

# Public Document Pack



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

**Julie Muscroft**

Governance and Commissioning

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Monday 27 November 2023

## Notice of Meeting

Dear Member

### Corporate Parenting Board

The **Corporate Parenting Board** will meet in the **Meeting Room 3 - Town Hall, Huddersfield** at **10.15 am** on **Tuesday 5 December 2023**.

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

Gill Addy

Kieran Lord

Stewart Horn

Louise Hallas

Vicky Metheringham

Tom Brailsford

Sara Miles

Jo-Anne Sanders

Ophelia Rix

Keith Fielding

Georgina Ioannue

Keely Lucas

Farrah Munir

Designated Nurse for Looked after Children/Care Leavers

Interim Service Director (Resources, Improvement and Partnerships)

Head of Joint Commissioning, Children & Families

Virtual School Headteacher

Service Director - Child Protection & Family Support

Service Director (Resources, Improvement and Partnerships)

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

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 - 8

To approve the Minutes of the meeting of the Board held on the 24 October 2023.

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**3: Declaration of Interests**

9 - 10

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

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**4: Admission of the Public**

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Board.

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**5: Deputations/Petitions**

The Board will receive any petitions and/or 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 submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four

deputations shall be heard at any one meeting.

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## **6: Public Question Time**

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting

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## **7: Service Acknowledgements and Awards**

The Board will receive a verbal update in respect of Service acknowledgements and awards.

Contacts:

Joel Hanna, Head of Service Corporate Parenting and Children's Residential services

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## **8: Service Updates**

11 - 16

The Board will receive a verbal update.

Contacts:

Joel Hanna, Head of Service Corporate Parenting and Children's Residential services

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## **9: Children's Performance Highlight Report**

17 - 30

The Board will consider a report giving key highlights from the latest performance monitoring data for the Children's Service.

Contacts:

Joel Hanna, Head of Service, Children Looked After, Care Leavers Residential Care Homes

Vicky Metherringham, Service Director, Family Support and Child Protection

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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**10: Kirklees Children Looked After and Care Leavers Annual Health Report** 31 - 56

The Board will consider the Kirklees Children Looked After and Care Leavers Annual Health Report April 2022 – March 2023.

Contact:  
Gill Addy, Designated Nurse for Looked after children

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**11: Update on Strengths and Difficulties Questionnaire** 57 - 64

The Board will consider a report setting out an update on the Strengths and Difficulties Questionnaire.

Contacts:

Noushin Mostowfi, Service Manager Emotional Well-Being Service  
Rachael Johnson, MST Supervisor

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**12: Summary Annual report on Complaints and Compliments** 65 - 78

The Board will consider the Annual Summary Compliments, Representations and Complaints report for Kirklees Children's Social Care (April 2022-March 2023).

Contact:

Nick Libell, Service Manager Children and Families

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**13: Virtual School Governing Body Update**

The Board will receive a verbal update in respect of the Virtual School Governing Body.

Contact:  
Louise Hallas, Virtual School Headteacher

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**14: Children's Ambition Board Update**

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

Contacts:

Kieran Lord, Interim Service Director (Resources, Improvement and Partnerships)

Vicky Metherringham, Service Director (Family Support and Child Protection)

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## **15: 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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## **16: Corporate Parenting Board Next Steps**

The Board will receive a verbal update with regards to the next steps for the Corporate Parenting Board.

Contacts:

Joel Hanna, Head of Service, Children Looked After, Care Leavers Residential Care Homes

Vicky Metherringham, Service Director, Family Support and Child Protection

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

79 - 88

The Board will consider the agenda plan for 2023/24.

Contact:

Jodie Harris, Principal Governance and Democratic Engagement Officer

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Contact Officer: Jodie Harris

## KIRKLEES COUNCIL

### CORPORATE PARENTING BOARD

**Tuesday 24<sup>th</sup> October 2023**

Present: Councillor Viv Kendrick (Chair)  
Councillor Elizabeth Reynolds  
Councillor Andrew Cooper (ex-Officio)  
Ophelia Rix, Head of Service for Children Looked After and Care Leavers  
Steward Horn, Head of Children's Integrated Commissioning  
Louise Hallas, Virtual School Headteacher  
Gill Addy, Designated Nurse

Apologies Councillor John Lawson  
Councillor Karen Allison  
Councillor Richard Smith  
Jo-Anne Sanders, Service Director Learning and Early Support  
Vicky Metheringham, Service Director, Child Protection and Family Support  
Kieran Lord, Interim Service Director - Resources, Improvements and Partnerships  
Ian Mottershaw, Head of Contextual Safeguarding Service and Y.E.S – Family Support and Child Protection  
Sara Miles, Head of Safeguarding and Quality Assurance

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

Apologies were received from Councillor John Lawson, Councillor Richard Smith, Councillor Karen Allison, Jo-Anne Sanders, Service Director Learning and Early Support, Vicky Metheringham, Service Director, Child Protection and Family Support, Kieran Lord, Interim Service Director - Resources, Improvements and Partnerships, Ian Mottershaw, Head of Contextual Safeguarding Service and Y.E.S – Family Support and Child Protection and Sara Miles, Head of Safeguarding and Quality Assurance.

#### **2. Minutes of the Previous Meeting**

The Board considered the Minutes of the meeting held on 12<sup>th</sup> September 2023.

**RESOLVED:** That the Minutes of the meeting of the Board held on 12<sup>th</sup> September 2023 be approved as a correct record.

#### **3. Interests**

No interests were declared.

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

All Items were held in public session.

**5. Deputations/Petitions**

There were no deputations or petitions received.

**6. Public Question Time**

There were no questions received from members of the public.

**7. Children's Performance Highlight Report**

The Board considered the latest Children's Performance Highlights Report in respect of the performance monitoring data for Children's Services.

Ophelia Rix, Head of Service for Children Looked After and Care Leavers highlighted the following points in relation to Looked After Children and Care leavers:

- The care planning and decision-making processes for children and young people continued to maintain Senior Manager oversight through the Legal Gateway, Permanence and Children Accessing Service Panel.
- The Panels provided assurance that management oversight and clear actions and timescales were in place to address practice of concern and highlight evidence of good practice.
- Weekly Performance meetings were being held and the feedback received showed that young people were satisfied and had a strong relationship with social workers.
- The work of the Panel helped to increase understanding of young people and their experiences.
- There had been an increase in number of unaccompanied young people which placed increased workload but there had been timely responses in terms of the allocation of social workers and educational provision.
- The ambition was to undertake more work in relation to understanding unaccompanied young people and their experiences to meet their current and future needs.
- In relation to Care Leavers, there had been an increase in relation to the number of Care Leavers who were in touch.
- The team continued to work innovatively to keep in touch with all young people and were confident that all post 18 young people were aware of the support offer.
- There had been an increase in the numbers of young people who had up-to-date pathway plans.
- Work continued with Social Workers and Personal Advisors to ensure pathway plans were completed in a timely manner to meet targets with a focus going forward on the improvement of the quality of plans.
- In relation to the number of young people in suitable accommodation, there had been a significant impact on the increasing demands for tenancies.
- Work continued with housing colleagues who agreed to prioritise properties for young people, and this had helped to improve performance.



## Corporate Parenting Board – 28 March 2023

- This work was to continue to ensure that suitable accommodation was available, and strong links with private housing providers were being maintained.
- Performance in relation to Employment, Education and Training (EET) indicator was a focus for improvement supporting the priority to ensure that young people were afforded the best of opportunities in relation to EET.
- There was a C&K Careers Advisor in the Leaving Care Service, and there was a pro-active multi-agency group to improve opportunities in partnership working.
- There had been an increase in the number of young people accessing No11 and No12 and weekly drop-in sessions were held at these hubs.

The Board noted the update in respect of Children Looked After and Care leavers and welcomed the information in relation to Children Looked After Review meetings highlighting that they were well attended by a range of committed partner agencies. During the discussion to follow the Board raised a question in relation to suitable accommodation noting that the target support was positive, but funding was due to cease March 2024.

In response Ophelia Rix advised that the role was to be maintained within the service to ensure that young people were supported into suitable accommodation.

Gill Addy, the Designated Nurse for Looked After Children and Care Leavers and Stewart Horn, Head of Children's Integrated Commissioning updated the Board in relation to the health data, which provided both twelve- month rolling and monthly figures. It was advised that:

### Initial Health Assessments (IHA's):

- A rolling 12-month data shows that 60.4% of IHA's were completed in the statutory timescale but the actual percentage had dropped to 0% in real terms in August.
- This was being replicated across regional neighbours and had been highlighted on the WY risk register.
- This was due to a number of factors including a continued increase of; numbers coming into care (including large sibling groups) unaccompanied asylum-seeking children (UASC), the number of children placed with connected carers not being brought requiring re-scheduling, complexities, requests from other local authorities to complete on their behalf.
- Work was being undertaken with Kirklees College who were supporting health promotion work with UASC.
- Locala monthly data for July showed that 31% were completed in the 20-day timescale.
- Meetings of a working group (made up of the Designated Nurse, Locala the CHFT, and the ICB) were taking place regularly to make improvements.
- The Business Case to consider additional nurse/doctor resource/alternative CLA Health model, which would support the whole team remained under commissioner consideration, with a resubmission presented in September to the ICB.
- This had since been escalated to a West Yorkshire Director for Children services and NHS senior leaders meeting, where region wide issues were discussed.

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### Review health assessments (RHA):

- Kirklees rolling 12-month data shows that 82.5% & 90.5% of the 'Developmental' assessments (under 5yrs old) and 'Annual' assessments (over 5 yrs. old) respectively, were completed in statutory timescales.
- These positive results include months when the previous model of delivery by Thriving Kirklees (TK) was in place.
- Since April, TK had put a temporary process in place to complete most allocated RHA's on additional hours, or incorporate with their own statutory assessments, until the commissioning arrangements completed.
- Locala monthly data for August showed that 63% and 68% for under and over 5 years olds respectively, were completed in timescales under the temporary regime.
- Almost all assessments were completed in the month they were due, or soon after to fit around carer arrangements.

### Dental Checks:

- Kirklees rolling 12-month data shows that 65.2% of children aged 1+, had attended the dentist.
- Several factors were negatively affecting the recording of data and a working group had been established to look at aligning the data with Locala.
- This included using SW practitioners to update when a child had attended as part of their statutory visits, avoiding reliance on recording at the RHA
- Locala monthly data for showed that 100% of children age 18months to under 5 yrs., and 94% 5 years+, had attended the dentist at the point of their RHA.

### Registered at dentist:

- Locala data shows 100% of children aged 18m to 5 years and 86% 5 years+ 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.

### Substance misuse:

- 1 young person (0.24%) had admitted or are known to use substances that have a significant impact on their daily life when asked at their last RHA.
- If a young person declines their RHA, a check was made with the social worker to ascertain if substance use is an issue.
- The working group will also look at alternative methods of collection of this data as the RHA was not a reliable source.

### Immunisations:

- 93% and 83% of under and over 5-year-olds respectively, were up to date with their immunisations.
- Reasons for a lower uptake in older children can be related to; the shortened schedule offered to Unaccompanied Asylum-Seeking Children, some young people may decline, and placement moves or moves to semi-independent living can negatively impact take up.

The Board noted the update and recognised that there were some unprecedented challenges in this area of work, but welcomed the work of Kirklees College in helping to support UASC and highlighted that this should be recognised, and that the college be thanked.

Gill Addy agreed and added how group interactions in classrooms with peers was a positive format for working with young children.

The Board noted challenges around adoption, and the average time between a child coming into adoption and being placed. Concerns regarding the delays had been raised with OAWY as the data was below statistical neighbourhoods.

**RESOLVED:** The Board noted the Children's Performance Highlight Report, and it was agreed that Kirklees college be thanked and congratulated for the support provided to UASC.

## **8 Virtual School Draft Head Teacher Report**

The Board considered the Virtual School Draft Headteacher Report (September 2023) presented by Louise Hallas, Virtual School Headteacher. The draft report outlined the virtual self-evaluation for 2022-23 and the outcome data (to be validated as of September 2024) for 2022-23 as well as the improvement priorities for 2024. It was highlighted that:

- Under self-evaluation, Kirklees Virtual School rated themselves as good overall with some outstanding features and some areas for development.
- A Personalised Approach was taken and every young person in care was allocated to a member of the experienced Virtual School Team.
- This ensured that their attendance, progress and attainment was reviewed to enable challenge and support in a timely manner and for relevant interventions can be put in place.
- The Virtual School completed 100% of Personalised Education Plans (PEP's) within the termly timescale.
- This ensured that every young person's had at least one PEP each term.
- In the previous year, 99% of initial PEP's were completed within timescales.
- The electronic PEP system enables the Virtual School to monitor the completion and quality assurance of PEPs.
- This process is used to challenge schools and providers to support pupils' individual needs and is quality assured by the team managers.
- Completed PEPs are recorded in Liquid Logic and uploaded to Wisdom.
- There were robust systems in place to ensure the Internal and External Scrutiny of Data and Systems,
- A monthly report is produced, analysed and reviewed as a leadership team and presented to Governing Body, Corporate Parenting Board, Scrutiny, Quality Assurance Panel and shared across service
- This allows us to react quickly to developing patterns of need and work proactively as a team to embed creative solutions
- or example, we can see every suspension that takes place and ensure that we are working with professionals to prevent any further suspensions and highlight any patterns in the data.
- This has resulted in a decrease in the number of suspensions this year with the number of days lost reduced from 455.5 to 307, with pupils with more

## Corporate Parenting Board – 28 March 2023

than 1 suspension down from 37 to 29 demonstrating the positive impact of data scrutiny.

- There is 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.
- In early years support, the majority of children in care aged 2 to 4-years-old access their entitlement to funded early education and care.
- Where they are not accessing their entitlement, the reason is known, and the validity checked by a lead social worker.
- The percentage of young people achieving a Good Level of Development has been consistently strong over the last three years
- 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
- The progress for those that achieve at least expected at Key Stage 1 to Key Stage 2 achievement is good, positive that maintain trajectory of achievement
- Attainment and Progress at Key Stage 4 has been consistently strong and the latest validated results (2022) show Kirklees Children Looked After in quartile B for attainment, progress and 9-4 English and Maths and these were all above regional and national data.
- Participation and progression remain strong in Post 16 despite the remaining challenges following the pandemic, with 99% of young people participating in some form of learning 16-18.
- This was an area the Virtual School hoped to increase into the 19-25 cohort.
- Kirklees College have also been successful in being shortlisted for the Alex Timpson ARC Attachment Award for their strong commitment to attachment and trauma informed approaches across the organisation.
- Collaborative working was a particular strength of the virtual school,
- The Virtual School Leadership team work strategically across service with numerous partners including Heads of Service in Children Looked After, Assessment and Intervention, Children With Disabilities Service, Youth Engagement Service, Multisystemic Therapy (MST) team, Sufficiency, Careers, Health and One Adoption
- 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.
- There has been no permanent exclusion of a child and young person in care since the Virtual School established
- This was trend that had continued since the virtual school had been established.
- In relation to special education al needs, All staff have received SEND specific professional development opportunities to increase knowledge and understanding of how we better support our young people with SEND.
- We have established links nationally with LA SEND teams to reduce drift and delay regarding statutory assessments and EHCP linked processes.
- We have developed our structure to integrate the work for Children with a Social Worker into the work of the Virtual School.

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- we are developing a joint action plan to enhance social work practice and ensure detailed education targets are in place and reviewed in all Child in Need and Child Protection Plans.
- Areas for improvement included; attendance (to increase static 88% going forwards) attainment (particular focus on Key Stage 2 and Key Stage 4), EHCP / Access to Appropriate Provision, School Moves (minimising changes wherever possible).
- Development work included;
  - Developing partnership working with the care leavers team and SAPT, to work with all young people if remaining in education / training to 25 and ensure care planning is linked as young people approach 18.
  - Enhanced the provision to support UASC young people for the full year.
  - Further develop partnership working and support and training for Early Years providers to maximise potential and impact of earlier intervention.
  - 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.

The Board noted the update and expressed thanks to the Virtual School for their work. The Board particularly welcomed:

- The news that there were no permanent exclusions.
- The 100% PEP completion rate.
- static in performance in absence data (in comparison to a national decrease).
- Further work to close any gaps in attainment where possible.

In response to a question from the Ex-Officio in relation to Ofsted inspection, Louise Hallas advised that within the ILACS inspection there was a school's Ofsted inspector who reviewed the work of the virtual school. Previous feedback from inspections had always been very positive. Responding to a further question from the Ex-Officio in relation to the way in which virtual schools operate Louise Hallas advised that all virtual schools may work to the same performance indicators, but the delivery and operation of Virtual schools differed across Local authorities.

In response to a question from the Board in relation to unauthorised absence data, Louise Hallas confirmed that sickness absence was not recorded in this information. However, Louise further noted that lates had to be recorded as unauthorised which impacted the data. The Board noted the response and requested that a breakdown of recorded unauthorised absence be provided to help provide clarity around the data.

**RESOLVED:** The Board noted the Virtual School Draft Headteacher Report, and it was agreed that a report showing a breakdown of recorded unauthorised absences be provided to the Board.

### 9 Virtual School Governing Body Update

The Board were advised that a meeting of the Governing Body had not yet taken place and that an update would be given at the next meeting of the Board.

