CITY OF WOLVERHAMPTON COUNCIL	**Corporate Parenting Board** 23 September 2021

Time 5.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue MS Teams

Membership

Chair Cllr Beverley Momenabadi (Lab)

Labour	**Conservative**
Cllr Mary Bateman	Cllr Wendy Dalton
Cllr Paula Brookfield	Cllr Stephanie Haynes
Cllr Jasbinder Dehar	Cllr Mak Singh
Cllr Asha Mattu	Cllr Udey Singh
Cllr Rita Potter	

Quorum for this meeting is three Councillors.

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**

2 **Declarations of interests**

3 **Minutes of the meeting held on 8 July 2021** (Pages 3 - 8)
[To approve the minutes of the meeting held on 8 July 2021 as a correct record.]

4 **Matters arising**
[To consider any matters arising from the minutes of the meeting held on 8 July 2021.]

5 **Schedule of outstanding matters** (Pages 9 - 10)
[To receive the Schedule of Outstanding Matters.]

6 **Update on Local Authority Children's Home Provision** (Pages 11 - 14)
To receive the Update on Local Authority Children's Home Provision report.]

7 **Health Services for Children and Young People in Care Annual Report Aug 2020 - July 2021** (Pages 15 - 50)
[To receive the Annual Health Report from Black Country and West Birmingham Clinical Commissioning Group.]

8 **Adoption Service Report** (Pages 51 - 70)
[To receive the Adoption Service Report for Adoption@Heart.]

9 **Performance Monitoring Information** (Pages 71 - 78)
[To receive the Performance Monitoring Information Report.]

10 **Exclusion of the Press and Public**
[That in accordance with section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information falling within paragraph 2 of Part 1 of Schedule 12A of the Local Government Act 1972.]

PART 2 - ITEMS NOT OPEN TO THE PRESS AND PUBLIC

11 **Councillor Visits to Establishments - Schedule of Visits**
[To receive verbal feedback on any visits to establishments undertaken by Councillors since the last meeting.]

Agenda Item No: 3

CITY OF WOLVERHAMPTON COUNCIL

Corporate Parenting Board
Minutes - 8 July 2021

Attendance

Chair Cllr Beverley Momenabadi (Lab)

Labour

Cllr Mary Bateman
Cllr Paula Brookfield
Cllr Jasbinder Dehar
Cllr Asha Mattu
Cllr Rita Potter

Conservative

Cllr Wendy Dalton
Cllr Stephanie Haynes

In Attendance

Farhana Akthar	Grandmentor Coordinator
Melanie Blake	Foster Carer
Fiona Brennan	Designated Nurse, Children and Young People in Care
Michelle Cummings	Corporate Parenting Officer
Esther Douglas	Social Worker and Foster Care Trainer
Alison Hinds	Deputy Director of Social Care
Shelley Humphries	Democratic Services Officer
Rea Shepherd	Foster Carer
Jazmine Walker	Head of Service, Children and Young People in Care
David Whatton	Foster Carer
Lisa Whelan	Service Manager, Children and Young People in Care

Item No. *Title*

1 **Apologies for absence**

Apologies for absence were received from members of the Corporate Parenting board Councillor Udey Singh and Councillor Gurmukh Singh.

Apologies were also received from Emma Bennett.

2 **Declarations of interests**

There were no declarations of interest made relative to the items under consideration at the meeting.

3 **Minutes of the meeting held on 10 June 2021**

Resolved:

That the minutes of the meeting held on 10 June 2021 be confirmed as correct record and signed by the Chair.

4 **Matters arising**

In respect of minute 8, it was reported that a visit with Councillors and foster carers had been undertaken to view the allotments taking part in the Back to Eden Community Allotment Project.

5 **Schedule of Outstanding Matters**

Michelle Cummings, Corporate Parenting Officer presented the Schedule of Outstanding Matters report. There was one item referring to the attendance of young people a Health Steering Group meeting. It was noted that this action was in progress and dates were in the process of being confirmed.

Resolved:

That the Schedule of Outstanding Matters be received.

