EET statistics), one young person was not ready for work or learning.

Transition Post 16

Transition plans have been explored for young people in Year 11 and 12 to ensure that they are able to continue in learning in 2021/22. The following offers are currently in place for our young people.

| | GFE | SFC or SSF | Private TP | Emp / App | Secure | No offer |
|--------------|-----------|------------|------------|-----------|----------|----------|
| Year 11 | 33 | 18 | 4 | 0 | 0 | 1 |
| Year 12 | 28 | 11 | 5 | 6 | 2 | 3 |
| Total | 75 | 29 | 9 | 6 | 2 | 4 |

Personal Education Plans (PEPs)

Context

In Kirklees initial PEPs are arranged by the Virtual School within 10 school days of a young person coming into care for all children aged 3 – 18. We arrange these as soon as is possible and do not arrange these during school holidays. This is because being able to have a shared discussion together with the school/educational setting the child attends, means the quality of the plan is better, with a shared understanding about their strengths and aspirations being clear from the outset. We recognise that being settled in education supports consistency for a young person and can support them to be settled, make friends and contributes to a happier home life. In taking this approach it means that we can ensure the child's voice is present and contributes to their education plan.

Social workers are responsible for co-ordinating PEP reviews at least termly and the Virtual School is responsible for reviewing the information in PEPs and attending PEP meetings as appropriate using data to target support for our young people as necessary. There is a section where the child's thoughts and feelings are requested prior to all meetings and we work together with the Social Worker and school to respond to their views.

PEPs are completed electronically using the eGov digital system and are quality assured by the Virtual School team and signed off by the Virtual School team managers who ensure actions are then implemented. To support pupil aspiration and achievement Pupil Premium plus funding is also requested through this system and these targets are reviewed during the PEP meetings. The completed PEP is then uploaded onto Wisdom.

For reporting processes, we do not sign off a PEP until it is completed to a high quality through our QA processes. This may be some time after a meeting has taken place.

100% of PEPs have been completed within the Autumn, Spring and Summer Term in-line with the new termly processes following the reduction in the Spring Term 2020 due to the impact of Covid-19. The Virtual School is currently leading on all PEPs since the full lockdown was implemented. These are all currently virtually held meetings.

Performance monitoring - Initial PEP completion

Between 1.09.20 – 26.07.21, 97% (122/126) of all initial PEP's have been completed within 10 school days of notification to the Virtual School.

Allocation and Impact of the Pupil Premium Plus funding

The Kirklees Virtual School works with each school to agree how Pupil Premium Plus (PP+) funding will be spent to meet the needs identified in the child's PEP. This involves working with a school's Designated Teacher, their Carer and the Social Worker during the PEP meetings and at other times.

The allocation of this budget is driven by an analysis of need as captured in the child's PEP, therefore some children may receive no additional financial support whereas others may require a much greater allocation.

All PP+ funding requests are submitted by schools via the electronic, web based, *ePEP* system – following the guidance document produced by the Virtual School – and must directly relate to individual pupil needs. This is clearly detailed in the Appendix F – PP+ strategy 2020-21 and Appendix G Final PP+ Budget Summary

In the academic year 2020-21 £470,991.99 was allocated through PEP targets to:

| <i>Year Group</i> | <i>Amount spent</i> |
|-----------------------------|---------------------------|
| <i>Age 3-5</i> | <i>£11,442.97</i> |
| <i>Year 1</i> | <i>£24,991.95</i> |
| <i>Year 2</i> | <i>£25,471.91</i> |
| <i>Year 3</i> | <i>£23,220.26</i> |
| <i>Year 4</i> | <i>£47,784.16</i> |
| <i>Year 5</i> | <i>£37,226.78</i> |
| <i>Year 6</i> | <i>£56,438.07</i> |
| <i>TOTAL Primary</i> | <i>£226,576.10</i> |

| <i>Year Group</i> | <i>Amount spent</i> |
|-------------------------------|---------------------------|
| <i>Year 7</i> | <i>£28,258.51</i> |
| <i>Year 8</i> | <i>£37,422.14</i> |
| <i>Year 9</i> | <i>£61,139.66</i> |
| <i>Year 10</i> | <i>£55,615.23</i> |
| <i>Year 11</i> | <i>£61,510.35</i> |
| <i>Year 12</i> | <i>£470</i> |
| <i>Year 13</i> | <i>No data</i> |
| <i>TOTAL Secondary</i> | <i>£244,415.89</i> |

Any funds remaining at the end of the Easter Term are used to commission support for schools in a variety of key areas. These are detailed, and evidence of impact provided, in the following documents:

- Appendix H – Evidence of impact of PP+
- Appendix I – EP PP+ Annual Report
- Appendix J – SENDACT PP+ Annual report
- Appendix K – ChEWS PP+ Annual Report
- Appendix L – EYFS PP+ Report

Training and Development

Virtual School staff

The Virtual School team have regular updates and training on current educational issues. All colleagues have been keen to develop their skills and expertise and have welcomed the development opportunities on offer. The Virtual School Team now meet regularly to discuss individual cases, monitor and evaluate our intervention and share good practice.