**RESOLVED:** The Board noted that an update would be deferred to next meeting of the Board

**Children Ambition Board**

No updates from officers due to apologies and it was noted that an update be given at the next meeting of the Board.

**9 Updates from Board Members on Interaction with Services**

The Board considered 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.

The Chair reported that she had:

- Attended an early years development day alongside Cllr Cooper (Ex-Officio).
- Attended a One Adoption West Yorkshire (OAWY) Meeting where a discussion was held around activity days for children awaiting adoption. It was suggested that the Board should attend an upcoming activity day.
- Chaired a meeting of the Yorkshire and Humber Lead members network.

**RESOLVED:** The Board noted the Updates from Board Members on Interaction with Services, and it was agreed that the Board give consideration to attending an OAWY activity day.

**10. Corporate Parenting Board Agenda Plan 2022/23**

The Board considered the agenda plan for 2023/24.

**RESOLVED:** The Board noted the agenda plan for 2023/24 .

**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.



# Family Support and Child Protection

**Vicky Metherringham**  
Service Director

**Charlotte Jackson**  
Head of Service  
Front Door  
EDS  
A&I

**Christine Bennett**  
Head of Service  
A&I  
CWD

**Joel Hanna**  
Head of Service  
Corporate Parenting and  
Children's Residential  
services

**Ian Mottershaw**  
Head of Service  
Contextual  
Safeguarding and  
YES  
And MST

**Rob Fordyce**  
Head of QA  
And Practice  
Development  
  
PSW

# Family Support and Child Protection

Head of Service  
Assessment & Intervention, Front Door,  
Emergency Duty Service  
**Charlotte Jackson**

## Front Door and EDS

Service Manager  
**Theresa Racz**

Team Manager  
**Bethan McGuire (Mat Leave)**  
**Sarah Goodall**  
**Aqsa Ferdus**  
**Parmajit Ajula**

## Assessment and Intervention

Service Manager  
North – Batley  
**Lauren Stephenson/Nick Booth**

Team Manager  
North – Batley  
**Sarah Cheatham**  
**Lorna Beasley**  
**Michelle Gaye**  
**Tom Nicholson**

Service Manager  
North – Dewsbury  
**Faye Sykes/Joanne Simpson**

Team Manager  
North – Dewsbury  
**Marie O’Callaghan**  
**Michelle Goodwin**  
**Mena Massimo**  
**Charlotte Rome**

# Family Support and Child Protection

Head of Service  
Assessment & Intervention  
Children with Disabilities  
**Christine Bennett**

## Assessment & Intervention

Service Manager  
South – Central  
**Adele Lakey**

Service Manager  
South – Valleys  
**Sarah Schofield (covering)**  
**Joanne Simpson (covering Dewsbury)**

Team Manager  
South – Central  
**Lauren Stephenson**  
(currently covering  
**Batley SM**)  
**Charlotte Messenger**  
**Janet Lewis**  
**Lindy O'Hara**

Team Manager  
South – Valleys  
**Kelly Fluke**  
**Mel Mwuamba**  
**Emma Eaton**  
**Whitfield**

## Children with Disabilities

Service Manager  
**Sara Schofield**

Team Manager  
**Shelly Harding**  
**Evlenie Mujo**

# Family Support and Child Protection

Head of Service  
Corporate Parenting and Children's Residential Services  
**Joel Hanna**

## Children's Residential Services

Lead Officer  
for  
Corporate  
Parenting  
Deliver

Service Manager  
**Jon Peaker**

Senior Manager Residential  
Childrens Homes  
**Yvonne Bailey-Smith**

Home Managers  
**Vacant**  
**Ben Lancaster**  
**Jodi Thompson**  
**Rebecca Fisher**  
**Stacey Mazacs**  
**Martin Steele**

## Children Looked After

Service Manager  
**Rahila Habib**

Team Manager  
– Looked After Children  
**Neil Barker**  
**Zahid Bashir**  
**Rosie Khan**  
**Marco Radley (from September 2023)**

Business Support Manager  
**Ruth Coopland**

## Liquid Logic

Project Manager  
**Ann Franssen**

LL Learning and  
Development  
**Zack Mills**  
**Saul Muldoon**  
**Simon Beever**  
**Edward Benn**

## Care Leavers Services

Service Manager  
**Beverley McClure/ Lauren Stephenson**

Team Manager  
**Kirsty Wood**

Team Leaders  
**Mehreen Khan**  
**Samina Haider**  
**Claire Parton**

# Family Support and Child Protection

Head of Service  
Contextual Safeguarding and YES  
**Ian Mottershaw**

## Youth Justice

## Youth Engagement and contextual Safeguarding

## Business Support

## Emotional Wellbeing Family Time Team, formulation and MST

MAPPA  
Contest  
Gold  
CSE  
Gold

Service Manager  
**Chris Sweeting**

Service Manager  
**Ben Newsome**

Business Support and  
Project Manager  
**Sam Payne**

Service Manager  
Emotional Wellbeing, Family Time  
**Noushin Mostowfi**

Team Manager  
**Helen Williams**  
**Andy Gresswell**  
**Rebecca Lancevicz**  
**Sandra Robinson**  
**Rebecca Gilmour**  
**Julie Walsh RJ Manager**

Team Manager  
**Bethany Mason**  
**Keely Matthews**  
**Eleanor Armitage**  
**Bernie McGlade Coordination  
Manager**

Business Support  
Manager  
**Ansa Hussain**  
**Vacant**  
**Gareth Chalmers**  
**Ruth Coopland**  
**Luke Sykes**  
**Tracy Singleton**

Team Managers  
Family Time Team  
**Sabrina Davies**  
Team Manager  
Emotional Wellbeing  
Team  
**Sadie Mulkeen**

Programme  
Manager  
Formulation  
Project  
**Tom Batterby**

MST  
Supervisors  
**Rachael  
Johnson**  
**Sarah  
Forrest**  
**Colette  
Beatson**

# Family Support and Child Protection

Head of Service  
Quality Assurance and Practice Development (PSW)  
**Rob Fordyce**

## Practice Development

Information  
Governance/GDPR/Subject  
Access Requests

Advanced Practitioners  
Monthly Meetings

Complex Investigations  
Practice Learning Reviews

Quality Assurance/Practice  
Standards  
Policies and Procedures

Legal Project Officers  
**Suzanne Lewis**  
**Jennifer Caine**  
**Lucy Callinan**

Workforce Development  
**Maria Birch**

## Date of Board: 05 December 2023

Data is as at 31<sup>st</sup> October 2023, unless stated otherwise.

Benchmarking Source: Children's Social Care Benchmarking Tool (BMT) V3.29. Benchmarking data is from March 2022 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-22	Aug-23	Sep-23	Oct-23	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	64.1 (628)	60.4 (592)	62.5 (613)	63.4 (620)	92.0	70.0
	Direction of Travel		↑	↑	↑		
4.02.04 Children in care by placement within and outside the LA boundary: Total placed outside Kirklees and more than 20 miles from home address	% (number)	11.1% (70/628)	11.3% (67/592)	11.4% (70/613)	11.6% (72/620)	12.0%	16.0%
	Direction of Travel		↑	↑	↑		
4.05.01 Placement Stability Within Year - CLA with three or more placements	% (number)	8.8% (55)	10.0% (59)	10.3% (63)	11.0% (68)	9.0%	10.0%
	Direction of Travel		↑	↑	↑		
4.05.04 Social Worker change of CLA in care 12+ Months: Number of Social Worker changes	Number	292	274	308	346	N/A	N/A
	Direction of Travel		↑	↑	↑		
Average number of SW changes	Average	0.61	0.65	0.72	0.82	N/A	N/A
	Direction of Travel		↓	↑	↑		

## Service Narrative

## What difference did we make:

- During the 12-month period from Nov 22 to Oct 23, the number of children looked after peaked at 63.3 (621 children) in Dec 22 and is currently 63.2 (620 children) in Oct 23. The current 12-month average for Kirklees is 61.7 (605 children), marginally below our 31 March 2022 published rate of 62.0, and below the England 2022 rate of 70.0 and significantly below our Statistical Neighbours 2022 rate of 92.0.
- Of the 72 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	54	75.0%
Residential	7	9.7%
Placed for Adoption	3	4.2%
Hostel/Supported Accommodation (not subject Children's Home regs)	3	4.2%
S1 - Residential School	1	1.4%
YOI or Prison	1	1.4%
Secure Unit	1	1.4%
Family centre or mother and baby unit	1	1.4%
Other / unknown	1	1.4%
<b>Total</b>	<b>72</b>	

- The care planning and decision-making processes for children and young people is monitored and reviewed at Legal Gateway, Permanence and Children Accessing Service Panels that are chaired by the Head of Service. The panels consider the most effective route to securing permanency for a child or young person, oversees the quality and timeliness of care planning and ensures that children and young people receive the right services at the right time.
- The panels provide assurance of management oversight, the performance of practitioners is understood, and clear actions and timescales are in place to address practice of concern and highlight evidence of good practice.
- Senior Leadership Team (SLT) maintains oversight of children and young people placed in external placement through a review panel held fortnightly and 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 of high support and challenge as required to avoid drift and delay in care planning for children and young people.
- Timely care planning to achieve permanence for children and young people continues to see improvement with maintained senior manager oversight. Timely accessing of early support services has supported this area of improvement and the promotion of Family Group Conference (FGC) service that is a family-led meeting and contributed to increased number of Special Guardianship Orders (SGO) an alternative legal status for children that offers greater security than long-term fostering but without the severance from the birth family. Since January 2023 we have successfully supported 56 children to remain within their family network subject of Special Guardianship Order.

**What do we want to improve:**

- The service will continue to work with the Emotional Wellbeing 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.
- 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.
- Ongoing work regarding placement stability is being undertaken jointly with practitioners and partners to address the challenges and ensure good homes are available for our children and young people.
- There has been an increase in relation to the number of children who have had 3 or more home moves. This remains a focus to ensure we provide stability to our children and young people to engage the emotional wellbeing team sooner to support the children and carers the issues to mitigate against children having to move.



## Children Looked After Reviews, Visits and Missing

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct-22	Aug-23	Sep-23	Oct-23	SN	Eng.
4.06.01: CLA Reviews Within Statutory Timescale	%	98.1%	98.1%	98.0%	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	%	94.2% (586)	93.4% (552)	89.6% (552)	91.5% (563)	N/A	N/A
	Direction of Travel		↓	↓	↑		
4.09.02: Missing children: a. No. of CLA having at least one Missing episode per month	% (number)	2.4% (15)	1.5% (9)	2.0% (12)	1.9% (12)	8.7%	10%
	Direction of Travel		↓	↑	↓		
b. No. of CLA that have more than one missing episode in the month (repeat Mispers)	% (number)	40.0% (6)	33.3% (3)	58.3% (7)	16.7% (2)	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)	47.1% (8/17)	15.4% (2/13)	38.5% (10/26)	60.0% (9/15)	N/A	N/A
	Direction of Travel		↓	↑	↑		

### Service Narrative

#### What difference did we make:

- 16 requests for Initial Review forms were received by the Child Protection and Review unit (CPRU) for children to become Looked After in October 2023, relating to 25 children in total. 3 of these requests were for sibling groups, including one sibling group of 6. 44% of the requests referred were for children subject to Child Protection Plan at point of becoming Looked After, which was a higher % than generally seen. 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.
- In October 2023 Independent Reviewing Officers held 122 Looked After Review Meetings, of which all but five were occurred 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.
- Children's Looked After Review meetings are well attended by a range of partner agencies, who commit to taking actions to improve children's experiences and outcomes.
- Independent Reviewing Officers robustly review children's care plans. They provide time-bound actions, which are followed up in between Review meetings to ensure that plans for children progress, and where drift and delay is identified this is raised via informal and formal resolution processes.
- From June 2023 allocated IRO's for children New into Care have been required to undertake New into Care case audits. Findings are shared with the area social work Service Manager for oversight, and social work Team Managers. Key themes highlighting best practice and areas for practice and service improvement are captured in monthly CPRU reports for senior managers, and the findings are also shared in the monthly Children's Social Care Quality Assurance Board Meeting with Service Managers.
- The Children's Rights team continue to provide advocacy for children and young people, along with supporting young people at their Looked After Review meetings and working with the Children in Care Council (CiCC) and Care Leavers Forum, both which meet on a regular basis.
- Service Managers for children in care meet with the Children in Care Council young people to obtain their wishes and feelings and consult with them in relation to areas of development and proposed

changes to key documents. The CiCC and Care Leavers forum also meets with senior leaders. In October the Service Director for Child Protection and Family Support met with both groups and there are plans for the Principle Social Worker to attend the groups to explore with them their views of social workers including what makes a good social worker, and to gain young people's experiences of services they have received, and where they feel improvements can be made.

- Independent Visitors (IV's) continue to support young people through a range of activities, according to the needs and wishes of the young people they are matched with. Currently there are 27 Independent Visitors matched with children and young people, and 18 young people previously referred are on a waiting list to be matched with an Independent Visitor, however this is under review to ensure that this continues to be an accurate reflection of demand on the service.
- The children in care service management team meet with the Children in Care Council young people to obtain their wishes and feeling along with consult with them in relation to areas of development and proposed changes to key documents. Our children and young people along with care leavers views are also obtained during Time to Talk sessions with senior managers which are scheduled until the end of year.
- There continues to be an emphasis on seeking to recruit Independent Visitors and successfully matched with young people.
- There has been an increase in the percentage of Children in Care who have a recorded statutory visit in line with practice standards. 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 seen a decrease and the 12 month average of 2.6%, remains considerably below the national average and statistical neighbours. The numbers used to calculate percentages are relatively low making shifts in percentage scales potentially volatile.
- 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 (100%).
- The percentage of Children receiving an IRI within 72 hours was considerably higher than recent previous months and in line with the wider cohort of missing children. The principal of right person meant that although not always within 72 hours the best possible person undertook the task and ensured 100% of all accepted interviews were completed.
- Those completed within 72 hours of their return was low in August, however under those principles of utilising the right person 100% of all Independent Return Home interviews offered and accepted were completed.
- The number of children having multiple missing episodes has fallen along with those children with more than one missing episode. 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.
- West Yorkshire Police are undertaking a revised approach in accordance with an agreed national pilot. Though recently changed the lower numbers of missing episodes could be a reflection of the three steps undertaken when reporting a missing person. Levels of Intervention, No Immediate Intervention Required. Parental or Carer Intervention and Police Intervention. This approach may more accurately identify missing episodes and not unnecessarily create missing episodes that do not reflect the circumstances.

**What do we want to improve:**

- The Service Managers to continue to provide oversight of statutory visit compliance through the weekly performance meetings that are held within the service. Along with fortnightly practitioner focused performance meeting chaired by the team manager to ensure all relevant support and development is in place for all staff.
- 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 Youth Engagement has seen an increase in conversation from offer of IRI to Acceptance. This remains an ambition to constantly improve and harvest information that supports the young person and develops knowledge to reduce future missing episodes.

## Children Looked After Education Outcomes

Key Indicator	Type of measure	Autumn Term 22/23	Spring Term 22/23	Summer Term 22/23	Benchmarking	
					SN	Eng.
4.10.02 Personal Education Plans (PEP) up to date (current school age CLA with PEP in the last term)	%	100%	100%	100%	N/A	N/A

Key Indicator	Type of measure	Month End				Benchmarking	
		Aug-23	Sep-23	Oct-23	Cumulative	SN	Eng.
Initial PEP completed within 10 school days of Virtual School being notified child came into care	%	N/A	95.3% (41/43)	95.0% (19/20)	95.2% (60/63)	N/A	N/A

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct-22	Aug-23	Sep-23	Oct-23	SN	Eng.
CLA Persistent Absentees	%	23.5%	N/A	20.9%	20.7%	28.4% (2020/21)	30.4% (2020/21)
	Direction of Travel		-	↓	↓		
CLA with a mid-year school move	Number	8	N/A	23	6	N/A	N/A
	Direction of Travel		-	↑	↓		

### Service Narrative

#### What difference did we make:

- 100% of PEPs were completed within the Summer Term. Autumn Term completion rate will be reported at the end of the term.
- Every young person is allocated to a member of our experienced Virtual School Team; therefore we know our young people well and their attendance, progress and attainment are reviewed so that we are able to challenge and support in a timely manner and relevant interventions can be put in place.
- We continue to work closely with social care to improve young people's educational experiences.

#### What do we want to improve:

- Improving attainment and progress for all young people
- Reducing the number of unauthorised absences in both frequency and duration
- Reduction in the number of young people who are classed as PA (Persistent Absenteeism 90%)
- Reducing the time young people are not in full time provision.
- Stabilising school placements for young people

## Children Looked After Health

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct-22	Aug-23	Sep-23	Oct-23	SN	Eng.
4.11.11 Dental Checks within last 12 months - timeliness	%	60.4%	65.2%	67.8%	65.2%	73.0%	70.0%
	Direction of Travel		↑	↑	↓		
4.11.12 Initial health Assessments completed on time - within 20 days	%	77.8%	60.4%	53.2%	40.5%	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	%	86.2%	82.5%	80.2%	82.2%	82.6%	89.0%
	Direction of Travel		↓	↓	↑		
b: Over 5s Annual Health Assessments – percentage up to date	%	93.7%	90.5%	88.7%	87.4%	92.2%	91.0%
	Direction of Travel		↑	↓	↓		
4.11.16 No. of CLA in care more than 12 month and identified as having a substance misuse problem during the last year	% (number)	1.26% (6)	0.24% (1)	0.23% (1)	1.18% (5)	3.0%	3.0%
	Direction of Travel		↓	↓	↑		

### Service Narrative

#### What difference did we make:

#### Initial health assessments (IHA):

LA rolling 12-month data shows that 40.5% were completed in the statutory timescale, which is showing a false representation of the current situation, as it captures data from previous months. The current percentage has dropped to **0%** in real terms. These challenges are replicated across regional neighbours and is highlighted on the WY risk register. Prior to the recent situation an average of 95% were in timescales with no waiting list.