6 **Grandmentor Scheme Update**

Farhana Akthar, Grandmentor Coordinator delivered the Grandmentor Scheme Update with a supporting presentation. The presentation outlined that the Grandmentors scheme had been designed to provide emotional and practical support for young people leaving care. Young people would be matched with trained volunteers or Grandmentors offering the benefit of their skills and life experience to young people as they move into independent adulthood. Volunteers offered a wide range of support in many areas, for example education, self-esteem, personal development and employability skills.

The presentation covered training process and eligibility to become a volunteer, notable results seen so far, successful case studies and the safety measures taken as lockdown eases.

In response to a query on publicising the scheme, it was reported that various news and social media platforms were used as well as a feature on the Inside Out programmes which was still available on BBC iPlayer.

In response to a query on recognition for the valuable work undertaken by the mentors, it was reported that an annual volunteer celebration was held, as well as continual praise and recognition for a job well done.

It was queried whether there was a peer support network for the mentors and volunteers to share experiences. It was advised that Farhana provided support and the benefit of her expertise and signposted where could not offer further advice. It was noted that meetings had been requested to provide a forum like this and this was currently being explored.

It was added that the REACH team were currently entering a second phase of partnership with Volunteering Matters as it had been so successful following the first phase. This had enabled the Care Leaver Offer to be extended to allow mentors to support care experienced young people from the age of 14 as they approached the age for leaving care. The offer also now included young people living in a 20-mile radius of the City.

In response to a query around using the Council media platforms, it was agreed that Volunteering Matters would be happy to be featured to allow for a wider reach.

Michelle Cummings, Corporate Parenting Officer noted that she had registered her interest in becoming a Grandmentor volunteer.

In response to a query around the age range of Grandmentors, it was noted that the applicants were typically around 50 plus, however there were no set age limits to becoming a Grandmentor as it was acknowledged that anyone with life experience could potentially qualify.

Resolved:

That the Grandmentor Scheme Update be received.

7 **Annual Fostering Report 2020-2021**

Lisa Whelan, Service Manager presented the Annual Fostering Report and highlighted key points. The report provided an outline of the structure, aims and duties of the City of Wolverhampton Fostering Service and details the performance of the service over the last twelve months. The National Minimum Standards for Fostering Services (2011) requires that all Fostering Services provide written reports to their Executive or Trustees on a regular basis. In the case of Local Authorities, the ‘executive’ is the Elected Members of the City of Wolverhampton.

A concern was raised around meeting not just the statutory requirements but aiming for excellence. It was noted that the service did indeed strive not just to meet these targets but exceed them.

A query was raised around what the specific national targets were and it was agreed this would be addressed outside the meeting.

In respect of dormant carers, it was queried whether a retainer was paid during these time periods. It was reported that dormant carers were not typically paid a retainer unless there were extenuating circumstances, such as a break following the end of one placement and awaiting another imminent placement or pending an investigation. Carers who were currently on a break were subject to regular reviews to assess the reasons for the break and when they were ready to return. During these break periods it was not uncommon for carers to undertake home to school travel duties or provide short respite breaks for other families.

Surprise was expressed that carers could stipulate that they wanted children of a certain age. It was reported that they were recruited with the assumption they could offer a home to young people aged from 0 – 18 however carers had the right to choose whether to accept a placement. Babies and toddlers were typically the preference however steps were being taken to highlight the benefits of taking in older children.

A query was raised around number of carers recruited and it was noted that there had been 31 recruited in total and, despite the eight de-registrations, the year had ended with a gain of 23 carers.

It was acknowledged that although Connected Carers were restricted to particular families, this still allowed provision for a home for a Wolverhampton child.

It was noted that some carers had converted to Special Guardianship Orders (SGOs), although there was no requirement to retire from fostering if they wished to continue.

In terms of social workers' caseload, it was noted that 20 cases for full time workers and 16 for part-time workers was typically the average. Staff retention had been steady and there was currently no requirement for agency staff. It was noted that support at the time of lockdown had not faced any great challenges as virtual or telephone contact had continued throughout and face to face meetings had resumed as soon as it was safe to do so.

Resolved:

1. That the Annual Fostering Report 2020-2021 be approved.
2. That the development, progress, and future objectives of the Fostering Service be noted.

8 **Foster Carers' Forum**

Esther Douglas, Social Worker and Foster Care Trainer led a presentation providing an outline of the functions and activities of the Foster Carers' Forum.

