

# Public Document Pack



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

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Monday 7 November 2022

## Notice of Meeting

Dear Member

### Corporate Parenting Board

The **Corporate Parenting Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 15 November 2022**.

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 Elizabeth Reynolds

Councillor Richard Smith

Councillor John Lawson

Councillor Karen Allison

Councillor Carole Pattison

Gill Addy

Tom Brailsford

Keith Fielding

Stewart Horn

Colleen Kenworthy

Barry Lockwood

Louise Hallas

Elaine McShane

Mel Meggs

Sara Miles

Jo-Anne Sanders

Ophelia Rix

Christine Carmichael

Keely Lucas

Farrah Munir

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

Virtual School Headteacher

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 for Children in Care, Care Leavers & Looked after Children

Kirklees Fostering Network

Care Leavers

Care Leavers

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Board/Apologies**

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

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**2: Minutes of previous meeting**

1 - 10

To approve the Minutes of the meeting of the Board held on 27 September 2022.

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**3: Interests**

11 - 12

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

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**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.

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**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.

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**6: Public Question Time**

The Board will hear any questions from the general public.

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**7: Role of the Corporate Parent**

Mel Meggs, Strategic Director for Children's Services will attend to speak to the Board about the Role of the Corporate Parent.

Contact:

Mel Meggs, Strategic Director for Children's Services.

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**8: Children's Performance Highlight Report**

13 - 26

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 for Children in Care, Care Leavers and Looked After Children

Louise Hallas, Virtual School Headteacher

Gill Addy, Designated Nurse for Looked After Children

Ian Mottershaw, Head of Service –Contextual Safeguarding and Y.E.S, Family Support and Child Protection

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**9: Kirklees Looked After Children Annual Health Report**

27 - 50

The Board will consider the Kirklees Looked After Children Annual Health Report for April 2021 – March 2022.

Contact:

Gill Addy, Designated Nurse - Looked After Children and Care Leavers

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**10: Virtual School Headteachers Report**

51 - 58

The Board will consider the Virtual School Headteachers Annual Report.

Contact:

Louise Hallas, Virtual School Headteacher

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## **11: Children's Voice, Participation and Corporate Parents**

The Board will consider the presentation 'Children's Voice, Participation and Corporate Parents;' a verbal update in respect of ideas for participation and representation of the child's voice at Corporate Parenting Board.

Contact:

Anna Gledhill, Service Manager Quality Assurance and Safeguarding

Krissy Podgorski, Team Manager - Children Looked After Independent Service

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## **12: Virtual School Governing Body Update**

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

Contacts:

Councillor Carole Pattison, Chair of the Virtual School Governing Body

Louise Hallas, Virtual School Head Teacher

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## **13: Updates from Board Members on Interaction with Services**

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

Contact:

Jodie Harris, Principal Governance and Democratic Engagement Officer

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## **14: Corporate Parenting Board Agenda Plan**

59 - 66

The Board will consider the agenda plan for 2022/23.

Contact:

Jodie Harris, Principal Governance and Democratic Engagement Officer

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Contact Officer: Jodie Harris

## **KIRKLEES COUNCIL**

### **CORPORATE PARENTING BOARD**

**Tuesday 27 September 2022**

- Present
- Councillor Viv Kendrick (Chair)
  - Councillor Elizabeth Reynolds
  - Councillor Karen Allison
  - Councillor John Lawson
  - Councillor Andrew Marchington (ex-officio)
  - Tom Brailsford, Service Director (Resources, Improvement and Partnerships)
  - Sara Miles, Head of Service – Resources, Improvement and Partnership
  - Jo-Anne Sanders, Service Director – Learning and Early Support
  - Keith Fielding- Kirklees Fostering Network
  - Colleen Kenworthy - Kirklees Fostering Network
  - Louise Hallas, Virtual School Head Teacher
  - Stewart Horn, Head of Childrens Integrated Commissioning
  - Anna Gledhill, Service Manager Quality Assurance and Safeguarding
- In Attendance
- Rahila Habib, Service Manager – Family Support and Child Protection
  - Krissy Podgorski, Team Manager – Children Looked After Independent Service
  - Robert Fordyce, Head of Service – QA and Practice Delivery
  - Beverley McClure, Service Manager for the Care Leavers Service
- Apologies:
- Councillor Carole Pattison
  - Elaine McShane, Service Director - Family Support and Child Protection
  - Ophelia Rix, Head of Service for Children in Care, Care Leavers and Looked After Children
  - Gill Addy, Designated Nurse for Looked After Children
  - Janet Tolley, Executive Headteacher of the Virtual School
  - Christine Carmichael - Kirklees Fostering Network
  - Barry Lockwood - Kirklees Fostering Network
  - Keely Lucas – Care leaver Representative
  - Farah Munir – Care leaver Representative

## **1. Membership of the Board/Apologies**

Louise Hallas was welcomed to the Board as the new Virtual School Headteacher.

Apologies were received from Councillor Carole Pattison, Elaine McShane, Service Director - Family Support and Child Protection, Ophelia Rix, Head of Service for Children in Care, Care Leavers and Looked After Children, Gill Addy, Designated Nurse for Looked After Children, Janet Tolley, Executive Headteacher of the Virtual School, Christine Carmichael - Kirklees Fostering Network, Barry Lockwood - Kirklees Fostering Network, Keely Lucas – Care leaver Representative and Farah Munir – Care leaver Representative.

## **2. Minutes**

The Board considered the minutes of the last meeting held on 12<sup>th</sup> July 2022.

In relation to the Minutes, the Chair of the Board highlighted that it was agreed for Board members to be invited to a meeting in respect of understanding the work of the virtual school. The Board had also put forward a challenge to members of the Council in respect of creating opportunities for care leavers.

### **RESOLVED:**

That the minutes of the previous meeting be approved as a correct record.

## **3. Interests**

No interests were declared.

## **4. Admission of the Public**

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

## **5. Deputations/Petitions**

No deputations or petitions were received.

## **6. Public Question Time**

No public questions were received

## **7. Role of the Corporate Parent**

The Board noted that this item was to be deferred until the next meeting due to unexpected circumstances.

## **8. Children's Performance Highlights Report**

The Board considered the latest reports giving key highlights on Performance Monitoring data for Children's Services.



Rahila Habib, Service Manager – Family Support and Child Protection presented the key highlights in relation to Children Entering Care, Children in Care and Placement Stability. It was explained that:

- There was a decreasing trend in the number and rate of children in care from 62.4 (624 children) in September 2021 to 60.7 (607 children) in August 2022.
- When considering the decrease, it was important note the ongoing work of children being returned home, and an increase in special guardianship orders.
- From 1<sup>st</sup> January 2021 to August 2022 there were 75 special guardianship orders made.
- There was also an increase in unaccompanied asylum-seeking young people through the national transfer scheme.

The Board noted the update and the explanation for the decreasing trend of rate of children in care as positive and reassuring but highlighted that it was important to maintain oversight of the decrease. The Board were also interested in the increasing numbers of children who were placed outside 20 miles of Kirklees asking if this was due to lack of sufficiency or specific individual requirements.

Rahila Habib responded to advise that there were some challenges in sufficiency alongside a number of young people who needed to be placed outside of the area to meet specific individual needs. Where this was the case reviews were ongoing to ensure that the placement continued to meet their needs. Tom Brailsford, Service Director (Resources, Improvement and Partnerships) added that a key driver of increase in out of area placements was the Independent Fostering Agency (IFA) placements for private fostering, whereas out of area residential placements continued to reduce. The Board were advised that there were focused plans to address the increase such as ensuring that strategies to support and recruit more foster carers were in place. In respect of wider sufficiency issues, work was ongoing to influence regional and national policy alongside taking local measures.

The Board noted a key objective in the report was to recruit more foster carers and to provide more local placement options. In response, Tom Brailsford agreed to provide a report in respect of promoting and recruiting foster carers locally to a future meeting of the Board.

The Board highlighted the decrease in the number of children missing as positive. In respect of the number social worker changes the Board noted that this may be a result of the national recruitment and retention issues but requested reassurance around the processes in place to keep children safe when there was a change in social worker.

Rahila Habib, responded to advise the Board that all children had an allocated social worker. Changes were avoided wherever possible however, some changes were necessary for various reasons including challenges in recruitment and retention, as well as requests for a change from the young people. Rahila further reassured the Board that where there was a change in social worker that oversight was maintained, and risk levels continued to be monitored at the same level as prior to the change of social worker.

The Board welcomed the response and commented that as Corporate Parents, Board members needed to encourage the wider community to consider entering this area of work and to support children and young people wherever possible.

The Board were pleased to note the number of children and young people who were taking part in health reviews was positive and highlighted the 100% completion rate of Personal Education Plans (PEP's) term on term and congratulated the officers involved.

In respect of Care leavers accommodation and suitable accommodation, the Board asked if there were any other pressures on suitable accommodation arising from the cost-of-living crisis; what has been done to gather and interrogate this data, and was a strategy to be developed to support care leavers?

Beverley McClure, Service Manager for Care Leavers advised that Personal Advisors (PA's) supported all Care leavers with budgeting. PA's had access to the financial policy and work had been undertaken to ensure that every young person and staff member was aware of what support was available. This included funding for PA's and care leavers to access if a young person had any financial difficulties and needed support. Strong relationships with Providers and Housing Solutions enabled conversations around measures to support care leavers if necessary (i.e.-such as developing payment plans). The Personal Advisors were also very proactive in sign posting care leavers to the support that was available in the community. The Board noted that the ongoing work to support care leavers was very encouraging, highlighting that it was important to keep pace with upcoming changes over the next few months to continue this level of support for young people.

The Board noted that new PA's had been recruited and congratulated the team for the outcomes achieved. The Chair of Board requested an invite to a PA team meeting, which was seconded by a KFN representative.

In respect of foster carer approvals, the Board requested for the number of approved foster carers to be provided to the Board. Tom Brailsford responded to advise that a dashboard including this data was being developed and agreed for this information to be included in the Performance Highlights Report presented to subsequent meetings of the Board.

The Board raised concerns about the number of days between a child coming into care and being placed for adoption and it was agreed that an update on work undertaken to address the delay be presented to a future meeting of the Board.

**RESOLVED:** The Board noted the Children's Performance Highlights Report, and it was agreed that:

1. A report in respect of promoting Foster Care in Kirklees and recruiting Foster Cares be provided to a future meeting of the Board.
2. The Chair of the Board and a Kirklees Foster Network representative be invited to a Personal Advisor Team meeting.
1. The number of approved foster carers to be included in the Performance Highlights Reports.

2. An update on work undertaken to address the time taken for a child coming into care to be placed for adoption be presented to a future meeting of the Board

## **9. Children's Rights Team Annual Report**

The Board considered the Children's Rights Team Annual Report which was presented by Krissy Podgorski, Team Manager – Children Looked After Independent Service.

Krissy Podgorski explained that the three main functions of the CRT were Children Looked After Advocacy (Child Protection Advocacy), the Children in Care Council and the Independent Visitors Scheme. The purpose of the report was to inform the Board of the services delivered by the CRT during the period of 1st April 2021 to 31st March 2022 and it was highlighted that:

- 133 young people were supported by the CRT within the reporting period and 492 separate pieces of advocacy were undertaken.
- During the reporting period there had been an increase in requests to support unaccompanied asylum-seeking children who were required to have an age assessment.
- The most common reasons for requests for support included assistance with Children Looked After Reviews and other meetings, supporting care leavers who had children going through Care Proceedings, support at Pre-Birth Assessments and supporting young people with their Personal Education Plan Meetings.
- There was a higher volume of advocacy provided to Children Looked After (374) as opposed to Care Leavers (118).
- Whilst the CRT supported children and young people living within the local authority area, those who live outside of the area were also able to access the service.
- There were 89 advocacy issues raised which were resolved informally, with restorative work with other services/professionals being facilitated by the advocate. In the reporting period, there were 9 formal complaints initiated.
- Following the easing of Covid-19 restrictions, regular face to face meetings of the Children in Care Council and the Care Leavers Forum had resumed and the membership had increased in both groups.
- The Independent Visitors Scheme, also known as Care2Listen, was established in its current format nine years ago; and was coordinated by an Independent Service Officer.
- A recruitment campaign was undertaken in October 2021 which resulted in 10 volunteers completing training in February 2022.
- As of 1<sup>st</sup> August 2022, there were 32 trained independent visitors and 29 children matched.
- Rolling recruitment exercises were planned to increase the number of volunteers, and there was a particular requirement to recruit more males into the role.
- The CRT were working to continually improve services to young people and there was currently a modernisation of the service taking place.