Several factors are responsible e.g. continuing increase of numbers coming into care incl. sibling groups, increased complexities, unaccompanied asylum-seeking children, and some older individuals who we are unable to engage in the process and require alternative options needing extra resource. The new timeframe for IHA completion is the end of January 24.

There is a planned, booked waiting list from November to the 25<sup>th</sup> of January comprising of: 32 Virtual telephone assessments and 38 Face to Face

- There were 29 IHA timescale breaches for the Kirklees CLA related to clinic availability & capacity'.
- The Business Case to consider additional nurse/doctor resource/alternative CLA Health model, which would support the whole team remains under commissioner consideration.

#### Review health assessments (RHA):

- Kirklees rolling 12-month data shows that **82.2% & 87.4%** of the under and over 5-year-olds respectively, were completed in statutory timescales. These results present a poorer picture than is the case, as it includes months since June when Thriving Kirklees have used temporary additional nursing hours. Although this is still the case, since September there has been an agreement to complete the RHA's in the month they are due instead of the exact date, in line with the DfE guidance SSSDA903, and this is providing improved results. The support of a retired CLA nurse has been an additional temporary resource.
- Locala monthly data for Oct shows that **86% & 93%** for under and over 5-year-olds respectively were completed in statutory timescales.
- Only 3 breaches were recorded, because of the positive monthly timescale changes, these were: carer arrangements & an allocation delay, which is a significant improvement.

**Dental Checks (attended) within last 12 months: at the point of their RHA.**

- Kirklees rolling 12-month data shows that **65.2%** of children aged 1+, had attended the dentist. Several factors are negatively affecting the recording. A working group has been established to look at aligning the data with Locala and using other collection methods avoiding a total reliance on once or twice-yearly recording at the RHA.
- Locala monthly data for Oct shows that **100%** of children age 18months to under 5 yrs., and **94%** 5 years+, had attended the dentist at the point of their RHA.

**Registered at dentist:**

- Locala data shows **100%** of children aged 18m to 5 years & **70%** 5 years+ 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. Children placed out of Kirklees, especially sibling groups may struggle to register, and some older young people may choose not to register.

**Substance misuse:**

- There was a data recording error in previous months. The figure is currently 5 young people who are significantly affected by substance misuse in their daily lives as recorded at their RHA.
- 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.
- The working group will also look at alternative methods of collection of this data as the RHA is not a reliable source.

**Immunisations: Locala**

- **100% & 86%** of under and over 5-year-olds respectively, were up to date with their immunisations. Reasons for a lower uptake in older children can be related to the shortened schedule offered to UASC who generally have an unknown history, some young people may decline, and placement moves or moves to semi-independent living can negatively impact take up.
- Outstanding Immunisations from Oct RHA's: HPV x2, School leavers booster and Men ACWY x2, Pre-school booster & 2<sup>nd</sup> MMR -, mother believes child had them, but no record – to access GP to discuss. All are followed up with SW.
- The working group are to look at accessing this data from Locala to include in the reporting.

**Children Looked After Convictions**

Key Indicator	Type of measure	Quarter				Benchmarking
		Oct-Dec 22/23 Q3	Jan-Mar 22/23 Q4	Apr-Jun 23/24 Q1	Jul-Sep 23/24 Q1	
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)	%	0.00% (0/343)	0.00% (0/343)	0.61% (2/326)	0.61% (2/326)	(2021/22) Eng.: 2.0% SN's: 4.0% Y&H: 2.0%
	Direction of Travel	↓	↔	↑	↔	

**Service Narrative**

**What difference did we make:**

\* The data for Oct to December 2023 will not be available until January 2024.

## Children in Care – Children Looked After Convictions (cont.)

- The number of Young People who have been looked after continually for 12 months or more aged 10 to 17 who have received a substantive outcome has fallen in comparison to previous year. It should be noted the cohort is very small in real terms.

### What do we want to improve:

- Continued reduction in the numbers of Children Looked After offending. The overall cohort for the 23/24 year is smaller than the 22/23 year (326 compared to 343), 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-22	Aug-23	Sep-23	Oct-23	SN	Eng.
5.01.04 Children in care aged 17 years and 4 months with a Personal Advisor	%	100.0%	85.5%	98.3%	100.0%	N/A	N/A
	Direction of Travel		↓	↑	↑		
5.01.08 Local Authority In Touch with Care Leavers	%	96.7%	95.2%	96.1%	96.1%	95.0%	92.0%
	Direction of Travel		↑	↑	↑		
5.01.09 Care Leavers in suitable accommodation	%	91.7%	92.3%	91.9%	92.0%	91.0%	88.0%
	Direction of Travel		↑	↓	↑		
5.01.10 Care Leavers Employment, Education and Training (EET)	%	61.3%	59.2%	60.3%	58.2%	50.0%	55.0%
	Direction of Travel		↑	↑	↓		
5.01.11 Number of Care Leavers with a Pathway Plan that is up to date	%	64.3%	85.9%	93.5%	93.6%	N/A	N/A
	Direction of Travel		↑	↑	↑		

## Service Narrative

### What difference did we make:

- Contact with care leavers* –The personal advisors continue to support and build positive relationships with the young people they are working with. We are aware that in some situations, young people do not wish to keep in contact with their Personal Advisor, but we continue to work innovatively to keep in touch with all young people to ensure that they are kept informed of the support that is available to them.
- Number of young people in suitable accommodation* – Work is being undertaken with housing providers improve and to ensure that suitable accommodation is available and accessible for our young people at the right time.
- Children in Care aged 17 years with an allocated Personal Advisors* – This month has seen an increase from 98.3 to 100% of all young people aged 17 and above having an allocated personal advisor.
- 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.



## Care Leavers and Adoption – Care Leavers (cont.)

- *Pathway Plans* – We have seen a slight increase in the numbers of young people who have an up-to-date pathway plan this month. We continue to work with the Social Workers and 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:

- A key priority area for the service continues to be to address and increase the number of our young people who will have access to Education, Employment or Training.
- To embed of the corporate parenting principles and our role as corporate parents.
- To ensure that all pathways are coproduced and reviewed with young people.

## Adoption

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct-22	Aug-23	Sep-23	Oct-23	SN	Eng.
5.02.01 Number of children adopted as a percentage of children leaving care (12 month rolling period)	% (number)	9.4% (18)	9.4% (23)	7.8% (23)	9.1% (22)	13.0%	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	447.2	557.4	554.5	553.5	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	202.2	208.7	214.5	207.7	180.0 (17-20)	175.0 (17-20)
	Direction of Travel		↔	↑	↓		

### Service Narrative

#### What difference did we make:

- We are beginning to see an improvement across adoption key performance indicators, although recognise there is more to be done.
- We continue to prioritise brothers and sisters growing up together and where possible Early Permanence Placements are made.
- We have good working relationships between Kirklees and One Adoption West Yorkshire (OAWY), to address challenges at the earliest point.



## *Care Leavers and Adoption – Adoption (cont.)*

- Monitoring of the adoption cases and outcomes continues to take place through monthly tracking of adoption cases by Kirklees and OAWY Service Delivery Managers. This is embedded into our day-to-day arrangements with OAWY.
- Training from OAWY has been and will continue to be provided to Kirklees staff, to ensure understanding of the complexities of the adoption process and awareness raising from research/practice.
- Continued support from OAWY to practitioners to Kirklees staff in relation to adoption practice.
- Timely identification of harder to place children and provision of appropriate resources to progress linking and matching outside of One Adoption where needed.
- OAWY attend Legal Gateway with a view to being able to provide support and assistance for any adoption cases including consideration of Early Permanence.
- The Early Permanence Meetings, which are held fortnightly to discuss all children and their plans for adoption, is having a positive impact on ensuring at the earliest point decisions are made to secure permanency should reunification to birth parents ruled out.
- Agreed escalation processes where drift is identified from tracking and monitoring processes.
- OAWY have secured national funding to support family finding for children who wait the longest for adoption and local provision of Early Permanence for older children/sibling groups. Kirklees children will be eligible for and benefit from these resources as the projects progress.

### **What do we want to improve:**

- To increase the numbers of children placed through Early Permanence through early identification of children and increasing the number of EP adopters. This remains a key area for improvement.
- To ensure all children considered 'harder to place' are identified early for OAWY to commence family finding. For OAWY to continue taking an innovative approach to family finding for these children, ensuring that all avenues are proactively explored.
- To increase staff understanding of adoption, including Early Permanence, through training.
- Continue to jointly review cases where adoptions disrupt or breakdown to understand contributing factors to inform future practice.
- Finance staff and Service managers should review all available data at the time of formula reset to ensure all parties are clear what the apportionments are based on. This should commence swiftly to ensure it concludes in time for the 2024/25 refresh.

## Fostering

Key Indicator	Type of measure	Month End				Benchmarking	
		Oct-22	Aug-23	Sep-23	Oct-23	SN	Eng.
6.02.07 Total new Mainstream In-house Fostering approvals in the month	Number	0	1	0	0	N/A	N/A
	Direction of Travel		↑	↓	↔		
Total new Connected Person Fostering approvals in the month	Number	1	4	2	2	N/A	N/A
	Direction of Travel		↓	↓	↔		
In-house Mainstream Fostering De-registrations in the month	Number	2	1	5	1		
	Direction of Travel		↑	↑	↓		
In-house Connected Person Fostering De-registrations in the month	Number	3	7	5	1	N/A	N/A
	Direction of Travel		↓	↔	↔		
6.02.09 Placements split: a. In-house foster placements	Number	174	148	155	157	N/A	N/A
	Direction of Travel		↔	↑	↑		
b. Family and friend placements (inc. Reg 24)	Number	129	113	116	118	N/A	N/A
	Direction of Travel		↓	↑	↑		
c. Independent Fostering Agency Placements	Number	165	166	169	171	N/A	N/A
	Direction of Travel		↓	↑	↑		

### Service Narrative

#### What difference did we make:

- In September 2023 there were 2 foster carer approvals, both were kinship foster carers. In October 2023 there were 2 foster carer approvals, both were kinship foster carers.
- There were 10 de-registrations in September 2023, 5 Kinship Carers and 5 Mainstream Carer. Of the Kinship carers, 3 were in relation to kinship carers who became SGO's, 2 were in relation to children who were reunified with a parent.
- There were 2 de-registrations in October 2023, 1 Kinship Carer and 1 Mainstream Carer. The Kinship Carer progressed to a Special Guardianship Order.
- The number of children placed with Kirklees foster carers stood at 157 in October 2023, just below the 12-month average of 159.
- The number of Family and Friends Placements stood at 118 in October 2023, inclusive of Reg 24 Placements. The 12-month average is 122
- The October 2023 there were 171 Independent Fostering Agency (IFA) placements. The 12-month average is 168

#### What do we want to improve:

- Recruitment and retention of foster carers continues to be a priority. We are focused 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. In addition, work is being undertaken in respect of utilising current foster carers expertise to offer support, respite, and holiday placements. We are exploring quality assurance of all mainstream carers who have left the service.

*Sufficiency – Foster Carers (cont.)*

- We want to ensure that new foster carers receive the right level of support particularly in their first year of fostering; induction, training and support from a Supervising Social Worker are all essential aspects of supporting and retaining new foster carers.
- We continue to develop and implement policies and procedures for the Fostering Service. This service improvement plan is regularly reviewed and is overseen by the Homes For Children Board.

## Appendix – Glossary of Terms

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



**Kirklees**  
**Children Looked After & Care Leavers**  
**Annual Health Report**  
**April 2022 – March 2023**

June 2023

## EXECUTIVE SUMMARY

There has been continuing capacity pressures on the team during the year. Alternative working practices such as the hybrid telephone and face to face model for Initial Health Assessments (IHA) have remained, with a recognition that assessments involving older children and those needing interpreters, are less suited to the telephone aspect, so have an extended face to face session.

There has been a significant rise in unaccompanied asylum-seeking children (UASC) coming to the area, impacting on the IHA provision, but despite this, statutory timescale completion has remained very good.

Recognition has been made to the impact on the nursing team of increasing pressures i.e., child health complexities, numbers of UASC, children with risk as a factor moving into the area from other local authorities, communication and requests for support, increased numbers of IHA templates requiring populating, and the electronic administration of SystemOne tasks. This has resulted in postponing some previous preventative work and a need to prioritise activities, including using 'bank' staff to carry out nursing administrative tasks e.g., IHA template preparation and Care Leaver Health Histories.

Dental access has improved and been supported by the 'Flexible Commissioning' programme, enabling all Children Looked After (CLA) and care leavers in Kirklees to access services.

The immunisation rates across all ages have remained excellent, with the usual older-age boosters most commonly outstanding, but close liaison between health & LA teams generally lead to a successful outcome.

'Strength and Difficulty Questionnaires' (SDQ's) return rates used to screen the emotional wellbeing of children aged 4 to 17 years, remain stubbornly low, despite efforts to improve compliance. Discussions continue with the Children's Social Care Service to look at alternative methods of distribution. The inclusion of a trauma screening assessment for UASC by a Local GP, 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 Placement Support Service.

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. See Appendix 2.

## Key Points

<p>201 IHA's (including 18 requests from other authorities) were completed, compared to 146 the previous year. Average 94% completed in statutory 20-day timescales.</p> <p>27 pre-adoption medicals also took place.</p>
<p>There was a significant rise in Unaccompanied Asylum-Seeking Children entering care. Up from 19 the previous year to 30. (From 2015 to 21 there was an average of 8 per year.)</p>
<p>The Medical Advisors/Paediatricians completed the following:</p> <p>253 (up by 17 on last year) adult medical reports for foster and special guardianship orders.</p> <p>102 (up by 25) adult &amp; 69 child medical reports for adoption plans</p> <p>19 meetings were held with prospective adopters.</p>
<p>652 RHA's were completed (including 55 requests from other authorities). An average 73% by the exact date due. (Q4 saw a welcome rise to 93% for &lt;5-year-olds in part due to temporary nurse admin. support, freeing specialist nurse time)</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.</p>
<p>Immunisation rates averaged 91% across all ages. Teenage boosters for Diphtheria/Tetanus/Polio &amp; Meningitis ACWY remain the most common outstanding immunisations. The increase in UASC saw catch-up schedules being used more widely.</p>
<p>Children's emotional health has benefited from the development of the LA Placement Support Service. 20 UASC benefitted from a 'Trauma screening &amp; report' project, led by an experienced Local GP.</p>
<p>34 Ages &amp; Stages Questionnaires (emotional health of babies &amp; young children under 4 years) were analysed with results being shared with the social worker.</p>
<p>130 Care Leaver health histories were written and distributed.</p>
<p>Pre-population of immunisations added to assessment forms improved efficiency.</p>
<p>Mandatory field was added to the LA 'Placement Plan medical consent' to provide assurance.</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>Repeat of the 'Health Outcome Audit November 2020-22'. Highlights Appendix 2.</p>
<p>There is a long-standing, dedicated, experienced health workforce in place. Co-located and linked through technology to support collaborative working.</p>

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## **1) Introduction**

### **1.1 Purpose**

This report provides assurance of the work undertaken to meet the health needs of CLA, outlined in 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. Support to care leavers is also outlined. The term 'child' & 'young person' will be used interchangeably depending on the context.

The report covers the timeframe **1st April 2022 – 31st March 2023**.

### **1.2 Background**

'Looked After Children / Children in Care / Children Looked After' are terms to describe children and young people subject to legal 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 'connected persons'. For the purposes of this report the term 'Children Looked After (CLA)' will be used as a preference where possible, in line with National documents.

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)*

CLA 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 CLA 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*).