It was reported that the pandemic had posed some challenges initially however, once foster carers had become familiar with online platforms, training and communication continued successfully via virtual means. It was noted that this actually improved engagement in many cases as attending remotely freed up travel time and removed the need for additional childcare.

David, a foster carer for five years, reported that he found the regularly held forums an excellent platform to inform foster carers and provide a mechanism for the

Authority to actively listen to and address their views, feedback and concerns. There had been instances where challenges had arisen but been resolved through effective communication and support was readily available for the carer as well as the child in the event of the breakdown of a placement. The out of hours provision and well-communicated training opportunities were also commended.

Foster Carer, Rea added that the restorative practice approach adopted by the service had really helped as well as the discussions around minimum standards. It was felt that these discussions reinforced the task at hand and sometimes offered a different a perspective around challenges. This allowed carers to share solutions to challenges and ideas to enhance their fostering journey.

Foster Carer, Mel reported that she had found the Forums informative and provided learning and support from peers and heads of service, as well as guidance on what was expected of a foster carer. Carers had also benefitted from guests attending such as members of the Children in Care Council, Foster Talk and the Inside Community Engagement (ICE) Team who had provided talks on topics such as empowerment, family values and combatting stress for carers and young people.

The work around facilitating the Foster Carers' Forum was commended and the meetings acknowledged as a valuable tool.

Resolved:

That the Foster Carers' presentation Forum be received.

9 **Performance Monitoring Information**

Alison Hinds, Deputy Director of Social Care presented the Performance Monitoring Information report and highlighted salient points. The report provided an update on service performance as 31 May 2021.

There was still a high number of 10 – 18-year olds within the system however these young people would continue to be supported into adulthood.

Placement analysis showed that there continued to be good placement stability for children in care and increasing performance in this area. There were now more children placed with foster carers approved through the Family Values scheme and the service continued to recruit and retain foster carers. This also enabled children to remain living locally and retain their links to family and friends.

The report showed that 83% of children had up to date assessments which had improved over last 12 months. The majority of children had an up to date review and performance in this area had been exceeding the outturn of the last two years. Participation in reviews and assessments was high which was attributed to the development of many different ways of working with children to enable this to happen.

A report had been submitted to Corporate Parenting Board previously on work the service had been undertaking to improving support for children not engaged in education, employment and training. PEPs were currently at a high level and, although there was a slightly lower performance for year 12 and 13, some targeted work has been undertaken with the virtual school to address this therefore an improvement was anticipated for when the next report was ready.

A significant improvement had been seen with health and dental check performance and the issues experienced with the new recording system had been addressed. Initial health checks had been improving month on month. A slight improvement had been emerging in the number of dental checks however figures were not where the service would like them to be. There was some work to do around getting children and young people back to see the dentist and recording the checks on the new system.

It was reported that there had been an issue nationally with children remaining in care proceedings for longer. The service was working closely with the Local Family Justice Board in order to reduce the time spent moving through proceedings. There had not been many adoptions this year, only four, however there was also a significantly reduced number last year as there had been a delay in scheduling adoption hearings.

It was acknowledged that the impact of COVID had made it a difficult year in terms of employment opportunities however the service and the Council overall had been working hard to support young people in making the most of any work opportunities available. This was a key area of concern and targeted work was being undertaken in alignment with the Relighting Our City work across the Council.

A query was raised around reasons for delays in care proceedings and it was reported that COVID had been the initial reason as face to face hearings had not been taking place. Once hearings had safely resumed, the courts had been faced with a backlog of hearings to schedule which had increased delays, although they had been working hard to clear this. Another factor was the undertaking of independent assessments sometimes requested by birth families' if their circumstances had changed, for example, which was necessary but sometimes caused delays. Councillors voiced concerns that any delays may cause children to feel unsettled however reassurance was provided that children remained placed with their prospective adopters until the final decision was made to ensure stability.

The work undertaken by the Children and Young People in Care service was commended. The commitment of the workforce to the children and young people of the City as well as the level of service delivery standards maintained throughout a pandemic was also acknowledged.

Resolved:

That the Performance Monitoring Information Report be received.

10 **Exclusion of the Press and Public**

Resolved:

That in accordance with Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business as it involved the likely disclosure of exempt information contained in paragraph 2 of the Act, namely information that is likely to reveal the identity to an individual.