There has been specific training delivered on:-

- Safeguarding
- Attachment training delivered by the Educational Psychology Service
- The new Code of Practice delivered by the Special Educational Needs (SEND) Team
- National changes in measuring attainment and progress – KLP
- An Introduction to Nurture
- Prevent training
- Equality and Diversity

Staff have access to the full range of training available through Kirklees Council as appropriate.

Training Delivery

The Virtual School have delivered the following training over the last 2 years:-

- ePEP Training for Designated Teachers and Social Workers
- Termly Designated Teacher Network meetings
- New Headteacher Induction
- Foster Carer Induction and specific educational sessions
- Kirklees Foster Carers Network
- Attachment Training for Designated Teachers and support workers with the Educational Psychology Service
- Kirklees SCITT Training for trainee Teachers
- Bespoke Training for individual schools as required
- Social Worker Induction

Collaborative Working

- We regularly work with partner services and agencies across the Local Authority and wider areas to support and challenge schools to improve outcomes for our children and young people in care. This might be initiated through the PEP process or through direct contact with carers, Social Workers, Designated Teachers, the Pupil Referral Service, Kirklees Learning Partners, the SENDACT Team and Pupils Admissions Team. We regularly coordinate and attend professionals meetings around individual young people.

During 2020-21 we regularly attended and contributed to multi agency, corporate, regional and national meetings:

- Kirklees Head Teacher meetings
- A range of Social Care meetings, including CASP Panel, Permanence Panel, Heads of Service meetings, NEET Panel
- National and Regional Virtual Head Teacher meetings
- Regional Adoption Group

Corporate Parenting Board

Agenda Plan 2021/22

| Date of Meeting | Issues for Consideration | Officer Contact |
|----------------------------------|--|---|
| <p>29th June 2021</p> | <p><u>Pre-meeting (private)</u></p> <p>Performance Monitoring report (Children’s Services) - Stat</p> <p><u>Public Items:</u></p> <p>Minutes of Previous Meeting</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Children’s Rights Team Annual report</p> <p>Overall financial policy for care leavers</p> <p>Virtual School Governing Body Update (verbal)</p> <p>OFSTED and Ambition Board Update (verbal)</p> | <p>O Rix/ J Tolley/ E McShane</p> <p>J Harris</p> <p>J Tolly/O Rix/ E McShane</p> <p>O Rix/E McShane</p> <p>M Tiernan/ A Gledhill/ S Miles</p> <p>E McShane/ L Warnes</p> <p>Cllr Pattison /J Tolley</p> <p>E McShane</p> |

Corporate Parenting Board

Agenda Plan 2021/22

| | | |
|------------------------------------|--|---|
| | <p>Membership of the Board</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2021/22</p> | <p>Board Members</p> <p>Board Members</p> <p>J Harris</p> |
| 5th October 2021 | <p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of Previous Meeting</p> <p>One Adoption West Yorkshire – Annual Report</p> <p>Children’s Performance Highlight Report</p> <p>Staying Put Policy Fostering for Children in Care</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Ambition Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2021/22</p> | <p>O Rix/ J Tolley/ S Miles / G Addy</p> <p>J Harris</p> <p>S Whitley</p> <p>O Rix/ J Tolly / E McShane</p> <p>E McShane</p> <p>CLlr Pattison/ J Tolley</p> <p>T Brailsford/ E McShane</p> <p>Board Members</p> <p>J Harris</p> |

Corporate Parenting Board

Agenda Plan 2021/22

| | | |
|---|---|---|
| <p>23rd November 2021</p> | <p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of Previous Meeting</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Youth Justice Service Update/Inspection Report Update (verbal)</p> <p>Thriving Kirklees and CAMH’s update</p> <p>Annual Fostering Report</p> <p>Looked After Children Annual Health Report</p> <p>Virtual School Headteacher Report Educational Outcomes</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Update on Ofsted Report</p> <p>Children’s Ambition Board Update</p> <p>Updates from Board Members on interaction with services</p> | <p>O Rix/ J Tolley/ E McShane</p> <p>J Harris</p> <p>O Rix/ J Tolley/ E McShane /I Mottershaw/ J Tolley</p> <p>Ian Mottershaw</p> <p>Stewart Horn</p> <p>Stewart Horn/ Simon Brown</p> <p>G Addy</p> <p>J Tolley</p> <p>Cllr Pattison/J Tolley</p> <p>E McShane</p> <p>T Brailsford/ E McShane</p> <p>Board Members</p> |
|---|---|---|