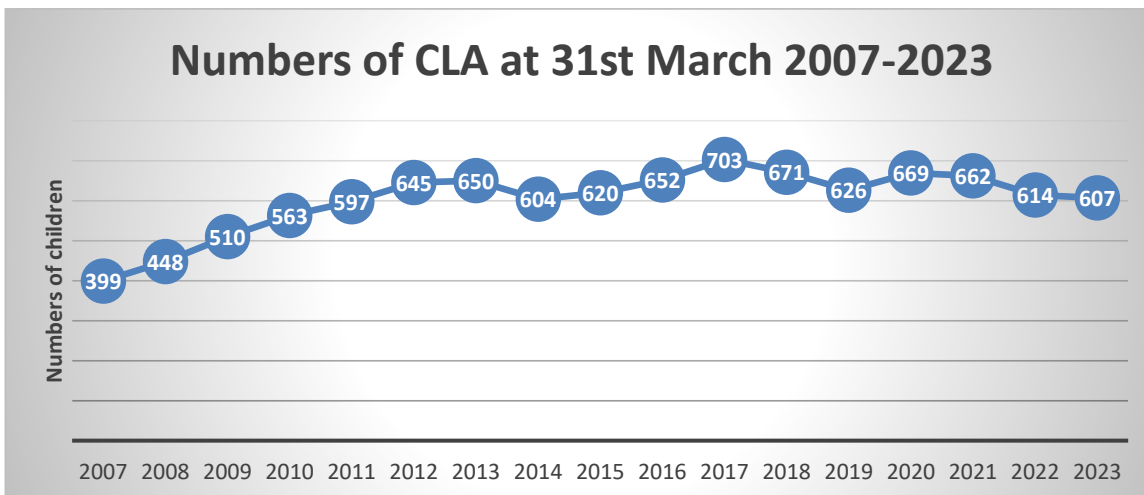
### **1.3 The CLA Health Team**

The specialist core team consists of the Designated Doctor and a Paediatrician, based within the acute trust (CHFT), and the Designated Nurse & Specialist Nurse's employed by Locala co-located within children's social care.

Support to complete RHA's and provision of the universal child health service, is undertaken by the Locala 0-19 service. Administration support is provided from the Local Authority, CHFT and Locala.

## 2) Kirklees CLA Health Service 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023

### 2.1 Numbers of CLA



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. The specialist health team are no longer involved once an SGO is made. More information from:

[Special guardianship guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/special-guardianship-guidance)

The National picture has shown a continuing increase in the numbers of CLA in England.

	2017-18	2018-19	2019-20	2020-21	2021-22
Number	75,420	78,150	80,080	80,850	82,170

### Unaccompanied asylum- seeking children (UASC)

#### Kirklees

Year	2015-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23
Number entering care	8	9	6	9	8	5	19	30

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

On the 3<sup>rd</sup> May 23 health records showed there were 44 UASC on record and 39 Care Leavers aged 18-21 who had previously been CLA.

Nationally at 31.3.22 the number of UASC rose by 34% from the previous year to 5570, representing 7% of all CLA (i.e., an increase of 1430 children). 95% are male and 87% were over 16 years old. See appendix 1.

## **2.2 Sex and Age Profile @ 31.3.23**

<b>Kirklees</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>National at 31.3.2022</b>
<b>Male</b>	52%	54.6%	55.4%	55%	55%	54%	55.6%	58%	56%
<b>Female</b>	48%	45.4%	44.6%	45%	45%	46%	44.4%	42%	44%

<b>Age</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>National at 31.3.22</b>
<b>Under 1</b>	7%	7.3%	8%	5%	6%	7%	4%	5%	5%
<b>1-4</b>	13.7%	12.4%	13.2%	17%	15%	19%	16%	14%	14%
<b>5-9</b>	20.8%	23.3%	22%	20%	18%	16%	15%	15%	18%
<b>10+</b>	58.6%	57%	56.7%	58%	61%	58%	65%	66%	63%

## **2.3 CLA 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. There were 259 looked after children from other authorities living in Kirklees in March 23.

## **2.4 Children with Disabilities and Complex needs**

Children with disabilities and complex needs and their foster carers, have access to a CLA specialist 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	2022	<b>2023</b>
Number of children with a <u>disability classification</u> on 31 <sup>st</sup> March (based on the LA recording)	39	43	50	46	38	42	46	40	<b>37</b>

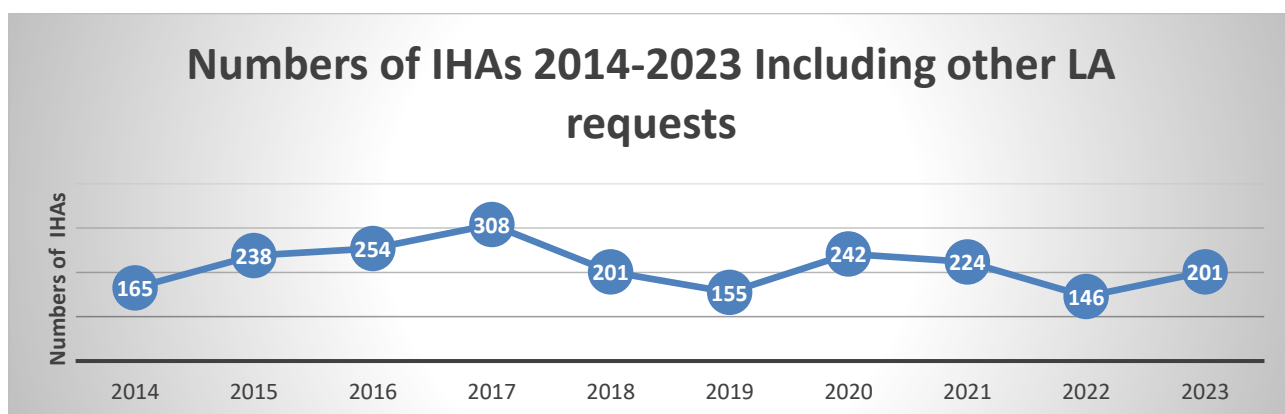
## **2.5 Initial Health Assessment (IHA) process**

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 clinic restrictions associated with the pandemic, except for those age 16+ & UASC.

Six IHA's were completed by another authority on our behalf, due to the distance the child had been placed from Kirklees. In the reciprocal arrangement, 18 were completed by Kirklees for other authorities.



Year	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
% In timescale (average)	87%	98%	98%	98%	98%	97%	95.5%	98%	96%	<b>94.25%</b>
No. Pre-adoption medicals	-	-	59	58	57	75	58	62	55	<b>27</b>

Breaches x 21. Reasons: placement out of area complicating arrangements within 20-day timescale, informed late by social care, clinic availability due to increased numbers, difficulties arranging with carers.

## **2.6 Review Health Assessment (RHA) Process**

RHA's follow on from the child's IHA at 6 & 12 monthly intervals under and over 5 years old respectively up to age 18.

RHA's are shared between the CLA Nurses, Locala 0-19 Practitioners and Specialist Nurses e.g., Youth Justice, Alternative Provision 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 the completion of RHA's.

Year	15-16	16-17	17-18	18 - 19	19-20	20-21 (Pandemic)	21-22	22-23
Total RHAs including other LA's requests.	616	676	730	734	697	694 (+ 62 April telephone RHAs) Total = 756	741	<b>652</b>

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	2022-23	Nationally 2020-21
'Developmental' under 5yrs old	95%	98%	92%	X	83%	<b>74.5%</b>	89%
'Annual' over 5yrs old	94.5%	90%	95.5%	X	74%	<b>72%</b>	91%

Challenges continued in completing the RHA's in statutory timescales, linked to an increase in; child complexities, UASC, children from other local authorities residing in Kirklees, communication and requests for support, information to inform IHA templates and electronic health record tasks requiring action.

However, there was a significant improvement in timescales seen in Q4 for children under 5 years old, from an average of 70% throughout the year to **93%**. This in part has been due to the temporary help of a 'bank nurse' to support the preparation of the IHA templates for clinic.

#### Breach of timescales

Reason	2019-20	2020-21	2021-22	2022-23
Covid-19/pandemic	NA	151 + April	14	-
Issues arranging with carers including cancelled by carers	17	11	21	<b>32</b>
Staff capacity Locala	1	3	75 *	<b>71**</b>
Placement moves	3	4	5	<b>8</b>
Carer holidays/respite	3	-	4	<b>9</b>
Client/family/staff sickness	2	-	4	<b>17</b>
Bereavement carer/family			3	-
Declined by child/young person	7	1	3	-
CLA health team issue	1	4	2	-
Other			2	<b>12</b>

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.

\*\*Capacity issue remains throughout the last year. All viable RHA's were completed.

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

	<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%
2021-22	59	58%
<b>2022-23</b>	<b>57</b>	<b>78%</b>

The local team continue to travel a reduced distance (25 miles) to complete our RHA's due to capacity issues. The lost benefits of travelling further to assessments include financial, quality and timeliness.

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

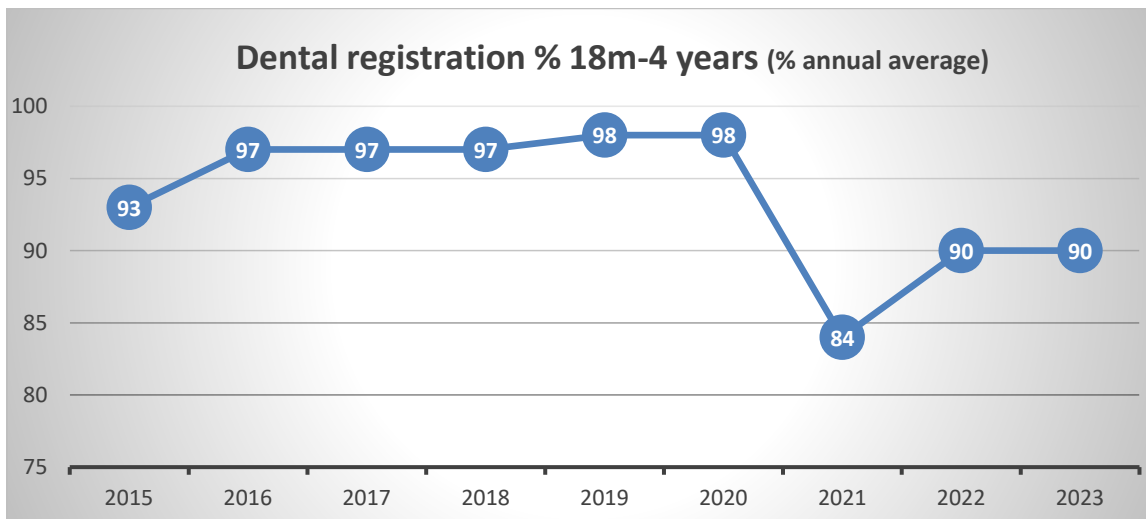
	2019-20	2020-21	2021-22	<b>2022-23</b>
Number	74	40	80	<b>55</b>

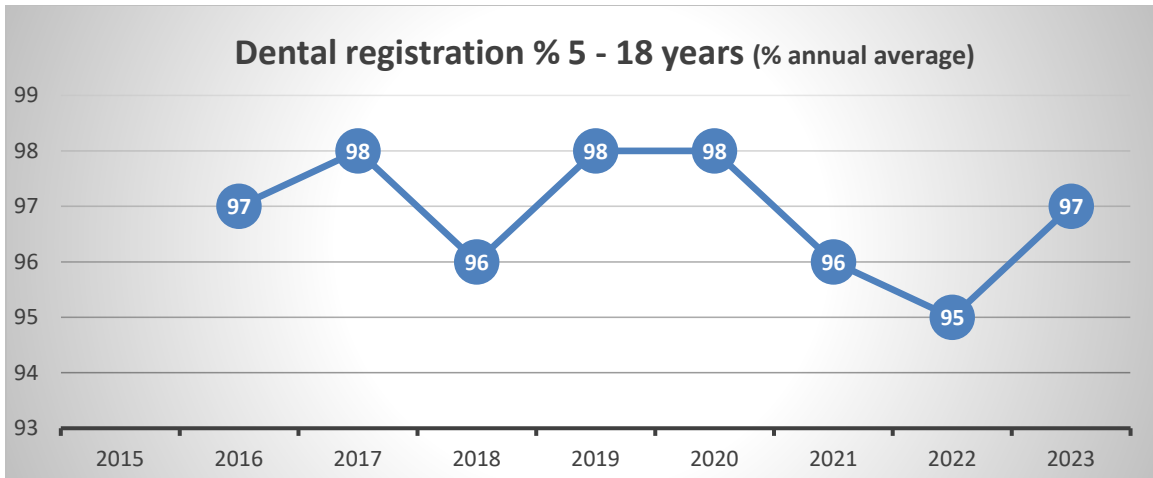
55 requests were made for Kirklees nurses to carry out RHA's on behalf of other LA's. 66% were completed by us in timescales. Most common breach reasons Capacity x8, Late request x 5, staff sickness x5.

## **2.7 Dental**

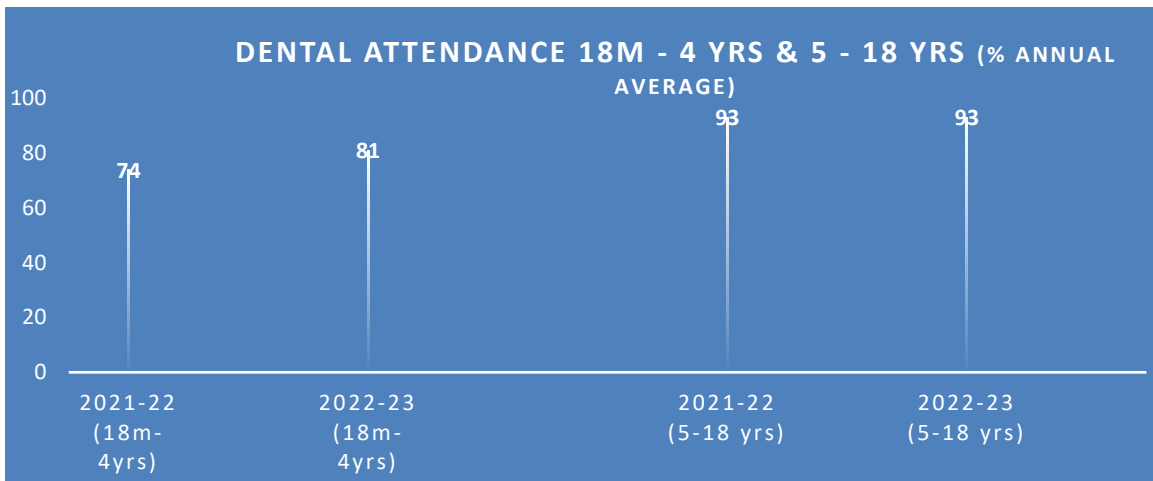
### **Dental Registration**

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





### Dental Attendance



### 2.8 Immunisations (Local 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	2023	Nationally 2021-22
Up to date (< 5 years)	93%	98.75%	98.5%	98%	98%	98%	98%	97%	96.5	85%
Up to date (> 5 years)	93%	92.75%	89.25%	91%	92%	94%	92%	86%	85.5	85%

### Types of outstanding immunisations

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Meningitis (Men ACWY)	22	26	11	15	18	24
Diphtheria/Tetanus/Polio (DTP)	13	22	16	29	23	28
Measles/Mumps/Rubella (MMR)	4	4	8	12	4+2 parental refusal	2+3 parental refusal
Pre-school booster					2	3
Catch up schedule UASC.						3
Human Papilloma Virus (HPV) girls and boys	3	10	5	14	13x2 <sup>nd</sup> doses 8xboth doses 4 parental refusals	6x2 <sup>nd</sup> doses 11xboth doses 6 parental refusals

*(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.*

3 parents refused consent for all immunisations.

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

### **2.9 Substance Misuse**

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

At 31.03.23 there were 443 Kirklees looked after young people, who had been in care for at least 12 months and eligible to be included in the data collection. **0.9%** (n4) down from **1.4%** (n7) were identified through their last RHA as having a probable substance misuse issue.

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

### **Kirklees Substance Misuse Support Services – The Base outreach worker summary**

“The Base have received 27 referrals for CLA and Care Leavers in the last year, compared to 17 the previous year. With the majority of these 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. To target those issues, a resilience worker is employed as the Emotional Wellbeing and Mental Health Lead.



The Base continues to target local authority (LA) and private residential care homes, offering professional's training and drop-ins alongside Locala sexual health. They provide interventions, advice, guidance, and consultation. All LA and 15 private residential care homes have been targeted with placements taking on group work offers, professionals training and referrals.

The Base and Locala Sexual Health have also piloted the first face to face Drop-In at No.11 since the pandemic, which has a focus on providing support to Care Leavers who we may not get referrals for”.

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

“The Locala sexual health outreach and prevention service, targets vulnerable groups and individuals to offer interventions, contraception, treatment, and sexual health screening. This is in a community setting rather than mainstream service with a full-time nurse prescriber providing clinical interventions.

Strong links have been maintained with key partners with a linked sexual health engagement worker offering support and advice for residential staff and CLA nurses.

Monthly joint drop-ins at No11 with The Base were trialled for care leavers in Huddersfield due to low referral numbers.

Monthly online training for professionals around sexual health and the C-card scheme are available with many residential staff and leaving care teams accessing this training.

All Local Authority (LA) care homes and 15 private care homes have been targeted and offered joint drop-in sessions from sexual health and The Base, with 4 referrals generated.

The sexual health outreach and prevention team had 21 referrals for children looked after and care leavers in the last year”.

### **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 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.

A trauma screening project was introduced within PSS in 2022 for UASC, led by a specialist doctor. See Section 4.

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 ‘borderline’ 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.

Carer scores (National data not available for 22-23).

	Kirk. 19-20	Nat. 19-20		Kirk. 20-21	Nat. 20-21		Kirk. 21-22	Nat. 21-22		Kirk. 22-23
<b>Average returned forms</b>	74%	81%		69%	80%		59%	77%		<b>65%</b>
<b>0-13 satisfactory</b>	50%	49%		47%	51%		51%	50%		<b>46%</b>
<b>14-16 Borderline</b>	13%	13%		13%	12%		12%	12%		<b>12%</b>
<b>17+ cause for concern</b>	36%	38%		40%	37%		37%	37%		<b>42%</b>

*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.*

### **2022-23 Ages and Stages – Social and Emotional Questionnaire (ASQ - SE)**

The ASQ–SE is embedded in practice 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.