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- The review aimed to develop appropriate and enabling structures to allow young people to have a voice and improve their lives.
- Work was ongoing with the Child Protection Review unit to improve the advocacy offer within the child protection process, which included the strengthening of links with strategic groups and boards.
- There had also been an independent review of children's social care and the recommendations made would have implications for the advocacy service if they were progressed.

The Board complimented the work of the CRT as positive and thanked officers involved in the delivery of these services. The Children in Care Council was also highlighted as a good experience for young people, giving them the opportunity to voice opinions and be heard in the wider community.

In the discussion to follow the Board questioned how to better ensure that the voices of young people were heard by the Board, noting that the Care leavers and Children in Care Council could submit their views on the issues considered by the board via written or verbal (video) submissions as possible options. It was also requested that Board members be invited to a future meeting of both the Children in Care Council and Care Leavers Forum.

The Board noted that an element of compromise was valuable life learning for children and requested to see further details and examples of where issues had been resolved through compromises and what those outcomes looked like.

The Board highlighted the value of Total Respect training (training on children's rights) and suggested that all members of the Board and the Childrens Scrutiny Panel should undertake this. The suggestion of highlighting the opportunity to all members of the Council was also put forward.

The Board suggested inviting an Independent Visitor to a future meeting of the Board to highlight the work of the service. Anna Gledhill, Service Manager Quality Assurance and Safeguarding responded to agree that an Independent Visitor would be invited to talk about their role and the value they get out of it to the Board.

In respect of recruiting more Independent Visitors (particularly more male volunteers), the Chair of the Board agreed to raise the issue during the next meeting of the Council. The Board also highlighted that the opportunity should be advertised at pre- retirement workshops. In response, Krissy Podgorski advised that this had been actioned and would continue to be a method used to raise awareness of the Independent Visitor opportunity going forwards. The Board welcomed this update and added that it was important to consider extending the offer to schools and health partners. It was also suggested that a similar approach should be taken to recruiting foster carers.

The Board raised concerns about the number of young people requesting food parcels through advocacy and it was requested that an update be given on work taken to address this at a future meeting of the Board.

**RESOLVED:** The Board noted the Children's Rights Team Annual Report and it was agreed that:

1. Board Members be invited to a future meeting of both the Children in Care Council and the Care Leavers Forum.
2. Examples of where a compromised had been used to resolve an issue with young people be provided to a future meeting of the Board.
3. All members of the Corporate Parenting Board and Children's Scrutiny Panel be offered the opportunity to undertake training on children's rights training (Total Respect).
4. All members of the Council be made aware of the children's rights training (Total Respect) as an opportunity at the next meeting of the Council.
5. An Independent Visitor be invited to a future meeting of the Board.
6. Increasing awareness of opportunities in Fostering and the Independent Visitors scheme at pre-retirement workshops should be introduced and rolled out to health partners and in schools.
7. The opportunities in being an Independent Visitor and the requirement to recruit more volunteers (particularly males) be highlighted at the next meeting of the Council.

## **10. Joint Targeted Area Inspection (JTAI) Report**

The Board considered an update on the findings of the Joint Targeted Area Inspection (JTAI) which was presented by Tom Brailsford, Service Director (Resources, Improvement and Partnerships).

The Board were advised that the JTAI inspection was an inspection of the whole partnership, and the multi-agency response to children at risk of, or experiencing, criminal exploitation. The inspection took place from 27 June 2022 to 1 July 2022 and it was highlighted that the feedback was very positive.

The headline findings were:

- Partners at a strategic level enabled a well-embedded practice which supported professionals to work well together.
- Children in Kirklees who were at risk of, or experiencing, criminal exploitation had their needs identified quickly and received multi-agency support to manage and reduce risk to them effectively
- Leaders and managers had an effective oversight of the 'front door' arrangements and worked together to reduce risk and offer support.
- The Youth Justice Service (YES) was found to be a successful resource that worked well with other agencies to reduce risks of exploitation.
- The YES in Kirklees was also put forward by the Lead Inspector as an exemplar of good practice nationally.
- The drop-ins engagement sessions (i.e.- from substance misuse teams) at Childrens Homes were also highlighted as being particularly effective.

There were also some recommendations arising from the Inspection. The Board were advised that key areas for improvement included, the recording of information in internal meetings, and taking a more targeted approach to training in an in person setting and engaging GP's around exploitation. Jo-Anne Sanders, Service Director – Learning and Early Support expressed pride in the partnership highlighting the

effectiveness of capturing young people's voices and understanding their cultural needs.

**RESOLVED:** The Board noted the findings of the Joint Targeted Area Inspection (JTAI) and welcomed the positive feedback.

### **11. Virtual School Governing Body Update**

The Board noted that there had not been a meeting of the Virtual School Governing Body and there was nothing to report at this time.

**RESOLVED:** That an update on the work of the Virtual School Governing Body be presented to the Board after its next meeting.

### **12. Children's Ambition Board**

The Board considered an update on the Children's Ambition Board presented by Tom Brailsford, Service Director (Resources, Improvement and Partnerships) who explained that the purpose of the Board oversees a range of strategies across Children's Services, and it was important that this information was provided to the Board.

The Board were advised that the previous 2 meetings of the Board were cancelled due to the Joint Targeted Area Inspection, and the bank holiday. The next meeting was to take place next month, and the feedback would be presented to the next meeting of the Board.

**RESOLVED:** The Board noted the update on the Children's Ambitions Board.

### **13. Update from Board Members on Interaction with Services**

The Board noted updates from Members in respect of interactions with Services.

The Children's Scrutiny Panel continued to visit services, including a recent visit to the Parent Carers Network (PCAN). There was an upcoming Panel visit to the Dewsbury Child Protection Services with a focus on key national issues such as staffing and capacity and looking at how the Local Authority continue to manage those issues and ensure children remain safe.

The Chair visited the launch of Home Starts new premises. The Chair had also met with the Chair and Chief Officer of Home Start to discuss their staffing and looked forward to attending their AGM.

The Chair had also met with the Designated Nurse and the Chief Executive of Locala to discuss the pressures on the health service. This was followed by two further meetings with Locala Managers and the issue was also raised to the Director for Children's Services. Movement had begun to resolve the pressures on the services.

Colleen Kenworthy, Kirklees Fostering Network representative, requested that Board Members be invited to a meeting of the Kirklees Fostering Network.

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**RESOLVED:** The Board noted the update on Interactions with Services, and it was agreed that members of the Board be invited to a future meeting of the Kirklees Fostering Network.

#### **14. Corporate Parenting Board Agenda Plan 2022/2023**

The Board considered its agenda plan for 2022/23.

**RESOLVED:** The Board noted the agenda plan for 2022/23 and it was agreed that the items highlighted during the meeting be added to the document for the Boards consideration.

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**KIRKLEES COUNCIL**

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

Name of Councillor

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

Signed: .....

Dated: .....

## NOTES

### Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

(b) either -

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

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

## Corporate Parenting Board – Highlight Report

Date of Board: 15 November 2022

Data is as at 30<sup>th</sup> September 2022, unless stated otherwise.

\*Benchmarking Source: Children's Social Care Benchmarking Tool (BMT) V3.23. Benchmarking data is from March 2021 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	
		Oct 21	Jul 22	Aug 22	Aug 22	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	61.3 (613)	61.4 (614)	61.4 (614)	61.4 (614)	93.3	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)	12.6% (77/ 613)	13.4% (83/ 619)	14.0% (86/ 614)	12.7% (78/ 614)	12.6%	16.0%
	Direction of Travel		↑	↑	↓		
4.05.01 Placement Stability Within Year - LAC with three or more placements	% (number)	6.9% (42)	9.5% (59)	9.0% (55)	9.0% (55)	7.5%	9.0%
	Direction of Travel		↓	↓	↓		
4.05.04 Social Worker change of LAC in care 12+ Months: Number of Social Worker changes	Number	225	305	279	302	N/A	N/A
	Direction of Travel		↑	↓	↑		
Average number of SW changes	Average	0.44	0.63	0.58	0.63	N/A	N/A
	Direction of Travel		↑	↓	↑		

### Service Narrative

#### What difference did we make?

- The number of children looked after has been comparatively consistent during the 12-month period from Oct 21 to Sep 22 from 61.3 (613 children) in Oct 21 to 61.4 (614 children) in Sep 22. The current 12-month average for Kirklees is 61.4 (614 children), below our 31 March 2021 published rate of 66.0, the England 2021 rate of 67.0 and significantly below our Statistical Neighbours 2021 rate of 93.3. The published rates for our Statistical Neighbours as at 31 March 2021 are shown below for comparison.
- Of the 78 children placed outside of Kirklees and more than 20 miles from their home address, the large majority are placed in fostering. The full breakdown is as follows:

Placement Type	Number	%
Fostering	67	85.9%
Placed for Adoption	5	6.4%
Residential	3	3.8%
Placed with Parents	1	1.3%
Hostel/Supported Accommodation (not subject Children's Home regs)	1	1.3%
Residential School	1	1.3%
<b>Total</b>	<b>78</b>	

- The Heads of Service continues to have oversight of permanency planning through Legal Gateway and Permanence Panel. The panels are held weekly to ensure consistency regarding decision making and care planning for children and young people. The panels also provide a quality assurance framework and opportunity to evidence good practice and areas for development.
- An External Placement and Finance Review Panel 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 and provides a quality assurance function in that it provides high support and challenge as required to avoid drift and delay in care planning for children and young people.
- The number of social work changes has seen a decrease, due the challenges relating to the recruitment of Social Work Practitioners, of which is not just specific to Kirklees Council. We are mindful of the impact this has on our children and young people and in order to address this we are in the process of recruiting youth engagement and family support practitioners to undertake non-statutory roles. We will also continue to focus on staff retention and consistency in case allocation.
- Although we have seen a decrease in relation to the number of children who have had 3 or more home in August and September 2022, we remain focused on reducing this number further. Due to the limited availability of foster carers for this age group of which is a national issue, this has resulted with the service having to utilise the temporary options that have been available, until a suitable home has been found, therefore having an impact on our performance data.

### **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.
- A review of placement stability will be undertaken as part of practice learning days to further identify areas of future learning and development and to strengthen the good areas of practice that are currently taking place.