Corporate Parenting Board

Agenda Plan 2021/22

| | | |
|-------------------------------------|---|--|
| | Corporate Parenting Board Agenda Plan 2021/22 | J Harris |
| 11th January 2022 | <p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of Previous Meeting</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Update on the modernisation of the Care Leavers Service</p> <p>Annual report on Complaints and Compliments for Children in Care (poss to move to Nov)</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Children’s Ambition Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2021/22</p> | <p>O Rix/ J Tolley/ E McShane</p> <p>J Harris</p> <p>O Rix/ J Tolley/ E McShane</p> <p>O Rix</p> <p>A Gledhill/S Miles</p> <p>Cllr Pattison/ J Tolley</p> <p>T Brailsford / E McShane</p> <p>Board Members</p> <p>J Harris</p> |

Corporate Parenting Board

Agenda Plan 2021/22

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| | | |
| <p align="center">15th February 2022</p> | <p align="center">Pre-meeting (Informal)</p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of Previous Meeting</p> <p>Attendance by Strategic Director TBC - Update on the Role of Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Children’s Ambition Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2021/22</p> | <p>O Rix/ J Tolley/ E McShane</p> <p align="center">J Harris</p> <p align="center">Strategic Director (tbc)</p> <p>O Rix/ J Tolley/ E McShane</p> <p align="center">O Rix</p> <p align="center">Cllr Pattison/ J Tolley</p> <p align="center">T Brailsford /E McShane</p> <p align="center">Board Members</p> <p align="center">J Harris</p> |
| <p align="center">29th March 2022</p> | <p align="center">Pre-meeting (Informal)</p> | |

Corporate Parenting Board

Agenda Plan 2021/22

| | | |
|--|--|---|
| | <p>Performance Monitoring report (Children’s Services)</p> <p align="center">Public Items:</p> <p>Minutes of Previous Meeting</p> <p>Attendance by Strategic Director TBC - Update on the Role of Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Overview of number of children in Care (snapshot) including age profile</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Children’s Ambition Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan 2021/22</p> | <p>O Rix/ J Tolley/ E McShane</p> <p align="center">J Harris</p> <p align="center">Strategic Director (tbc)</p> <p>O Rix/ J Tolley/ E McShane</p> <p align="center">O Rix</p> <p align="center">Cllr Pattison/ J Tolley</p> <p align="center">T Brailsford / E McShane</p> <p align="center">Board Members</p> <p align="center">J Harris</p> |
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Corporate Parenting Board

Agenda Plan 2021/22

Standing Items (as on Agenda Plan)

Minutes of Previous Meeting

Attendance by Strategic Director Update on the Role of Corporate Parent

- (SD Growth and Regeneration– August PROV)
- (SD Environment and Climate Change – October PROV)
- (SD Children’s Services – date TBC)
- (SD CCG’s Chief Officer – Date TBC)

Children’s Performance Highlight Report CIC and Fostering/Children’s Homes

Overview of number of children in Care (snapshot) including age profile

Virtual School Governing Body Update (verbal)

OFSTED and Improvement Board Update (verbal)

Updates from Board Members on interaction with services

Corporate Parenting Board Agenda Plan 2021/22

Future items for consideration:

~~Overall financial policy for care leavers (June)~~

Annual Foster Carer Handbook (TBC)

~~Thriving Kirklees and CAMH’s update (November)~~

~~Staying Put Fostering for Children in Care (August)~~

Statement of Purpose for Fostering Service (TBC)

Statement of Purpose for Residential Care (TBC)

Supported Lodgings Scheme (date TBC)

~~OAWY – Annual (highlights report on Kirklees performance data) (October)~~

OAWY – 6 monthly report (January TBC)

Corporate Parenting Board

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Annual reports:-

- ~~6 monthly report on Children's Rights (Oct to March) (M Tiernan/A Gledhill) (June)~~
- 6 monthly report on Independent Visitors Scheme (Oct to March)
- Annual Report on Children's Rights and Independent Visitors Scheme (April 19 to March 20)
- Annual report on Complaints and Compliments for Children in Care (January)
- Annual report on children who go missing from care
- Annual report on the work of the leaving care service
- ~~Annual report on children and young people placed outside the Kirklees boundary~~
- ~~Annual Health Report (report on health of looked after children)~~
- Annual review of the Foster Caring Handbook
- ~~Annual Report on Kirklees Fostering Service~~

Quarterly reports:

Fostering Agency Report (April to June) (A Quinlan)

- Fostering Agency Report (July to Sept) (A Quinlan)
- Fostering Agency Report (Oct to Dec)
- Fostering Agency Report (Jan to March)