34 questionnaires were returned to the team health visitor for scoring and analysis. Any relevant aspects are shared with the social worker and independent reviewing officer.

Key observations:

- There were issues with the 'completed date' section not being filled in by carers, which influenced the scoring (as a matter of a few weeks can make a difference in the development and presentation of a young child). A clear alert on the form has resulted in increased compliance.
- Gaps have been noticed between the completion date and the receipt of the form, and on at least 2 occasions a 2-month gap was noticed. Discussions are in progress to consider improved methods of distribution alongside the SDQ.
- An endearing response on one form was from the section; "what do you enjoy about your child?", this was forwarded to the social worker and IRO, as the child was placed with her biological mum, and mum had written some particularly lovely comments.
- Some carers had included concerns around physical health issues – these were considered with information from health records and shared with their health visitor.

### Some notable results:

Score	Details/comments
1 Low score	Despite scoring well, the child was noted to be displaying some significant behaviours which were a concern to mum (placed with parent). CLA nurse liaised with HV who had requested Paediatric referral – this was declined. Ongoing support from HV and referral to Occupational therapist done.
1 High score	Behavioural issues identified noted to be around Family Time. SW and IRO informed of findings.
2 High scores	Liaison with social worker and IRO suggesting referral to Placement Support Team due to presentation/outcome of ASQ
1 very high score	Liaison with SW. Discussed during Pre-adoption medical. Suggest considering referral to PST
1 very high score	Ongoing issues raised. CLA nurse liaises regularly with carer and SW. Has ongoing support from placement support team. Known concerns but ASQ tool useful in focusing on specific behaviours.
1 Incomplete	1 questionnaire incomplete but CLA nurse knows child and able to fill in the gaps from recent health assessment.
1 high score	Issues around behaviours and sleep – presented at emotional wellbeing clinic and supported (this was already in place)
1 very high score	Known social, emotional, and developmental delay – under care of appropriate professionals already so no further action needed but useful in identifying specific areas of delay.
1 very high score	RHA completed by CLA nurse rather than HV, at HV request due to complex presentation. ASQ SE and ASQ 3 (development) used to aid the assessment and very useful. Subsequent referral to Paediatrician completed.

### 2.12 Care Leavers

The CLA 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 and a specialist nurse from the team is assigned to be the main contact. Links are held with other specialist health teams overseeing vulnerable children e.g., youth justice, alternative education, 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. CLA and Care Leavers are given priority for this service).*

There is an expectation that each care experienced young person will receive a 'health history report' when they reach 18. This provides personal information and links to services in their area. This year it has been necessary due to competing priorities, to utilise an additional 'bank nurse' to complete the reports on behalf of the team.

### **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. The Medical Advisors work in this area can be 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	2022-23
308	318	318	286	348	337	226	234	181	236	253

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

2018-19	2019-20	2020-21	2021-22	2022-23
95	99	67	77	102

#### **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	2022-23
163	138	117	135	168	142	122	113	98	69	49

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). The information collected at the Initial Health assessment is crucial as that is the best opportunity to meet with birth parents and collect additional information about the pregnancy and the child's birth, in addition to health information about birth parents and their wider family.

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.

It's not clear why the number of adoption medical reports has fallen so much. There has been a national increase in Special Guardianship Orders in recent years. The majority of these are to connected carers aiming to keep the child in the wider birth family or with friends of the family.

For some children there is twin-tracking, where adoption is only one possible outcome. Meetings with potential adopters happen further down the line when there is a Placement Order allowing Children's Social Care to place the child with approved adopters of their choice. This is why we write more reports than we have meetings with prospective adopters. We meet all adopters who are hoping to adopt Kirklees children prior to their matching panel, to ensure they have detailed knowledge of the child's current health, health history, family health and any potential risks for the future we are aware of. The reports are made available to the Adoption Panel.

#### 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	2022-23
44	43	36	43	45	27	37	29	24	26	19

#### 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.

### **2.14 Training**

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

An adaptation of the foster carer training has provided a flexible format for new and experienced carers, either face to face or on-line. Continence nurses are invited into the face-to-face session and have proved a popular guest speaker.

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**

- Pre-population mechanism introduced to health templates to speed completion.
- Mandatory field and update of electronic medical consent in LA Placement Plan. To ensure consent signed at earliest point and clarity for any aspect not agreed to by the person with PR.
- Following a presentation by an Oldham CLA health practitioner at a national network meeting, regarding free prescriptions to CLA & Care Leavers, an enquiry was made to see if the WY ICB would follow several other ICB's, in considering this intervention for free prescriptions, dental service, and ophthalmology services. There was recognition that these children & young people have protected status in the equality act, and as they have less favourable health outcomes and mortality rates compared to their peers, that extra effort should be made to support them. Many young people are entitled to free prescriptions due to benefits etc. but for those in work from 16 or full-time education after 18 there was evidence that some do not access their medication, dental work or optician checks due to the cost. This idea is now being considered.
- An audit was completed in November 22 to establish the notification processes in West Yorkshire CLA health teams when children move placement. It was delivered at the Integrated Designated Professional Network (IDPN) in Jan 23.

#### Conclusion:

Each WY team places a reliance on Children's social care to inform them of placement moves of CLA in a timely manner. Close agency collaboration promotes good practice, but this is dependent on the individual arrangements of teams, location and agreed protocols.

Alternative sources of information sharing, reinforce and support recording and subsequent actions.

There is assurance that WY CLA health teams work in conjunction with their CLA administrators, to disseminate information to host health teams and to follow-up missing information from originating areas. Close relationships between health and LA teams enhance partnership working.

The use of SystmOne and secure email allows a prompt and safe method of exchanging information, with the electronic health record acting as a safe storage point.

There is no WY formal escalation route for non-compliance of notifications, but a consensus is that the senior nurses would currently action this.

Consideration could be made to producing an 'Escalation Process' across WY, but due to the number and range of CLA teams in the UK, it would need to incorporate some flexibility in its approach.

#### **4) Trauma screening for UASC**

During 2022 an experienced local GP offered Kirklees UASC the chance to be part of a pilot project to assess, identify and document historical trauma, and describe how it may be continuing to impact on a young person. Recommendations were made, and with consent the findings were shared with children's social care. It was also used to identify those who have experienced human rights abuses, assisting decision makers in the asylum process.

The stand-alone appointment (lasting up to 1.5 hours) involved a psychological assessment and physical examination if indicated, producing a comprehensive report. Follow up and therapy were not included. 20 UASC from Kirklees had a report written and the outcomes are currently being evaluated as the project ended.

The doctor has continued to offer a limited screening process, linked to the GP practice, with a hope of further local funding/commissioning based on the evaluation.

#### **5) Proposed Action Plan 2023-24**

- To consider the development of an UASC IHA assessment form.
- Audit to look at the demographics of young people who have admitted to vaping at their RHA.
- To raise awareness of the opportunity by Integrated Care Boards to provide free prescriptions, Optician & Dental support, to care experienced young people who are working and not claiming benefits. These individuals need to ensure their optimum health is maintained, especially for anyone with a compromised medical history, who may avoid addressing need for fear of the cost.
- 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.

#### **6) References**

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

[Children looked after in England including adoption: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## Appendix 1

### National data for the period 1st April 2021 to 31st March 2022. (DfE 2022).

No. of CLA	82,170 an increase of 2% on 2021, continuing the rise in previous years
No. UASC	5570 (1430 in this year). This figure represents 7% of all CLA. 34% increase on 2021. There was a drop of 20% during pandemic of 2020. 95% male 87% over age 13.
No. Adoptions	2950 modest increase of 2% given the 18% decrease during the pandemic affected by court cases progressing slowly or paused. The decrease generally since a peak in 2015 follows 2 Court rulings to place children with relatives where possible.
Dental attendance	40% decrease in attendance in 2021-22. Improved in 2022 to 70%
Immunisations	85% reported as being up to date with their immunisations
Special Guardianship Orders (SGO)	3870 an increase of 1% 87% of SGO's to relatives & friends & 11% to former foster carers
Ethnicity groups	Children from Black, Mixed and Other ethnic groups were <u>over-represented</u> in the numbers of children in care. Children of White ethnicity account for 73% of children looked after, 10% were Mixed or Multiple ethnic groups, 7% Black, African, Caribbean or Black British, 5% were Asian or Asian British, 4% other ethnicities and ethnicity was not known or not yet recorded for 1%.
Reasons for being a CLA	Most common reason is risk of abuse/neglect 66%



## **Appendix 2 – Health Outcome Audit November 2020-22**

(Full report available on request)

### Background

CLA are known to have greater health needs than their peers in the general population. The health team, have an aim to improve the health and wellbeing of the children, when they enter the care of the local authority and continue to support them throughout their time with the service.

Neglect is one of the most common reasons for a child to be brought into care, with health as a key aspect. Statutory health assessments take place at regular intervals, to enable the health practitioner, social worker and those caring for the child, to ensure every opportunity is taken to improve and address any issues.

### Aim

- 1) To present the health status of children as they entered care from November 2020 to November 2022 at their IHA. Comparisons may be made with a previous audit from Feb 2019-July 2020 if relevant.
- 2) To illustrate the health outcomes for those children who remained in care, at their first RHA (6 monthly under 5 years old and annually for over 5 years old).

It was necessary to collect data over a large enough timescale, to capture the outcomes of children aged 5 to 18 years who have annual assessments.

Some children left care before their first RHA, and therefore could not be included in Section 2 to measure their outcomes. However, their inclusion in Section 1 provides a valuable insight into the health status of children at the point of entry into care and allows access to a larger cohort of children.

A Health Care Plan is always developed at the IHA, ensuring previously and newly identified issues are highlighted with clear expectations, to support ongoing care.

### Methodology

The manual tool for collecting the data was replaced in 2019 with a SystmOne electronic questionnaire, providing an efficient method of recording.

The questionnaire has five health categories representing the most common issues for all aged children, and five additional categories for older children. A score of 1, 5 or 10 is allocated depending on the findings, with a lower score depicting a healthier child. (See appendix for original template and categories)

A drawback to the electronic questionnaire is the use of small 'Radio buttons' to capture the answers, which can inadvertently not record, affecting the score. In addition, the current two-part hybrid model of IHA assessments completed on different dates, carries a risk of accidental duplication in recording. The effect of the issues is that several questionnaires were eliminated from the audit.

Children taken into care directly from birth from hospital were omitted from the study, due to only being in the care of statutory medical and social organisations.

The outcome measurement tool is embedded in the health assessment process and takes place at each IHA and first RHA.

## **SUMMARY HIGHLIGHTS**

### **Section 1 – IHA only**

(Some comparisons with the last audit Feb 2019-July 20)

As children came into care, less were up to date with their scheduled immunisations compared to pre-pandemic times.
130 (46%) out of 284 children across all ages had no dentist as they came into care. Compared to 143 (44%) in the previous audit.
More children than in the pre-pandemic era, across all ages, were identified at the IHA as having a chronic health condition either 'not managed' or 'not taken to appointments' or had 'a new diagnosis at the IHA'.
Emotional and behavioural issues were slightly reduced than in the previous audit, with more children accessing services when needed.
A small increase in young people at risk of exploitation were seen, with a number referred to relevant agencies from their IHA.
Most of the young people seen at their IHA, had no recognised sexual health issues or they were already accessing support.
A small number of young people had alcohol/substance misuse issues noted at their IHA. Most were engaging with support or minimal use. Outreach support was available to others.
Most young people who attended their IHA did not smoke. There has been an increased use of vaping among young people, including those who do not usually smoke tobacco.

## **Section 2 – IHA to 1<sup>st</sup> RHA**

This was an outcome measure from when they first entered care to when they were assessed at their next review health assessment at either 6 or 12 months depending on their age.

i.e., What difference was made to their health from being in care?

Significant improvements of immunisation compliance seen across all ages at point of 1 <sup>st</sup> RHA
The 'Flexible Commissioning' project has had a positive impact on vulnerable children accessing dental registration. All children age 5+ were registered with a dentist by their 1 <sup>st</sup> RHA. Young children's figures were slightly slower to show an improvement, as they had less time to access dental care before next RHA & still affected by dental service recovery post pandemic.
Significant improvements in chronic illness support seen by 1 <sup>st</sup> RHA.
Small increase in children over 5 years old with learning and development needs from IHA to 1 <sup>st</sup> RHA. This may be linked to placement moves, school change or a new issue identified.
Significant improvements were seen in young children who entered care with emotional & behavioural issues in first 6 months of being in care. Older children who had been identified with issues were accessing appropriate support.
Young people known to have been at risk of exploitation on entering care, reduced their risk during their first year and a couple were newly identified as being at risk as they entered care, and accessed support.
Young people who required direct sexual health support as they entered care, no longer needed this at the point of their 1 <sup>st</sup> RHA.
The number of young people with identified substance misuse issues as they entered care, reduced their use in the 1 <sup>st</sup> year.
Most young people in care do not smoke tobacco or vape, but a rise in use the use of vapes has been seen recently.

Appendix 3 Feedback examples

**Localia**  
Health & Wellbeing

How did we do today?

Excellent  Good  Not good or bad  Not good  Don't know

Tell us more about the nurse!

You did a very good job! Thank you! I will look forward to seeing you next time.  
You were kind, caring and helpful.

I am a boy  I am a girl  I prefer to say I am a... girl.....  
I am 9 years old

Thank you for telling us what you think!  
Thank you so much!!

**Localia**  
Health & Wellbeing

How did we do today?

Excellent  Good  Not good or bad  Not good  Don't know

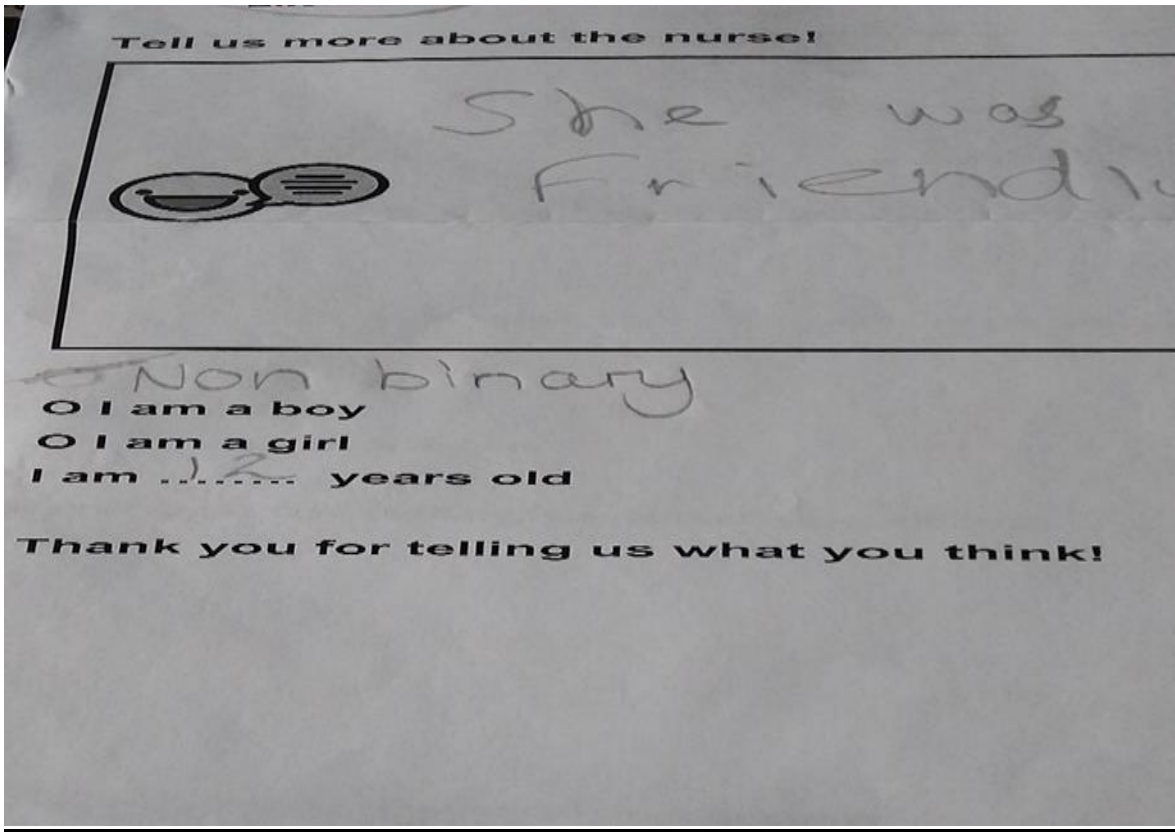
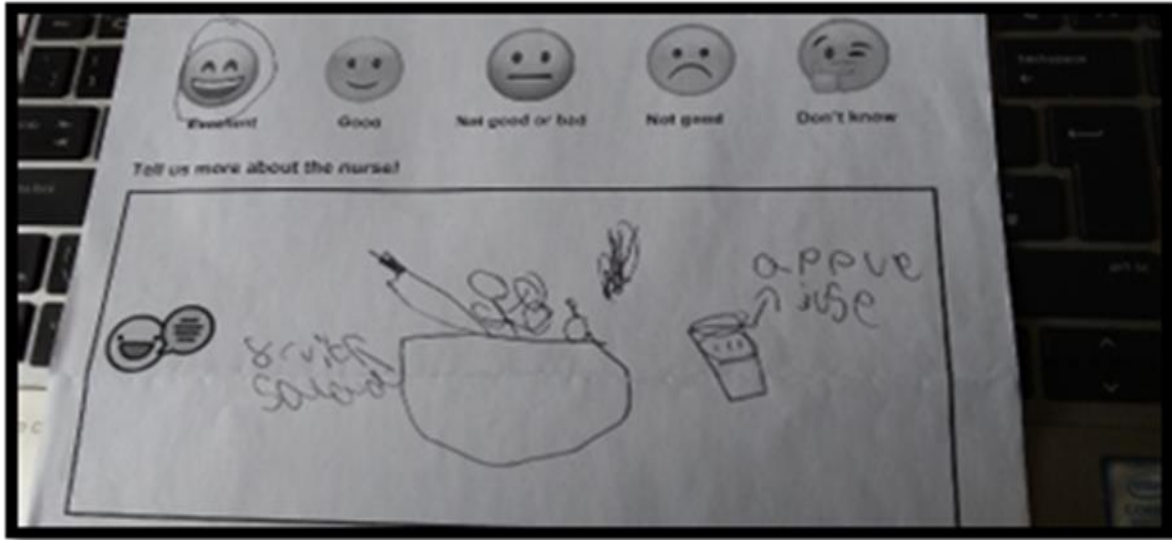
Tell us more about the nurse!

