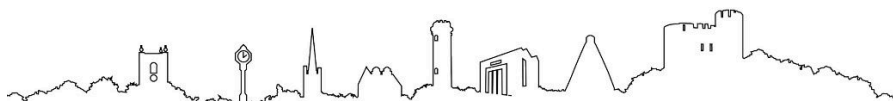


## **Meeting of the Children’s Corporate Parenting Board**

**Thursday 18th April 2024, at 6pm  
In Committee Room 3, The Council House,  
Priory Road, Dudley. DY1 1HF.**

### **Agenda - Public Session (Meeting open to the public and press)**

1. Apologies for absence
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members’ Code of Conduct
4. To confirm and sign the minutes of the meeting held on 27th July 2023 (Pages 4 to 14)
5. Public Forum
6. Action Tracker (Pages 15 to 17)
7. Municipal Report 2023-2024 – Jesca Mupombi (To Follow)
8. Health of Children in Care Annual Report April 1<sup>st</sup> 2022- March 31<sup>ST</sup> 2023– Sharon George (Pages 18 to 57)
9. Care Experienced Apprenticeships – Nicola Hale (Pages 58 to 68)
10. Permanence Activity Report – Nicola Hale/Liz Berry (Pages 69 to 92)
11. To consider any questions from Members to the Chair where two clear days’ notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



## **Distribution:**

Councillor R Buttery (Chair)

Councillor S Ridney (Vice-Chair)

Councillors C Bayton, H Bills, P Bradley, S Keasey, L Johnson, P Lee, K Lewis, D Stanley, E Taylor and M Westwood.



**Chief Executive**

**Dated: 10<sup>th</sup> April, 2024**

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**Minutes of the Children’s Corporate Parenting Board  
Thursday, 27th July 2023 at 6.00 pm  
At Saltwells Education Development Centre, Bowling  
Green Road, Netherton, Dudley**

**Present:**

Councillor S Ridney (Vice-Chair) (In the Chair)  
Councillors C Bayton, H Bills, J Foster, M Howard, L Johnson, P Lee, K Lewis  
and D Stanley.

**Dudley MBC Officers**

R Jones – Virtual School Deputy Head Teacher, J Mupombi – Head of Children  
in Care, Care Leavers and Resources, S Thirlway – Service Director of  
Education, SEND and Family Solutions, A Wright – Virtual School Head Teacher  
(All Directorate of Children’s Services), J Edwards – Public Health Manager  
(Directorate of Public Health and Wellbeing) and K Buckle – Democratic  
Services Officer (Directorate of Finance and Legal).

**Also in Attendance**

S George – Designated Nurse for Children and Young People in Care – Dudley  
Place and L Powell – Assistant Designated Nurse for Safeguarding (Dudley)  
(Both Black Country Integrated Care Board)  
D Deans – Service Manager Adoption@Heart

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1. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of  
Councillors P Bradley, R Buttery, E Taylor, and M Westwood.



## 2. **Appointment of Substitute Members**

It was reported that Councillor J Foster had been appointed as a substitute Member for Councillor E Taylor for this meeting of the Board only.

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## 3. **Declarations of Interest**

Councillor K Lewis declared a pecuniary interest as an Early Years Provider and Councillor P Lee declared a pecuniary interest as he was engaged by the Local Authority as a Foster Carer.

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## 4. **Minutes**

### **Resolved**

That the minutes of the meeting held on 23<sup>rd</sup> March 2023, be agreed as a correct record and signed.

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## 5. **Public Forum**

No issues were raised under this agenda item.

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## 6. **Opening Remarks of Members of the Board**

Councillor D Stanley thanked M McFadden, the Corporate Parenting Co-ordinator for the professional manner in which she had served members of the Board for several years stating that she was high calibre first class Officer who was dedicated to her profession.

Members echoed their appreciation for the work conducted by M McFadden and the reason for her leaving the Authority.

The Service Director Education, SEND and Family Solutions referred to the structural changes as part of the Children's Services re-design and undertook to take Members comments back to the Director of Children's Services.

Councillor J Foster raised concerns that neither the Cabinet Member for Children's Services and Education or the Deputy Leader were in attendance at the Board, although they were both Members and it was noted that both were on annual leave.

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## 7. **Action Tracker**

The Head of Children in Care, Care Leavers and Resources reported that the Council's Maitland Road facility was being considered as a 'drop in' property for care experienced young people, however the facility required some adaptation and costings were being sought.

- (a) Councillor C Bayton again suggested that 14 St James's Road be considered as she was aware of the covenant on the building stating it be used for children and families.

The Head of Children in Care, Care Leavers and Resources responded, stating that both properties would be considered, however Maitland Road was more adaptable for the proposed purpose of use.

- (b) Councillor H Bills reminded those present that it had been agreed that a freezer would be provided together with ready meals at the drop in property.

There followed a discussion in relation to members exploring the possibility of reinstating the rounding up fund to use to support children in care and care experienced young people and it was agreed that the matter would remain with the Director of Finance and Legal Services for further consideration.

In relation to care experienced apprenticeships and details of the provision of apprenticeships for care leavers, the Head of Children in care, Care Leavers and Resources stated that all Council Directorates were being encouraged to employ care leavers as apprentices.

In relation to child Trust Funds, Councillor H Bills advised that parents/carers could complain to their banks if experiencing problems with releasing funds, and Councillor D Stanley suggested the use of the Castle and Crystal Credit Union for children in care saving schemes.

The Head of Children in Care, Care Leavers and Resources suggested that she should be the first point of contact should problems with releasing funds arise and referred to a report that had been prepared regarding matching funds and identifying those resources to provide savings for children in care. A report would be presented to the next meeting of the Board.

It was noted that the Service Director Children's Social Care was preparing a report on the scoping work conducted and the provision of a useful space, to include workshops for care experienced young people to access. together with the provision of community resources and the possibility of utilising the property adjacent to the Netherton Arts Centre.

### **Resolved**

That the information reported on in relation to the Action Tracker, be noted.

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#### **8. Adoption@Heart Adoption Service Report 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023**

The Service Manager of Adoption@Heart presented the report submitted, referring to the regional adoption agency objectives including meeting needs, promoting best practice, and providing early placements.

Adoption support was also provided, with adoption continuing to have a high profile within the service.

The Government had launched an Adoption Strategy which included areas of focus and in February 2023, Ofsted had produced an Inspection Framework, with five Ofsted inspections of the service taking place to date.

In relation to the regional context, there were five Regional Adoption Agencies represented and the key aims included in the report submitted were referred to. The placement figures for 2022/23 were reported together with details of the recruitment of adopters, the number of virtual events and the number of enquiries received by the service.

Members noted the details in relation to the marketing overview which had been keen to raise the profile of the service, with a number of national campaigns taking place including 'You Can Adopt' which focused on the children who waited longer (ie; older children, siblings, children with additional needs and children from ethnic minorities).

The Lesbian, Gay, Bisexual, Transgender (LGBTQ plus) Adoption and Fostering week had taken place in March 2023 to encourage those from an LGBTQ plus community who were considering adoption and would like more information to come forward.

Regular meetings continued with the Communication Leads across the three Local Authorities and the Trust.

The adopter recruitment statistics contained in the report submitted were outlined and it was noted that in quarter four there had been an increase in adopter enquiries.

At the end of March 2023 there were 21 families approved and waiting compared to 43 families approved and waiting at the end of March 2022.

Detail of complaints and adoption panels contained in the report submitted, were referred to and panel membership.

Panel training and a Panel Development Day had taken place, with the panel meeting on 45 occasions during 2022/23.

There had been 40 adopters approved in the reporting period and feedback had been obtained from Adopters and Social Workers in relation to their experiences at panel.

One referral had been made to the Independent Review Mechanism (IRM), with the IRM upholding the decision of Adoption@Heart.

There were 20 children subject to placement orders, but not yet placed for adoption. Timescales for the 20 children waiting since the granting of their Placement Orders were reported on, together with statistical data on those children.

It was noted that the number of Dudley children placed for adoption had decreased from 22 for 2021/2022 to 16 at the end of March 2023, however that decrease appeared to reflect the national trend as opposed to practice within Dudley.

The adoption timeliness figures were referred to.

There were four Dudley children placed in early permanence placements via Foster to Adopt, spread across the quarters and all were placed with internal adopters.



It was reported that the starting point for accessing the Adoption Support Service was an Assessment of Need and details of the number of those in a twelve-month period were noted.

Adoption@Heart were also responsible for Keep in Touch arrangements, offering support to adoptive parents and birth relatives however, due to staff absences a breakdown of 'Keep in Touch' exchanges by Local Authority/Children's Trust were not available and that would be rectified for the next annual report.

- (a) Councillor L Johnson requested confirmation of what age an older child would need to be in relation to those who waited longer (ie; older children, siblings, children with additional needs and children from ethnic minorities). In view of his employment, Councillor L Johnson also requested clarification on whether occupations would preclude a successful application to adopt.

The Service Manager Adoption@Heart stated a child would be assessed as those in the category of waiting longer at age of eight and employment would not prevent anyone from adopting, however it would be important to consider the background and potential family network support. Councillor L Johnson was invited to attend an information event.

It was also reported that Adoption@Heart undertook risk assessments should adopters have had previous complex issues.

- (b) Councillor S Ridney referred to the case where a female adopter became fearful and anxious, making the decision to end a placement, and the learning identified that Child and Adolescent Mental Health Services had ended too quickly, and should have supported the children in their transition plan recognising their level of trauma, which raised concerns in relation to the service.
- (c) Councillor L Johnson questioned how many ethnic minority children were awaiting adoption.

The Service Manager Adoption@Heart undertook to provide a written response to the question.

The Head of Children in Care, Care Leavers and Resources reported that a 12-year-old Dudley child had been adopted in 2023 and it was acknowledged that a number of foster carers go on to adopt children in their care.

- (d) Councillor D Stanley requested clarification of how the service remained in contact following adoption.

The Service Manager Adoption@Heart advised that once an Adoption Order was made, both the child's and the adopter's Social Worker would withdraw and, in their place, would be an Adoption Support Social Worker being responsible for the child until the age of 21.

- (e) Councillor C Bayton referred to that content of the report relating to Inspections and more specifically Dudley receiving an overall requires improvement judgement, with recommendations in both Ofsted reports for Adoption@Heart to follow through which were contained in a business plan and requested a report back to the Board on those recommendations, with the requirement to see some improvement.

The Service Manager Adoption@Heart responded stating that she would report back to a future meeting on the recommendations referred to above.

The Head of Children in Care, Care Leavers and Resources referred to the effective work of Adoption@Heart, with several positives being identified. There remained the need not to lose memento in relation to early permanency and the need to stop utilising unregulated provision.

- (f) Councillor P Lee raised concerns in relation to adoption and fostering being a lengthy process and a hard route to navigate especially for those who had not had children of their own previously.

## **Resolved**

- (1) That the information contained in the report submitted on the overall work within Adoption@Heart and the progress with adopter recruitment from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, be noted.
- (2) That the Head of Service Adoption@Heart be requested to email to members details of how many ethnic minority children were awaiting adoption.

- (3) That the Head of Service Adoption@Heart be requested to submit a report to a future meeting of the Board on the improvements made within the Service following the recommendations made by Ofsted.
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## 9. **Savings Update**

The Head of Children in Care, Care Leavers and Resources provided a verbal update on savings for children in care and care leavers. It was confirmed that following research across the Black Country Authorities the amount needed to meet requirements had been calculated, with the next step entailing identifying a resource to provide healthy savings for children and undertook to present a report to the next meeting of the Board, which would be reflected in the 2024/25 budget.

### **Resolved**

- (1) That the verbal presentation of the savings update, be noted.
  - (2) That the Head of Children in Care, Care Leavers and Resources be requested to submit a report to the next meeting of the Board in relation to savings for children in care and care leavers.
- 

## 10. **Informal presentation on the Post 16 Children in Care Review**

The Virtual School Head Teacher referred to the Post 16 programme, including the Virtual School integrating with the Department for Education (DfE) Pilot Project with the existing offer to inform future developments.

The Virtual School had worked with both Dudley and Halesowen Colleges in January 2023 to launch a programme for learning, training and employment pathways for all Post 16 children in care. The programme ensured that each individual was supported by, subject to need, a range of enhanced development offers.

The Virtual School Deputy Headteacher had introduced a Professionals Forum which was growing.

The Virtual School wished to ensure that young people in colleges had a key adult in those settings to ensure the stability of those learners.

The review and refinement of the current workforce allowed an expansion of the mentoring available.

The number of children in care attending both Dudley and Halesowen College were noted.

The 'Smashlife' programme had been launched and had grown over the weeks with 35 young people engaging to date. This had raised awareness of Social Workers and included participation across the college teams. The programme had enabled a lot of learning across the whole system with several key strands emerging with young people requiring the right skills to become independent. The programme would continue next year.

The 'I want to be' event was held on 18<sup>th</sup> July 2023 at Dudley College. The pilot event engaged over 50 young people and their Carers/Teachers, with the event providing several learning areas for future events and it was intended to involve all Council Directorates in future events.

There had been a Post 16 Conference for professionals across the phase at Halesowen College with over 80 delegates, which challenged those professionals to examine policies and procedures with Dudley College achieving a 100% retention rate for the current academic Year.

Work continued to support those not in education, employment, or training (NEET) with figures for that cohort remaining low.

There were exciting opportunities with a Pupil Premium Plus for post 16 children in care now being available.

The Virtual School would continue to meet with the Dudley College leadership team.

The Virtual School Head Teacher congratulated the Virtual School Deputy Head Teacher on all the work she had been involved with.

- (a) Councillor D Stanley referred to previous conversations with children in care when they had raised concerns with access to Social Workers and requiring someone to speak to.

The Virtual School Head Teacher reported that this was the reason for the introduction of pastoral support with post 16 children in care with those young people now having a key adult worker, in addition to the Virtual School Head Teacher and Connexions, and this was reflected in the 100% retention rate at Dudley College.

The Virtual School Deputy Head Teacher referred to a programme of work developed following consulting upon young people's needs, which included driving lessons, purchasing a motor vehicle, and how to buy a car that was suitable and roadworthy. Websites had been investigated and work was conducted with Dudley College in workshop settings on how to determine whether a motor vehicle had been in an accident, car insurance was also examined, with everyone who attended requesting that the workshops continue.

There were also conversations in relation to taking your first foreign holiday.

It was noted that further sessions would be organised on cooking meals that were healthy and on a budget. There had followed a suggestion in relation to acquiring an allotment to grow fruit and vegetables, with a piece of land in Dudley being identified for that purpose.

There was the ambition to organise 12 workshops for those from Year 8 onwards during the next academic year.

Following the 'I want to be' event, feedback had been provided when it had become apparent that young people wanted to know how they would enter their chosen profession and what subjects they should study at school.

The Apprenticeship Team had conducted a three-year review to inform future planning.

- (a) Councillor D Stanley referred to a previous programme of work entitled *Wheels on Wheels* whereby young people worked on two old vehicles to construct one roadworthy vehicle.

In response the Virtual School Deputy Head Teacher referred to a Cart Scheme that was facilitated by Connexions.

The Service Director Education, SEND and Family Solutions shared concerns with the stability of relationships with Social Workers, however he reported that 449 children had a Social Worker who had not changed and remained stable, confirming that Social Workers were accessible.

## **Resolved**

That the information reported on the Post 16 Children in Care Review, be noted.

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11. **Closing Remarks of the Chair and Members**

Councillor D Stanley requested the Chair to write a letter of thank you to M McFadden, the Corporate Parenting Co-Ordinator for all her help and support that she had provided to the Children's Corporate Parenting Board over the years.