## Children Looked After Reviews, Visits and Missing

Key Indicator	Type of measure	Month End				*Benchmarking	
		Oct 21	Jul 22	Aug 22	Sep 22	SN	Eng.
4.06.01: CLA Reviews Within Statutory Timescale	%	99.1%	97.6%	97.6%	98.0%	N/A	N/A
	Direction of Travel		↓	↔	↑		
4.07.01: CLA visits within statutory timescale: % of CLA visited in line with Kirklees Practice Standards	%	94.9% (595)	94.6% (573)	95.0% (575)	93.3% (568)	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)	3.3% (20)	2.3% (14)	1.8% (11)	1.6% (10)	9.3%	11%
	Direction of Travel		↑	↓	↓		
b. No. of LAC that have more than one missing episode in the month (repeat Mispers)	% (number)	60.0% (12)	42.9% (6)	27.3% (3)	60.0% (6)	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)	56.3% (9/ 16)	66.7% (8/ 12)	18.2% (2/ 11)	80.0% (8/ 10)	N/A	N/A
	Direction of Travel		↓	↓	↑		

### Service Narrative

#### What difference did we make?

- 14 requests for Initial Review forms were received by the Child Protection and Review unit in May 2022 relating to 14 children – unusually each of these referrals was for a single child. 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 May the Child Protection and Review Unit held 172 Looked After Review Meetings for children, with all but one (for 2 siblings) of these being held within timescales. Independent Reviewing Officers closely monitor Child Looked After Review timescales to ensure that this high percentage is maintained 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.
- IROs robustly review children's care plans. They provide time-bound actions, which are followed up in between review meeting to ensure that plans for children progress swiftly, and where drift is identified informal and formal resolution processes are used effectively. Children's reviews are well attended by a range of partner agencies, who commit to taking actions to improve children's experiences and outcomes.
- The Children's Rights Team supported 13 young people at their CLA review in the month of September with 7 of these young people living out of area.
- There has been decrease in percentage of Children in Care who have received a statutory visit in line with practice standards from 95.0% in August 2022 to 93.3% in September 2022. We continue to have weekly oversight and monitoring of the visits as part of our service performance meetings. The meetings focus on timeliness and quality of visits to young people as well as providing evidence of practice in relation key strengths and areas for further development.
- *Missing CLA:*
  - The number of Children having at least one missing episode has reduced in November, however the average remains at approx. 3%. This average remains considerably below the national average and statistical neighbours (10.0% and 8.7% respectively).
  - The principles 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. With very specific exceptions all Children and Young people are offered an independent return home interview (97%).

- 99% of all Independent Return Home interviews offered and accepted were completed.
- The number of children having multiple missing episodes has fluctuated between 3 and 8 in the three-month period which is lower 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. The slight fluctuation in the overall number of Children therefore creates a significant shift in the percentage and as such presents a volatile range.
- 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 principles placing the child at the centre.
- The Philomena Protocol is a Police initiative to help locate and safely return a young person as quickly as possible when they are missing. The basis of the scheme is for vital information about the young person to be recorded on a form so that this can be used to help locate them safely and quickly. 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. 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 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 to continue to provide oversight of statutory visit compliance through the weekly performance meetings that are held within the service.
- The Youth Engagement Service has developed a recording system to enable a more nuanced understanding of IRI outcomes. This recording is intended to inform discussion about how more productive and informative data might be able to be created regarding both the allocation of and outcomes of IRI's.
- 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. In the current situation where Covid restrictions have been removed, the IRO Service is working towards giving every child the opportunity for in person Review Meeting and visit if this what they indicate they would like.
- Children's Rights Service have liaised closely with IRO Service and have relaunched updated online versions of Children's consultation documents for Looked After Reviews, and Evaluation forms for children to complete about their Reviews. 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 of children and young people in their reviews.
- With others capture children's voices and experiences, and support young people's participation to inform service development.
- Introduce improved quality assurance mechanisms to support the development of the Children's Rights Service and the team, and bench mark the service against the new Advocacy Standards which are due to be published imminently.

## Children Looked After Education Outcomes

Key Indicator	Type of measure	Autumn Term 21/22	Spring Term 21/22	Summer Term 21/22	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 22	Aug 22	Sep 22	Cumulative	SN	Eng.
Initial PEP completed within 10 school days of Virtual School being notified child came into care	%	100%	N/A	100%	100%	N/A	N/A

Key Indicator	Type of measure	Month End				Benchmarking	
		Sep 21	Jun 22	Jul 22	Sep 22	SN	Eng.
CLA Persistent Absentees	%	23.0%	23.5%	26.8%	18.5%	28.4% (2020/21)	30.4% (2020/21)
	Direction of Travel		↑	↑	↓		
LAC with a mid-year school move	%	21	7	1	23	N/A	N/A
	Direction of Travel		↓	↓	↑		

### Service Narrative

#### What difference did we make?

- The published information shows outstanding performance at Key Stage 4 in 2021 and strong performance in terms of overall attendance and exclusions all in Quartile Band A.
- 100% of PEPs have been completed within the Summer Term in-line with the termly processes.
- The Virtual School is currently leading on all PEPs which are virtually held meetings.
- 100% of initial PEPs have been completed within 10 school days of child coming into care since 01/09/2022.
- We continue to work with social work teams to improve both PEP and initial PEP completion and the quality assurance of PEPs.
- 70% 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?

- Issues as a result of the pandemic remains a priority. This includes Catch up and Emotional Wellbeing.
- Persistent Absence (PA) / Unauthorised Absence remains a key priority for all pupils with attendance less than 90%.
- We will continue to have 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	
		Oct 21	Jul 22	Aug 22	Sep 22	SN	Eng.
4.11.11 Dental Checks within last 12 months - timeliness	%	58.0%	60.2%	60.3%	61.6%	31.9%	40.0%
	Direction of Travel		↓	↑	↑		
4.11.12 Initial health Assessments completed on time - within 20 days	%	85.1%	79.6%	77.4%	80.5%	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	%	86.8%	89.0%	87.0%	89.0%	86.9%	89.0%
	Direction of Travel		↑	↓	↑		
b: Over 5s Annual Health Assessments – percentage up to date	%	91.2%	93.9%	93.7%	93.7%	92.2%	91.0%
	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)	1.17% (6)	1.03% (5)	1.05% (5)	1.26% (6)	2.2%	3.0%
	Direction of Travel		↓	↔	↑		

### Service Narrative

#### What difference did we make?

#### Initial health assessments (IHA):

- Kirklees Local Authority (LA) rolling 12-month data shows that 80.5% were completed in the statutory 20 working day timescale.
- Locala monthly data for September shows that 16 were completed in house, 100% in timescales. These continue to be done using a hybrid model due to hospital clinic attendance restrictions.

#### Review health assessments (RHA):

- Kirklees rolling 12-month data shows that **89% & 93.7%** of the 'Developmental' assessments (under 5yrs old) and 'Annual' assessments (over 5 yrs. old) respectively, were completed in statutory timescales.
- Locala monthly data for Sept. shows that **85%** of under 5-year-olds and **63%** of over 5-year-olds RHA's were completed in timescales. There were 12 in-house breaches, 9 x capacity, 2 x holiday, 1 re-arranged.
- A Business Case has been delivered to senior managers in the LA and Locala to request additional nursing resources to mitigate capacity & KPI issues.

#### Dental Checks (attended) within last 12 months:

- Kirklees rolling 12-month data shows that **61.6%** of children aged 1+, at the point of their RHA had attended the dentist. This figure takes account of previous months when there was a backlog of routine appointments.
- Locala monthly data for Sept shows that **91% & 97%** of children age 18months to under 5 yrs., and 5 to 18 yrs., had attended the dentist at the point of their RHA.

#### Registered at dentist:

- Locala data shows **93% & 100%** of children age 18m to 4 years and 5 years+ respectively at the point of their RHA, were registered with a dentist.
- The use of the 'Flexible Commissioning Project' has supported CLA and care leavers to register. We have seen recent staff changes in some practices affecting some availability. The Designated Nurse is to attend the 'Kirklees Oral Health Advisory Group', to advocate for vulnerable children and care leavers.



### Substance misuse:

- 6 young people (**1.26%**) have admitted or are known to use substances that have a significant impact on their daily life when asked at their last RHA. All have been discussed with the local Substance Misuse Outreach worker, to ensure support has been offered.
- If a young person declines their RHA, a check is made with the social worker to ascertain if substance use is an issue.
- Any young person misusing substances at any level is offered support.

## Children Looked After Convictions

Key Indicator	Type of measure	Quarter				*Benchmarking
		Oct-Dec 21/22 Q3	Jan-Mar 21/22 Q4	Apr-Jun 22/23 Q1	Jul-Sep 22/23 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)	%	0.55% (2/364)	0.00% (0/364)	1.75% (6/343)	1.75% (6/343)	Eng.: 3.00% SN: 3.43% Y&H: 3.00%
	Direction of Travel	↔	↓	↑	↔	

### Service Narrative

#### What difference have we made?

- 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 21 to March 22 period 64.3% of interventions completed by Children Looked After were completed successfully compared to 72.8% of the general population. This is a reduction in Children Looked After completion from the same period of last year which was 87.7%, whilst the general population remains broadly the same.
- Whilst the numbers of Children Looked After offending remain small in the cohort, we are seeing an increase in the numbers compared to the same period last year. In the year to date we have seen an increase in the percentage of CLA offending from 1.92% (21/22) to 3.49% (22/23).

#### What do we want to improve?

- Continued reduction in the numbers of Children Looked After offending. The overall cohort for the 22/23 year is smaller than the 21/22 year (343 compared to 364), 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 remain low
- There is a focus around Looked After Children in our subgroups – specifically Subgroup 2 – Reducing offending and reoffending.

## Care Leavers

Key Indicator	Type of measure	Month End				*Benchmarking	
		Oct 21	Jul 22	Aug 22	Sep 22	SN	Eng.
5.01.04 Children in care aged 17 years and 4 months with a Personal Advisor	%	73.5%	100.0%	96.0%	97.9%	N/A	N/A
	Direction of Travel		↔	↓	↑		
5.01.08 Local Authority In Touch with Care Leavers	%	93.4%	92.7%	92.5%	93.3%	95.6%	91.0%
	Direction of Travel		↑	↓	↑		
5.01.09 Care Leavers in suitable accommodation	%	84.2%	88.9%	88.8%	88.3%	91.5%	88.0%
	Direction of Travel		↑	↓	↓		
5.01.10 Care Leavers Employment, Education and Training (EET)	%	57.1%	55.4%	59.2%	60.3%	48.0%	52.0%
	Direction of Travel		↑	↑	↑		
5.01.11 Number of Care Leavers with a Pathway Plan that is up to date	%	92.3%	73.0%	71.4%	68.7%	N/A	N/A
	Direction of Travel		↓	↓	↓		

## Service Narrative

### What difference did we make?

- *Contact with care leavers* – There has been a slight increase in relation to the number of Care Leavers we were in touch with during this month from 92.5% in August 2022 to 93.3% in September 2022. This also has, to be viewed in the context of this group being aged 18 plus and, in some situations, young people do not wish to keep in contact with their Personal Advisor. The team continue to work innovatively to keep in touch with all young people.
- *Number of young people in suitable accommodation* – There has been a significant impact on the increasing demands for tenancies. However, we continue to work with our housing colleagues who have agreed to prioritise the properties for our young people, and this has helped to improve our performance. In September 2022 we have seen a decrease to 88.3% from 88.8% in August 2022. 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 and face to face life skills and pre-tenancy training and continue to explore collectively how we can improve independence training for our young people.
- *Children in Care aged 17 years with an allocated Personal Advisors* – There has been an increase in performance on this indicator this month from 96.0% in August 2022 to 97.9% in September 2022. Further work is to be undertaken as a priority with the team to address Personal Advisor (PA) allocation, but it is important to note that all the young people under 18 have 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. 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 September 2022 we have seen an increase to 60.3% from 59.2% in August 2022, in the number of young people who are either in employment, education, or training, this is also a priority area to be addressed by the team.
- *Pathway Plans* – We have seen a decrease in the numbers of young people who have an up-to-date pathway plan this month. 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. Work is being undertaken to identify and address the issues that are impacting the timeliness of pathway plan reviews being undertaken.