It went very well today! Thank you for making me feel calm and normal.

I am a boy  I am a girl  I prefer to say I am a... boy.....  
I am 12 years old

Thank you for telling us what you think!

Joanne, it was lovely to speak to you earlier 😊  
Thank you very much for completing A's RHA- it was extremely comprehensive, really captures her daily lived experience and her voice, you did very well to capture all her health needs so well- it was lovely to hear that she is happy living with her Aunties! This was a high-quality RHA so thank you very much- please pass this on to your manager.  
Many thanks **Rhianne Robinson-Parsons**  
**Lead Nurse for Children in Care in Liverpool**



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





**Name of meeting: Corporate Parenting Board**

**Date: 5<sup>th</sup> December 2023**

**Title of report: Update on Strengths and Difficulties Questionnaire (SDQ's)**

**Purpose of report: Details on the means of measuring on a regular basis the emotional and behavioural difficulties experienced by looked-after children at a local and national level**

## **Background**

Strengths and Difficulties Questionnaires (SDQ) were introduced in 2008 as a screening tool to assist in measuring the emotional and behavioural health of children and young people. All Local Authorities are required to provide information on the emotional and behavioural health of looked after children. The data is collected through the SDQ and a summary figure for each child (the total difficulties score) is the outcome measure used for tracking the emotional and behavioural difficulties of children looked after at a national level.

The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4–17 year olds or 2-4 year olds. It is internationally validated and simple to administer. It exists in three versions: for parents or carers, teachers and children aged 4-17, and can be used to screen for any problems related to a child's emotional well-being. The SDQ comprises a series of statements that require a judgement on how well it describes the child by ticking one or three or four boxes for each question.

The SDQ provides information to help Social Workers form a view about the emotional well-being of individual children looked after. For the purpose of the Department for Education's SSDA903 data collection, the requirement is that Local Authorities must ensure that the looked-after child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers. This is a simple questionnaire that does not require any training to interpret and can be completed within ten minutes. In Kirklees, we currently only use the parents/carers form to measure the SDQ of the child looked after. See Appendix 1 for details of the parents/carers form.

The questionnaire can be completed at any point during the year, but to reduce the administration required it is recommended that it is completed around the time of a child's health assessment and this is the current practice in Kirklees. We require our carers to complete the SDQ for children who have been in the care of Kirklees Local Authority for at least 12 months. The current rate of completion and return of SDQ's for children looked after in Kirklees is around 65% (see table below).

The emphasis on completing SDQs is largely driven by the requirement for Local Authorities to submit SDQ data to the Department for Education as part of the children looked after at 31 March SSSDA903 data return. Because we are required to ensure that the main carer's version of the questionnaire is completed, the self-questionnaires are not currently completed by children looked after, and education perspectives are not currently sought. However, our Virtual School ask the Designated Teachers about the health and emotional well-being of the child looked after within the school setting and it is rated using a traffic light system and discussed as part of the child's personal Education plan meeting. Our goal is to understand the emotional and mental wellbeing of children looked after by triangulating the total difficulties score through collection and analysis of the SDQ forms from multiple perspectives and this is something we are planning on achieving in the future as part of the Kirklees SDQ working group action plan.

### Key Performance Data

In Kirklees, the statutory SDQ is disseminated by the CLA Nursing team on an annual basis to carers of looked after children aged 4-17 years to screen for emotional and behavioural difficulties. A score of 0-13 is considered 'satisfactory', 14-16 is 'borderline' and a score of 17 or more (high) identifies a cause for concern'. More information is available about SDQ's at: [sdqinfo.org/norms/UKNorms.html](http://sdqinfo.org/norms/UKNorms.html)

All scores from completed questionnaires are shared with the looked after child's Social Worker and Team Manager so they can be discussed and explored as part of case supervision. For those where there is a high score, it is strongly recommended that the Emotional Well-Being Service is accessed to consider more targeted support and/or intervention for the child and/or carer (or both). This is with the aim of supporting and stabilising the relationship and/or placement.

Carer scores for 2021/22 (*National data not available for 22-23 yet*).

	Kirk.	Nat.		Kirk.	Nat		Kirk.	Nat.		<b>Kirk.</b>
	19-	19-		20-	20-		21-	21-		<b>22-</b>
	20	20		21	21		22	22		<b>23</b>



<b>Average returned forms</b>	74%	81%		69%	80%		59%	77%		<b>65%</b>
<b>0-13 satisfactory</b>	50%	49%		47%	51%		51%	50%		<b>46%</b>
<b>14-16 Borderline</b>	13%	13%		13%	12%		12%	12%		<b>12%</b>
<b>17+ cause for concern</b>	36%	38%		40%	37%		37%	37%		<b>42%</b>

*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 deteriorate 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.*

Our return rate is below the national average, and we have seen a reduction in the total number of returned SDQ over the past three years, with last year’s being the lowest.

We have also seen a slight rise in the number of ‘high’ SDQ scores returned by our carers so far this year. This suggests that our carers are reporting more concerns on fewer looked after children. Our ‘satisfactory’ and ‘borderline’ rates remain largely consistent overall.

### **Next steps and timelines**

The SDQ working group have been working towards the initial goal to increase our return rate of SDQ’s collected from carers of children looked after to above 80%. A systemic mapping exercise has been completed identifying the factors contributing to the low return rate - see Appendix 2.

To achieve the initial goal of increasing the return rate of SDQ currently completed by our carers to above 80%, the working group have identified a process for practitioners and carers to follow – see Appendix 3. A digital SDQ form has also been created and is currently being tested and we hope to trial this next month with a small cohort of carers and if successful, we will roll this out by the end of the year, thus offering all carers the option and convenience of completing the SDQ form electronically. We are confident that our return rate will increase prior to the submission to the Department for Education for 2023/24 and more importantly, we will have a much better understanding of the emotional well-being needs of our children looked after and the support needs of our carers.

A further goal is to agree a process whereby completed SDQ forms with scores of 'borderline' and above receive targeted support/intervention by the Emotional Well-Being Service. The working group have set an expectation that professionals working with the child looked after and the carer will access the Emotional Well-Being Service for a Targeted Formulation Consultation in order to discuss the presenting issues that are linked to the high scoring areas on the form and to agree the next steps to address them. Our aim is to have this process in place by March 2024.

The collection and analysis of the SDQ forms from multiple perspectives (child looked after and education) is something Kirklees will look to achieving in the future once the above goals have been achieved – from April 2024 and based on a cost analysis, and to include all children in Kirklees who have social care involvement.

**Contact officers**

Noushin Mostowfi, Service Manager Emotional Well-Being Service  
Rachael Johnson, MST Supervisor

**Service Director responsible**

Dr Kieran Lord, Resources, Improvements and Partnerships

## Appendix 1

### Strengths and Difficulties Questionnaire

P 4-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months.

Child's Name .....Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

HOME LIFE FRIENDSHIPS CLASSROOM LEARNING LEISURE ACTIVITIES

- Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

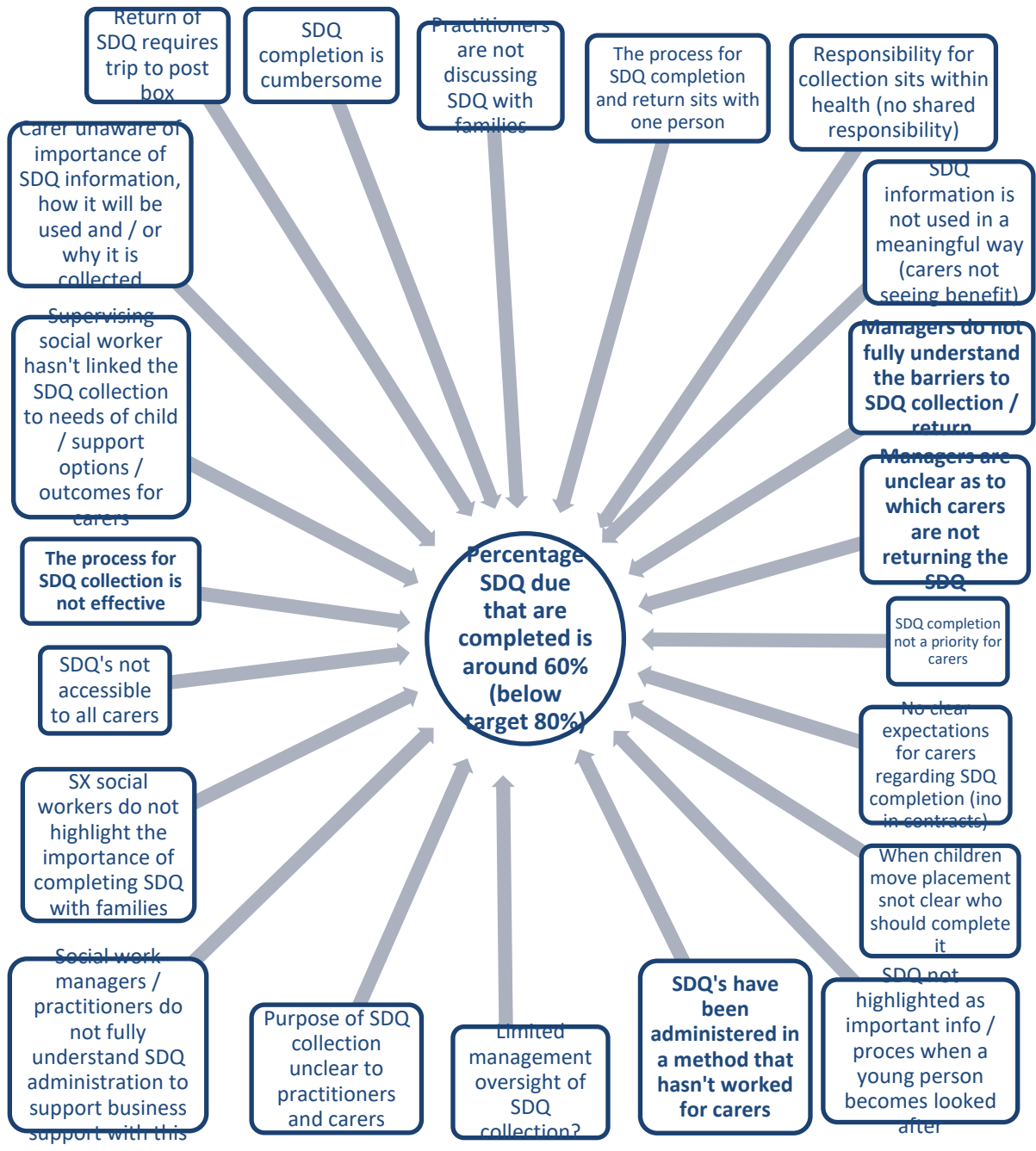
Signature .....Date .....

Mother/Father/Other (please specify:)

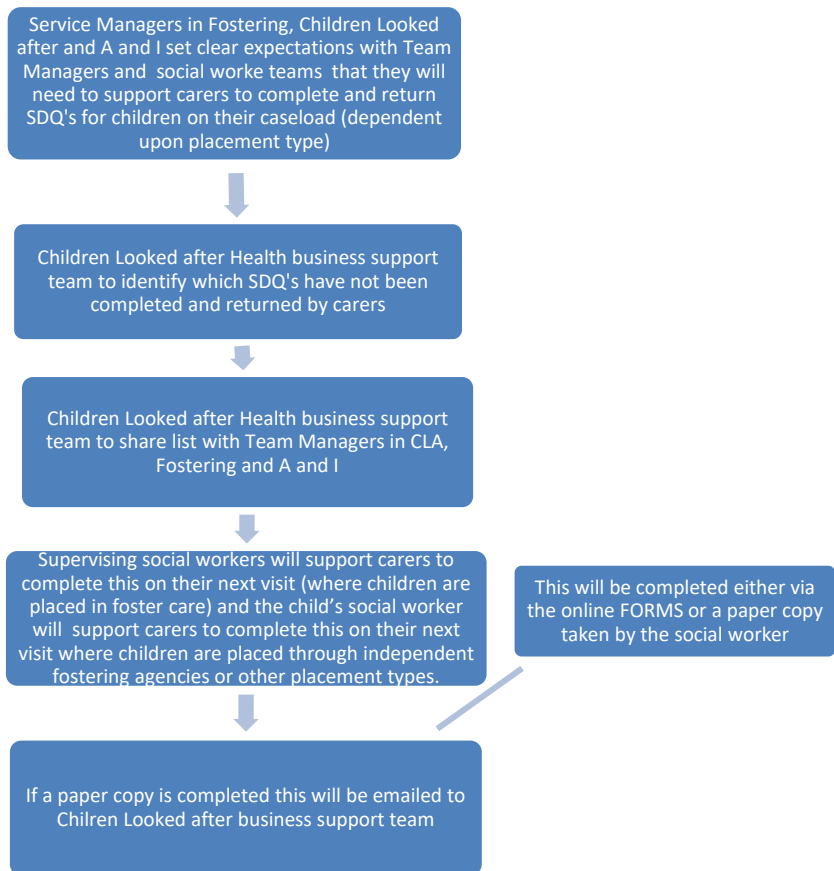
**Thank you very much for your help**

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## Appendix 2



### Appendix 3





**Name of meeting:** Corporate Parenting Board

**Date:** 5<sup>th</sup> December

**Title of report:** Compliments & Complaints Service Annual Summary 2022-23

**Purpose of report:** To inform the Board of compliments and complaints in relation to children looked after during the period of 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

<b>Key Decision - Is it likely to result in spending or saving £500k or more, or to have a significant effect on two or more electoral wards? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.</b>	No
<b>Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u></b>	Key Decision – No Private Report/Private Appendix – No
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	Yes
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>	Kieran Lord, 27.11.23
<b>Is it also signed off by the Service Director for Finance?</b>	No
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	No
<b>Cabinet member <u>portfolio</u></b>	Cllr Kendrick

**Electoral wards affected:** None

**Ward councillors consulted:** None

**Public or private:** Public

**Has GDPR been considered?** Yes

## **1. Summary**

This is the April 2022-March 2023 Annual Summary Compliments, Representations and Complaints report for Kirklees Children's Social Care. Under the Children's Act 1989, the provision of an annual Complaints report is a statutory requirement.

366 compliments and complaints were registered during this financial year. 52 of these were compliments. 158 were enquiries and 85 complaints were able to be remedied via the local resolution procedure. 23 complaints were responded to via the statutory Stage 1 process (an increase from 15 the previous year). There were 4 Stage 2 investigations, 2 Stage 3 investigations and 4 cases were referred to the Local Government Ombudsman.

Some of the key themes or reasons for complaints were Failure to Consult /communicate, Delay in Service Provision/ Failure to provide a service/ standard /quality of service provided, and inaccurate decision making.

Specifically in relation to children looked after and care leavers, there were 10 Stage 1 investigations during the 22/23 year out of a total of 23 such Stage 1s.

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

For information only, no decision required.

## **3. Implications for the Council**

### **3.1 Working with People**

The Service works with children and young people, families, and carers, and across the council and wider partnership.

### **3.2 Working with Partners**

The Service works with partners to investigate all complaints thoroughly and deliver outcomes for children and young people Looked After by Kirklees Council.

### **3.3 Place Based Working**

Not applicable.

### **3.4 Climate Change and Air Quality**

Not applicable.

### **3.5 Improving outcomes for children**

At all stages, any lessons / findings identified from complaints are expected to be followed up by managers with the relevant staff to inform individual learning and development; whilst themes and patterns for learning identified from complaints



are shared with the Learning and Development Service. To strengthen embedding learning across the service, the Complaints team and Learning and Development team have strengthened pathways to review complaints and compliments to ensure that key messages influence practice.