The Chair referred to the impending retirement of A Wright the Virtual School Head Teacher and thanked him on behalf of the Board for all of the work done in the Virtual School and wished him well for his retirement.

A Wright thanked the Board for their best wishes and referred to Ms Emma Thomas who would be taking over his role to move forward with the good achievements during the next academic year.

**Resolved**

That Democratic Services prepare a letter of thank you to M McFadden, the Corporate Parenting Co-ordinator.

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12. **Questions Under Council Procedure Rule 11.8**

There were no questions to the Chair pursuant to Council Procedure Rule 11.8.

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The meeting ended at 7.30pm

CHAIR

## Children's Corporate Parenting Board Action Tracker

Action	Date of Action	What needs to be done	Status	Who	Progress Update
That the Service Director Children's Social Care be requested to invite care experienced young people to attend a future meeting of the Working Group or formal meeting of the Board to inform Members of their apprenticeship journey.	Oct 23			Nicola Hale	YP to attend future Meeting – Date TBC
That the Head of Through Care be requested to include analysis on the success rate in Dudley in relation to those young people who entered into their own accommodation including their journey until the age of 25 including number of moves.	Oct 23	Analysis Report on the success rate in Dudley		Head of Through Care	This will be submitted at the 18 <sup>th</sup> April 24 Meeting.
That the Black Country Healthcare NHS Foundation Trust submit a report to a future meeting of the Board on the progress of the Children in Care Emotional Wellbeing and Mental Health Service.	Oct 23	Post DLL update		Sarah Hogan/ Through Care	To be submitted at Oct 24 Board – Date TBC
That a joint report of the Director of Housing and Communities and the Director of Children Services on how both services were working collaboratively to ensure Council homes	Dec 23			Joint Housing Report from Liz Berry – Service Manager and	Fostering service and leads from housing are completing a fuller piece of work in relation to arrangements where foster carers or special guardians live in accommodation

for connected carers, special guardianship orders or foster carers were fit for purpose and provided a safe, warm and clean environment, be presented to a future meeting of the Working Group.				Kathryn Jones – Director of Housing & Communities	provided through the Council. The scope includes: <ul style="list-style-type: none"> <li>• Review of current process</li> <li>• Map against legal obligations and legislative guidance</li> <li>• Update practice guidance and procedure</li> </ul> <p>The work should be completed by end May 2024; a joint summary report to CPB for their information will be shared subsequently (date to be agreed with post-election schedule)</p>
<b>Completed Items – To be Removed</b>					
The Service Director Children’s Social Care to submit a report to a future meeting of the Board on Care Experienced Apprenticeships to include details of the provision of apprenticeships for care leavers, the number of placements offered to young people and in which Directorate.	March 2023			Nicola Hale	To be delivered at the 18 <sup>th</sup> April Board
That the Virtual School Deputy Head Teacher create a publication for circulation to all Elected Councillors encouraging their involvement in the ‘I want to be’ event.	Dec 23	Information to be supplied		Emma Thomas – Virtual School	Details of this event have been circulated. (Date of event 9 <sup>th</sup> July 2024 - Dudley College, The Broadway Dudley)
That Service Manager make arrangements for Members to undertake	Dec 23	Visit to be arranged		Claire Joyce/Sal Thirlway	Dates were offered by Children’s Services. However, responses received



a site visit to the Tipton Road facility in due course.					indicated that a visit was no longer necessary.
That the Service Director of Children's Social Care give consideration regarding ways in which permanency could be reported to the Corporate Parenting Board in the future.	Dec 23			Nicola Hale and Liz Berry	Report to be submitted on 18 <sup>th</sup> April Meeting

**Agenda Item No. 8**

<b>TITLE OF REPORT:</b>	Health of Children in Care Annual Report - April 1 <sup>st</sup> 2022- March 31 <sup>st</sup> 2023
<b>PURPOSE OF REPORT:</b>	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
<b>AUTHOR(S) OF REPORT:</b>	<b>Sharon George- Designated Nurse for Children in Care- Dudley</b>
<b>CARE</b>	
<b>PUBLIC OR PRIVATE:</b>	Private Report but will be presented to Corporate Parenting Board following approval
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The report provides an overview of Statutory responsibilities of Clinical Commissioning and Governance arrangements for Children in Care.</li> <li>• Performance of data for these responsibilities is analysed and compared with National data</li> </ul>
<b>RECOMMENDATION:</b>	That the group approves the report.
<b>CONFLICTS OF INTEREST:</b>	NA
<b>LINKS TO CORPORATE OBJECTIVES:</b>	
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> For Information
<b><i>Possible implications identified in the paper:</i></b>	
Financial	NA
Risk Assurance Framework	NA
Policy and Legal Obligations	NA
Health Inequalities	NA- The purpose of Statutory guidance for Children in Care is to reduce health inequalities
Workforce Inequalities	NA
Governance	NA
Other Implications (e.g. HR, Estates, IT, Quality)	NA



# Corporate Parenting Board

## Health of Children in Care Annual Report April 1st 2022- March 31<sup>st</sup> 2023

### 1 Introduction

This report covers the period from 1 April 2022 to 31 March 2023. The NHS has a significant role in ensuring the timely and effective delivery of health services for looked after children (DOE and DOH 2015 (section 22)). The purpose of the report is to provide the local context around looked after children in care, to outline how Black Country Integrated Care Board (BCICB) statutory requirements are being assured, and to highlight the challenges relating to children in care and how these are being managed. NB Statutory Guidance refers to Looked After Children (LAC). Dudley uses the term Children in Care (CIC)

Most children become looked after because of abuse or neglect and they are one of the most vulnerable groups in society. Although they may have the same health issues as their peers the extent of these is often greater because of their past experiences and it is recognised that children in care have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after. Past experiences, a poor start in life, care processes, placement moves, and transitions can mean that children are often at risk of having inequitable access to both universal and specialist health services.

Statutory Guidance for Local Authorities and Clinical commissioning groups and NHSE (2015) sets out the requirements health and social care to work together to improve the health outcomes for Children in Care.

An update of Q1 and Q2 2023 has not been possible for this report as reliable data has not been available.

### 2 Current Commissioning Arrangements

#### 2.1 Black Country Integrated Care Board (BCICB)

- Designated professionals work to ensure inter-agency safeguarding responsibilities are met across the Black Country footprint as well as ensuring local arrangements remain in place.



- BCICB in partnership with NHS England and local authority public health commissioners must ensure that the services they commission meet the needs of children in care and that these are of a high quality.

## 2.2 Core health activities

The core health activities that require commissioning for CIC relating to statutory duties are:

- **Initial Health Assessments (IHA)** - The Initial Health Assessment should take place in time to inform the child's first CIC review within 20 working days of entering care.
- **Review Health Assessments (RHA)** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
- **Care Leaver Summaries- Dudley Care Leavers Passports** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments)

## 2.3 Service Model

- IHA'S are provided by Black Country Healthcare NHS Foundation Trust (BCHFT) and Dudley Group NHS Foundation Trust (DGFT)
- Review Health Assessments (0-5 years) are provided BCHFT Children in Care Nursing team and Health Visitors.
- Review health assessments (5-18 years) are provided by Dudley Integrated Health and Care NHS (DIHC) School Nurses.
- Children placed out of area, within 40 mile of child's originating address are provided by BCHFT Children in Care Nursing team.
- Leaving Care Passports (Care Leavers Summaries) are completed by the Children in Care Nurses within BCHFT

## 2.4 Internal review of arrangements for Children in Care

A review of Children in care's health service provision has been undertaken and has been benchmarked against the recommendations in the Intercollegiate document The Intercollegiate Document for Children (DOH 2015) sets out the expected statutory roles Current Service provision (see table 1)



Table 1

Professional Role	Current Establishment	Intercollegiate Establishment
Designated Doctor Looked after (NB title used in National Paperwork)	3 PA's (1.5 days)	0.2 whole time equivalent (WTE) per 400 Child in care (CIC) (excluding operational activity)=0.36 Whole Time equivalent (WTE)
Designated Nurse Looked After Children	1 WTE	1WTE per 70,000 (71,932 in Dudley)
Administration (ICB)	1 WTE (shared by 4 Nurses)	0.5 WTE
Named Doctor Looked After Children	Community Medical Officer (CMO) provides 2 PA x32 for Initial Health Assessments (IHA)	1 PA per 400 CIC =1.81 PA's per week
Named Nurse Looked After Children	0.8 WTE	Minimum of 1 WTE for each provider
Specialist Nurse	1.8 WTE	1 WTE per 100 CIC
Administration (Provider/s)	1 WTE (commissioned)	Minimum 0.5 WTE



#### 2.4.1 Designated professionals for Children in Care.

They take a strategic and professional lead across the health community on all aspects of CIC, including provider organisations which are commissioned to undertake this service. The roles are separate from any clinical work.

#### 2.4.2 Named professionals for Children in Care.

This post is a leadership role within the Provider organisation and works to ensure that statutory requirements are met. This Post is now 0.8 WTE and the other hours were taken up by one of the Specialist Nurse Posts.

#### 2.4.3 Specialist Nurses

Specialist Nurses 1.8 WTE. These two posts support the completion of RHA's for children living outside of Dudley up to 40 miles and children who live in Dudley who do not have a School Nurse or Health Visitor

### 3 Governance Arrangements

#### 3.1 Corporate Parenting Board

Corporate parenting is the term used to describe the responsibility of the local authority for Children in Care and young people (HMSO1989, 2004). This said all partners have a shared responsibility as a corporate parent and health services have a key role to ensure the best possible care for Children in care.

Dudley Council chairs a Corporate Parenting Board. The board is made up of elected members, Children's Social Care and other organisations including health and education. It is responsible for making sure that the Local Authority's Corporate Parenting Strategy is met. The Designated Nurse for Children in Care and Young people represents Dudley CCG on this board.

#### 3.2 Health of Children in Care Strategic Group

The purpose of this group is to monitor and improve the delivery of health outcomes for Children in Care. To ensure Dudley Council, BCICB and Dudley Health Providers are meeting statutory duties under the 'Promoting the Health and Well-being of Looked-after Children' statutory guidance (2015). This meeting takes place on a quarterly basis and is responsible for the implementation of the "Health of Children in Care Action Plan".



### 3.3 Children in Care Workstream

The purpose of this group across the Black Country Integrated Care Board (formally Clinical Commissioning Group) is reduce unwarranted variation relating to Children in Care ensuring a consistent approach and that safeguarding standards are integrated into all commissioning processes and service specifications. The group will also share appropriately information about CIC/ young people and examples of good practice will be shared. This Group reports to the Safeguarding Steering Group and Quality and Safety within BCICB

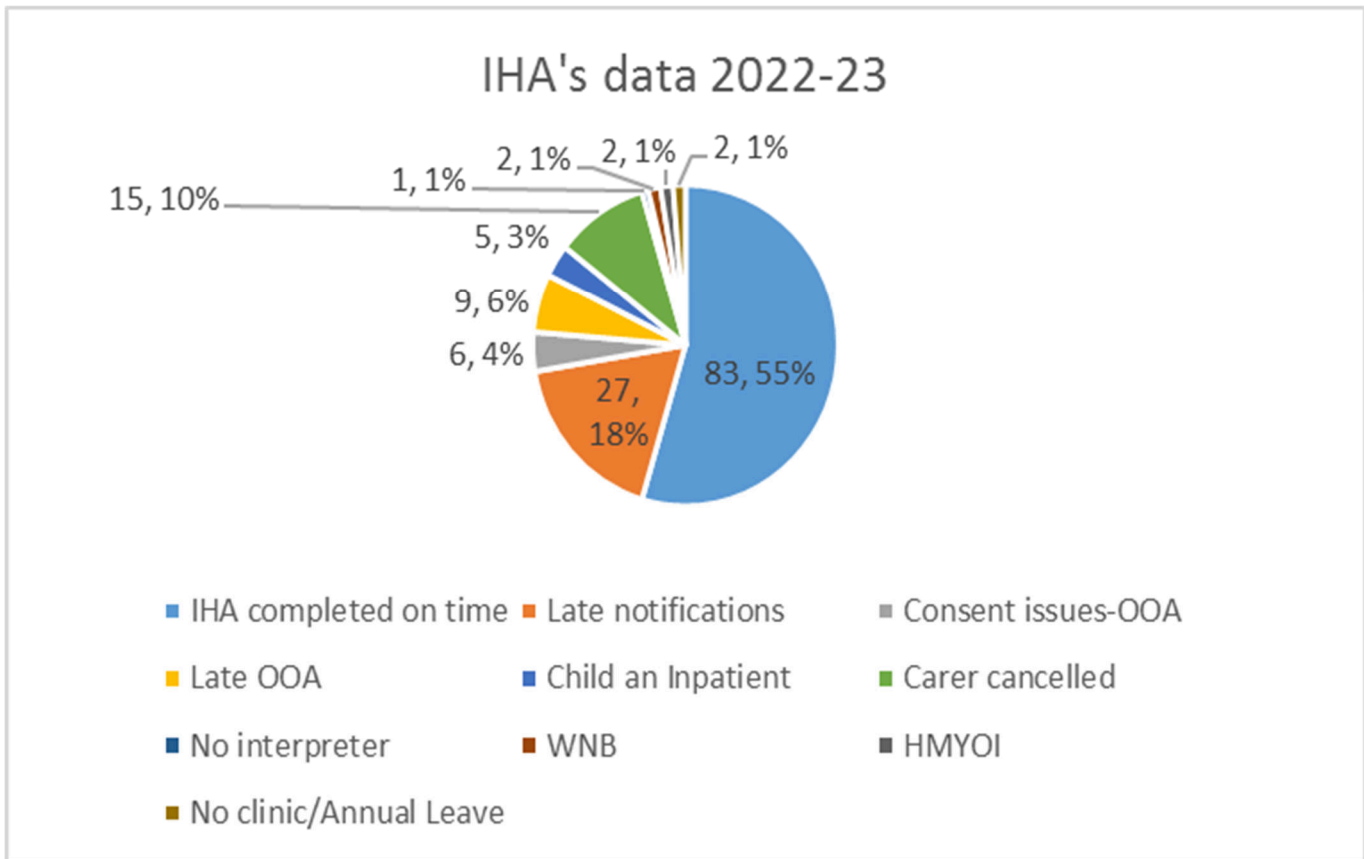
## 4 Statutory Health Care

The local authority has a responsibility to ensure that initial and review health assessments are carried out for every child they look after irrespective of where they live and that health care plans are made, reviewed and delivered. The assessment of children in care involves co-operative working between children's social care, health visitors, school nurses designated and named nurses, paediatricians and clerical staff (DOE, DOH 2015)

### 4.1 Statutory Initial Health Assessments (IHA)

All Initial Health assessments are booked into be seen in clinic within the statutory timescales of 20 working days from the date they are accommodated, providing notification is received in a timely way. Chart 1 shows the number and percentage of IHA's completed within the timescale of 20 working days.