11 **Councillor Visits to Establishments - Schedule of Visits**

It was reported that no visits to establishments had been undertaken since the last meeting of the Board.

Agenda Item No: 5

CITY OF WOLVERHAMPTON COUNCIL

Corporate Parenting Board
23 September 2021

Report title	Schedule of Outstanding Matters
Cabinet member with lead responsibility	Councillor Beverley Momenabadi Children and Young People
Wards affected	All wards
Accountable director	Emma Bennett, Executive Director of Families
Originating service	Governance
Accountable employee	Shelley Humphries — Democratic Services Officer Tel — 01902 554070 Email — shelley.humphries@wolverhampton.gov.uk

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive and comment on the Schedule of Outstanding Matters.

1.0 Purpose

1.1 The purpose of this report is to appraise the Board of the current position with a variety of matters considered at previous meetings of the Corporate Parenting Board.

2.0 Background

2.1 At previous meetings of the Board the following matters were considered and details of the current position is set out in the fourth column of the table.

Date of Meeting	Subject	Lead Member / Officer	Current Position
10 June 2021	That young people be invited to participate and provide feedback in a meeting of the Strategic Health Steering Group.	Michelle Cummings, Corporate Parenting Officer	Dates are in the process of being confirmed.

3.0 Financial implications

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

3.2 The financial implications of each matter will be detailed in the individual report submitted to the Board.

4.0 Legal implications

4.1 There are no direct legal implications arising from this report.

4.2 The legal implications of each matter will be detailed in the individual report submitted to the Board.

5.0 Equalities implications

5.1 There are no direct equalities implications arising from this report.

5.2 The equalities implications of each matter will be detailed in the individual report submitted to the Board.

6.0 Any other implications

6.1 There are no other implications arising from this report.

7.0 Schedule of background papers

7.1 Minutes of previous meetings of the Corporate Parenting Board and associates.

Agenda Item No: 6

CITY OF WOLVERHAMPTON COUNCIL

Corporate Parenting Board
23 September 2021

Report title	Update on Local Authority Children's Home Provision	
Cabinet member with lead responsibility	Councillor Beverley Momenabadi Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Executive Director of Families	
Originating service	Specialist Support	
Accountable employee	Rachel King email	Head of Specialist Support Rachel.king@wolverhampton.gov.uk
Report has been considered by	Children's Social Care Leadership Team	9 September 2021

Recommendations for action:

The Corporate Parenting Board is recommended to:

1. Receive the update regarding local authority children's home provision
2. Endorse the plans to undertake a review of residential provision to ensure the needs of children and young people in care can be met.

Recommendations for noting:

The Corporate Parenting Board is recommended to note:

1. The recent decision to close Key to Inspiration Children's Home

1.0 Purpose

1.1 To update Corporate Parenting Board on the local authority children's home residential provision.

1.2 To update Corporate Parenting Board on the recent decision to close Key to Inspiration and share the rationale behind this decision.

1.3 To inform Corporate Parenting Board of the local authority's intention to undertake an ongoing review of residential provision to better understand the needs within the City and ensure that there is adequate provision to meet the needs of the most vulnerable and complex young people.

2.0 Background

2.1 In 2015, Upper Pendeford Farm (UPF) Children's Home opened as a short break respite centre. UPF was set up to support young people on the edge of care in order to prevent family breakdown and also to support children in care at risk of placement breakdown to improve placement stability.

2.2 Since the short break service commenced in 2015, it has successfully contributed to an ongoing reduction in the number of children in care and improved placement stability for children in care. Feedback from young people and families accessing the service has been consistently positive.

2.3 In 2018 it was agreed to open another local authority run Children's Home. The Council already had a home which was being run by a private sector company (Cambian Care). The contract with Cambian Care was ended and the four-bedded home was opened as a local authority provision called Key to Inspiration (K2I).

2.4 The rationale for opening K2I was to bring some of the externally placed young people back into Wolverhampton and also to increase placement options for young people experiencing numerous placement breakdown. Between April 2018 and July 2019, the new in-house provision was developed and K2I admitted its first young person in July 2019.