## 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 and the timeliness and quality of visits to young people.
- This is a key priority area for the service to address and 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	
		Oct 21	Jul 22	Aug 22	Sep 22	SN	Eng.
5.02.01 Number of children adopted as a percentage of children leaving care (12 month rolling period)	% (number)	9.7% (23)	7.3% (14)	5.4% (11)	6.1% (12)	13.9%	10.0%
	Direction of Travel		↓	↓	↑		
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	539.2	475.8	465.2	473.8	396.7 (17-20)	367.0 (17-20)
	Direction of Travel		↓	↓	↑		
A2 Average timescale (days) between receiving court authority to place a child and the council deciding to match the child with an adoptive family (12 month rolling period)	Number	234.2	205.1	208.0	215.4	180.0 (17-20)	175.0 (17-20)
	Direction of Travel		↑	↑	↑		

## Service Narrative

### What difference did we make?

- 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 procedure's 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.
- 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 COVID 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.
- We have been able to enable children to remain within family, whose alternative plan would have been that of adoption, through the Family Group Conference, and connected persons assessments.
- Kirklees will need to consider whether a panel environment would be of benefit, to consider the below recommendations. This could be similar to, if not, the same as Permanence panel, or be heard at this panel, as additional to the already set TORS.
- Maintaining a realistic outcome of rescindment, within 12 months of Placement Order, if links have not been productive. We also need to have scrutiny of this within the panel environment. This would involve the formulation and frequency of this panel, to ensure all the below issues are considered to have had the appropriate oversight and management.

## Fostering

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct 21	Jul 22	Aug 22	Sep 22	SN	Eng.
6.02.07 Total New Carer Approvals in Month:	Number	5	8	5	8	N/A	N/A
	Direction of Travel		↑	↓	↑		
In-house Fostering approvals in the month	Number	3	8	3	8	N/A	N/A
	Direction of Travel		↑	↓	↑		
In-house Fostering De-registrations in the month	Number	4	5	5	2	N/A	N/A
	Direction of Travel		↑	↔	↓		
6.02.09 Placements split: a. In-house foster placements	Number	201	171	177	177	N/A	N/A
	Direction of Travel		↑	↑	↔		
b. Family and friend placements	Number	107	118	121	124	N/A	N/A
	Direction of Travel		↓	↑	↑		
c. Independent Fostering Agency Placements	Number	178	178	172	174	N/A	N/A
	Direction of Travel		↓	↓	↑		

### Service Narrative

#### What difference did we make?

- In September 2022 there were 8 new foster carer approvals, of which 7 were connected carers and 1 mainstream carer.
- The total number of approved Kirklees Foster Carers is 164 households and the number of Approved Connected registered Foster Carers is 60 households (source is Tableau)
- The number of children placed with Kirklees foster carers stood at 177 at the end of September 22, just below the 12-month average of 178.
- The number of Family and Friends Placements stood at 124 at the end of September 22, inclusive of Reg 24 Placements. The 12-month average is 110.
- The September 22 figure of 174 Independent Fostering Agency (IFA) placements for IFA placements is a decrease over the 12-month high of 185 seen in Mar 22. The 12-month average is 178.
- The data shows a net gain of 12 fostering households in the past 12 months.

#### What do we want to improve?

- Recruitment and retention of foster carers continues to be a priority. We are focussed on recruiting internal foster carers who can help us to meet our sufficiency needs around placements for older children, children with complex needs, offering short and long-term placements, and short notice / 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.
- The new website for foster carers is being further developed, to include additional information for that will inform prospective foster carers
- We now have in post a new Head of Service for sufficiency who will lead on implementing our modernisation plan for the Fostering Service. This service improvement plan will include further integration with the Placement Support Service, this work will be overseen by the Homes for Children Board.
- Under the wider sufficiency agenda, we are in the process of opening a new children's home, the building work has been slightly delayed and is now due to be completed within November 2022. Following completion of these works and hand over of the building we will initiate the registration process with Ofsted and start the process of matching staff and children to the home.

## 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

Term	Description
S47	Section 47 of the Children Act – Relates to Child Protection
SDQ	Strength and Difficulties Questionnaire
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

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Kirklees Looked After Children  
Annual Health Report  
April 2021 – March 2022

October 2022

## EXECUTIVE SUMMARY

During 2021-22 the health team experienced resource challenges as alternative methods of working were necessary, e.g., the use of a hybrid approach of telephone and face to face initial health assessments, to comply with pandemic restrictions in clinics.

In other areas of the work there was a rise in demand for support. This was related to an increase in child health complexities, the numbers of unaccompanied asylum-seeking children (UASC), an increase in telephone and IT communication, and a rise in the involvement with children accommodated in Kirklees by other local authorities (OLA), related to risk and vulnerability.

The increased number of agencies using the electronic child health record SystemOne, amplified the number of communications via tasks, and the volume of information available to inform assessments. The wealth of material is an asset but has added significantly to the time element in the preparation of assessments.

A Business Case related to team capacity and resource has been submitted to the joint commissioner for consideration and discussions have been held with senior managers.

Completion of the Review Health Assessments (RHA's) within statutory timescales continued to present a challenge. To alleviate pressure, a temporary 6-month measure was introduced to complete the RHA's in the month they were due, rather than the exact date in the month, resulting in several breaches.

To provide assurance of the focus of the work undertaken, an audit looking at reasons for breach in Qtr1 of 2022, illustrated that children and their families are at the heart of the planning, prioritising family, work, school, and outside activity commitments before timescales, (see appendix).

Dental access has improved and been supported by the 'Flexible Commissioning' programme, enabling all looked after children and care leavers in Kirklees to access services.

The immunisation rates across all ages have remained excellent.

The manual return rates of 'Strength and Difficulty Questionnaires' (SDQ's) which are used to screen the emotional wellbeing of children aged 4 to 17 years, has remained stubbornly low, despite efforts to improve compliance and the electronic portal has been unable to facilitate any system improvement. However, the redevelopment of the LA Placement Support Service (PSS), has provided a multi-agency approach alongside the SDQ's, and the inclusion of a trauma screening assessment for UASC by a Locala GP, has added a valuable dimension to the support options.

The Ages & Stages Social & Emotional (ASQ-SE) questionnaire, has continued to provide a resource to measure the emotional health of children and babies under 4 years old, and dovetails into the SDQ process and PSS as required.

Liaison with the sexual health, and substance misuse outreach workers has continued, reinforcing a collaborative working model.

Medical reports for foster carers, adopters, connected carers and children continue to be completed by the Medical Advisors, and all adoption panels in Kirklees and Calderdale have a Medical Advisor present for advice and support.

The 'Health Outcome Audit' project has enabled data collection to continue, measuring the health needs of children as they enter care, and a comparison of improvements to their health for those who remain in care, at the point of their first RHA. A re-audit is planned during 2022-23.

A reflection on the year identifies that it was not possible to resume pre-pandemic levels of performance. The service has required modification to meet the needs of a changed society and vulnerable group of children. Further adjustments may be needed, as we continue to experience changes to practice and demands on the service.

## Key Points

<p>The number of Looked After Children reduced during the year, partially due to an increase in Special Guardianship Orders promoting children residing with people connected to them.</p>
<p>146 IHA's were completed (Including 12 for other authorities). Average 96% in timescales, plus 55 Pre-adoption medicals.</p>
<p>741 RHA's were completed including requests from other authorities.</p>
<p>A 'Flexible Commissioning' project has provided an opportunity for looked after children and care leavers to have easier access to dental services, with named surgeries signed up to prioritise vulnerable groups. Professional links have developed with e.g., regional dental groups, the local 'Oral Health Advisory Group' &amp; NHSE to advocate for vulnerable children and young people.</p>
<p>Immunisation rates averaged 91.5% across all ages. Teenage boosters for Diphtheria/Tetanus/Polio &amp; Meningitis ACWY remain the most common outstanding immunisations.</p>
<p>Children's emotional health has benefited from the development and expansion of the LA Placement Support Service. The Emotional Wellbeing Team (CAMHS), has been strengthened by the introduction of a multisystemic therapy programme and recently a trauma screening project for UASC, led by an experienced Locala GP.</p>
<p>71 Ages &amp; Stages Questionnaires (emotional health of babies &amp; young children under 4 years) were distributed.</p>
<p>Work continued to distribute care experienced young people's health histories.</p>
<p>236 adult medical reports for foster and special guardianship orders, 77 adult &amp; 69 child medical reports for adoption plans and 26 meetings with prospective adopters, were carried out by the Medical Advisor.</p>
<p>Relationships were built with safeguarding professionals in the acute trusts and private residential homes linked to children accommodated in Kirklees from other authorities, where risk was a concern.</p>
<p>Health Plans are now sent to new carers when children move out of the locality</p>
<p>There is regular quality assurance of health assessments</p>
<p>Specialist nurses are linked to children with disabilities, UASC, care experienced young people, children from other authorities, young babies &amp; children.</p>
<p>There is a long-standing, dedicated, experienced workforce in place.</p>

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## **1 - Introduction**

### **1.1 Purpose**

This report provides assurance of the work undertaken to meet the health needs of Looked After Children, outlining the key performance indicators, highlighting the service improvements, challenges and identified gaps. It illustrates the statutory duties 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 health and wellbeing.

The report covers the timeframe **1st April 2021 – 31st March 2022**.

Blue text is used for the National data for the period **1st April 2020 to 31st March 2021**, (DfE 2021). An exact comparison cannot be made between the two years due to the delay of the national data and the effect of the pandemic in that year.

[Children looked after in England including adoption: 2020 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2020-to-2021)

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)*

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, co-located within Children's Social Care.

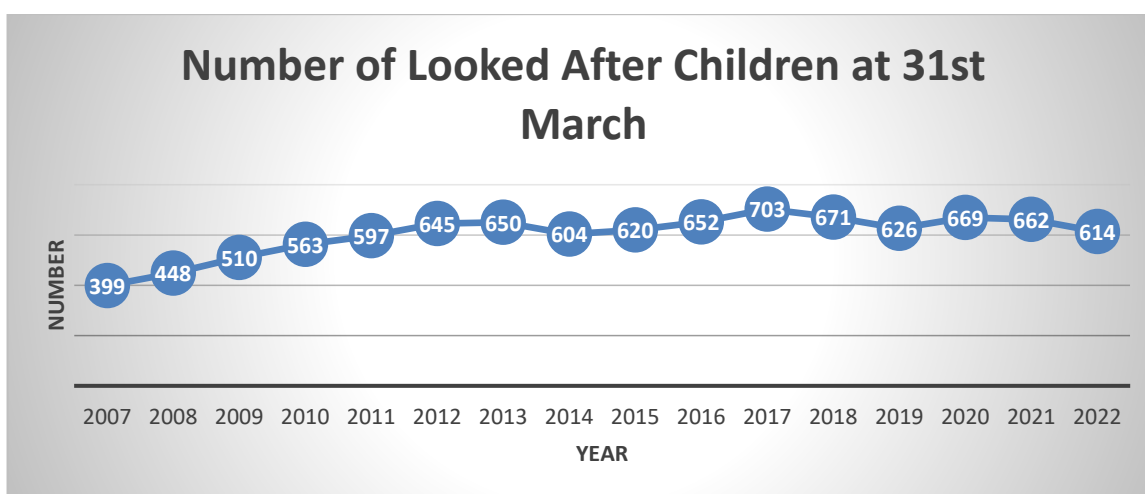
Locala 0-19 service supports the completion of RHA's and provides health visiting and school nurse services.

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

## **2 – Kirklees Looked After Children Health Service** **1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022**

### **2.1 Numbers of Looked After Children**

Kirklees Timeline March 2007 – March 2022



There has been a decline in the number of looked after children in Kirklees, partially due to the increased number of children accommodated with connected carers, under a Special Guardianship Order (SGO) arrangement. This type of order keeps children linked to their family and people they know. In March 2022 there were 490 SGO's in place, where children are no longer subject to 'Looked After Children' statutory rules and carers are given parental responsibility and access to a full range of support from social care. The specialist health team are no longer involved once an SGO is made. More information from:

[Special guardianship guidance: Statutory guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The most common reason nationally for children becoming 'looked after' is, 'abuse and neglect', followed in descending order by family dysfunction, family in acute distress, absent parenting and the child's or parent's disability.