There were 155 IHA's completed for 2022-2023. The overall percentage of IHA's completed on time is **55% (41.3% last year)**. **Please note that this is the percentage of children seen within 20 working days from being in care. All children are offered a date to be seen at the earliest available appointment, which can be day 21,22 etc.** The percentage of late Notifications **27% (46.8% last year)** from the Local Authority was the main reason for IHA's not being completed in a timely way. The issue of late Notification was escalated to the Head of Service for CIC (LA) and work continues in the LA to improve the timeliness of Notifications. Only two (1%) IHA were completed late due to Dr/ clinic availability. In previous years there has been an issue with the Paediatrician cover for IHA clinic. Any gaps in clinic provision are escalated to the Paediatric Clinical Lead and the Directorate Management team to establish any cover for leave where possible. The number of IHA's cancelled by carers is **10%** this is a rise from last year when cancelled by carer did not feature and only 1% of the children and young people were not brought. This has been shared with Head of Service in the LA





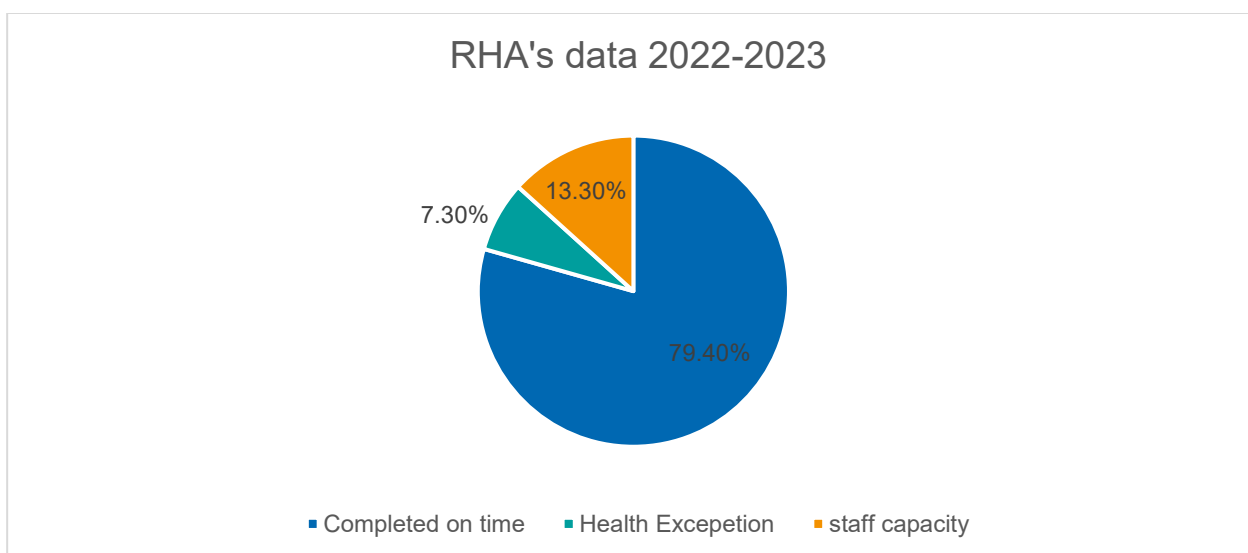
The Named Nurse and Designated Nurses will continue to work with the Team Leaders and Service Leaders within the Local Authority to highlight any issues where performance can be improved. Any unresolved issues will be escalated from the Designated Nurse to the Head of Service for Children in Care.

## 4.2 Review Health assessments

4.2.1 The review assessment may be carried out by an appropriately qualified registered nurse. The assessment must be reviewed on a six-monthly basis until the child attains the age of 5 years.

The review health assessment must then be completed annually for all Children in Care aged 5 years and above.

Chart 2



4.2.2 The percentage of RHA's completed on time is **79.4%** (74.2% last year). The majority of the RHA's are completed by the Children in Care team in Black Country Health Care. 261 of the 626 total number of RHA's. This is a small team of 3 staff members (2.6 whole time equivalents). There have been some issues with capacity due to vacant posts and some staff sickness which had an impact of the timeliness for some of the RHA's. At the End of March 2023, the percentage of Children in Care who had an up-to-date health plan was **86.5%** (**91.8 % December 23**) Exceptions are issues that are not within the control of health and include: - cancelled by the carer, Covid, Late information from LA (part A), child missing,



refusal and child was not brought. Health staff sickness equates to 6.4% RHA not completed within timescales. There are a number of RHA's where the reason for late completion is not given.

#### 4.2.3 Out of Area (OOA) Placements

NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements. Where a looked-after child is placed out of area, the service is expected to cooperate with requests to undertake their health assessments on behalf of the originating CCG. Dudley CCG commissions BCPFT to implement the processes for RHA's of children placed out of area.

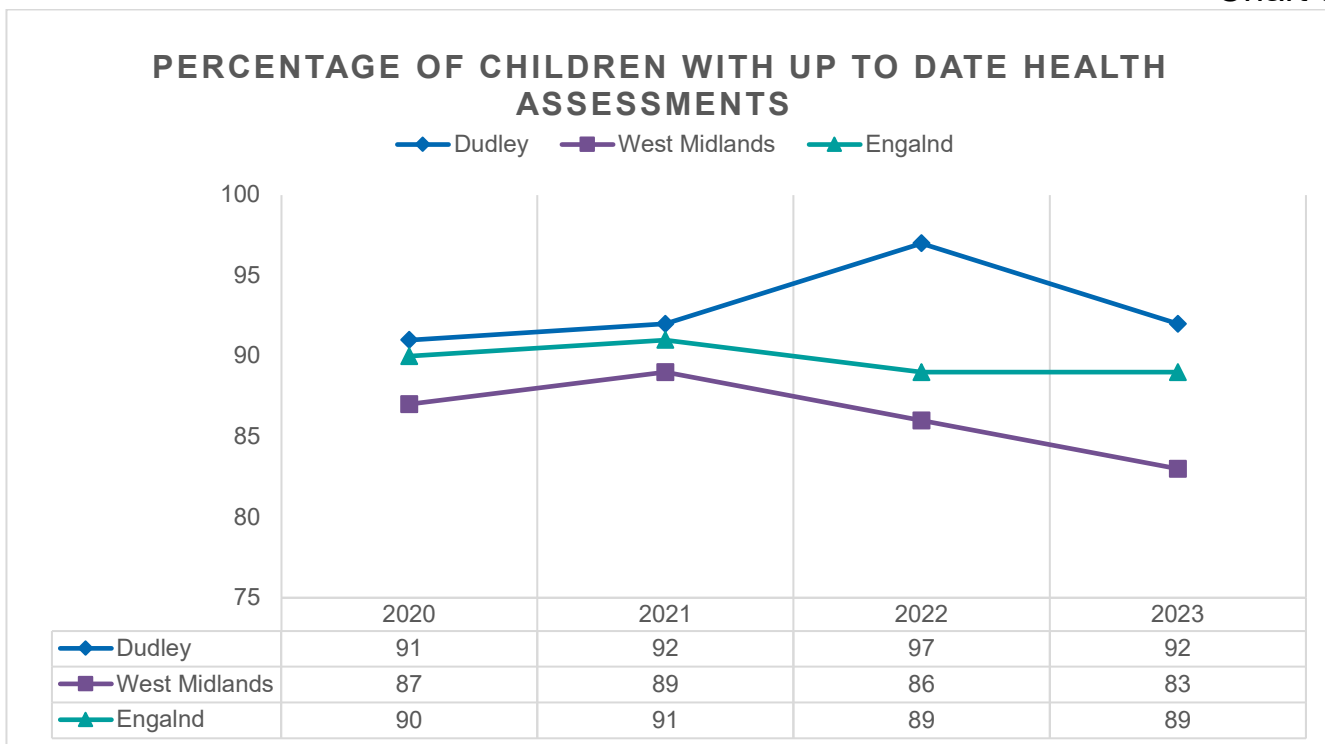
#### 4.2.4 Children Placed in Dudley from other Areas.

Health Assessment requests for children placed into area are process by BCPFT and are completed by the Health team for Children in Care, Health Visitors and School Nurses as this is a requirement for their service specifications. Commissioning arrangements are in place for children that are placed in area are equitable to children that are cared for by Dudley Borough. There were **103** RHA requests in 2022-2023 for children placed in Dudley from other areas.

### 4.3 National Children in Care Return Data SSDA903 (updated 16/11/23)

This data return provides information regarding on the health of children who have been looked after continuously for 12 months.





4.3.1 Chart 3 shows the number of RHA completed in Dudley over the last 4 years in comparison to RHA's completed across the West Midlands and England. For 2023 Dudley had **92%** of this cohort of children with up-to-date Health Assessments. The provider team in BCHFT support the LA with providing this data. At the time of the data submission there was sickness within the team, and this may have impacted on the available data.



### 4.3.2 Dental

Chart 4

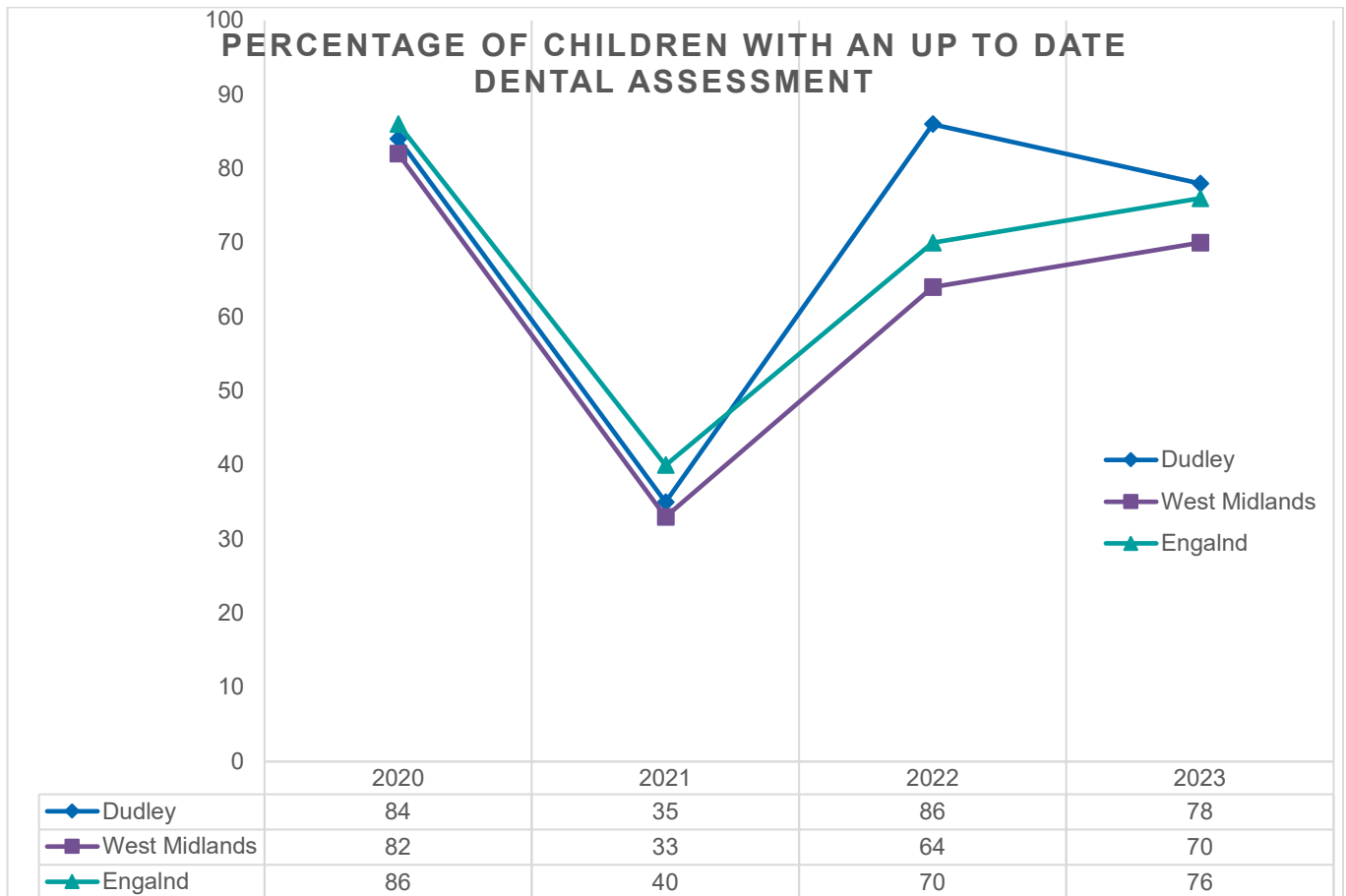


Chart 4 shows that due to Covid 19 there was a national issue for children’s access to dental care. Dental Care is commissioned by NHSE Dental access and for our children has been raised with the Commissioning leads in NHSE. The percentage of children who had seen a dentist in this cohort of children in Dudley was **78%**

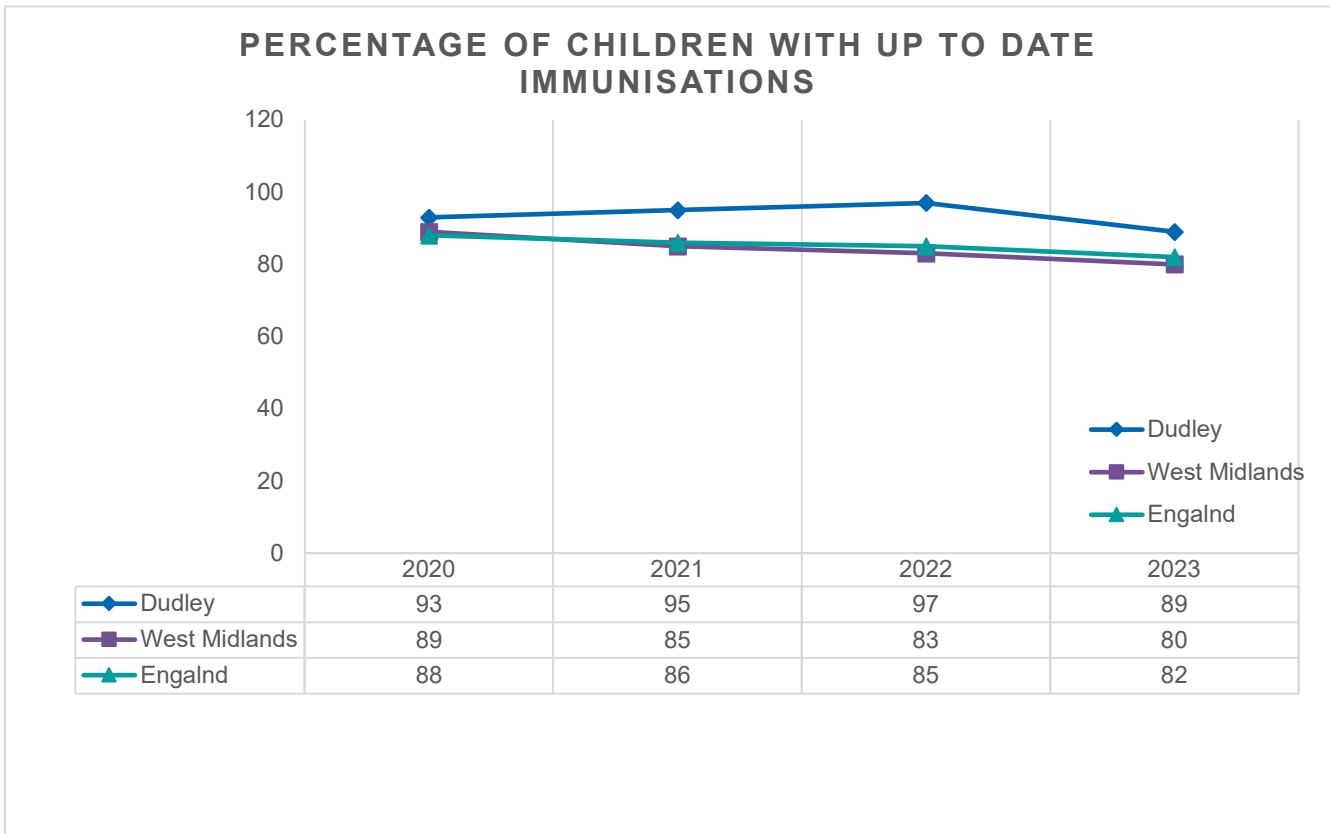
- This continues to be closely monitored through statutory health assessments, and where it is identified that a child needs a dental intervention are addressed and actioned within their health plan and Dudley are implementing a Dental Pathway
- No child should experience any discomfort and Carers should follow national guidance around when to seek help.