2.5 Between July 2019 and July 2021, a number of extremely complex and vulnerable young people were referred to K2I. This contributed to issues around risk management and it became evident that it was not possible for K2I to meet the complex needs of young people due to more specialist, therapeutic provision being required. As a four-bedded unit, the matching of young people to ensure they were compatible with each other was problematic. This resulted in K2I operating with only two young people between June – December 2020 and April – July 2021.

3.0 Progress

3.1 Since 2015, the Children and Young People's Service have been changing the way that services are delivered to children and families to ensure families are supported at the earliest opportunity so that only those children that need to come into care become looked after. This has resulted in a year on year decrease in the number of children and young people in care.

3.2 Alongside there has been a focus on ensuring that children in the City live in a family environment wherever this is possible and in their best interests. Children are supported to continue to live within their own or their extended family, but where this is not possible, family-based care through fostering is prioritised above residential care. This has meant that the total number of young people living in children's residential homes has reduced. The young people who currently live in residential homes are those with the most complex needs.

3.3 Since K2I opened in July 2019, it has become apparent that the needs of the young people requiring residential care in the City are becoming more complex. It is now unusual for residential children's homes nationally and locally to be more than two bedded homes for young people's compatibility of needs to be managed safely with the right staffing ratio.

3.4 When the home was opened the budget was calculated on four young people living in the home together. With only two young people being able to be placed there, this increased the weekly unit costs to approximately £8,000 compared to a good quality, external placement for £4,000- £5,000.

3.5 The style and location of K2I has become a concern over recent years. It is not conducive to working with highly complex and vulnerable young people. The home was purpose built and does not have a homely feel. It is located close to the City centre, close to a main road and in an area where there are issues that could place young people at increased risk of gangs and exploitation. Young people who have lived at K2I have also provided feedback about the building not feeling like home.

3.6 Following consideration of the placements and support available at K2I; the needs of young people; and the financial viability of the home, discussions commenced around the future of the provision in the City. In July 2021, the two long-standing residents moved onto other placements which provided an opportunity to explore the closure of K2I. On 22 July 2021, Senior Executive Board approved the closure of the home.

3.7 The short break provision at UPF continues to be available to families to prevent family and placement breakdown. This support is a key element of the work aimed at ensuring young people get the opportunity to remain living in a family environment,

3.8 As part of ongoing sufficiency planning, residential placement requirements for our children and young people in care are subject to continuous review.

4.0 Financial implications

4.1 The current approved budget for Key to Inspiration is £834,000 per annum. Once the home is closed the budget will be re-purposed to support external placement costs. If the home were to continue to accommodate 2 individuals, the cost per week is in the region of £8,000 per placement. The average cost of an external placement is currently £4,400 with the highest weekly single local authority funded rate £7,400 so it is likely the overall cost will be less once the home is closed.
[JB/06092021/N]

5.0 Legal implications

5.1 There are no direct legal implications arising from this decision. The local authority continues to have legal obligations to meet its duties towards Children in Care.
[TC/01092021/A]

6.0 Equalities implications

Children in care, due to their early life experience and trauma, are often faced with increased disadvantage in many areas of their life as they progress to adulthood. A secure and stable placement that meets their needs can reduce this disadvantage and improve outcomes. In order for children in care to experience the care, support, stability and safety required, the most positive option is to place them within a family setting. The majority of children in care are placed within such an environment. However, for some young people, their level of need requires that they are placed in a residential children's home. For these young people, it is essential that the homes are able to provide security, safety and stability in order to reduce disadvantage and optimise opportunity.

7.0 All other Implications

Corporate landlord implications

7.1 K2I ceased as a Children's Home on 27 August 2021. However, staff are still working from the home during their notice period.

Human resources implications

7.2 Following the approval from Senior Executive Board to close K2I, work has been undertaken to ensure all relevant HR processes are followed.

BLACK COUNTRY AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP (WOLVERHAMPTON PLACE)

Corporate Parenting Board

Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2020 – July 2021)

Date of Meeting: 23/09/2021.