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

	2017-18	2018-19	2019-20	2020-21
Number	75,420	78,150	80,080	80,850

The increase was driven by there being slightly more children starting to be 'looked after' during the year and a delay in those leaving care, due to the national lockdowns and restrictions.

In addition, the pandemic was likely to be responsible for affecting Court proceedings resulting in an 18% national decrease in adoptions, as cases progressed more slowly or were paused.

### Unaccompanied asylum- seeking children (UASC) - Kirklees

Year	2015-16	16-17	17-18	18-19	19-20	20-21	<b>21-22</b>
Number entering care	8	9	6	9	8	5	<b>19</b>

There has been a significant rise in UASC under the care of Kirklees.

On the 13.06.22 there were 26 Care Leavers aged 18-21 who had been UASC previously.

### Unaccompanied asylum-seeking children – National data

Nationally at 31.3.21 the number of UASC was down 20% on the previous year from 5000 to 4070, and represented around 5% of all 'looked after children', down from 6% in the previous couple of years, this is likely due to travel restrictions.

UASC are generally male and 13% were aged under 16 years, 'Absent parenting' is the reason for care.

## **2.2 Gender and Age Profile**

### Gender at 31.3.22

Kirklees	2016	2017	2018	2019	2020	2021	2022	<b>National at 31.3.2021</b>
<b>Male</b>	52%	54.6%	55.4%	55%	55%	54%	55.6%	<b>56%</b>
<b>Female</b>	48%	45.4%	44.6%	45%	45%	46%	44.4%	<b>44%</b>

### Age profile at 31.3.22

Age	2016	2017	2018	2019	2020	2021	2022	<b>National at 31.3.21</b>
<b>Under 1</b>	7%	7.3%	8%	5%	6%	7%	4%	<b>5%</b>
<b>1-4</b>	13.7%	12.4%	13.2%	17%	15%	19%	16%	<b>14%</b>
<b>5-9</b>	20.8%	23.3%	22%	20%	18%	16%	15%	<b>19%</b>
<b>10+</b>	58.6%	57%	56.7%	58%	61%	58%	65%	<b>62%</b>

### **2.3 Looked After Children accommodated in Kirklees from other Authorities**

Children may be accommodated in another authority, but the original area maintain overall responsibility. Children access universal health services, but some aspects may need commissioning e.g., looked after children health assessments.

There were 253 looked after children from other authorities living in Kirklees in March 22, in private/independent residential homes, 16+ accommodation or with independent foster carers. As a result of an audit focusing on the placement of children locally from other authorities, a process has been devised to share information at the earliest point between Kirklees Council and Locala.

### **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 their 'review health assessments'. This is to enable trusting relationships to develop and to reduce the number of professionals involved. Some children are accommodated out of the local authority in specialist placements.

	2015	2016	2017	2018	2019	2020	2021	<b>2022</b>
Number of children with a <u>disability classification</u> on 31 <sup>st</sup> March (based on the LA Liquid logic recording)	39	43	50	46	38	42	46	<b>40</b>

### **2.5 Initial Health Assessment (IHA) process**

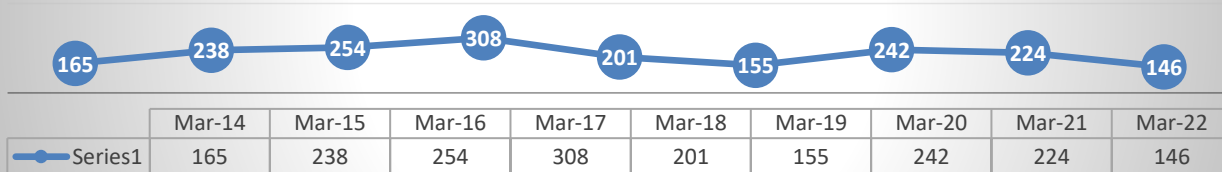
The statutory guidance '*Promoting the health and well-being of looked after children*', (DfE, DH 2015), requires that all children coming into care, receive a medically led IHA, completed within 20 working days (The Children Act 1989 Guidance and Regulations Volume 2 Care Planning, Placement and Care 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).

A hybrid face to face and telephone method of working has continued, due to restrictions of social distancing and clinic attendance following the pandemic. This has resulted in more complex arrangements and increased the time element.

Three IHA's were requested to be completed by another authority during the year on our behalf, due to the distance the child had been placed from Kirklees. In the reciprocal arrangement, 12 were completed by Kirklees for other authorities.



## Numbers of IHA's 2014 to 2022 including other LA requests



Year	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22
IHA clinics	98	90	126	131	129	122	125	All Virtual	<b>Hybrid model</b>
IHAs completed incl. other local authority (OLA) requests	165	238	254	302 Kirklees + 6 OLA	198 Kirklees + 3 OLA	146 Kirklees + 9 OLA	224 Kirklees + 15 OLA +3 done on our behalf	214 Kirklees + 5 OLA + 5 done on our behalf	<b>131 Kirklees + 12 OLA</b> <b>+ 3 done on our behalf</b>
% In timescale (annual average)	87%	98%	98%	98%	98%	97%	95.5%	98%	<b>96%</b>
Pre-adoption medicals	-	-	59	58	57	75	58	62	<b>55</b>

### 2.6 Review Health Assessment (RHA) Process

RHA's follow on from the child's IHA at 6 (<5yrs old) or 12 (>5yrs old) monthly intervals, up to age 18.

RHA's are 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.

## 2.6.1 RHA's - Kirklees children

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

Although the numbers of looked after children are showing a decline, the numbers of RHA's do not necessarily follow this trajectory, as children may leave care after an RHA has been completed.

Year	15-16	16-17	17-18	18 - 19	19-20	20-21	21-22
Total RHAs including other LA's requests.	616	676	730	734	697	694 (+ 62 April telephone RHAs) Total = 756	<b>741</b> including other LA's requests.

Occasionally we are unable to engage young people in their RHA's, despite flexible arrangements, including a telephone option. Consent may be gained from the young person to compose a 'virtual' RHA report, compiled from health records, their carer and social worker. This informs reviews and the 'care leaver health history letter'.

### Completed in timescales (annual average)

	2017-18	2018-19	2019-20	2020-21	2021-22	Nationally 2020-21
'Developmental' under 5yrs old	95%	98%	92%	X	83%	89%
'Annual' over 5yrs old	94.5%	90%	95.5%	X	74%	91%

There have been some challenges in completing the RHA's in statutory timescales following the pandemic. This has been linked to an increase in child complexities, UASC, children from other local authorities residing in Kirklees, communication and demand for support, a rise in information to populate health templates and an increase in electronic health record tasks requiring action.

National data for 2020-21 during the height of the pandemic reported that general health check KPI levels were maintained. This could be argued to be related to teams who maintained their staffing levels, and those who had staff re-deployed, as in Kirklees.

### Breach of timescales

Reason	2019-20	2020-21	2021-22
Covid-19/pandemic	NA	151 + April	14
Issues arranging with carers	17	11	21****
Staff capacity Locala	1	3	75 *
Placement moves	3	4	5
Carer holidays/respite	3	-	4
Client/family sickness	2	-	4
Bereavement carer/family			3
Declined by child/young person	7	1	3
CLA health team issue	1	4	2
Other			2
Other authority returned to us late	2	-	20 **

Kirklees late returns to other LA's			<b>20 ***</b>
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Key:

\*A temporary measure was put in place from Sept 21 to March 22, to relieve the pressure on the team to complete the RHA's in the month they were due, rather than the exact date in the month. The breach data does not reflect this action, showing a false rise. All viable RHA's were completed.

\*\* Other authorities stated, 'capacity and difficulty arranging with the carer', were the most common breach reason.

\*\*\* Kirklees recorded that 'late requests by requesting areas and capacity' were the most common breach reasons.

\*\*\*\* 'Issues arranging with carers' resulted from a return to face-to-face meetings from the previous telephone assessments, which were easier to arrange and during the pandemic many more people worked from home and children remained at home.

- ❖ See the appendix for an Audit drilling down into the reasons underpinning breaches.

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

A reciprocal payment by results agreement is in place, to complete assessments on behalf of other authorities when children are accommodated at distance from their originating area, providing where possible at least 6 weeks' notice. Around 30% of areas in the last year admitted that there would be delays e.g., Kent asked for 12 weeks' notice and no guarantee of completion in timescales.

	<b>Number sent by Kirklees to other LA</b>	<b>% of them completed in timescales by other LA</b>
2016-17	119	61%
2017-18	77	71%
2018-19	84	56%
2019-20	66	62%
2020-21	50	75%
<b>2021-22</b>	<b>59</b>	<b>58%</b>

The local team have reduced their travel distance from 30 to 25 miles radius this year to complete our RHA's due to capacity issues. The lost benefits of travelling to assessments include financial, quality and timeliness.

### **2.6.3 Requests from other Local Authorities to complete RHA's on their behalf**

	2019-20	2020-21	<b>2021-22</b>
Number	74	40	<b>80</b>

80 requests were made for Kirklees nurses to carry out RHA's on behalf of other LA's. **79%** were completed by us in timescales, in line with our own local assessments.

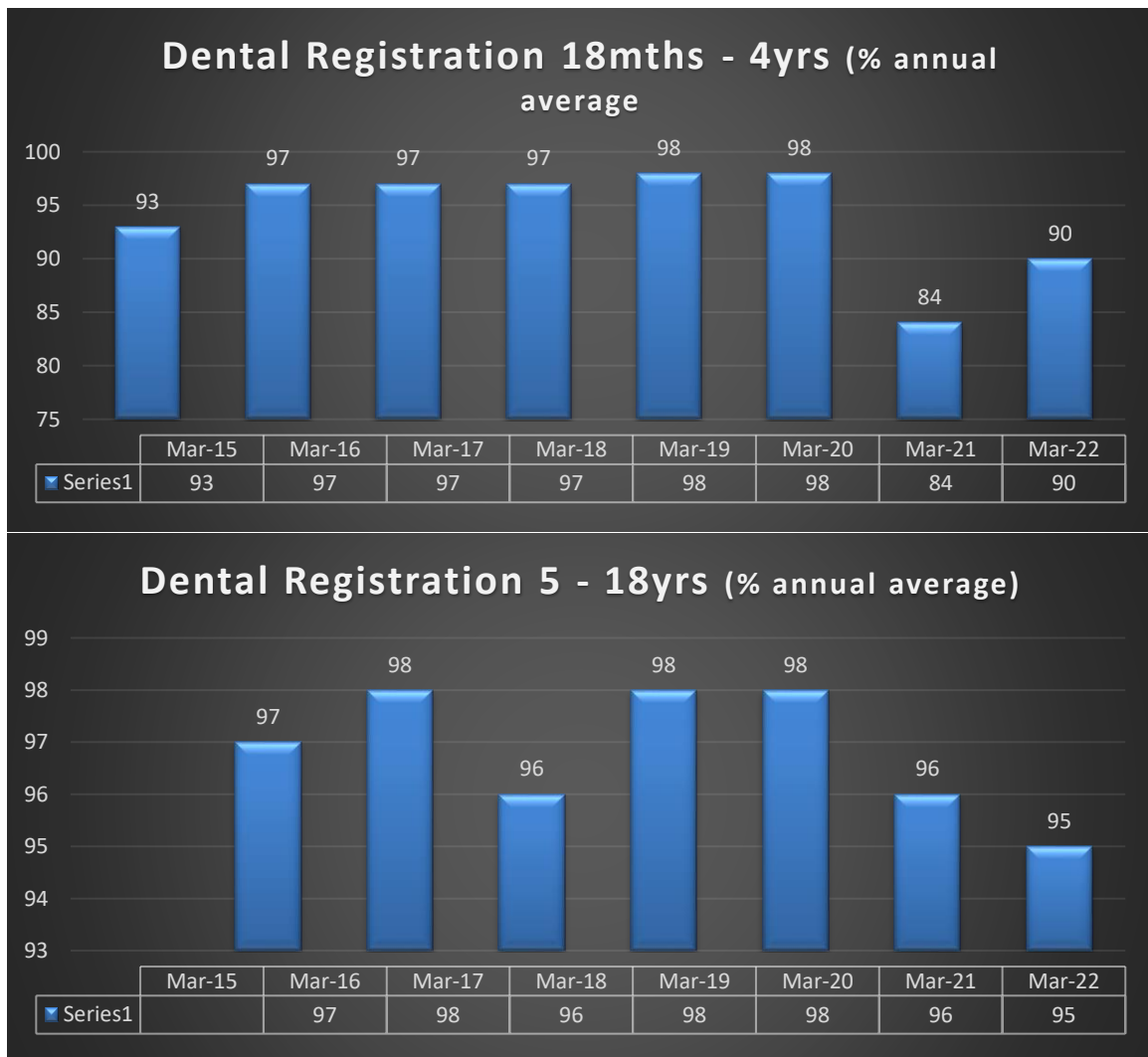
There were 22 more requests for Kirklees to complete RHA's for other areas than Kirklees asked others to do for us. The impact is a requirement for Kirklees to do approximately 130 additional hours work.