- Any issues that have arisen and in need of escalation have been addressed by the Designated Nurses for CIC across BCWB, who will have liaised directly with dental practises.
- A Dental Pathway has been devised and agreed to improve compliance and information about the child’s dental health

### 4.3.3 Immunisations

Chart 5



The Percentage of Children with up-to-date immunisation (chart 5) in this cohort for Dudley was **89%**



## 5 Emotional Health and Wellbeing Provision

5.1 Dudley Lighthouse Links provided the Emotional Health and wellbeing service for. It is hosted by the Local Authority and jointly commissioned by health and the LA. Provision includes: -

- Emotional health and wellbeing service for Dudley Children that are in Care and Care leavers (0-25 years) up to 20-mile radius.
- Advise and Support via duty system (09.30- 13.00)
- Consultations to individuals belonging to the network around the child.
- Initial team around the child meetings.
- Direct therapeutic interventions.
- Group work.
- Special Guardianship Order support work.
- Scoring of Strengths and Difficulty Questionnaires.

5.2 CAMHS (Child and Adolescent Mental Health Services)

- CAMHS will aim to see any child needing the service within 18 weeks.
- Where there is an urgent need to see a child or young person appointments are available on the same/ next day.
- There is also a consultation service available for professionals and carers.



## 6 Care leavers

6.1 The Designated Nurse and Named Nurse contributed the health information for the leaflet that was developed for the Care leavers when it was originally developed. The health section highlights and provides information about local health services including how to access the Specialist Nurses offer health advice and signposting as required to the Care Leavers Team.

6.2 A Care Leavers Passport has been designed and commissioned in collaboration with young people from the Care Leavers Forum. This will provide care leavers with a comprehensive health history. It also includes information about health services and organisations that can be accessed to support any future or ongoing health and wellbeing needs. The Process to implement the use of Care Leavers Passports started in March 2018



6.3 The Named Nurse has refreshed and updated the process for completion on the Care Leavers Passports. Due to reduced capacity within the team in 2021-2022, there had been a temporary halt to these being completed and because of this there was a backlog of Passports that needed to be completed. A plan was put into place and the backlog has been completed.

6.4 Care leavers health summaries are included in the dashboard that has been developed by the Black Country and West Birmingham Designated Nurses for CIC, which reflects the Key Performance Indicator's for services commissioned by the CCG, this has been implemented for the purposes of reporting in 22/23 across the Black Country to standardise reporting and reduce variation.

6.5 Funding has just been approved for a Care leavers App. The App will provide evidence-based information regarding health and staying healthy and will include a link to the NHS App (GP records). It will help young people to find a GP or dentist in their area and will be updated with new information as necessary. The App development will be done working with other health professionals, young people and social care.

## 7 Voice of the Child

7.1 Engaging and listening to our CIC is essential and their voice should be heard throughout all aspects of their care. MacAlister, J (2022) highlights, that it is paramount that children and young people have a powerful voice within decisions that affect them. Children within the care system have a variety of professionals in their lives, but too few adults who are unequivocally on their side and can amplify the voice of the child.

7.2 All Designated Nurses have regular attendance at CIC and CL councils, at these we are able to present pieces of work such as the health app and obtain their feedback and any suggestions they may have and action appropriately. We listen to their priorities for future to support CIC and CL, an example of this has been the request for free prescriptions for CL, this was supported through a business case by the Designated nurses and was approved at executive board in the ICB and is now in place for our CL.

7.3 All health assessments should include the voice of the young person, and this is actively reviewed as part of the quality assurance process of these assessments.



The powerful poem below is written by one of our care leavers from Sandwell and they have agreed it can be included within the annual report to highlight the statistical impact of being a care experienced person.

### **Stereotypical Statistical Care**

Statistically speaking 40% of care leavers are NEET  
We need to get them involved, not let them chill on the street  
24% of prisoners have at some point been in care  
When compared to the percentage in the population, is that fair  
30% of care leavers have experienced being homeless  
Let's give them a voice so they're no longer toneless  
70% of sex workers were once looked after kids  
This needs to be a well-known stat, not one that is hid  
22% are parents before they themselves leave care  
What an unfortunate situation what a disadvantaged pair  
77% of care leavers say that they feel lonely  
A community that cares is needed not one that is phoney  
58% of care leavers suffer with mental health issues  
This is knowledge that needs acting upon not knowledge to be misused  
57% of care leavers are struggling and in debt  
In order for us to overcome this, targets are what need to be set  
Care leavers are four times more likely to commit suicide  
Love and support is what they need their community to provide

### **8 Special Educational Needs and Disability (SEND)**

Statutory guidance (2015) states that the health assessment should be integrated with any other assessments and plans such as the child's Core Assessment or an Education, Health and Care Plan (EHCP's) where the child has special educational needs. The SEND team, CIC health team, Designated Nurse, and Virtual school are now sharing relevant information regarding health assessments and EHCP's. The plan is to map out processes for CIC with EHCP's to ensure that there is a consistent approach to ensure the needs of the child are met and all agencies are aware of their responsibilities. The Designated Nurse is a member of the Send Assurance Group, which is a multi-agency meeting hosted by BCICB.





## 9 Staff training and Supervision

### 9.1 Training

Roles and responsibilities and associated training requirements around Children in Care are clearly outlined for NHS staff in the intercollegiate document for Looked After Children (2015). BCICB commission Safeguarding training and workshops which are also delivered to GPs, GP safeguarding leads, practice staff and other health providers.

All Safeguarding Training (level 1, 2 and 3 intercollegiate framework 2015) includes information about Children in Care and their vulnerabilities.

### 9.2 Training received

Bi annual Study days are provided regionally This is a forum for clinicians to share and examine practice experiences (positives and challenges), review of literature and guidance for Children in Care, feedback about conferences and training, identify training needs and improve links and liaison across the county and within the CIC arena. These study days provide certification to level 4 and 5 in line with the intercollegiate document (2015)

The Designated Nurse attended level 4 and 5 training in line with the intercollegiate framework (2015) including the national safeguarding conference for Designated Nurses.

### 9.3 Supervision

The Designated Nurse receives 1:1 supervision from a Designated Nurse who is a regional lead in another area and peer supervision from a group of Designated Nurses for children in care on a quarterly basis.

The Designated Nurse provides offers supervision to the Specialist and Named Nurses.

## 10 Key Achievements

ICB has signed up to Care leavers covenant – plans in place to support care leavers working in NHS in Black country. The care leavers covenant is a national inclusion programme, which forms part of the governments keep on caring strategy, that provides support for care leavers aged 16-25 years to help them live



independently. The Black Country ICB offer for our care leavers is currently being developed, please find further information on the link below.

[Local NHS pledges support for care leavers :: Black Country ICS](#)

Free prescriptions for care leavers up to age 25 who are not already eligible- 16 requests since Launch in April 2023.

CIC Dental Pathway agreed for Dudley.

Ongoing development of the care leavers health app

Revised and agreed pathways with Local Authority for Adoption Medicals

The Named Nurse/ Designated Nurse and Head of Children in Care in Dudley LA have been working closely to reduce the number of late notifications. Having a single point of access in the LA appears to be helping and the Named Nurse & Designated Nurse have been working with team leaders to ensure that new social workers understand the process of notifications. Where late notifications are received there is a robust escalation process for this, and the Named Nurse keeps a database to monitor trends.

The nursing team have effectively been using the RIO EPR in the last year. It was identified by the Named Nurse that this was not being used to its maximum potential and work has been carried out amongst the team to improve compliance with this system. The team is now set up for text alerts for appointments. It has been noted by other teams that our documentation particularly in progress notes and the uploading of documents helps them when attending MDT meetings to be able to be fully informed and facilitate the voice of the child.

An informal audit of the Quality of RHA's was completed by the Named Nurse and it highlighted themes of where improvements were required by teams. Work has been done by the Named Nurse to feedback these issues to teams with an aim to continue to improve the quality of the health assessment and encourage professionals to move away from the idea of this being a paper exercise, so that Health assessments reflect the lived day to day experience of the child/YP with robust care plans that identify health needs and how these should be addressed.

The Named Nurse has worked with Dudley LA to offer health advice for Refugee and Asylum-Seeking Children at the point of entry into Dudley. Dudley LA have incorporated this information into a letter which is given to this group of children/YP



and carers by their social worker. This letter gives clear instructions of next steps to ensure health needs are met.

## 11 Key Challenges

Under resourced CIC team

Long term Sickness within the provider team has impacted on capacity and timeliness of RHAs allocated to the CIC team.

Sickness within the Designated team has impacted on capacity.

Late Notification of children new to care resulting in delay for IHA to be completed, although this is an improving picture.

## 12 Key priorities for 2023-2024

- To continue to work with colleagues in special educational needs and disability (SEND) to establish pathways that ensure that relevant information is shared to inform the Education Health and Care Plan (EHCP).
- Continue to work with Designated Colleagues across BCICB to reduce unwarranted variation with commissioned services for Children in care.
- Continue to work in partnership with the local authority and other providers to improve the health outcomes for children in care.
- Development of Health Passport in consultation with all professionals including foster carers and children, young people and care leavers.
- Work with Children in Care Council to ensure that the views of looked after children are considered to inform, influence and shape service provision.
- Develop the care leavers App with young people and other professionals.
- Implement Dental Pathway for all children in care in Dudley.

## 13 References

Children Act 1989, HMSO The Stationary Office, London

Children Act 2004, HMSO The Stationary Office, London

Children (Leaving Care) Act (2000), HMSO The Stationary Office, London



Department of Education and Department of Health (2015) Promoting the Health and Wellbeing of Looked After Children. Statutory Guidance for Local Authorities and Clinical commissioning groups and NHSE. DFE and DOH, London

## **RECOMMENDATION**

**The Committee is asked: Acknowledge and Approve the Report**

**Sharon George**

**Designated Nurse for Children in Care- Dudley**

February 2024



## Additional information for Corporate Parenting

### **1 Gold Standard for a Child's Health Journey Through Care**

#### **Background:**

Children that are in care share many of the health risks and challenges of their peers, but often the extent of these is at a greater degree (Department of Health, 2015). Children often enter the care system with a lower level of health than their peers, this in part is due to the adverse effects of some of the children's life experiences.

There is statutory guidance in place (Promoting the health and well-being of looked-after children, 2015) which set the standard timeframe by which these children and young people should engage with and receive timely and quality health services wherever the child or young person is living.

The Children in Care Strategic Health Group is a working group that feeds into the Corporate Parenting Board.

This document will outline Gold Standard of health interventions from the very beginning of the child's journey when they first enter care up until the age of 18 years as Statutory Guidance for completing Health Assessment ends at this age. The Children in Care Health Team and Designated Nurse will offer support and guidance up to the age of 25 years and will signpost to adult health providers.

For any child who becomes looked after, the following basic actions, must be undertaken as a matter of priority:

- **Notification form sent to Health Team (by child's Social Worker) via email within 48 hours of child coming into care**
- **Part A of the Initial health Assessment (IHA) to be completed within 2 working days and sent to the Children in Care Health team via email. This includes any relevant demographics and consent for the IHA**
- **Children in Care Health Team should use a generic nhs.net account for transfer of Children in Care data between Health and the Dudley Local Authority social work team**

In accordance with statutory guidance, the child's Social Worker **must** make arrangement to ensure that every child in care has their **Physical, Emotional,** and



**Mental Health** needs assessed, and a Care Plan must be produced which sets out how these needs will be addressed.

An Initial Health Assessment (IHA) should be commissioned, and service delivery processes put in place in line with statutory guidance to ensure that the Initial Health Assessment and Health Care Plan is completed by a registered Medical Practitioner and returned to Dudley Children's and Family services for the LA (Local Authorities) in time to inform the first Children in Care Review Meeting which is scheduled at 28 days after the child comes into care.

The Health Care Plan should form part of the first Child in Care Review and form part of the first statutory review.

Child Becomes Looked After



Child's Social Worker notifies Children in Care Health Team within 2 working days (email address)



Part A for IHA-C or IHA-YP commenced by child's Social Worker prior to appointment and sent to Children in Care Health Team (Two working days)



Appointment given by Children in Care Health Team



Appointment attended by child, with Social Worker, Carers, and Parents (as appropriate)





IHA completed and returned by Health Team to child's Social Worker with 20 working days



Child's review meeting held within 28 working days

### **Considerations to reduce unwarranted variations at the Initial Health Assessment Stage**

- An accelerated vaccination programme should be instigated at the Initial Health Assessment for children identified with incomplete vaccinations, via liaison with Primary Care (practice nurse) and School Immunisation team. This should be in line with the delegated authority/health consent obtained from persons with parental responsibility (PR) and/or the child if 16yr/Fraser competent





- An expedited Mental Health Assessment should be considered for children coming into care, especially for children that may be placed out of area and UASC (Unaccompanied Asylum Seeker Children).
- UASC should have an NHS number assigned on arrival to the UK (United Kingdom) and arrangements in place to register with a GP. If this has not been completed, this should not affect the Providers scheduling of the child's statutory Health Assessment, with liaison in place to ensure NHS numbers are assigned in time for the face-to-face assessment. Interpreters should be arranged via social care.
- A robust screening pathway for TB and Blood Borne virus should be in place, in partnership with Public Health
- Access to health records to allow analysis of the impacts to the child/young person.

## **Dental Health**

- Carers should take the baby to the dentist when their first milk teeth appear or by the age of one at the latest. [Children's teeth - NHS \(www.nhs.uk\)](https://www.nhs.uk) This will get them off to a healthy start and accustomed to dental practice visits from an early age. [Health matters: child dental health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- The British Dental Association says that regular dental check-ups are the key to preventing tooth decay in children Guidelines recommend children should see a dentist at least once a year. Children that are in care are a priority group. [How often should you take your child to the dentist? | Safe & Sound \(safeandsound.uk.net\)](https://safeandsound.uk.net)

## **Optical Health**

- Children can have an eyesight test at any age even if they can't read or speak. Free NHS sight tests are also available at opticians for children under 16 and for young people under 19 in full-time education. Most people attend every two years. Your ophthalmic practitioner or optometrist may recommend you have an NHS sight test more often than every 2 years if you are a child wearing glasses [Eye tests for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)



- Once the child has had their eyes checked, the optician will let you know how often they need to visit. For many people, every two years is fine, but they may suggest the child visits every six months or every year, depending on their needs. [Children's eyecare basics frequently asked question from eyecareFAQ \(abdo.org.uk\)](#)

### **Strengths and Difficulty Questionnaire (SDQ 4-16 yrs.)**

- Completed and scored SDQ should be available for all 4-16 yr. old Children who are in Care to inform the Review Health Assessment. Carers, Social Workers, and Independent Reviewing Officers should be aware of the impact to the child of the score, and any changes in the score.

### **Special Educational Needs (SEND)**

- Two-thirds of children in that are care have Special Educational Needs and key legislation, including The Children and Families Act (2014), outlines the statutory duties of local authorities in meeting these needs. Of those, a significant proportion will have a statement or a learning difficulties assessment.
- Promoting the Health & Wellbeing Board (HWB) needs of children that are in care states that the EHCP (Education Health and Care Plan) should work in harmony with their Care Plan.
- When an Education Health and Care Plan is undertaken the plan writer will request the Review Health Assessment to ensure that the two work in harmony.