### **3.6 Financial Implications for the people living or working in Kirklees**

None.

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

None.

## **4 Consultation**

Not applicable.

## **5 Engagement**

Not applicable.

## **6 Next steps and timelines**

- Production of the full and formal annual report for 2022/23- by end of December 2023.
- Training opportunities provided to responding managers- throughout 2024.
- Further work to embed thematic learning from the service within our Quality Assurance framework.

## **7. Officer recommendations and reasons**

That the report be noted.

## **8. Cabinet Portfolio Holder's recommendations**

Not applicable.

## **9. Contact officer**

Nick Libell, Service Manager- 01484 221000; [nick.libell@kirklees.gov.uk](mailto:nick.libell@kirklees.gov.uk)

## **10. Background Papers and History of Decisions**

Not applicable.

## **11. Service Director responsible**

Kieran Lord, Service Director for Resources, Improvements and Partnerships

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# Resources, Improvement & Partnership (RIP)



**Statutory Compliments, Representations & Complaints Procedure.**

**Summary Annual  
Report  
April 2022-  
March 2023**

## **1: Introduction**

This is the April 2022-March 2023 Annual Summary Compliments, Representations and Complaints report for Kirklees Children's Social Care. Under the Children's Act 1989, the provision of an annual Complaints report is a statutory requirement, and the full report will be made available before the end of October 2023.

The Complaints Team operates three separate complaints procedures that consider complaints from members of the public related to Children's Social Care.

- Complaints about Children Social Care Services (as per statutory regulations under the Children's Act 1989).
- Corporate complaints procedure: This relates to Complaints which fall outside of the above regulations.
- Enquiries: This relates to Complaint/Enquiries from Cllrs/MP's; other Services; referrals to Duty Service; external agencies; Parents & relatives who want advice; anonymous complainants.

This summary report provides information on Statutory Complaints and Representations and Complaints received by the Compliments and Complaints Unit from the 1<sup>st</sup> April 2022 to the 31<sup>st</sup> March 2023 registered under the Statutory Childrens Act 1989 Complaints Procedure. The Final Annual Report will include details of complaints and themes registered under the Children Act; Corporate Complaints Procedure; Enquiries and Compliments.

## **2: Overview:**

Complaints and Compliments registered during 2022/23:

- Compliments: 52
- Corporate Complaints: 38
- Enquiries: 158
- Local Resolution: 85
- Statutory Stage One: 23
- Statutory Stage Two: 4
- Statutory Stage Three: 2
- Stage LGO: 4
- Total: 366

In 2022/23 **23** complaints were registered at Stage One. This is an increase from last year, which was **15**. however, the overall numbers demonstrate a continued aim in complaints being managed and responded to, with the aim to resolve complaints as close to the route as possible. This is evidenced by the number of complaints which were resolved at early stages of the complaints' procedure.

This is due to the commitment of managers to the early resolution of complaints; the appointed responding managers at all levels being able to seek support from the Compliments and Complaints Unit on best practice in responding to complainants; and the quality checks on all response letters completed by the Complaints Managers prior to the response letters being sent to the complainant. This is enhanced by the overall communication, reporting and monitoring of the Compliments and Complaints Unit.

### **3: Compliments**

52 Compliments were received from 1 April 2022 – 31<sup>st</sup> March 2023: An analysis of these will be provided in the detailed annual report.

### **4: Childrens Act 1989 Complaints Procedure (Statutory Complaints)**

The Complaints team undertake an active role in seeking Local Resolution through engagement and advice to Children's Social Care services and Complainants. The majority of complaints in 2022/23 were resolved by this approach, negating the need to proceed to the next stage of the procedure.

The statutory complaints procedure has three formal stages:

- Local Resolution. Childrens Social Care Service teams and independent providers providing services on the Council's behalf are expected where possible, to resolve complaints at this initial point within 10 Working Days.
- Stage One. The Statutory complaints procedure requires complaints at Stage One to be responded to within 20 working days (However Childrens Complaints Unit have tightened this process and asked responding managers to respond within 10 working day with an extension of a further 10 days if necessary)
- Stage Two. This stage is generally implemented when a Complainant is dissatisfied with the findings of Local Resolution / Stage One. Stage Two is an investigation usually conducted by an Investigating Officer with an Independent Person. An Independent Person must be appointed to the investigation (regulation 17(2)). The Independent Person must be involved in all aspects of consideration of the Complaint, including any discussions about the action to be taken in relation to the child. The Manager responsible for the service which has been complained about, adjudicates on the findings. Stage Two Complaints should be dealt with within 25 days, although in certain cases this can be extended to 65 days.
- Stage Three. This is a Review Panel to which complainants who are not satisfied with a Stage Two response can proceed their Complaint to, which the Council is required to establish. The Panel makes recommendations to the Service Director who makes decisions about the complaint and any action to be taken. Complaints Review Panels are made up of three independent panelists. There are various timescales relating to Stage 3 complaints.
- A further option for Complainant's to progress a complaint is the Local Government Ombudsman (LGO), who is empowered to investigate where it appears that a Council's own investigations have not resolved the complaint. Complainant's can refer their complaint to the LGO at any time, although the Ombudsman normally refers the matter back to the Council if it has not been considered under the Council's procedure.

#### **Accessibility of the Complaints procedure.**

- a) Complaints Leaflets – new look child friendly leaflets are distributed to children's homes. Children are also given a copy of the complaints leaflet when a Children's Social Care assessment is undertaken and/or at review meetings. These leaflets also detail the support available to a young person wishing to make a complaint.
- b) Complaints leaflets –complaints leaflets are available to all individuals who wish to make a complaint.
- c) Community Languages Leaflets - these are available in Chinese, Gujarati, Punjabi, Urdu and Polish. One of the Complaints Manager speaks Urdu and Punjabi. The complaints procedure is available on the Kirklees website in all languages.
- d) Website – The Complaints procedure is available on the Kirklees Local Authority website and

updates have been made to this page to ensure it is fully up to date and representative of the Compliments and Complaints Team. <https://www.kirklees.gov.uk/beta/contact-the-council/children-young-people-complaints.aspx>

- e) Children's Rights Service - this service advocates on behalf of a young person to access the Complaints procedure and all children and young people who make a complaint are informed of the Children's Rights Service. Relationships have been strengthened between the Compliments and Complaints Team and the Children's Rights Service to ensure, as far as possible, that the processes are reflective and in line with feedback received from the Young People and accessible to ensure their voice can be heard.
- f) Visually impaired – The Complaints procedure is available in braille, CD, video and large print.

## **5: Early Resolution of Complaints: Local Resolution Stage:**

Local Resolution and Stage One uses a restorative approach that encourages the Responding Managers to intervene early, have open and honest communication with the complainant, even if challenging and resolve with a positive outcome. It also allows the service to resolve matters as swiftly as possible, preventing any drift and delay of cases.

Below is the number of complaints registered during the last five years that were registered at Local Resolution Stage.

<b>Local Resolution Stage</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
<b>Total</b>	<b>155</b>	<b>274</b>	<b>236</b>	<b>193</b>	<b>85</b>

The number of complainants who were satisfied, without recourse to the formal Statutory complaints' procedure has reduced from last year from 193 to 85. The annual report will provide further detail on this.

The Complaints team play a key role in mediating between complainants and Children's Social Care. Responding managers are encouraged to make early contact with the complainant, to provide reassurance that their complaint is being listened to and establish the feelings of the complainant, which helps to assist in putting measures in place to achieve early resolution. The approach also helps to improve the relationship between the complainant and the service, and enables issues raised to be resolved without the complainant feeling the need to resort to the formal complaints process.

- **Complaints resolved at Local Resolution and Stage One made by Young People:**

Of the total number of complaints registered as Local Resolution and Stage One, **5** complaints from young people were resolved at Local Resolution Stage and **12** at Stage One. Young people continue to be encouraged to share their views and feelings with us either directly or via an advocate from the Children's Rights Service. Regular meetings are also held between a representative of the Compliments and Complaints unit and the Children's Rights Team.

All the complaints made by young people and registered under Local Resolution/Stage One were resolved to the satisfaction of the young person and did not require escalation. When a complaint is made by a young person, the appointed responding manager is asked to hold a discussion with the young person prior to responding to their complaint; to provide reassurance that they are being listened to and ensure that all issues which are concerning the young person are understood and desired outcomes considered at this stage. The advocates from the Children's Rights Service also assist in this approach by providing liaison between young people and Children's Social Care.

The table below shows the issues raised by 5 young people were resolved at Local Resolution Stage. The number of complaints made by young people have reduced. The highest number of complaints referenced are under categories of Failure to consult / communicate / lack of communication. (Table on issues at Stage One is shown later in this report)

<b>Local Resolution: Issue</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Delay in Service Provision/ Failure to provide a service/ standard /quality of service provided	0	3	0
Failure to consult / communicate / lack of communication	7	3	3
Welfare Issue	2	0	0
Inappropriate Management	0	0	0
Inaccurate Decision Making	18	2	1
Issues relating to Staff	7	5	1
Access to records	1	0	0
Financial Problems	6	1	0
Contact Arrangements	2	3	0
Loss / Damage to property	0	0	0
Confidentiality	0	1	0
Incorrect/ Inaccurate information	0	0	0
Other	0	0	0
<b>Total</b>	<b>25*</b>	<b>18*</b>	<b>5</b>

NB: \*Some young people raised complaints about more than one issue.

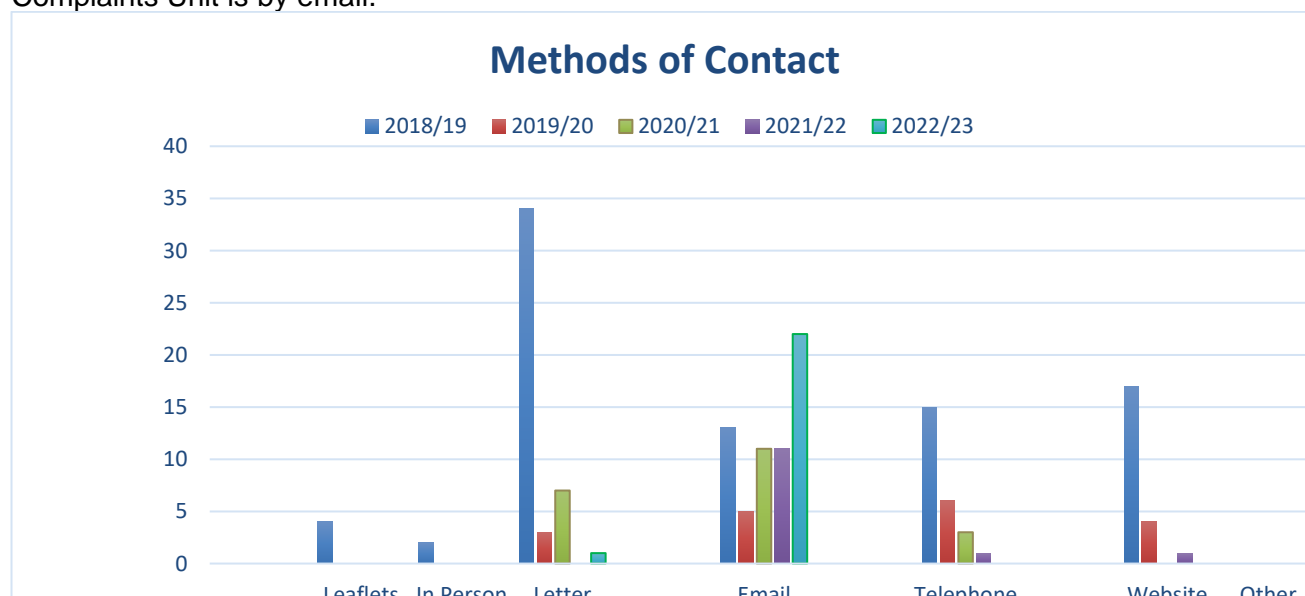
## **6: Statutory Childrens Act Complaints Procedure:**

### **Statutory: Stage 1 Complaints.**

There were **23** complaints registered at Stage One of the Childrens Act Complaints Procedure.

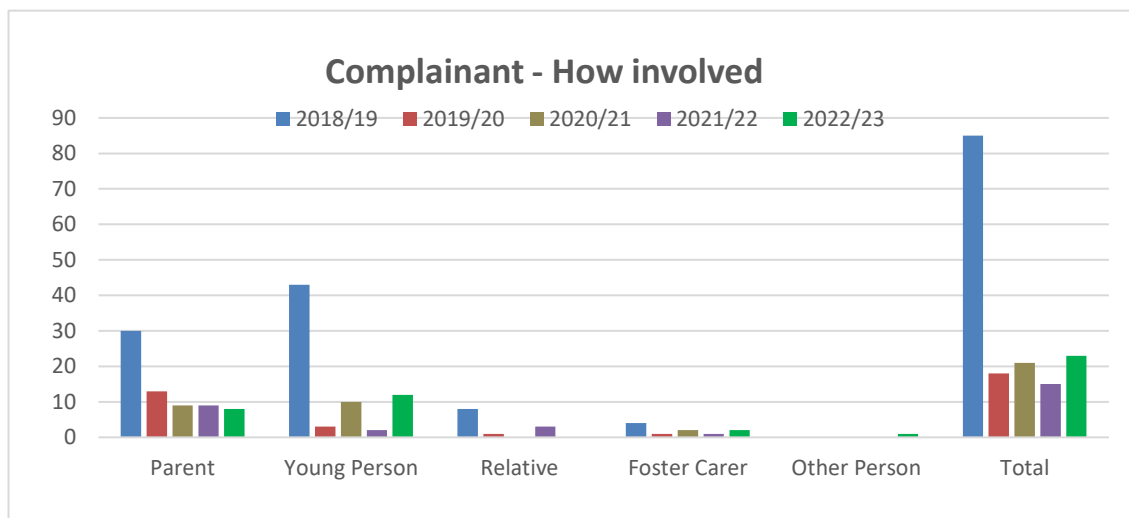
- **Statutory: Stage 1 Complaints Preferred methods of initial contact:**

It can be noted from the table below that most of the preferred methods of initial contact with the Complaints Unit is by email.



- **Statutory: Stage One Complaints – How Involved (relationship with child):**

52% of all complaints registered at Stage One, were from young people, with the support of Childrens Rights Service. The Compliments and Complaints Team have continued to ensure that the complaints process is open and accessible to young people both directly and through an advocate from the Children’s Rights Service. **34.8 %** of all complaints registered at Stage One, were from Parents.



- **Statutory: Stage One Complaints – Service Area:**

Below is a breakdown of the 23 complainants whose complaints were registered at Stage One by service area, in comparison with the last four years. Most of the complaints received relate to; Assessment and Intervention and Looked After and Care Leavers Services. This is attributed these being the services most likely to be involved with children and young people whose complaints made up 52% of those at Stage One.

Service Area	2018/19	2019/20	2020/21	2021/22	2022/23
Assessment and Intervention	25	9	6	6	8
Disabled Children’s Service	6	3	2	3	1
Children Residential	4	0	1	0	0
Children & Disability Residential	0	0	0	1	1
Fostering/ Placement	4	2	1	3	1
Looked After and Care Leavers	48	3	12	3	10
Family Support /Early Help	1	0	0	1	0
Child Protection & Review	28	1	0	1	0
Contact Centre	1	0	0	0	0
Emergency Duty Team	0	1	0	0	0
Integrated Youth Support	0	0	0	0	0
Other	1	0	0	1	2
<b>Total</b>	<b>94</b>	<b>19</b>	<b>22</b>	<b>19</b>	<b>23</b>

One complainant raised issues about more than one service.



## Statutory: Stage One Complaints – Issues Complained about:

The table below highlights the types of issues raised at Stage One by the 23 complainants whose complaints were registered at Stage One (NB: One complainant can raise more than one issue).

<b>Issue</b>	<b>Total 2018/19</b>	<b>Total 2019/20</b>	<b>Total 2020/21</b>	<b>Total 2021/22</b>	<b>Total 2022/23</b>
Delay in Service Provision/ failure to provide a service/ standard/ quality of service provided.	1	10	3	6	3
Failure to consult/communicate/ lack of communication.	36	14	4	10	8
Welfare Issue	0	0	0	0	0
Inappropriate Management	0	0	0	3	1
Inaccurate Decision Making	4	5	1	1	6
Issues relating to Staff	26	11	8	7	0
Bullying by Service User	1	0	0	0	0
Service Provision/Assess	24	5	0	0	3
Provision /accuracy of Information	11	0	6	3	1
Financial Problems	10	1	6	6	2
Contact Arrangements	13	6	1	2	2
Other	0	4	0	6	2
<b>Total</b>	<b>126</b>	<b>56*</b>	<b>29*</b>	<b>44*</b>	<b>28*</b>

## Outcome of Statutory: Stage One Complaints:

There were 23 complainants who had complaints registered at Stage One. Below is a breakdown of the outcome of the investigations into their complaints and what issues the outcome related to. The outcomes of complaints are categorised as: Not upheld; Partially upheld; upheld. \*Some of the complainants made complaints about more than one issue, hence the total number of issues is greater than the number of complainants.