## **2.7 Dental**

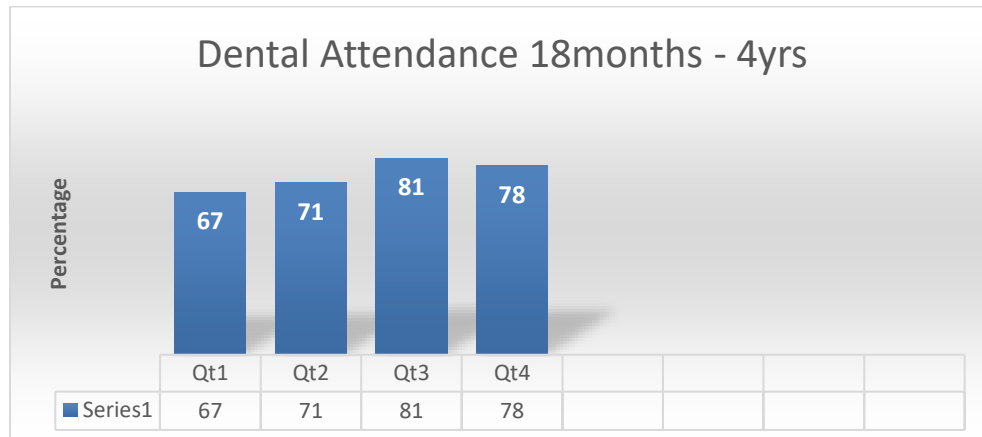
### **Dental Registration**

Carers are expected to register a child in their care as soon as possible. The closure and disruption of dental services during the pandemic affected registration and attendance, but this trend has largely reversed locally.

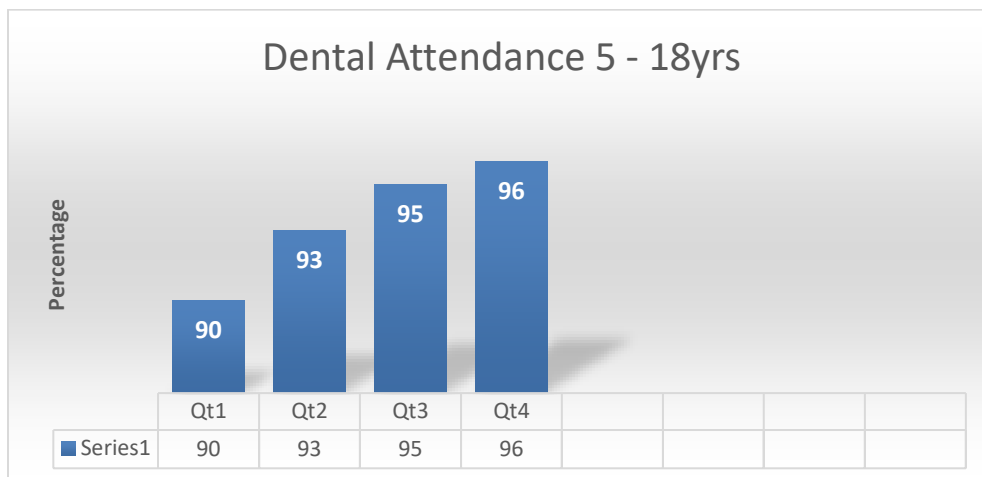
A regional 'Flexible Commissioning' project has had a positive impact in ensuring that all looked after children and care leavers are able to access registered dental care. Agreements with identified surgeries led by surgery 'champions' allow referrals to be prioritised.



## Dental Attendance



*Increase on the average from previous year of 60%*



*Same as average from previous year 93%*

Nationally prior to the pandemic year 86% of all looked after children, had their teeth checked by a dentist, but the proportion fell substantially to 40%, during 2020-21.

## 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	2022	National
Up to date with immunisations (< 5 years)	93%	98.75%	98.5%	98%	98%	98%	98%	97%	86%
Up to date with immunisations (> 5 years)	93%	92.75%	89.25%	91%	92%	94%	92%	86%	86%

### Types of outstanding immunisations

	2017-18	2018-19	2019-20	2020-21	2021-22
Meningitis (Men ACWY)	22	26	11	15	18
Diphtheria/Tetanus/Polio (DTP)	13	22	16	29	23
Measles/Mumps/Rubella (MMR)	4	4	8	12	6 (2 x parental refusal)
Human Papilloma Virus (HPV) girls and boys	3	10	5	14	13 (2 <sup>nd</sup> dose) 8 (both doses) 4 (parental refusal)
Pre-school booster					2
1 <sup>st</sup> year					1

*(From 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. As the male cohort grew, the numbers with outstanding immunisations has increased).*

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. Examples of reasons for breach are, child/parent refusal, catch-up schedule, not in school on the day. To note that most children will be re-invited.

Covid vaccination – The newly developed vaccine has been offered to different age groups in a phased programme, which now covers age 5 upwards, considering those with increased vulnerabilities. This is not part of the childhood schedule, so is not included in the data.

### **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).

At 31.03.22 there were 492 Kirklees looked after young people, who had been in care for at least 12 months and eligible to be included in the data collection. **1.4%** (n7) were identified through their last RHA as having a probable substance misuse issue, which is below the **national average of 3%**.

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 outreach worker summary**

A dedicated worker is employed by The Base, to focus on vulnerable cohorts, including looked after children and care leavers, offering support and information to them, their carer's and other support staff

The Base has targeted local authority (LA) and private residential care homes following restrictions easing, offering professional's training and drop-ins alongside Locala sexual health. They provide interventions, advice, guidance, and consultation. All LA and 10

private residential care homes have been targeted with 4 young people consenting to referrals into the service.

17 looked after children / care leavers have accessed support in the year, with 8 accessing specialist treatment. Emotional wellbeing and mental health needs continue to be the highest vulnerability in this cohort, followed by child sexual and criminal exploitation.

The team work with the youth engagement service and Locala sexual health for team training on the Exploitation Partnership Checklist and C-Card.

### **2.10 Sexual Health – Outreach worker summary**

The Sexual Health Outreach and Prevention Service targets vulnerable groups, but the pandemic had a significant impact on the service and engagement from service users.

By mid-2021, the drop-in services returned and face to face appointments were available. The outreach to residential homes and training has resumed with strong links being made and the referral pathway established, with a link engagement worker being allocated for looked after children to provide direct contact for support and advice.

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 and promotional material are located around the district giving details of sexual health services and some local pharmacies providing support. More work and online training via Microsoft Teams is being provided to support community services to be part of the C-Card Scheme and to offer support and signposting in the community.

### **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).

The newly established LA Placement Support Service (PSS), incorporates emotional and wellbeing practitioners in a formulation model of working. A triage service directs the social worker to the correct service which may result in a consultation with the wellbeing practitioners.

The PSS have included a trauma screening project for UASC, led by a specialist doctor. The assessment will identify and document historical trauma describing how it may be continuing to impact on a young person. This stand-alone appointment (lasting up to 1.5 hours) will include a psychological assessment and physical examination if indicated. A report will be produced, with recommendations which with client consent can be shared to help access to services. It does not offer follow-up or therapy.

The statutory 'Strengths, and Difficulties Questionnaire' (SDQ) is disseminated on an annual basis to carers of children aged 4-17 years to screen for emotional and behavioural difficulties. A score of 0-13 is considered 'satisfactory', 14-16 is 'border-line' and a score of 17 or more (high) identifies a cause for concern'. More information is available about SDQ's at: <http://www.sdqinf.com/>

All scores are shared with the social worker, but high scores suggest a contact is made with the PSS if necessary. 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 (*National data is a year behind*)

	Kirklees 19-20	National 18-19		Kirklees 20-21	National 19-20		Kirklees 21-22	National 20-21
Average returned forms	74%	78%		69%	81%		59%	80%
0-13 satisfactory	50%	49%		47%	49%		51%	51%
14-16 Borderline	13%	13%		13%	13%		12%	12%
17+ cause for concern	36%	39%		40%	38%		37%	37%

There has been a continued reduction in the average return rate of SDQ's from carers, which is below the National return rate. This is despite efforts year on year to encourage the returns through additional contact with carers and raising the issue with social workers. The scores however are in line with National returns.

*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.*

**2021-22 Ages and Stages – Social and Emotional Questionnaire (ASQ - SE)**

As a result of a pilot during 2018/19, the ASQ–SE has become embedded to alert social workers, to emotional difficulties expressed by babies and young children under 4, who are not eligible for an SDQ. Carers/parents of 1,2 & 3-year-olds are included offering an early opportunity for support if needed and in addition providing a route for the voice for the very young to be heard.

71 age-specific questionnaires were sent out with returned forms being scored and analysed by the team health visitor. Any concerning results were shared with the social worker and Independent Reviewing Officer.

27 (38%) questionnaires were returned, which is a reduction on the previous year. 3 questionnaires were late being returned and the children had since left care, but the information was shared with connected health practitioners.

**Notable results:**

Score	Details/comments
1 High	Several issues raised. Suggestion made to social worker (SW) to refer to Placement support Service (PSS) – social worker agreed to this action.



1 High	Information shared with Health Visitor as a pre-one development assessment is planned shortly.
1 Very High	Under care of all relevant professionals/referrals already made. Known issues already identified.
1 Very High	Fearful during Family Time (phone only); disturbed nights shouting, "I don't like it". Concern expressed to SW and IRO and asked their opinion on referral to PSS. Record monitored due to very complex situation – note that FC's managing behaviours well and family Time reviewed. Final hearing upcoming and FC's seeking SGO
1 High	Emotional regulation issues. Many life changes at present. Asked SW to consider referral to PSS. Has since left care (unable to review record)
1 High	Known developmental issues; under care of Paediatrician.
1 High	Some low grade issues. Call made to FC but had recently moved to Adoptive Placement and adoptive parents planned to seek local HV input.
1 Very High	Known developmental delay and anxiety. Under appropriate professionals and being assessed.
1 High	Some issues raised especially in relation to calming/settling/sleep. Recently discussed at Emotional Wellbeing Clinic with PSS.

## **2.12 Care Leavers**

The looked after children's nurses are accessible to young people leaving care up to age 25, their carers', personal advisors (PA), and other professionals. PA team meetings are attended to ensure communication links are maintained.

Relationships are evident with other specialist health teams overseeing vulnerable children e.g., youth justice team, pupil referral service and family nurse partnership (FNP), providing an opportunity to share information and 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).*

A specialist nurse from the team is assigned to be the main contact and prepares the 'care leaver health history letters', which hold their personal health history and essential local support information.

Due to capacity in the team, it has not been possible to distribute the usual number of letters resulting in it being included in a business case submitted to the Joint Commissioner for consideration, regarding an improvement model to meet current demands.