### **Speech and Language Therapy (SALT)**

The aim for all children to be seen in Dudley is 8 weeks. Where it is known that the child is in care the SALT team will ensure that the child's appointment is a priority.

### **Lighthouse Links**

- Emotional health and wellbeing service for Dudley Children that are in Care and Care leavers (0-25 years) up to 20-mile radius
- Advise and Support via duty system (09.30- 13.00)
- Consultations to individuals belonging to the network around the child
- Initial team around the child meetings
- Direct therapeutic interventions
- Group work
- SGO (Special Guardianship Order) support



## **CAMHS (Child and Adolescent Mental Health Services)**

- CAMHS will aim to see any child needing the service within 18 weeks
- Where there is an urgent need to see a child or young person appointments are available on the same/ next day
- There is also a consultation service available for professionals and carers.



CLAA Leaflet.pub

## **Children in Care Health Team**

- The team will support the medical team responsible for completing the IHA.
- The team will undertake Review Health Assessments of those children and young people outside of Dudley Borough and within a 40-mile radius of Brierley Hill Health & Social Care Centre.
- The team will carry out RHA's of those not in education and care leavers aged 16-18 years old.
- It is a statutory requirement that all young people leaving care at 18 years should be given a leaving care summary. In Dudley this is called a Leaving Care Passport and it records the health history of the child whilst in care.
- The team will identify health needs and ensure a robust and detailed care plan of health recommendations is set out with clear actions and person responsible for meeting needs set out. The team should ensure any identified persons are aware of their responsibility to meet the child's needs.
- The team will aim to carry out face to face appointments for all RHA's to ensure the voice of the child is heard as well as that of the carer. Where face to face appointments cannot be completed for any reason, the level of health need will be risk assessed and arrangements made for a face to face follow up as necessary

## **School Nursing.**

- The School Nursing Service will undertake a Review Health Assessment for school aged Children and Young People who are in care. This will include reviewing their Health Care Plan and updating this following the Assessment. Any issues requiring onward referrals to other services will be acted on as well as sign posting.
- Any Child & Young Person with identified Health needs requiring School Nursing intervention will be captured in their Health Care Plans.



- The Child or Young Person will be given the opportunity to be seen by themselves so that their voice is heard throughout the Assessment.
- The Carer will also be spoken to individually to give them the opportunity to voice any concerns.

### **Health Visiting.**

- Following the referral of a child that is in care to the Health Visiting Service, the child is given a named Health Visitor and Universal Partnership Service (Targeted Service) is offered.
- The Children in Care Health team will send the request for a Health Assessment to be completed every 6 months to the Health Visitor. The Health Visitor will complete the Health Assessment for the child. This will include reviewing and updating the child's Health Care Plan and the voice of the child is heard throughout the health assessment.
- Any child that is in care with identified health needs requiring Health Visiting intervention or referring to other services will be captured in their Health Care Plans.
- The Copy of the Health assessment is then returned to the Children in Care Health team, GP and Social Worker
- Throughout the child's placement with the host family, the named Health Visitor will maintain communication with named Social Worker, providing an update of the child's health and well –being
- The health Visitor will support the Foster Carers with any identified needs
- Following the receipt of the invitation to the child's review, the Health Visitor will attend together with the named Social Worker and Foster Carers.
- The named Health Visitor to ensure a verbal handover is given to the New Health Visiting service when a child moves to live with a different family or carer or moves into another area. Handover to include if the child is currently receiving, or on a waiting list for health services to ensure that the child's treatment is not delayed.

### **Child moves to another carer or address**

When a child moves to another carer, family member or moves into another area and are currently receiving, or on a waiting list for, health services, their treatment continues uninterrupted. The child should be seen without delay or wait no longer than a child in a local area with an equivalent need who needs an equivalent service. The child should not be at the bottom of the waiting list



and there should be consideration of the original referral date when placing on any waiting list.

## **Links**

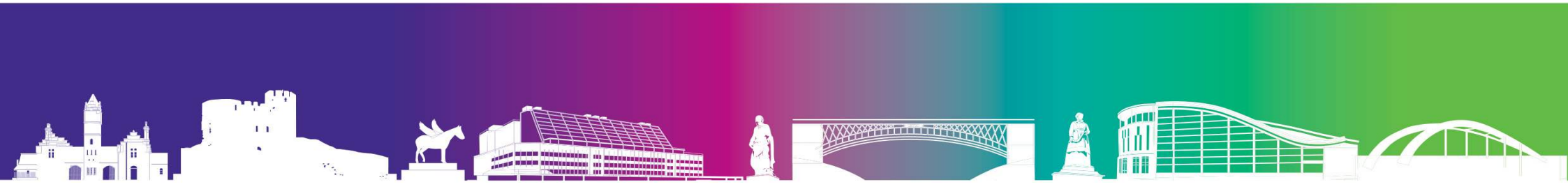
- NSPCC (2020) - <https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children>
- Promoting the health and well-being of looked-after children, 2015 - <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>
- NICE Guidance [Looked-after children and young people \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG146)



# Children in Care Annual Report- Corporate Parenting Board



Sharon George- Designated Nurse for Children in Care- Dudley  
Corporate Parenting Board - 18/04/24



Dudley | Sandwell | Walsall | West Birmingham | Wolverhampton

[www.blackcountryandwestbirmccg.nhs.uk](http://www.blackcountryandwestbirmccg.nhs.uk)

# Core Health Activities

The core health activities that require commissioning for CIC relating to statutory duties are:

- **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CIC review within 20 working days of entering care.
- **Review Health Assessments (RHA)** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
- **Care Leaver Summaries- Dudley Care Leavers Passports** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments)



## Service Model

- Review health assessments (0-5 years) are provided by Black Country Healthcare NHS Foundation Trust (BCHFT).
- Review health assessments (5-18 years) have been provided Shropshire Foundation Trust until April 2021 when the service was transferred to Dudley Integrated Health and Care NHS (DIHC).
- Children placed out of area, within 40 mile of child's originating address are provided by BCHFT, commissioned in December 2016 by Dudley CCG.
- Leaving Care Passports (Care Leavers Summaries) are completed by the Named and Specialist Nurses within BCHFT
- Initial HA'S are provided by BCHFT and Dudley Group NHS Foundation Trust (DGFT)





# Service Model

Professional Role	Current Establishment	Intercollegiate Establishment
Designated Doctor Looked after (NB title used in National Paperwork)	Appointed November 2019	0.2 whole time equivalent (WTE) per 400 Child in care (CIC) (excluding operational activity)=0.36 Whole Time Equivalent (WTE)
Designated Nurse Looked After Children	1 WTE	1WTE per 70,000 (72,875 in Dudley)
Administration (ICB)	1 WTE (shared by 4 Nurses)	0.5 WTE
Named Doctor Looked After Children	Community Medical Officer (CMO) provides 2 PA x32 for Initial Health Assessments (IHA)	1 PA per 400 CIC =1.81 PA's per IHA
Named Nurse Looked After Children	0.8 WTE	Minimum of 1 WTE for each provider
Specialist Nurse	1.8 WTE	1 WTE per 100 CIC
Administration (Provider/s)	1 WTE (commissioned)	Minimum 0.5 WTE



# Governance arrangements

## Health of Children in Care Strategic Group (Place)

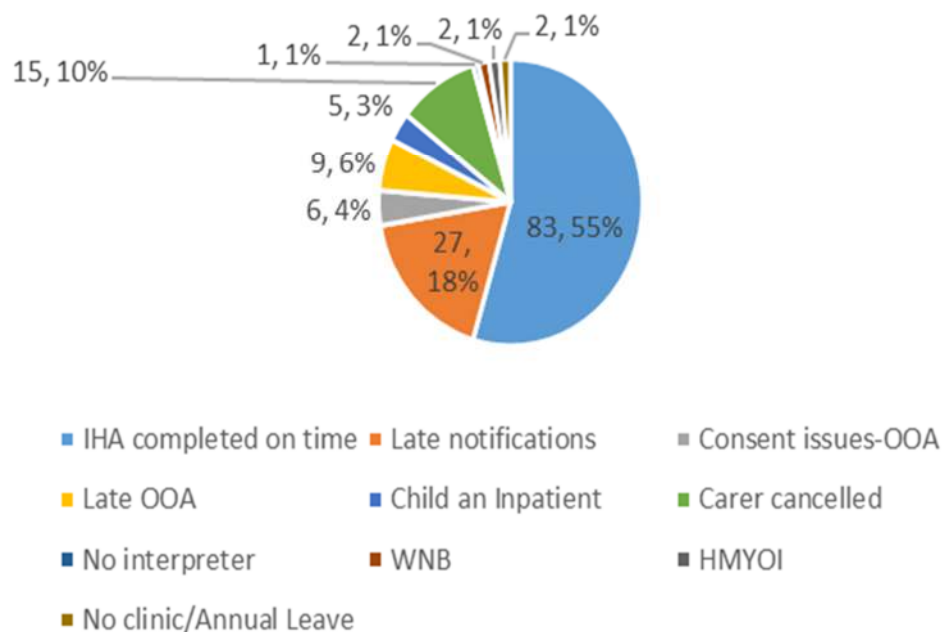
- The purpose of this group is to monitor and improve the delivery of health outcomes for Children in Care. To ensure Dudley Council, BCICB and Dudley Health Providers are meeting statutory duties under the ‘Promoting the Health and Well-being of Looked-after Children’ statutory guidance (2015). This meeting takes place on a quarterly basis and is responsible for the implementation of the “Health of Children in Care Action Plan”.

## Children in Care Workstream (system)

- The purpose of this group across the Black Country Integrated Care Board (formally Clinical Commissioning Group) is reduce unwarranted variation relating to Children in Care ensuring a consistent approach and that safeguarding standards are integrated into all commissioning processes and service specifications. The group will also share appropriately information about CIC/ young people and examples of good practice will be shared. This Group reports to the Safeguarding Steering Group and Quality and Safety within BCICB



IHA's data 2022-23

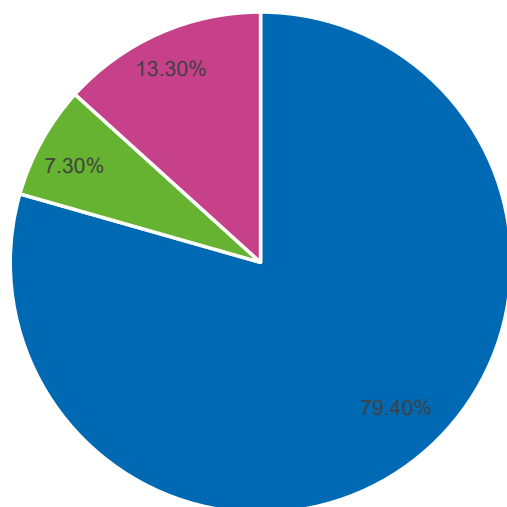


155 IHA's completed for 2022-2023. The overall percentage of IHA's completed on time is **55% (41.3% last year)**. Please note that this is the percentage of children seen within 20 working days from being in care. All children are offered a date to be seen at the earliest available appointment, which can be day 21,22 etc. The percentage of late Notifications **27% (46.8%last year)** from the Local Authority was the main reason for IHA's not being completed in a timely way. (LA) and work continues in the LA to improve the timeliness of Notifications. Only two (**1%**) IHA were completed late due to Dr/ clinic availability. The number of IHA's cancelled by carers is **10%** this is a rise from last year when cancelled by carer did not feature and only 1% of the children and young people were not brought. This has been shared with Head of Service in the LA



## Review Health Assessments completed within timescales

RHA's data 2022-2023

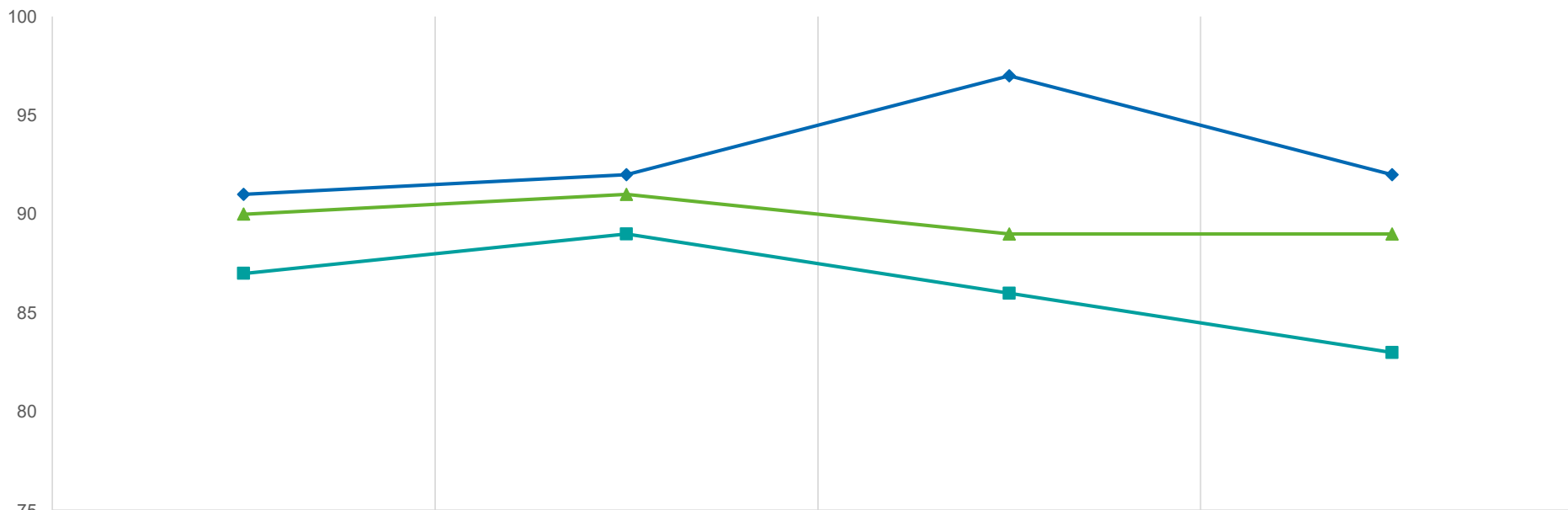


■ Completed on time
 ■ Health Exception
 ■ Staff capacity

4.2.2 The percentage of RHA's completed on time is **79.4%** (74.2% last year). The majority of the RHA's are completed by the Children in Care team in Black Country Health Care. 261 of the 626 total number of RHA's. This is a small team of 3 staff members (2.6 whole time equivalents). There have been some issues with capacity due to vacant posts and some staff sickness which had an impact of the timeliness for some of the RHA's. At the End of March 2023, the percentage of Children in Care who had an up-to-date health plan was **86.5% (91.8 % December 23)** Exceptions include: - cancelled by the carer, Covid, Late information from LA (part A), child missing, refusal and child was not brought. Health staff sickness equates to 6.4% RHA not completed within timescales. There are a number of RHA's where the reason for late completion is not given.