## Statutory: Stage One Complaints Not Upheld:

<b>Issue</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Delay in Provision/failure to provide a service/standard/ quality of service provided	0	7	2	2	0
Failure to consult /communicate	6	3	2	2	0
Welfare Issue	0	0	0	0	0
Inappropriate Management	0	0	0	0	1
Inaccurate Decision Making	3	4	1	0	3
Issues relating to Staff	14	9	3	3	0
Bullying by Service User	0	0	0	0	0
Service Provision/Assess	11	0	0	0	0
Provision/accuracy of information	2	1	1	0	0
Financial Problems	5	0	4	2	0
Contact Arrangements	9	6	1	1	0
Other	0	1	0	2	0
<b>Total</b>	<b>50</b>	<b>31*</b>	<b>14</b>	<b>12</b>	<b>4</b>

### Statutory: Stage One Complaints Partially Upheld:

Issues	2018/19	2019/20	2020/21	2021/22	2022/23
Delay in Service Provision/failure to provide a service/standard/quality of service provided	1	8	1	0	0
Failure to consult/listen/communicate	15	0	0	3	2
Welfare Issue	0	0	0	0	0
Inappropriate Management	0	0	0	0	0
Inaccurate Decision Making	1	0	0	1	1
Issues relating to Staff	9	0	4	3	0
Bullying by Service User	0	0	0	0	0
Service Provision /Assess	6	0	0	0	0
Provision/accuracy of information	8	0	3	1	0
Financial Problems	3	1	0	1	0
Contact arrangements	2	1	0	2	1
Other	0	0	0	1	2
<b>Total</b>	<b>45</b>	<b>10*</b>	<b>8</b>	<b>12</b>	<b>6</b>

### Statutory Stage One Complaints Upheld:

Issue	2018/19	2019/20	2020/21	2021/22	2022/23
Delay in Service Provision/ Failure to provide a service/ standard /quality of service	0	8	0	0	3
Failure to Consult /communicate	15	19	2	1	6
Welfare Issue	0	0	0	0	0
Inappropriate Management	0	0	0	0	0
Inaccurate Decision Making	0	0	0	0	2
Issues relating to Staff	3	1	1	0	0
Bullying by Service User	1	0	0	0	0
Service Provision /Assess	7	0	0	0	3
Provision/accuracy of information	1	4	2	0	1
Financial Problems	2	0	2	0	2
Contact Arrangements	2	0	0	0	1
Other	0	0	0	2	0
<b>Total</b>	<b>31</b>	<b>32*</b>	<b>7</b>	<b>3</b>	<b>18</b>

## **Statutory: Childrens Act: Stage Two Complaints**

Prior to complaints being considered at Stage Two, Complaints Managers explore with the Complainant and the Service all reasonable options for resolution. Where this is not feasible Complaints are registered at Stage Two. Of the Stage One complaints in the last five years:

- In 2018/19: 5 of the 85 at Stage One proceeded to Stage Two
- In 2019/20: 3 of the 18 at Stage One proceeded to Stage Two.
- In 2020/21: 4 of the 21 at Stage One proceeded to Stage Two.
- In 2021/22: 3 of the 15 at Stage One proceeded to Stage Two.
- In 2022/23: 4 of the 23 at Stage One proceeded to Stage Two.

The number of complaints registered at Stage Two have remained consistent in comparison with the last four years.

## **Statutory: Stage Three complaints - Review Panel Hearings.**

Complainants who are not satisfied with Stage Two responses have a right to have their complaints considered by three independent people who form the Stage Three Panel. However, prior to complaints being considered by a Stage Three Panel, a Complaints Manager explores all reasonable options for resolution with the Complainant and the Service.

In 2022/23, 2 complainants proceeded to Stage Three.

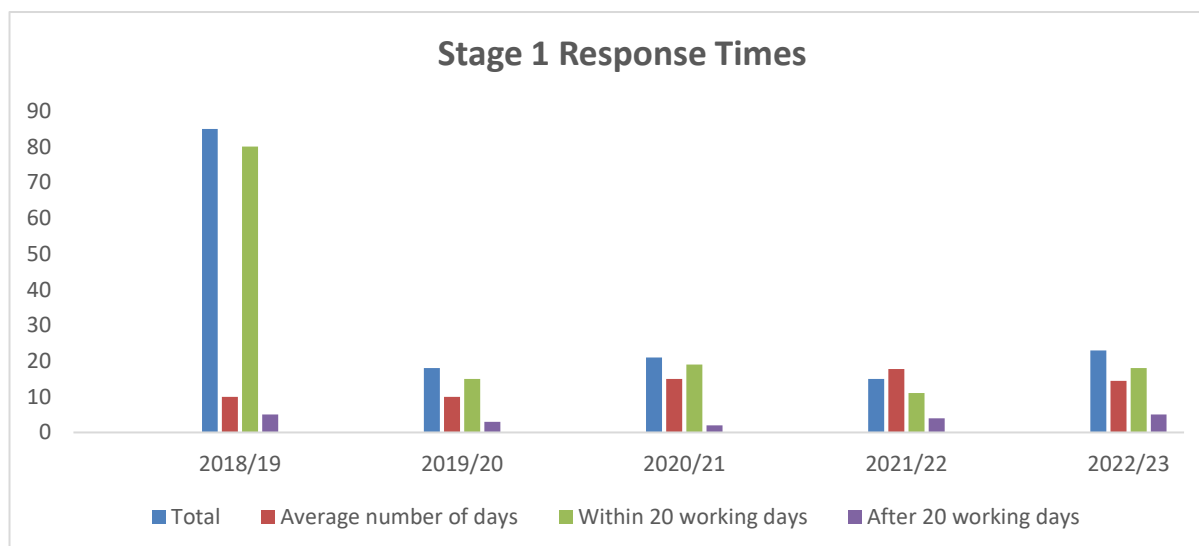
## **Ombudsman Complaints and Enquiries:**

Complainants have the right to refer their complaint(s) to the Local Government Ombudsman at any time. The Ombudsman will decide whether to investigate for maladministration. There were four Complaints Considered by the Local Government Ombudsman regarding Children Social Care.

## **7: Performance**

The majority of complainants responded to under the Local Resolution process and Stage one of the Statutory Complaints Procedure process were responded to within 20 working days. The complaints that took longer than 20 working days to respond to the complainant, were complex and related to more than one service. However, the complainants were updated regularly with regards to delay and response times.

## **Response times to all Stage One Complaints:**



The above table evidence that the measures taken by the Childrens Complaints Unit to advise the appointed responding managers; monitor and prioritise the importance of meeting the statutory timescales, have ensured that **over 79% of the complaints were responded to within the statutory 20 working days**. This is an improvement from the previous year.

The Childrens Act requires complaints from children and young people registered at Stage one to be responded to within 20 working days including any permitted extension. As a matter of good practice and in acknowledgement that children and young peoples' voices must be heard and responded to in a timely manner, the Complaints team has reduced this time scale, and all responding managers are asked to respond to children /young people within 6 working days, where possible.

### **Response times to all Stage Two Complaints:**

It is common practice for the Compliments and Complaints Team to appoint both independent investigating officers and independent persons at Stage 2 and this was the case for 2022/23.

The maximum permitted time for a Stage 2 investigation to be carried out is 65 working days. Adherence to timescales is influenced by external factors such as the number of people to interview, and the availability of the Investigating Officer and the Responding Manager, when delay is incurred, Complainants are kept informed.

One complaint was responded within the statutory timescale. 3 complaints took longer than 65 days, to investigate and respond to the complaint. This was due to complexity of the issues being investigated, the availability of staff and the complainant.

### **8: Service Improvements /Learning from Complaints**

At all stages, any lessons / findings identified from complaints are expected to be followed up by managers with the relevant staff to inform individual learning and development; whilst themes and patterns for learning identified from complaints are shared with the Learning and Development Service. To strengthen embedding learning across the service, the Complaints team and Learning and Development team have strengthened pathways to review complaints and compliments to ensure that key messages influence practice.

On conclusion of Stage 2; 3 and LGO of the complaint's procedure the line managers of service/staff sighted in the complaint discuss the findings and learnings. The Complaints Managers monitor the implementation of recommendations agreed and learning at the Stage Two and Three process of the complaints' procedure, and those made by the Local Government Ombudsman.

### **9: Conclusion**

Kirklees Childrens Social Care Service continues its restorative approach to complaints.

We continue to encourage complainants to be involved in the resolution to their complaints throughout the process, leading to more lasting solutions and stronger relationships. The Compliments and Complaints Unit is committed to ensuring learning is shared widely across the service and leads to real improvements.

**If you would like to comment on this report, please contact Children Complaints Management on:**

Tel: 01484 225140

Email: [childrens.complaints@kirklees.gov.uk](mailto:childrens.complaints@kirklees.gov.uk)

**Corporate Parenting Board**

**Agenda Plan 2023/24**

<b>Date of Meeting</b>	<b>Issues for Consideration</b>	<b>Officer Contact</b>
<p align="center"><b>Tuesday 4<sup>th</sup> July 2023</b></p> <p align="center"><i>Report Deadline: Thursday 22<sup>nd</sup> June 2023</i></p> <p align="center"><i>Agenda Publish: Monday 26<sup>th</sup> June 2023</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>Briefing note on Unaccompanied Asylum-Seeking Children &amp; Post-16 Education</p> <p align="center"><b><u>Public Items:</u></b></p> <p>Membership of the Board</p> <p>Children’s Performance Highlight Report</p> <p>Corporate Parenting Strategy</p> <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>O Rix/ L Hallas / V Metherringham /G Addy O Rix</p> <p>O Rix/ L Hallas / V Metherringham /G Addy</p> <p align="center">Board Members</p> <p>O Rix/ L Hallas / V Metherringham /G Addy V Metherringham/O Rix</p> <p align="center">Cllr Pattison /L Hallas</p> <p align="center">Board members</p> <p align="center">J Harris</p>

**Corporate Parenting Board**

**Agenda Plan 2023/24**

<p><b>12<sup>th</sup> September 2023</b></p> <p><i>Report Deadline: Thursday 31<sup>st</sup> August 2023</i></p> <p><i>Agenda Publish: Monday 4<sup>th</sup> September 2023</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>Voice of Children and Young People (name TBC)</p> <p align="center"><b>Public Items:</b></p> <p>Membership of the Board</p> <p>Terms of Reference</p> <p>Children’s Performance Highlight Report</p> <p>One Adoption West Yorkshire (Annual Report)</p> <p>Children’s Rights Team Annual report</p> <p>Overview of Children’s Residential Services</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Updates from Board Members on interaction with services</p>	<p>O Rix/ L Hallas / V Metheringham /G Addy</p> <p>O Rix</p> <p>O Rix</p> <p align="center">Board Members</p> <p>J Harris</p> <p>O Rix/ L Hallas / V Metheringham /G Addy</p> <p>M Rawlings</p> <p>A Gledhill /S Miles</p> <p>J Hanna</p> <p>Cllr Pattison/J Tolley</p> <p align="center">Board Members</p>
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**Corporate Parenting Board**

**Agenda Plan 2023/24**

	Corporate Parenting Board Agenda Plan	J Harris
<p><b>Tuesday 24<sup>th</sup> October 2023</b></p> <p><i>Report Deadline: Thursday 12<sup>th</sup> October 2023</i></p> <p><i>Agenda Publish: Monday 16<sup>th</sup> October 2023</i></p>	<b>Pre-meeting (Informal)</b>	
	Performance Monitoring report (Children’s Services)	O Rix/ L Hallas / V Metherringham /G Addy
	Overview Reports	O Rix
	Residential Update (verbal)	K Lord
	Virtual School Draft Headteachers Report	L Hallas
	<b>Public Items:</b>	
	Children’s Performance Highlight Report	O Rix/ L Hallas / V Metherringham /G Addy
	Virtual School Draft Headteachers Report	L Hallas
	Virtual School Governing Body Update (verbal)	Cllr Reynolds / L Hallas
	Children’s Ambition Board Update (verbal)	K Lord / V Metherringham
Updates from Board Members on interaction with services	Board Members	
Corporate Parenting Board Agenda Plan	J Harris	

**Corporate Parenting Board**

**Agenda Plan 2023/24**

<p><b>Tuesday 5<sup>th</sup> December 2023</b></p> <p><i>Report Deadline: Thursday 23<sup>rd</sup> November 2023</i></p> <p><i>Agenda Publish: Monday 27<sup>th</sup> November 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>Service acknowledgements and awards (verbal)</p> <p>Service Updates</p> <p>Children’s Performance Highlight Report</p> <p>Annual Health Report – Looked After Children Health Outcomes</p> <p>Annual report on Complaints and Compliments for Children in Care</p> <p>Update on Strengths and Difficulties Questionnaire (SQD’s)</p> <p>Virtual School Governing Body Update (verbal)</p> <p>Childrens Ambition Board Update</p>	<p align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p> <p align="center">V Metheringham / J Hanna</p> <p align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">G Addy</p> <p align="center">Nick Liabell/ H Sanderson</p> <p align="center">N Mostowfi/ J Hanna</p> <p align="center">Cllr Reynolds / L Hallas</p> <p align="center">K Lord /V Metheringham</p>



**Corporate Parenting Board**

**Agenda Plan 2023/24**

	<p>Updates from Board Members on interaction with services</p> <p>Corporate Parenting Board Next Steps (verbal)</p> <p>Corporate Parenting Board Agenda Plan</p>	<p align="center">Board Members</p> <p align="center">J Hanna/ V Metheringham</p> <p align="center">J Harris</p>
<p><b>Tuesday 23<sup>rd</sup> January 2024</b></p> <p><i>Report Deadline: Thursday 11<sup>th</sup> January 2024</i></p> <p><i>Agenda Publish: Monday 15<sup>th</sup> January 2024</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>Children’s Performance Highlight Report</p> <p>Sufficiency Strategy (TBC)</p> <p>Fostering Annual Report (TBC)</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 align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p> <p align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p> <p align="center">K Lord / V Metheringham</p> <p align="center">Cllr Reynolds / L Hallas</p> <p align="center">V Metheringham/ K Lord</p> <p align="center">Board Members</p>

**Corporate Parenting Board**

**Agenda Plan 2023/24**

	Corporate Parenting Board Agenda Plan	J Harris
<p align="center"><b>Tuesday 5<sup>th</sup> March 2024</b></p> <p align="center"><i>Report Deadline: Thursday 22<sup>nd</sup> February 2024</i></p> <p align="center"><i>Agenda Publish: Monday 26<sup>th</sup> February 2024</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>Children’s Performance Highlight Report</p> <p>Statement of Purpose for Residential Care (TBC)</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 align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p> <p align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">K Lord</p> <p align="center">Cllr Reynolds /L Hallas</p> <p align="center">V Metheringham/ K Lord</p> <p align="center">Board Members</p> <p align="center">J Harris</p>
<p><b>Tuesday 19<sup>th</sup> March 2023</b></p>	<p><b>Pre-meeting (Informal)</b></p>	

**Corporate Parenting Board**

**Agenda Plan 2023/24**

<p align="center"><i>Report Deadline: Thursday 7<sup>th</sup> March 2024</i></p> <p align="center"><i>Agenda Publish: Monday 11<sup>th</sup> March 2024</i></p>	<p>Performance Monitoring report (Children’s Services)</p> <p>Overview Reports</p> <p align="center"><b>Public Items:</b></p> <p>Children’s Performance Highlight Report</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 align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p> <p align="center">J Hanna L Hallas / V Metheringham /G Addy</p> <p align="center">Cllr Reynolds /L Hallas</p> <p align="center">V Metheringham/ K lord</p> <p align="center">Board Members</p> <p align="center">J Harris</p>
<p align="center"><b>Tuesday 23<sup>rd</sup> April 2023</b></p> <p align="center"><i>Report Deadline: Thursday 11<sup>th</sup> April 2024</i></p> <p align="center"><i>Agenda Publish: Monday 15<sup>th</sup> April 2024</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 align="center">J Hanna / L Hallas / V Metheringham /G Addy</p> <p align="center">J Hanna</p>

## Corporate Parenting Board

### Agenda Plan 2023/24

	Children’s Performance Highlight Report	J Hanna / L Hallas / V Metheringham /G Addy
	Virtual School Governing Body Update (verbal)	
	Children’s Ambition Board Update (verbal)	Clr Reynolds /L Hallas
	Updates from Board Members on interaction with services	V Metheringham/ K lord
	Corporate Parenting Board Agenda	Board Members  J Harris

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

##### Minutes of Previous Meeting

##### Attendance by Strategic Director Update on the Role of Corporate Parent

- (SD Growth and Regeneration) 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 Heath – tbc)
- (Police Colleague (TBC)

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

##### Virtual School Governing Body Update (verbal)

##### Children’s Ambition Board Update (verbal)

## Corporate Parenting Board

### Agenda Plan 2023/24

Updates from Board Members on interaction with services  
Corporate Parenting Board Agenda Plan

#### **Items for consideration /to schedule :**

Statement of Purpose for Fostering  
Statement of Purpose for Residential Care  
Report on Accommodation  
Fostering Annual Report  
Pathway planning report  
Missing report  
The Sufficiency strategy  
Supported Lodgings Scheme  
Supported Lodgings / Post 18 Provision  
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.

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

- 6 monthly report on Children's Rights (Oct to March) (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)

## Corporate Parenting Board

### Agenda Plan 2023/24

- OAWY – 6 monthly report (June/July)