## **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.

### **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	2021-22
308	318	318	286	348	337	226	234	181	236

### **Number of Adult Medical Reports for OneAdoption West Yorkshire**

2018-19	2019-20	2020-21	2021-22
95	99	67	77

### **Number of Child Adoption Medical Reports**

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
163	138	117	135	168	142	122	113	98	69

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 were virtual in the early months of the pandemic all children placed for adoption have been seen face to face by a paediatrician on at least one occasion.

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	2021-22
44	43	36	43	45	27	37	29	24	26

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.

#### OneAdoption West Yorkshire Adoption panels

The OneAdoption West Yorkshire Medical Advisers continue to offer support to adoption panels, sharing this workload between them. The 3 Medical Advisers for Kirklees and Calderdale provide cover for the Shibden and Tolson panels, ensuring that each panel has a medical adviser.

Nationally adoptions rose sharply from 2011 to 2015, peaking at 5360, but have decreased since following Court rulings that Adoption Orders should only be made when there were no alternatives, e.g., placing with the child’s family. There was a further 4% drop from 2019-20 to 3440 and a substantial 18% drop during 2020-21 to 2870, likely because of the slow progression or pausing of Court cases during the pandemic.

### **2.14 Training**

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

During the pandemic, the foster carer training was adapted to on online presentation, but in 2022, face to face resumed for new carers and will remain online for experienced carers. The face-to-face session will also see the return of specialist guests e.g., Continence nurses.

Each local school nurse and health visitor team are attended virtually to advise, liaise, and share good practice.

The team are available due to their co-location, accessibility and through technology to support children, carers, social workers, health practitioners, student nurses and others, including private residential home staff.

### **2.15 Remand**

There have been a small number of young people remanded to custody and therefore became ‘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 young person's 'Comprehensive Health Assessment Tool' (CHAT) report from the secure unit, which proves a useful resource, if the child remains 'looked after' on release.

### **3 – Additional work completed**

Sharing of notifications with LA	Following an audit, a process has been developed to reciprocally share information between Locala nurses and the LA at the earliest point about children from other LA's moving in and out of the area.
Improved liaison with CHFT Safeguarding	Sharing of SystmOne health records with safeguarding colleagues in the acute trust, has led to improved communication and practice, to support discussion and challenge with private residential homes where appropriate.
Increased liaison with private residential homes	Increased contact with private residential providers, mainly following admissions to emergency departments has improved links and communication.
Care leavers with medical conditions	A request has been made to Personal Advisors to share the details of care experienced young people with medical conditions, who take medication and need follow up. This will help support non-compliance with medicine regimes and risk.
Medical Consent in Placement Plans	A request has been made to the LA to add a mandatory field in the child's electronic 'Placement Plan', preventing the omission of necessary signatures for medical interventions e.g., statutory assessments, immunisations.
Health Plans sent to Looked After Children Health Teams when a child moves out of locality	In addition to basic movement in/out notifications, the latest health plan is provided to other LA area looked after health teams. This alerts them to the child, their needs and updates the child's health record in that area.
Quality Assurance of Health Assessments	A template has been devised to quality check a random selection of looked after children health assessments. This complies with the recently updated Standard Operating Procedure for RHA's.

#### **4 - Proposed Action Plan 2022-23**

- To consider the development of an UASC IHA assessment form.
- To send a copy of latest health plan to the new carer when a child has moved placement.
- Re-audit the Health Outcomes project Feb 21-July 22
- To continue to be involved in the improvements to enable vulnerable children to access timely dental care.
- Continue to pursue the business case, to increase the capacity in the team to improve health assessment timescales, additional work related to the IHA clinic, and the timely preparation of care leaver health histories.

#### **5 – References**

[Promoting the health and wellbeing of looked-after children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Children looked after in England including adoptions, Reporting Year 2021 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](http://explore-education-statistics.service.gov.uk)

## Appendix

### Audit of in-house Kirklees Looked After Children Review Health Assessments (RHA's) completed outside statutory timescales Qtr1 April – June 22

Following the withdrawal of temporary arrangements to ease pressures on the health practitioner's post-pandemic (*see footnote*), an audit was carried out to understand the data that was showing KPI targets are not being met.

*The KPI target is 98%. Data for Q1 average across all ages = 68.5% Total number completed 159*

	LAC NURSES	0-19	COMMENTS/REASONS
<b>Total % of RHA's completed in Q1</b>	54%	46%	This is an average monthly share between teams
<b>Number late but completed within 1-14 days</b>	15 (All under 9 days)	3 (All under 6 days)	Team capacity x 4, family in refuge x 2, arrangement with YP to fit their commitments incl. college, holidays x 5, Difficulty arranging & engagement with parent & YP x 2, Placement move out of area, Family commitments x 2, Covid x 2
<b>Number late but completed within 15-30 days</b>	5	4	Covid household x 2, child illness x 2, difficulty arranging with carer x 2, inability to engage with YP, placement move,
<b>Number late completed 31+ days</b>	1	2	Child in hospital, relative carer-non engagement, difficulty arranging with carer
<b>Total completed outside statutory timescales</b>	<b>21</b>	<b>9</b>	The reason for higher numbers of late RHA's by LAC nurses, is their focus on children who are harder to access, placed outside Kirklees, CWD, young people in semi-independent living, young people left school, NEET, ill individuals, those not engaging, and residential placements.

## Conclusion

The audit has not found any preventable issue with completing RHA's in statutory timescales. The data shows common breach reasons across both sets of practitioner teams.

Most late assessments were completed in under 9 days from the statutory target date. The breaches were in part connected to team capacity and the pandemic effects, but mainly because of the growing flexibility to work around the commitments of children and their families. Some factors were unavoidable e.g., hospital admission, difficult access i.e., refuge accommodation and children moving placement.

An opportunity to improve an aspect in the findings would be to promote an understanding of the statutory duties of the health team with carers through their training schedule, enhancing a mutual understanding of roles and responsibilities. However, the flexibility with young people should continue, even if it causes a breach of timescales, to allow them to guide their assessment process and encourage engagement.

Footnote

*From September 2021 to March 2022, an arrangement was agreed to complete review health assessments in the month they were due, instead of the exact 'due date' within that month. This was to ease pressures on the health practitioners and support their wellbeing. This flexibility had negligible impact on the children and carers but made a significant difference to the staff. It allowed them to consider working and school patterns, locality travel, family commitments and negotiate visits related to covid restrictions and illness. It was necessary to re-introduce statutory guidelines to comply with the governance of looked after children's assessments.*

*Glossary - CWD – Children with disabilities, YP-Young person, NEET – Not in education, employment, or training, KPI – Key performance indicators set by the commissioners.*

Dr Gill Parry & Gill Addy

Designated Doctor & Designated Nurse

Looked After Children & Care Leavers Team

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**Name of meeting:** Corporate Parenting Board

**Date:** 15 November 2022

**Title of report:** Virtual School Headteachers Report

**Purpose of report:** Annual Update

<b>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?</b>	<b>Not Applicable</b>
<b>Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u></b>	<b>Key Decision – No</b> <b>Private Report/Private Appendix – No</b>
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>  If no give the reason why not
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>  <b>Is it also signed off by the Service Director for Finance?</b>  <b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Jo-Anne Sanders Service Director Learning and Early Support – 3 <sup>rd</sup> November 2022  n/a  n/a
<b>Cabinet member <u>portfolio</u></b>	<b>Give name of Portfolio Holder/s</b>

**Electoral wards affected:** N/A

**Ward councillors consulted:**N/A

**Public or private:** Public

**Has GDPR been considered?** Yes

## Summary

Headteachers report for Kirklees Virtual School for 2021-22 academic year.

### Kirklees Virtual School – overview of work

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 2 through to age 18 (end of Year 13 with consent) when they become care leavers. This is delivered by an Early Years Foundation Stage (EYFS) / primary team and a secondary / Post 16 team. Advice and information are provided for children and young people who are previously care experienced (PLAC)

There is a current extension to the role of the Virtual School Head Teacher, Promoting the Education of Children with a Social Worker.

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 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 Personal Education Plan (PEP), completed within timescales, which meets their needs.

To achieve these priorities: -

- We allocate all young people to an Achievement Coordinator, who is responsible for monitoring and tracking their cohort and supporting the educational needs of their young people.
- We lead and coordinate all initial Personal Education Plan (PEP) meetings when a young person comes into care – or has turned 2 – to ensure that support is in place as soon as possible within their school or educational placement.
- We provide the specialist educational challenge and support PEP Review Meetings, liaising closely with Social Workers, Designated Teachers, and Carers.
- We provide advice and guidance to Designated Teachers and coordinate individualised targets and support for our young people to accelerate their progress in education. These are funded through Pupil Premium Plus and their impact reviewed as part of the PEP process.
- We review attainment and progress data on a termly basis to identify the level of need and intervention and use this data to plan our support.
- We commission work across services to prioritise work for our young people.
- We strengthen partnership working with senior managers in Social Care to ensure that education is integral to any decision taken about our children and young people in care.

- We are proactive in supporting Social Workers with school applications (where a school move is unavoidable) and support the transition into the new educational placement.
- We closely monitor attendance and establish plans to improve engagement when needed.
- We offer support, guidance, and training to Foster Carers, Head Teachers, Designated Teachers, Social Workers, and Independent Reviewing Officers to enable them to work together to put education at the centre of all work with our young people.
- We offer advice and information to key professionals in relation to the educational offer for previously care experienced young people.

### **Kirklees Virtual School self-evaluation**

*We rate ourselves as good overall with some outstanding features and some areas for development*

### **Key strengths of Kirklees Virtual School:**

Most recent national indicators show that Kirklees Virtual School is Quartile A in five of the indicators and B in one of the indicators.

- We 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.
- We collaborate well with other professionals including Social Workers (SW), Designated Teacher's, Carer's, Special Educational Needs Assessment and Commissioning Team (SENACT), Education Psychologists (EP) to provide the best for our young people.
- We have robust systems and processes which provide accurate data linked to our priorities and statutory duties.
- The majority of all children in care access free early education and continue to be placed with a provider judged 'Good' or 'Outstanding'.
- Year 1 phonics screening is above the national average for children and young people in care in 2022.
- The percentage of KS1 pupils reaching expected or higher standard for Reading, Writing and Maths and RWM combined is above the national average for children and young people in care 2022.
- Improvements in KS2 results in 2022 has highlighted that Kirklees are now above national averages for Reading, Writing and Maths individually and just below for combined.
- The last fully reported outcomes for our young people taking GCSEs were the highest ever in 2019 and above national for children and young people in care. In 2022 Kirklees is above the 2019 national CLA data however we do not have fully validated results or national comparators for 2022.
- Most young people who achieved national expectations at the end of earlier Key stages 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 remaining challenges following the pandemic.