**PERCENTAGE OF CHILDREN WITH UP TO DATE HEALTH ASSESSMENTS**

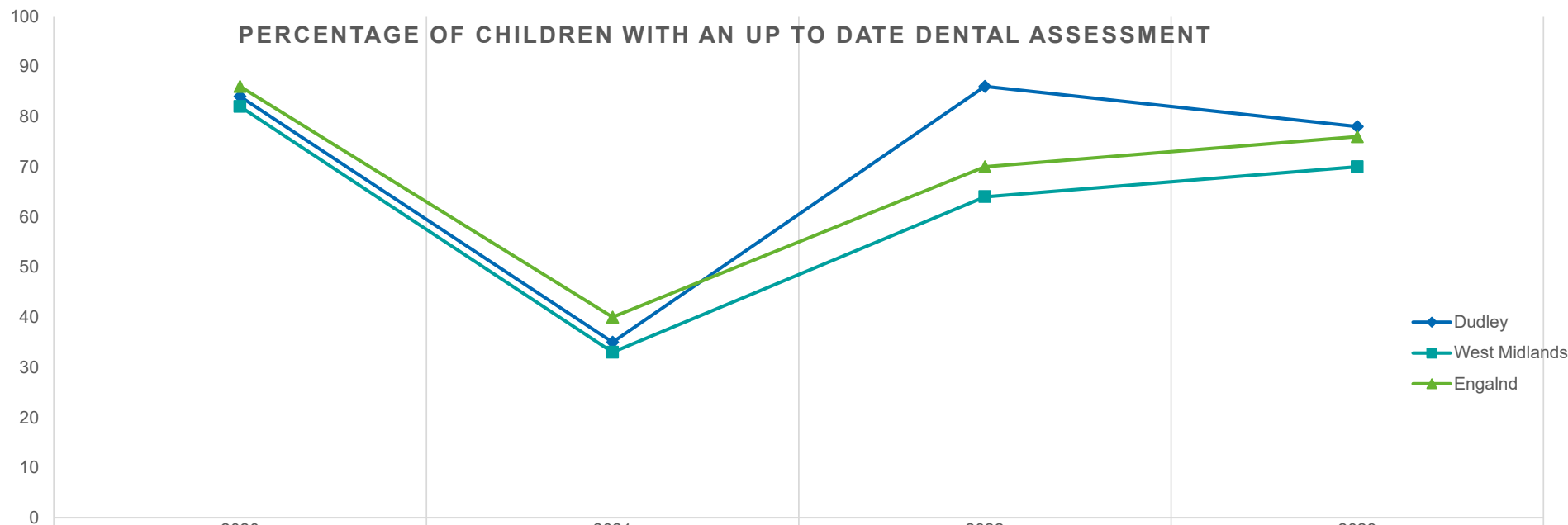
◆ Dudley   ■ West Midlands   ▲ Engalnd



	2020	2021	2022	2023
◆ Dudley	91	92	97	92
■ West Midlands	87	89	86	83
▲ Engalnd	90	91	89	89



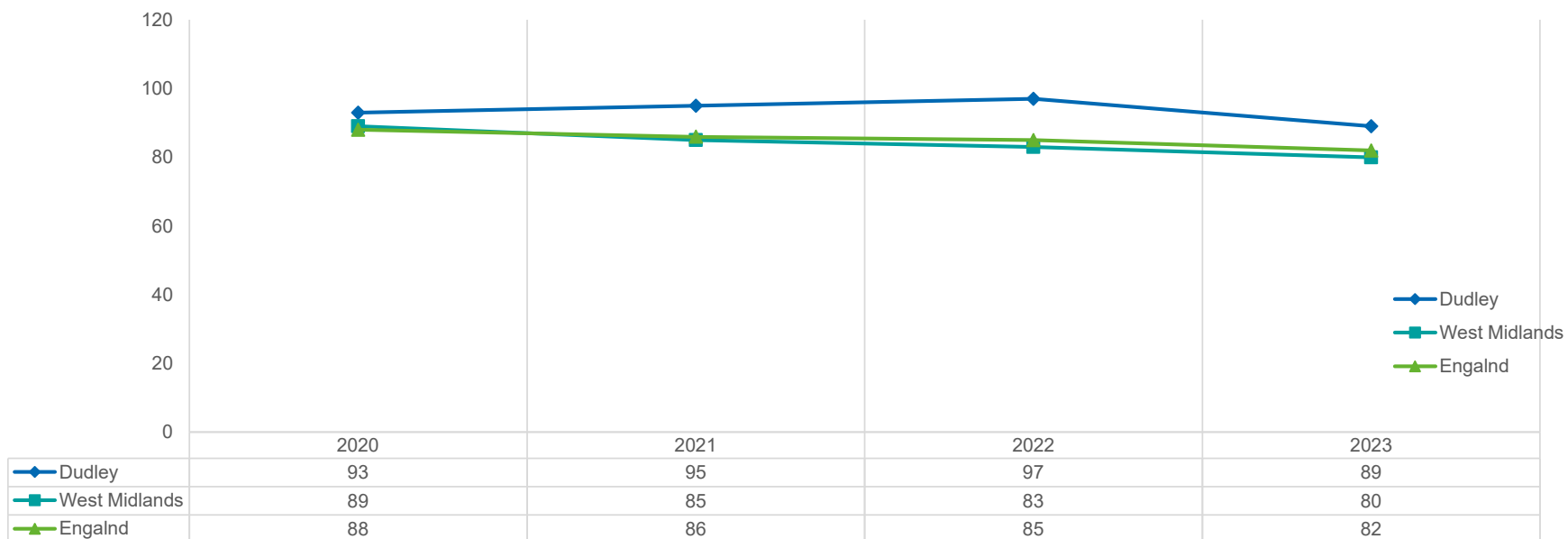
PERCENTAGE OF CHILDREN WITH AN UP TO DATE DENTAL ASSESSMENT



	2020	2021	2022	2023
◆ Dudley	84	35	86	78
■ West Midlands	82	33	64	70
▲ England	86	40	70	76



**PERCENTAGE OF CHILDREN WITH UP TO DATE IMMUNISATIONS**



## Special Educational Needs and Disability (SEND)

- Statutory guidance (2015) states that the health assessment should be integrated with any other assessments and plans such as the child's Core Assessment or an Education, Health and Care Plan (EHCP's) where the child has special educational needs. The SEND team, CIC health team, Designated Nurse, and Virtual school are now sharing relevant information regarding health assessments and EHCP's. The plan is to map out processes for CIC with EHCP's to ensure that there is a consistent approach to ensure the needs of the child are met and all agencies are aware of their responsibilities.





## Key Priorities for 2023-2024

1. To continue to work with colleagues in special educational needs and disability (SEND) to establish pathways that ensure that relevant information is shared to inform the Education Health and Care Plan (EHCP).
2. Continue to work with Designated Colleagues across BCICB to reduce unwarranted variation with commissioned services for Children in care.
3. Continue to work in partnership with the local authority and other providers to improve the health outcomes for children in care.
4. Development of Health Passport in consultation with all professionals including foster carers and children, young people and care leavers.
5. Work with Children in Care Council to ensure that the views of looked after children are considered to inform, influence and shape service provision.
6. Develop the care leavers App with young people and other professionals.
7. Implement Dental Pathway for all children in care in Dudley.



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**Meeting of the Corporate Parenting Board - 18<sup>th</sup> April 2024**

**Care Experienced Apprenticeships**

**Purpose**

1. This report is to provide the Corporate Parenting Board with an update report that outlines the activity of the service, in relation to supporting our Care Experienced young people in securing employment opportunities and work experience within the council.

**Recommendation**

2. The Corporate Parenting Board is recommended to:
  - Utilise this report to consider the work with our Care Experienced Young People, and the support to meet their employment aspirations.

**Background**

3. In September 2021, 6 Care Experienced apprentices started their programme studying for a Customer Service qualification within placements in Children's Social Care Teams. To learn from the experience of having a group of apprentices within the Children's Directorate, the PSW met with all employees who had been identified as Line Managers for the apprentices as well as the Service Manager for Children in Care and Care Leavers to carry out semi-structured interviews to hear their experiences of the programme and identify the positive outcomes, difficulties encountered and potential solutions/arrangements for future programmes.

The summary of this evaluation concluded that the programme has been embraced by the team, services, Senior Managers and the wider council across the board; the contribution the apprentices have made had been welcomed and it has been noted on a number of occasions that the group brought a positive energy to the workplace. Whilst this



report highlighted the conflicts of having the apprentices based within Social Care, there were also many benefits.

It is clear that the Local Authority is committed to provided ongoing opportunities for our Care Experienced young people to obtain work experience and undertake apprenticeship programmes. It was agreed at DLT that a project group would be established to ensure the framework for having apprentice appointments across the council was in place.

### **Finance**

4. There are no direct financial implications arising from this report.

### **Law**

5. There are no direct legal implications arising from the report.

### **Risk Management**

6. There are no risks directly arising from the report.

### **Equality Impact**

7. The report recognises issues of equality for Children who are in our care and the recognition of 'care experienced' as a protected characteristic.

### **Human Resources/Organisational Development**

8. There are no direct human resources implications arising from this report.

### **Commercial/Procurement**

9. There is no impact to trade or procurement arising from this report.

### **Environment/Climate Change**

10. Dudley Council has declared a Climate Emergency and is committed to work to address Climate Change and achieve the Net Zero target.

## **Council Projects and Priorities**

11. The contents of the report relate to the key council priorities outlined within the Children's Services directorate plan.



**Catherine Driscoll**  
**Director of Childrens Services**

Contact Officer: Nicola Hale – Head of Safeguarding and Quality Assurance / Principal Social Worker  
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**Appendices** - Power point presentation

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<b>Report title</b>	Apprenticeships for Care Experienced Young People
<b>Originating service</b>	Safeguarding and Review
<b>Accountable employee(s)</b>	Nicola Hale Head of Safeguarding, Practice and Quality Assurance <a href="mailto:nicola.hale@dudley.gov.uk">nicola.hale@dudley.gov.uk</a>

# Children first and at the heart of all we do

## Apprenticeships for Care Experienced Young People Report for Corporate Parenting Board

April 2024



# Background Information

- September 2021 6 Care Experienced Young People began apprenticeships for Customer Services Qualifications with their placements across Children's Social Care Teams
- 2 Young People successfully completed their apprenticeship and went on to secure internships with the Ministry of Justice
- An evaluation process was carried out, led by the Principal Social Worker, with a learning paper presented to DLT to propose increased structure around the arrangements for Care Experienced Apprentices and for the wider Corporate Parenting response to ensure opportunities are offered across the breadth of council departments.
- Project Group established in Spring 2023



## Aim of the Apprentice Project

Dudley Council is committed to our collective responsibility we all have in fulfilling our duties as corporate parents to ensure our young people can reach their full potential. Our programme aims to give care experienced young people the opportunity to access apprenticeships and work experience with us at Dudley Council.



# Project Group

- The Project Group reviewed best practice findings from the regional toolkit alongside the internal evaluation
- The following workstreams were identified:



- The Group meets Bi-Monthly with representation from HR Talent and Development, Connexions and the Virtual School





# Work Achieved

Toolkit – to support conversations with YP leaving care

Care Experienced Protected Characteristic

Expression of interest forms for Young People interested in apprentice opportunities in DMBC

Annual Inputs to raise the profile as DMBC as an employer

Commissioning of Total Respect Training

Training delivered from HR to the YPA service

Offer from HR of mock interviews, coaching and work experience opportunities

Co-produced review of the Corporate Parenting Strategy and Corporate Induction

Launch of ICAN Programme January 2024

Established NEET strategic partnership group



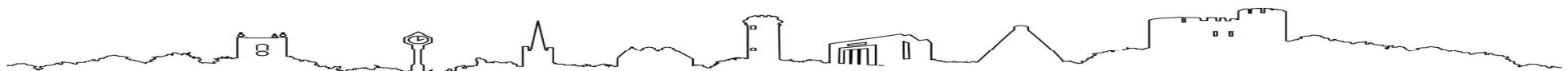
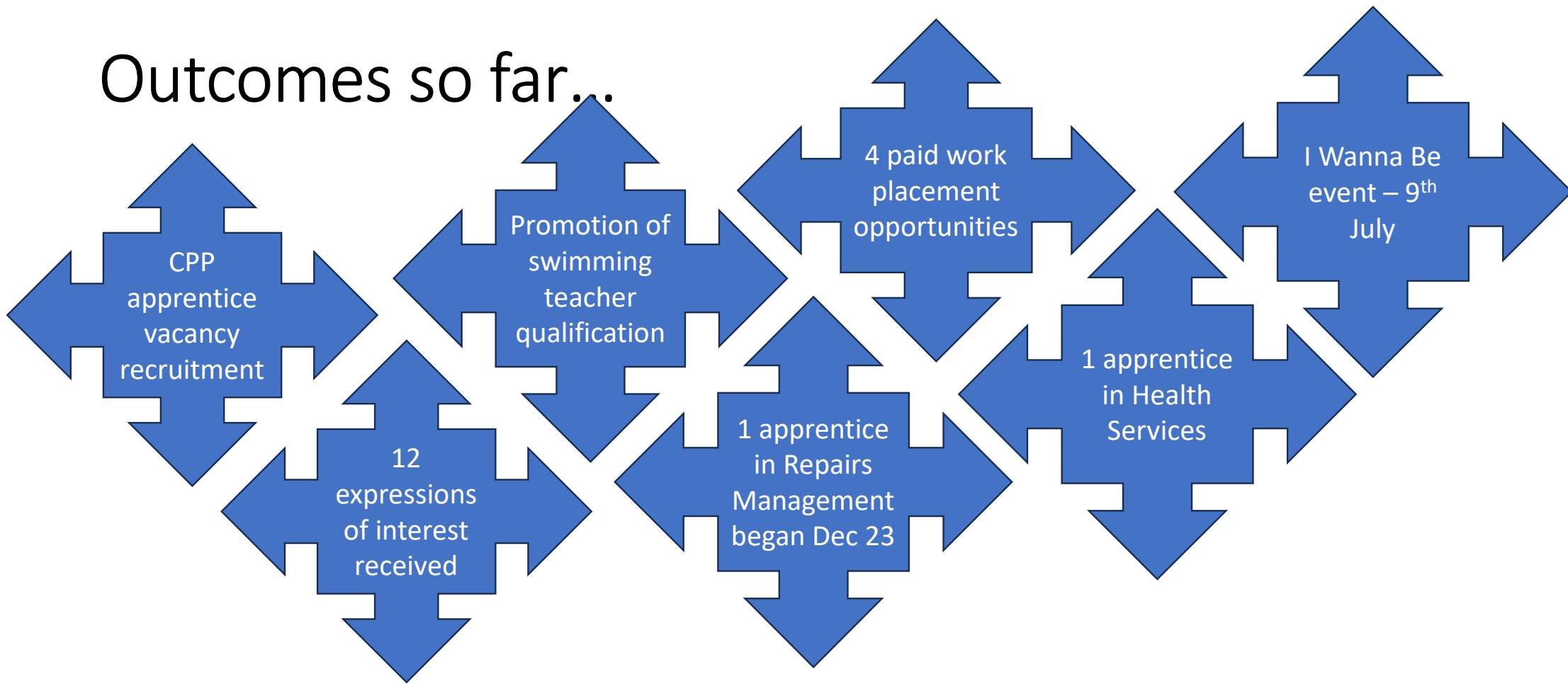
# Consultation relating to Project

- Care Experienced Young People were consulted with relating to the name of the Project Board to ensure it represented the offer and aims of the programme.
- On 6<sup>th</sup> February 2024 the Group confirmed the renaming of the project to:

# Chances4YOUth



# Outcomes so far...



# Chances4YOUth – Next Steps

Total Respect Training April 2024

Re-launch of the co-produced expression of interest form – April 2024

Expand scope to include 16 and 17 year olds in the Through Care Service

Appointed CPP Apprentice to be an ambassador to the Project with other council departments – June 2024

Continued coordination and promotion of opportunities as they arise



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## **Meeting of the Corporate Parenting Board - 18<sup>th</sup> April 2024**

### **Permanence Activity Report**

#### **Purpose**

1. This report is to provide the Corporate Parenting Board with an annual report that outlines the activity of the service, in relation to achieving permanence for children in the care of the Local Authority. The report will provide updates in relation to performance measures relating to permanence and the wider practice development approaches with employees responsible for achieving permanence in a timely way for children.

#### **Recommendation**

2. The Corporate Parenting Board is recommended to:
  - Utilise this report to inform strategic planning for Dudley Children and Young people in Care population.

#### **Background**

3. Achieving timely permanence arrangements for the children in our care is a priority for Dudley Children's Services. This area of work was identified as requiring improvement in previous Ofsted inspections. There has been a coordinate approach across the Service to both improve reporting measures, but more importantly the practice approach in line with Restorative Practice. Permanence continues to be an area of development and reporting to the Corporate Parenting Board will ensure oversight of the actions taken.

#### **Finance**

4. There are no direct financial implications arising from this report.

## **Law**

5. There are no direct legal implications arising from the report.

## **Risk Management**

6. There are no risks directly arising from the report.

## **Equality Impact**

7. The Annual report recognises issues of equality for Children who are in our care and their individual right to achieve permanence in their care arrangements in a timely way.

## **Human Resources/Organisational Development**

8. There are no human resources implications arising from this report.

## **Commercial/Procurement**

9. There is no impact to trade or procurement arising from this report.

## **Environment/Climate Change**

10. Dudley Council has declared a Climate Emergency and is committed to work to address Climate Change and achieve the Net Zero target.

## **Council Priorities**

11. The contents of the report relate to the key council priorities outlined within the Children's Services directorate plan.



**Catherine Driscoll**  
**Director of Childrens Services**

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Telephone: 01384 813159  
Email: [nicola.hale@dudley.gov.uk](mailto:nicola.hale@dudley.gov.uk)

## **Appendices**

Power point presentation

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<b>Report title</b>	Achieving Permanence
<b>Originating service</b>	Safeguarding and Review
<b>Accountable employee(s)</b>	Nicola Hale Head of Safeguarding, Practice and Quality Assurance <a href="mailto:nicola.hale@dudley.gov.uk">nicola.hale@dudley.gov.uk</a>

1. As at February 2024, it is possible to evidence the impact of practice improvement in the following ways:
  - There is more likely to be a permanence plan identified at the child's second review when they are in our care, currently at 90%. Work has been completed with IROs to ensure their understanding of permanence including sequential planning in proceedings which has improved this measure
  - Our children are less likely to experience sequential *placement moves*, remaining with their foster families for longer, and therefore developing attachments and connections to people they trust
  - Where the plan is for children to remain looked after, we have made good progress in formally matching children with their foster carers where these were long established plans; we have identified the gap in our annual foster reviews which has limited the matching process, and have a plan in place to address. This enables children to feel secure in their care arrangements and reduces the intrusion of statutory intervention.
  - Where the plan might be for permanence outside of the family, such as Adoption, there is greater attention to progressing the decision to the Agency Decision Maker in a timely way which in turn reduces any potential delays within Court proceedings. Agreed arrangements are in place for Deputy ADM cover for Adoption and Fostering to avoid delays.

- When our children are in our care, including with family and friends, we have taken the opportunity to revisit permanency including attention to the discharge of care orders, the seeking of SGOs and regularly revisiting whether parents have moved on to a point at which reunification can be considered. This is embedded within our Practice Framework and support from our Partners in Practice is in place relating to Reunification work.
  - We have an expectation that permanency planning meetings take place every 6 weeks until the child has achieved permanency and to begin from pre-proceedings stages. We have not yet achieved the level of consistency we would like for these meetings, but as shown in Quality Assurance data, there is an increased understanding and culture of keeping permanency as the goal from Day 1.
2. There is a firmer grip on reporting measures which ensure we know that the practice developments are making an impact. As at February 2024 there was a review of the Permanency Planning meeting activity with data drawn directly from the children's file recording system, LCS. This review demonstrated:
- There is an increase in meetings taking place for our younger children, and children who came into our care more recently (in the last year).
  - There is also good evidence of Through Care Teams using Permanency Planning meetings to consider 'later permanence' options, such as reunification or SGO (42 meetings had been held for children in this part of the Service)
  - This data demonstrates that Managers increasingly have an understanding of the requirement and purpose of using Permanency Planning Meetings to track actions for individual children's Care Plan.

In February 2024 there was also a review undertaken of all of the children who came into our care during 2023, alongside the number of children who left our care. This analysis showed that whilst the largest number of children leaving our care was due to them turning 18 and reaching adulthood, the next largest cohort (39 children) left our care because they returned to their parents or family, which demonstrates a solid application of our Practice Framework principles to reduce statutory intervention with families and enable children to be at home and in their communities, when safe to do so.



For the children who remain in our care who are pre-school age, they are all under Court Proceedings to determine their long-term permanence arrangement, which is appropriate for this age group of children, demonstrating a focus on making timely decisions about their care arrangements.

3. For our children in Fostering arrangements, the activity to formally match them to their cares continues to be a priority area of work. There has been a reduction in the number of children achieving permanence in Fostering matching in the last 3 years, partly due to staffing challenges within the Fostering service. As at February 2024 there had however already been 22 matches achieved which is over double the amount from the previous year and therefore demonstrates that momentum has been achieved.
4. There has been a reduction in Special Guardianship Orders achieved over the last 3 years which is partly due to a higher number being secured during the year the no detriment policy was introduced. This year, to date, 16 children have achieved permanence through SGO and a number of further assessments are in progress. There is a system of tracking processes in place to ensure children that would benefit from SGO arrangements are secured in a timely way.
5. In relation to Adoption arrangements there has been a focus on practice development with training secured with the Regional Adoption Agency and the oversight from the Adoption Advisor within the Local Authority has enabled consistency in the quality of the Child Permanence Reports. Adoption activity has increased through the year and to date 29 ADM decisions have been made for children, with 14 children already having their Adoption order finalised. It is always the case that for some children, identifying suitable adopters will take longer, but the Independent Review, and Permanency Planning Meeting structure allows a tight grip and oversight of the plan.
6. Permanency planning is a key consideration in our monthly practice learning audits. The findings during Q3 2023-2024 show:
  - There was a marked drop in the proportion of files graded 'inadequate' for permanency, from 10% to 3% which is very positive, although there was also a small drop in files graded 'good', from 54% to 52%.
  - Overall, this is an area of relatively strong practice, with a good level of improvement from Q1 to Q3, including outstanding gradings in this area.

- Young people living independently received good help, and there were examples of children being given good information about why decisions had been made for them.
- Children are being supported to live with their families where that can be managed safely.
- Permanency planning meetings are not yet being held as required by our procedures, expectations are reinforced in the revised Practice Standards which were completed in December.

Quality assurance work was undertaken with audits of 16% of Foster Home Reviews which provided encouraging feedback, with a benchmark of quality to improve on. The Service Managers for Fostering and Safeguarding and Review work closely together on the recommendations and service action plan.

In Quarter 4 2023/24 the Head of Safeguarding and Quality Assurance has undertaken 1:1 Practice Audits with each Independent Reviewing Officer, looking at an example of a child where they have made a difference in their permanence plan.

The assurance work evidenced that the IRO use of Quality Assurance checks, Progress Reviews and Dispute Resolution is effective in preventing and challenging delay for children.

On average, over the last 6 months, 92 Progress Reviews have been completed each month by the Independent Reviewing Officers.

IROs regularly review the application of Practice Standards such as visit frequency, permanency planning meetings and supervision which are all effective in avoiding drift and delay, and will challenge the Local Authority when the permanence activity has not been conducted as expected.

7. Practice development around achieving permanence continues to be a priority for our Social Workers. Permanency Training continues to be offered as a core training element for all qualified Social Workers.

As at December 2023 81 members of staff had either completed or were booked to complete the training (from a total of 119 required staff), this is 60% completion, a slight increase on 59% in the previous quarter.

Reunification Training with Hertfordshire (our Partners in Practice) is taking place during March- April 2024 for all Social Workers and Independent Reviewing Officers.

8. In Q3 Permanency Guidance was updated and shared across the workforce with focused presentations to the Team Manager forum and within the Principal Social Workers practitioner session with Social Workers.

The Practice Standards were also substantially revised with a whole directorate approach and formally launched in January 2024.

The Practice Framework demonstrates our commitment to achieving permanence, alongside reviewing permanence plans to revisit if there are viable family options. Steps to achieve this would include bringing children closer to Dudley (in placements) or being creative about Family Time arrangements to improve family connections.

9. Staffing is closely linked to the practice application and success in achieving permanence for children. Across the service there has been an improvement in securing permanent Service and Team Managers and an increase in permanent Social Workers. There has been a reduction in turnover rates to 17%, caseloads have reduced, to 17.7. This increases stability in relationships with our children, our Social Workers 'know their children well' which means the right permanence option can be identified.

In September 2023 there was investment in the Foster Home review service with an additional 0.5 post. There are now 1.5 FTE Foster Home Reviewing Officers – this has increased capacity and resilience in the service.

The Fostering service has moved from a position of high vacancies to a fully staffed team as of summer 2023.

There has been a focus on four main areas:

Matching  
SGO conversions  
Foster carer reviews  
Foster carer support

This has included:

Development of a Foster Carer Association, and working in partnership with the foster carers to increase support.

Development of a resource support team, who are developing links with SGO carers and who are reviewing support plans annually.

10. The work to improve permanence arrangements and the achievement of timely permanence for children continues. The following actions are identified for the purpose of this report, however permanence is a focus within every Service Plan across Social Care with individual Team/Service focus to contribute to the overall aim.

Next Steps:

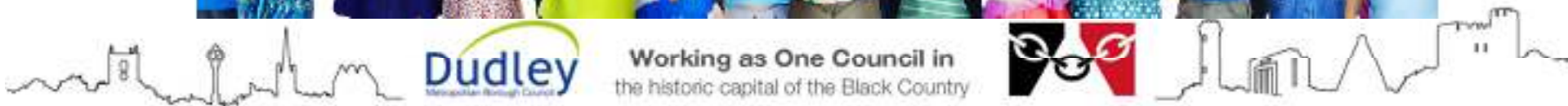
- Reunification workshops with Herts
- PSW session with Services on Permanence – Aspirational planning
- Improve data reporting for permanence planning meetings

\*\*\*\*End of Report\*\*\*\*

# Children first and at the heart of all we do

## Achieving Permanence – Report for Corporate Parenting Board

April 2024

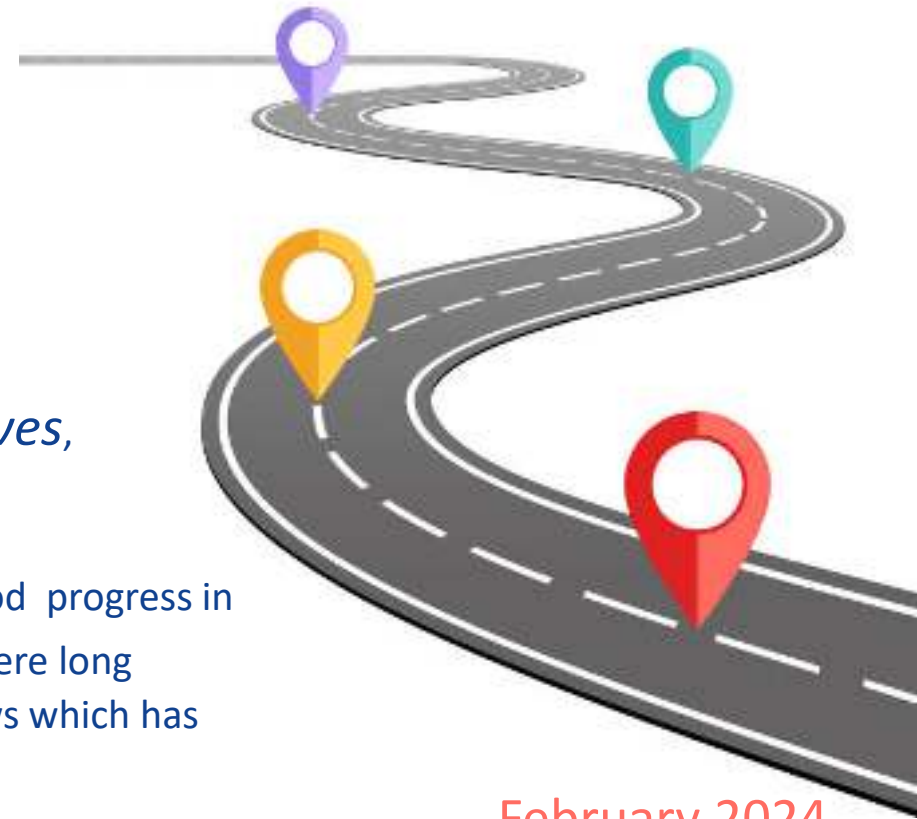


## What do we know about the impact of our practice?

There is more likely to be a *permanence plan* identified at the child's second review when they are in our care, currently at 90%. Work has been completed with IROs to ensure their understanding of permanence including sequential planning in proceedings.

Our children are less likely to experience sequential *placement moves*, remaining with their foster families

Where the plan is for children to remain looked after, we have made good progress in *formally matching* children with their foster carers where these were long established plans; we have identified the gap in our annual foster reviews which has limited the matching process, and have a plan in place to address.



February 2024



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Where the plan might be for *permanence outside of the family*, there is greater attention to progressing to the Agency Decision Maker. Agreed arrangements are in place for Deputy ADM cover for Adoption and Fostering to avoid delays.

When our children are in our care, including with family and friends, we have taken the opportunity to *revisit permanency* including attention to the discharge of care orders, the seeking of SGOs and regularly revisiting whether parents have moved on to a point at which reunification can be considered. This is embedded within our Practice Framework and support from Herts in place relating to Reunification work.

We have an expectation that permanency planning meetings take place every 6 weeks until the child has achieved permanency and to begin from pre-proceedings stages. We have not yet achieved the level of consistency we would like for these meetings, but as shown in Quality Assurance data, there is an increased understanding and culture of keeping permanency as the goal from Day 1.



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## How do we know?

Our journey at February 2024

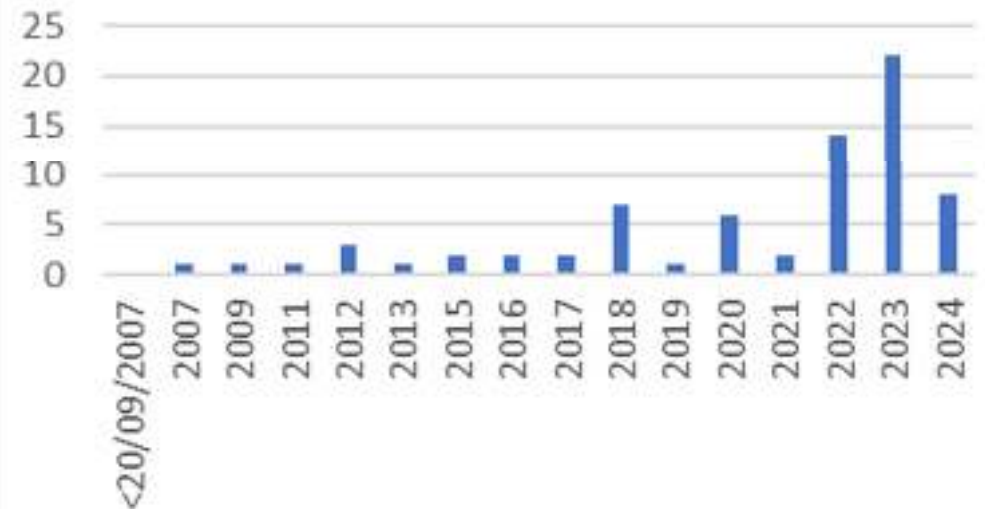
As at beginning February, a review of Permanency Planning Meetings recorded in LCS was undertaken.