- There has been no permanent exclusion of a child and young person in care since the Virtual School was set up. This is testament to the collaborative approach to supporting those with challenging behaviour and the access to effective support services that ensure those pupils at risk of exclusion receive appropriate intervention.
- The electronic PEP system enables the Virtual School to monitor the completion and quality of PEPs and allows for systematic application, authorisation, and monitoring of Pupil Premium Plus funding for individual pupils. All Designated Teachers (DTs), Social Workers and Independent Reviewing Officers have access to this system and can contribute to the PEP process. This process is used to challenge schools to support pupils' individual needs and is currently quality assured by the Virtual School Headteacher and team managers who sign off all PEPs.
- 100% PEP completion within termly timescale
- Initial PEP completion in ten school days of VS notification was 98% in 2021/22 up on 97% in 2020/21
- The Virtual School Team Managers oversee school changes and make sure the new school is at least 'good' and will meet the curriculum needs for the young person. In July 2022, 81% of children and young people in care were attending good or outstanding schools. We have a clear understanding of the 19% who are attending education provisions judged as requires improvement / inadequate at their last Ofsted visit or with no inspection report (13%). When a schools Ofsted judgement is downgraded, extra monitoring and support is put in place to ensure that the educational needs of our young people are met.
- 89% of school moves took place with no break in learning and 92% of these took place within 20 days.
- We always work closely with other agencies, and this can be clearly evidenced in the PEPs.
- We have commissioned multi-agency support working across the Education Psychology Service including dedicated Educational Psychologist support, inclusion workers supporting complex young people, and nationally recognised work with schools through the Timpson Project. Additional resource is also commissioned for Childrens Emotional Wellbeing Service (ChEWS) which enhances the offer to our children and young people in care.
- We have commissioned programmes of work from the Kirklees Early Years Outcomes Team to provide opportunity for parents/carers and Early Years Practitioners to work together around school readiness (START programme) and language development ( 50 things to do before you're 5 programme)
- We have developed our structure in the Virtual School to ensure that young people with SEND have specialist and timely support from the Virtual School.
- We have an established Governing Body that meets regularly with a cross section of representation that holds the Virtual School to account through supportive and challenging meetings. Regular analysis and reporting of data is presented to the group which provides discussion points, further scrutiny and challenge to the Virtual School.

### **How do we get to outstanding?**

**We have highlighted several areas that we believe would take Kirklees Virtual School to Outstanding. Each of these are addressed fully in our Action Plan**

- Reduce the number of suspensions for all young people with a particular focus on secondary education (reduction in suspensions).
- Improve provision to meet the needs of those who are going through instability in their placement and school place (less pupils “not in full time” (NIFT) and improved attendance and persistent absence PA)
- Improving strategies to re-engage young people who have significant attendance issues – particularly in Key Stage 4 (less unauthorised absence and PA)
- Building Virtual School involvement from age 2 to support earlier assessment, intervention, and access to training for Early Years Practitioners, with a focus on supporting development of the prime areas and characteristics of effective learning (improved GLD).
- Focus on current Key Stage 1 cohorts to support accelerated progress from Early Years GLD (resulting in more pupils achieving expected at the end of KS1)
- Consistent improving trend in reading, writing and maths outcomes for all primary aged children (KS1 and KS2 outcomes data).
- Ensuring that Covid recovery and school led tutoring are embedded in all PEP meetings (Impact on Pupil Progress).
- Focussing on school stability, minimising changes, especially during Key Stage 4. (reduction in school moves)
- Developing partnership working with the care leavers team, to work with all young people if they remain in education / training to 25 and ensure care planning is linked as young people approach 18 (Impact on NEET statistics 19-21).
- Provision for those who move back into Kirklees without an education provision (NIFT and Attendance)
- Enhanced the provision to support UASC young people for the full year. (provision in place over the summer)
- Embedding the work for Children and young people with a social worker so that it becomes system led and system wide throughout the authority and education system. (improved discussion and educational information in Child in Need and Child Protection plans.)

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

N/A

**2. Implications for the Council**

**3.1 Working with People**

N/A

**3.2 Working with Partners**

N/A

**2.3 Place Based Working**

N/A

**2.4 Climate Change and Air Quality**

N/A

**2.5 Improving outcomes for children**

The report is a summary of the outcomes for children and young people in the care of Kirklees Local Authority

**2.6 Financial Implications for the people living or working in Kirklees**

N/A

**2.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources) Consultees and their opinions**

As well as considering other implications, you should add in here a paragraph making appropriate reference to the IIA.

**3. Next steps and timelines**

Action Plan in place

**4. Officer recommendations and reasons**

N/A

**5. Cabinet Portfolio Holder's recommendations**

N/A

**6. Contact officer**

Louise Hallas – Virtual School Headteacher

Headteacher Report 2021-22

01484225180 [louise.hallas@kirklees.gov.uk](mailto:louise.hallas@kirklees.gov.uk)

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

See previous minutes of Corporate Parenting Board

**8. Service Director responsible**

Jo-Anne Sanders Service Director Learning and Early Support

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**Corporate Parenting Board**

**Agenda Plan 2022/23**

<b>Date of Meeting</b>	<b>Issues for Consideration</b>	<b>Officer Contact</b>
<p align="center"><b>Tuesday 12<sup>th</sup> July 2022</b></p> <p align="center"><i>Report Deadline: Thursday 30<sup>th</sup> June 2022</i></p> <p align="center"><i>Agenda Publish: Monday 4<sup>th</sup> July 2022</i></p>	<p align="center"><b><u>Pre-meeting (private)</u></b></p> <p>Performance Monitoring report (Children’s Services)</p> <p>Care leavers/ Children Looked After Overview Report</p> <p>Ambition Board Data Slides</p> <p align="center"><b><u>Public Items:</u></b></p> <p>Membership of the Board</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Virtual School Governing Body Update (verbal)</p> <p>OFSTED and Ambition Board Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan</p>	<p>O Rix/ J Tolley/ E McShane /G Addy</p> <p align="center">O Rix</p> <p>O Rix/ J Tolley/ E McShane /G Addy</p> <p align="center">Board Members</p> <p align="center">J Tolly/O Rix/ E McShane</p> <p align="center">Cllr Pattison /J Tolley</p> <p align="center">E McShane</p> <p align="center">Board members</p> <p align="center">J Harris</p>

**Corporate Parenting Board**

**Agenda Plan 2022/23**

9 <sup>th</sup> August (Cancelled)		
<p><b>Tuesday 27<sup>th</sup> September 2022</b></p> <p><i>Report Deadline: Thursday 15<sup>th</sup> September 2022</i></p> <p><i>Agenda Publish: Monday 19<sup>th</sup> September 2022</i></p>	<p align="center"><b>Pre-meeting (Informal)</b></p> <p>Performance Monitoring report (Children’s Services)</p> <p>Overview reports (Children Looked after and Care Leavers)</p> <p align="center"><b>Public Items:</b></p> <p>Attendance by Strategic Director on the Role of the Corporate Parent (deffered)</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Children’s Rights Team Annual report</p> <p>JTAI Inspection Outcome Report</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Children’s Ambition Board Update</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan</p>	<p>O Rix/ J Tolley/ E McShane</p> <p>O Rix</p> <p>M Meggs Strategic Director for Children and Young people</p> <p>O Rix/ J Tolley/ E McShane /I Mottershaw/ J Tolley</p> <p>A Gledhill /S Miles</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 2022/23**

<p><b>Tuesday 15<sup>th</sup> November 2022</b></p> <p><i>Report Deadline: Thursday 3<sup>rd</sup> November 2022</i></p> <p><i>Agenda Publish: Monday 7<sup>th</sup> November 2022</i></p>	<p align="center"><b>Pre-meeting (Informal)</b></p> <p>Performance Monitoring report (Children’s Services)</p> <p>Overview Reports</p> <p>Children with Disabilities – External Specialist Provision Report</p> <p align="center"><b>Public Items:</b></p> <p>Update from Strategic Director on the Role of the Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Annual Health Report</p> <p>Virtual School Annual report</p> <p>Presentation on Voice of the Child</p>	<p>O Rix/ J Tolley/ E McShane</p> <p>O Rix</p> <p>C Bennett</p> <p>M Meggs</p> <p>O Rix/ J Tolley/ E McShane</p> <p>G Addy</p> <p>L Hallas</p> <p>A Gledhill</p>

**Corporate Parenting Board**

**Agenda Plan 2022/23**

	<p>Virtual School Governing Body Update (verbal)</p> <p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan</p>	<p align="center">Cllr Pattison</p> <p align="center">Board Members</p> <p align="center">J Harris</p>
<p align="center"><b>Tuesday 24 January 2023</b></p> <p align="center"><i>Report Deadline: Thursday 12<sup>th</sup> January 2023</i></p> <p align="center"><i>Agenda Publish: Monday 16<sup>th</sup> January 2023</i></p>	<p align="center"><b>Pre-meeting (Informal)</b></p> <p>Performance Monitoring report (Children’s Services)</p> <p>Overview Reports</p> <p align="center"><b>Public Items:</b></p> <p>Attendance by Strategic Director on the Role of the Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>OAWY – Annual (highlights report on Kirklees performance data)</p>	<p align="center">O Rix/ J Tolley/ E McShane</p> <p align="center">O Rix</p> <p align="center">SD (TBC)</p> <p align="center">O Rix/ J Tolley/ E McShane</p> <p align="center">M Rawlings</p>

**Corporate Parenting Board**

**Agenda Plan 2022/23**

	<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</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"><b>Tuesday 7<sup>th</sup> March 2023</b></p> <p align="center"><i>Report Deadline: Thursday 26<sup>th</sup> February 2023</i></p> <p align="center"><i>Agenda Publish: Monday 30<sup>th</sup> February 2023</i></p>	<p align="center"><b>Pre-meeting (Informal)</b></p> <p>Performance Monitoring report (Children’s Services)</p> <p align="center"><b>Public Items:</b></p> <p>Attendance by Strategic Director on the Role of the Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Children’s Ambition Board Update (verbal)</p>	<p align="center">O Rix/ J Tolley/ E McShane</p> <p align="center">(SD TBC)</p> <p align="center">O Rix/ J Tolley/ E McShane</p> <p align="center">Cllr Pattison/ J Tolley</p> <p align="center">T Brailsford / E McShane</p>

**Corporate Parenting Board**

**Agenda Plan 2022/23**

	<p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Agenda Plan</p>	<p>Board Members</p> <p>J Harris</p>
<p><b>Tuesday 7<sup>th</sup> April 2023</b></p> <p><i>Report Deadline: Thursday 13<sup>th</sup> April 2023</i></p> <p><i>Agenda Publish: Monday 17<sup>th</sup> April 2023</i></p>	<p>Attendance by Strategic Director on the Role of the Corporate Parent</p> <p>Children’s Performance Highlight Report CIC and Fostering/Children’s Homes</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</p>	<p>(SD TBC)</p> <p>O Rix/ J Tolley/ E McShane</p> <p>Cllr Pattison/ J Tolley</p> <p>T Brailsford / E McShane</p> <p>Board Members</p> <p>J Harris</p>

**Standing Items (as on Agenda Plan)**

- Minutes of Previous Meeting
- Attendance by Strategic Director Update on the Role of Corporate Parent

## Corporate Parenting Board

### Agenda Plan 2022/23

- (SD Growth and Regeneration) Last seen March 2022
- (SD Environment and Climate Change – Last seen March 2022
- (SD CCG’s Chief Officer – Last seen February 2022)
- (SD Children’s Services – September 2022
- (SD Adults and health – January TBC)
- (SD Corporate Strategy/Public Health – tbc)
- (A representative from the police – Tbc)

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

Virtual School Governing Body Update (verbal)

Ambition Board Update (verbal)

Updates from Board Members on interaction with services

Corporate Parenting Board Agenda Plan 2022/23

#### Items for consideration /to schedule :

Statement of Purpose for Fostering Service (November TBC)

Statement of Purpose for Residential Care

Report on Accommodation

Fostering Annual Report

Pathway planning report

Missing report

The Sufficiency strategy

Supported Lodgings Scheme

Report of Adoption – to consult with OAWY new municipal year

A report from the virtual School re Post 16 attainment.

Ethnicity of LAC and foster carers.

## Corporate Parenting Board

### Agenda Plan 2022/23

#### **Annual / 6 monthly reports:-**

- 6 monthly report on Children's Rights (Oct to March) A Gledhill (June)
- Annual Report on work of the Children's Rights) April onwards
- 6 monthly report on Independent Visitors Scheme (Oct to March)
- Annual report on Complaints and Compliments for Children in Care (January)
- Annual report on children who go missing from care
- Annual report on children and young people placed outside the Kirklees boundary
- Annual Health Report (report on health of looked after children)
- Annual Report on Kirklees Fostering Service
- OAWY – Annual (highlights report on Kirklees performance data)
- OAWY – 6 monthly report (June/July)