There is an increase in meetings taking place for our younger children, and children who came into our care more recently (in the last year).

This demonstrates Managers understanding of the requirement.

There is also good evidence of Through Care Teams using Permanency Planning meetings to consider 'later permanence' options, such as reunification or SGO (42 meetings had been held for children in this part of the Service)

### Current permanency planning by date became looked after



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## How do we know?

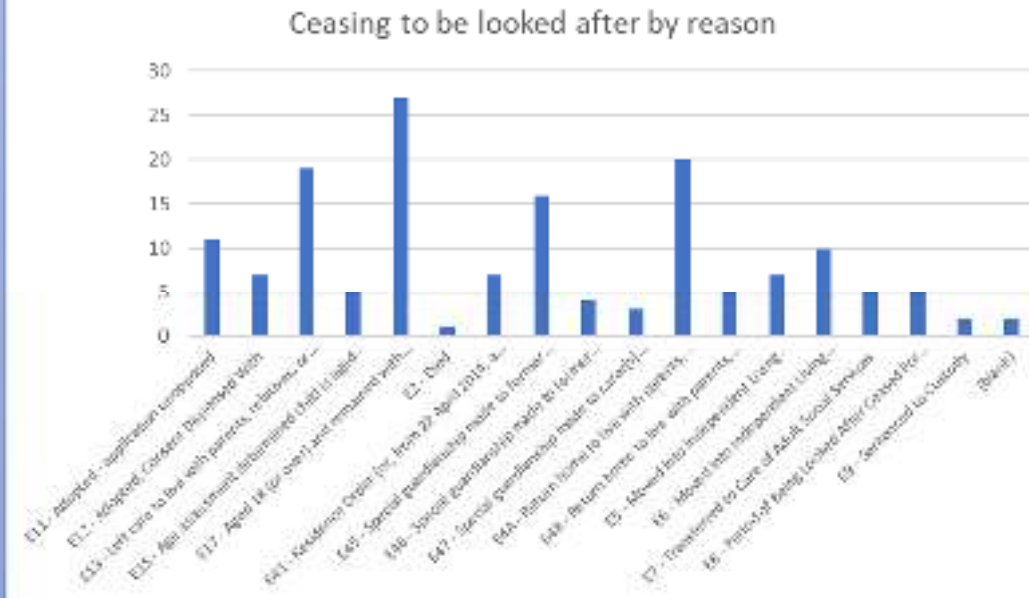
### Our journey at February 2024

During 2023, from 108 children who came into our care, 97 remained in our care at the start of 2024. 11 children left our care within the year.

During 2023, 154 children left our care, 58 turned 18 and the next largest cohort of 39 returned to parents or family members.

For all the 21 children who were an infant (pre-school) when they entered care, they are now before the Court for permanence decision making (some have concluded)

30 children became looked after who are now aged **5-11 years**. 30 children also ceased to be looked after at this age in the year. For these children, 1 in 3 returned home; 19 achieved permanency through adoption, SGO, or CAO.

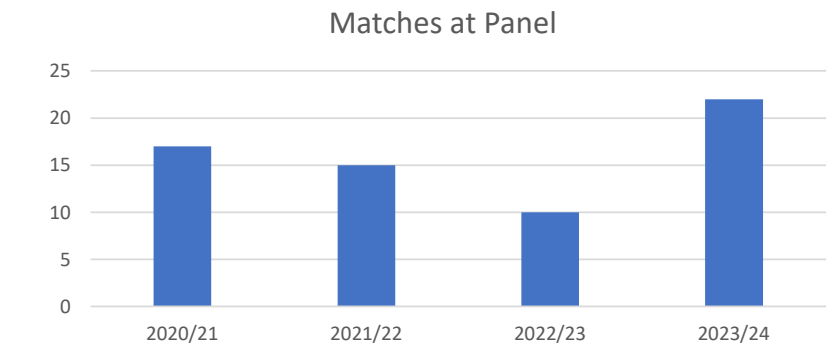
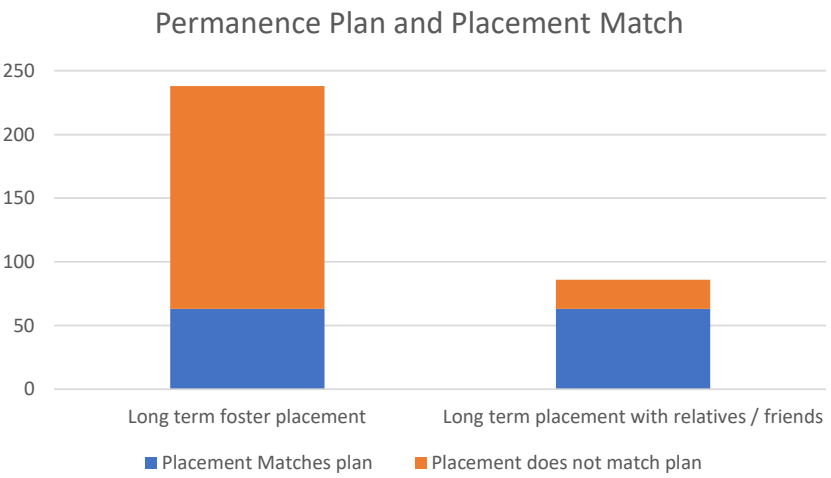


**Dudley**  
Metropolitan Borough Council

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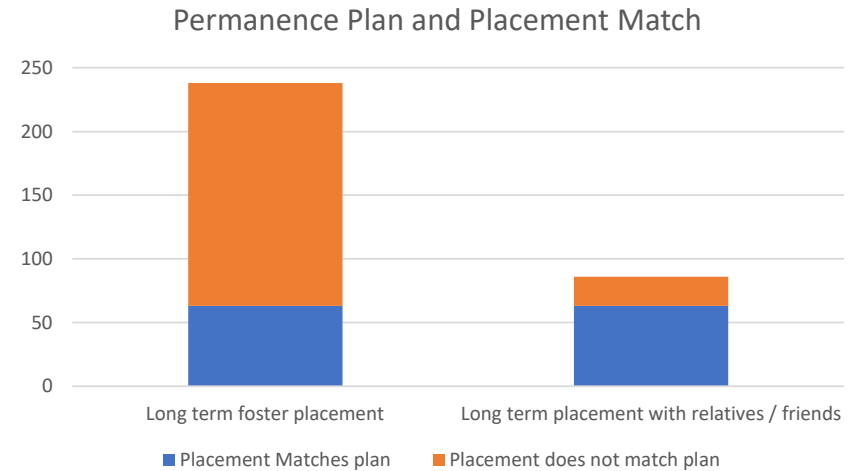
- Formal matching for our children with their foster carers is a work in progress. 73% of our children with a permanence plan of long term foster care, have not yet had their current placement formally identified as their 'forever home'. Permanence is important for both children and their carers as it increases stability.
- In 2020/21 there were 17 matches at the Fostering Panel, this reduced over the next two years to 15 and then 10. This was in part related to staffing issues. With better staffing this has been an improving picture. As at February 2024, 22 long term matches have been completed year to date. There is a long way to go, but we are achieving momentum.
- We are focusing on progressing matches for those of our children who are living with IFA foster carers as well as increasing the matches with in-house foster carers (where SGO is not the primary plan).
- We are also currently considering how we celebrate the long-term matches at the fostering panel, which is joint work between the Fostering and Independent Review Service



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- 73% of all children placed with family and friend foster carers have a permanence plan and will remain with those carers. The option of a Special Guardianship Order is regularly and routinely discussed with carers where appropriate.
- There has been a reduction in the number of Special Guardianship Orders over the past 3 years. This is partly because a no detriment policy was introduced in 2019/20 and higher than average number of carers converted to SGO at that time. This meant in future years there were less carers to convert.
- To date this year 16 children have achieved permanence through Special Guardianship Order. There are also a number of assessments underway. Regular tracking meetings are also held to ensure that we are monitoring those families who might become ready for an increased permanence offer.



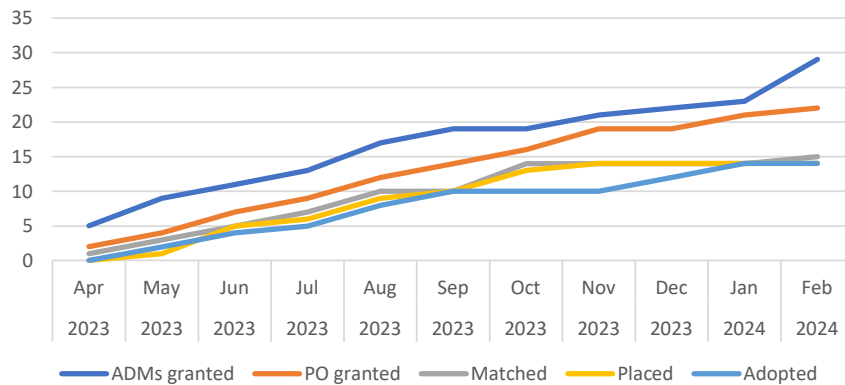
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# How do we know?

## Our journey at February 2024

Adoption Activity 2023/24 Cumulative



- There is a consistent focus on ensuring the Child Permanence Report is completed to a high quality, with consistent practice guidance and oversight from the Adoption Advisor
- Training workshops with the RAA are delivered on a regular basis.

- There is increasing evidence of consideration of adoption where appropriate.
- Adoption activity was slower at the start of the year partly due to staffing issues.
- Adoption activity has increased through the year, and as of February 2024, 29 ADM decisions for adoption have been made. 14 of these children to date have achieved permanence with their adoption order being finalised. For some children it takes more time to identify suitable matches, which the RAA is working hard to address.



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# Quality Assurance

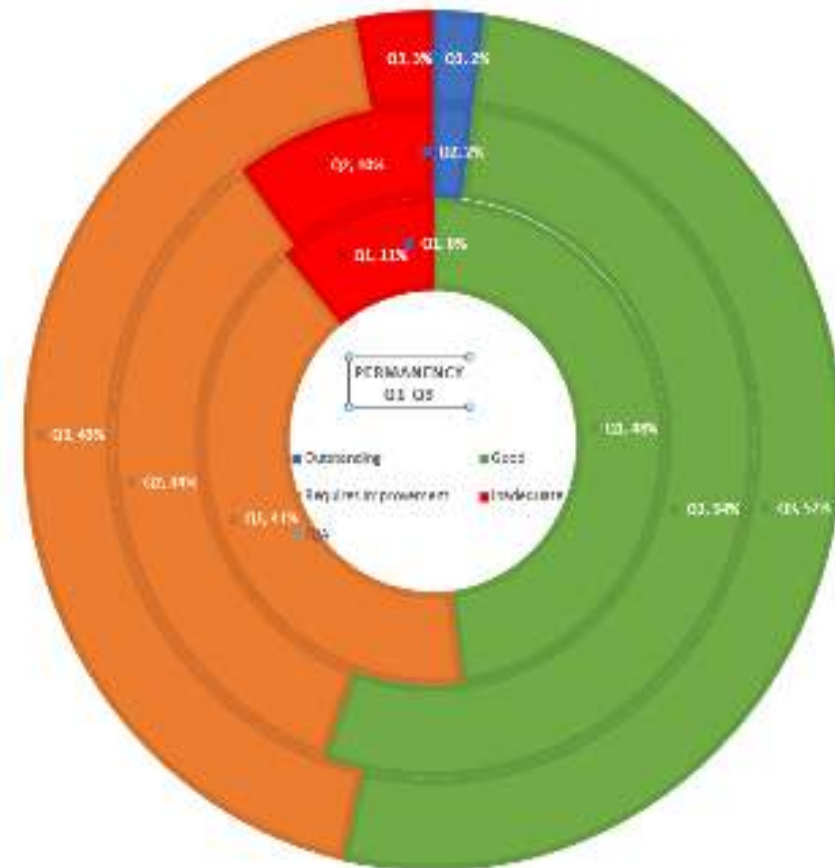
Permanency planning is a key consideration in our monthly practice learning audits.

The findings during Q3 2023-2024 show:

There was a marked drop in the proportion of files graded 'inadequate' for permanency, from 10% to 3% which is very positive, although there was also a small drop in files graded 'good, from 54% to 52%.

Overall, this is an area of relatively strong practice, with a good level of improvement from Q1 to Q3, including outstanding gradings in this area.

- Young people living independently received good help, and there were examples of children being given good information about why decisions had been made for them.
- Children are being supported to live with their families where that can be managed safely.
- Permanency planning meetings are not yet being held as required by our procedures, expectations are reinforced in the revised Practice Standards which were completed in December.



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# Quality Assurance



In Quarter 4 2023/24 the Head of Safeguarding and Quality Assurance has undertaken 1:1 Practice Audits with each Independent Reviewing Officer, looking at an example of a child where they have made a difference in their permanence plan.

The assurance work evidenced that the IRO use of Quality Assurance checks, Progress Reviews and Dispute Resolution is effective in preventing and challenging delay for children.

On average, over the last 6 months, 92 Progress Reviews have been completed each month.

IROs regularly review the application of Practice Standards such as visit frequency, permanency planning meetings and supervision which are all effective in avoiding drift and delay.



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# Training

- Permanency Training continues to be offered as a core training element for all qualified Social Workers.
- As at December 2023 81 members of staff had either completed or were booked to complete the training (from a total of 119 required staff), this is 60% completion, a slight increase on 59% in the previous quarter.
- Reunification Training with Hertfordshire is taking place during March 2024 for all Social Workers and Independent Reviewing Officers.



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# Practice Guidance



- In Q3 Permanency Guidance was updated and shared across the workforce with focused presentations to the Team Manager forum and within the Principal Social Workers practitioner session with Social Workers.
- The Practice Standards were also substantially revised with a whole directorate approach and formally launched in January 2024.
- The Practice Framework demonstrates our commitment to achieving permanence, alongside reviewing permanence plans to revisit if there are viable family options. Steps to achieve this would include bringing children closer to Dudley (in placements) or being creative about Family Time arrangements to improve family connections.



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# Staffing

- In September 2023 there was investment in the Foster Home review service with an additional 0.5 post. There are now 1.5 FTE Foster Home Reviewing Officers – this has increased capacity and resilience in the service.
- Quality assurance work was undertaken with audits of 16% of Foster Home Reviews which provided encouraging feedback, with a benchmark of quality to improve on. The Service Managers for Fostering and Safeguarding and Review work closely together on the recommendations and service action plan.
- Principal Social Worker is named deputy for Adoption ADM and Fostering ADM to create resilience in service and avoid delays at panel.
- SW Workforce data – reduction in turnover rates to 17%, caseloads have reduced, to 17.7. This increases stability in relationships with our children, our Social Workers ‘know their children well’ which means the right permanence option can be identified.



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# Fostering Staffing

Fostering has moved from a position of high vacancies to a fully staffed team as of summer 2023.

There has been a focus on four main areas:

- Matching
- SGO conversions
- Foster carer reviews
- Foster carer support



This has included:

- Development of a Foster Carer Association, and working in partnership with the foster carers to increase support.
- Development of a resource support team, who are developing links with SGO carers and who are reviewing support plans annually.



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# Next Steps:

- Reunification workshops with Herts
- PSW session with Services on Permanence – Aspirational planning
- Improve data reporting for permanence planning meetings



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## Questions and reflections...



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