TITLE OF REPORT:	Health Services for Children and Young People in Care Annual Report Aug 2020 – July 2021
PURPOSE OF REPORT:	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
REPORT WRITTEN BY:	Fiona Brennan, Designated Nurse CYPiC, Dr Steph Simon, Designated Doctor CYPiC, **Black Country and West Birmingham Clinical Commissioning Group (BCWB CCG)**
REPORT PRESENTED BY:	Fiona Brennan and Dr Simon Dr Wendy Harrison Frazer - **CAMHS**
EXECUTIVE RESPONSIBLE	Sally Roberts, Chief Nurse and Director of Quality, **BCWB CCG**
KEY POINTS:	Annual reports by our Provider Services: **Royal W-ton NHS Trust**, and the **CAMHS** have been formatted and incorporated by BCWB CCG to enable submission of one report.
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources	

Contents

1.0 Foreword

- This Report outlines how BCWB CCG work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton (W-ton) City Council (WCC).
- Challenges and good practice will be highlighted, with recommendations for future development.
- The report includes the position at the end of July 2021 and an update of progress relating to the introduction and implementation of revised service specifications and commissioning arrangements for CYPiC health services.

2.0 Purpose of Report

- The purpose of this report is to inform and assure members of the Corporate Parenting Board around activity and performance in relation to the health care of our CYPiC wherever they are placed.
- This report will provide assurance that we continue to strive to meet statutory requirements across the WCCG and provider services, and will demonstrate a model of continuous improvement.

3.0 Black Country and West Birmingham Clinical Commissioning Group

- W-ton CCG now forms part of the BCWB CCG Sustainability and Transformation Plan (STP) along with Walsall, Dudley and Sandwell. Designated professionals work to ensure inter-agency safeguarding responsibilities are met across the STP footprint as well as ensuring local arrangements remain in place.
- Working Together to Safeguard Children states that Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of Designated professionals for CYPiC.
- In line with intercollegiate guidance, the W-ton CCG Team employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DN CYPiC). They take a strategic and professional lead across the health community on all aspects of CYPiC, including provider organisations which are commissioned to undertake this service.

- We remain committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of our CYPiC, wherever they are placed. Advocating for this cohort of children is a key part of our approach to commissioning, with a focus on quality.

- There remains no change to statutory safeguarding functions under COVID 19. The CCG remains legally accountable. We are committed to ensuring that safeguarding remains business critical across our partnerships.

3.1 Core health activities

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

  - **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first CYPiC 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 (LCS)** - Care leavers (CL's) 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), with guidance on how to access a full copy if required.
  - **Adoption Reports** - the collation of reports for adoption and fostering panel.

3.2 Demographics and Current Commissioning Arrangements

- Black Country Partnership Foundation NHS Trust are the commissioned Provider of CAMHS, offering a specialist service to CYPiC.

- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). They extended their health care provision to include all children placed outside of W-ton, within a 50-mile radius in 2018 to ensure improved consistency and oversight.

- 9% of our children are currently placed further than 50 miles away, a 2% increase as reported in 2020. The CCG are responsible for the coordination and quality assurance of health assessments for this cohort.

- W-ton currently have 544 CYPiC, with a significant number of our children placed out of City – please see figure 1, and figure 2 for comparison with our neighbours.

- Figure 3 highlights the numbers of up to date health assessments for our CYP placed outside of 50 miles, showing at 92%. This highlights good practise and robust communication with hosting CCG's and local health care providers.

Figure 1 – W-ton data

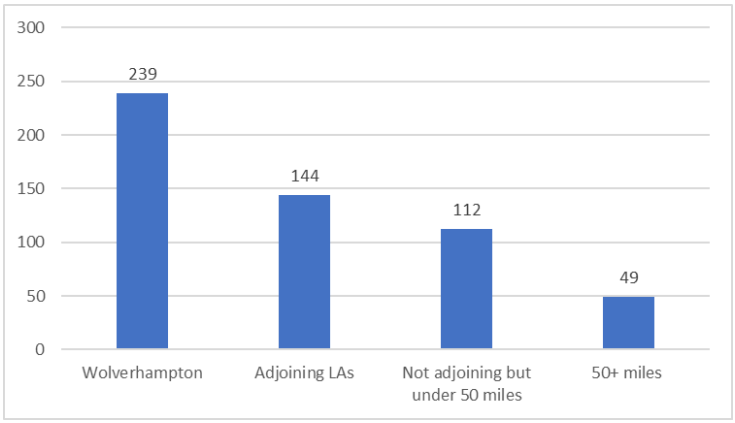


Figure 2 – Our neighbours

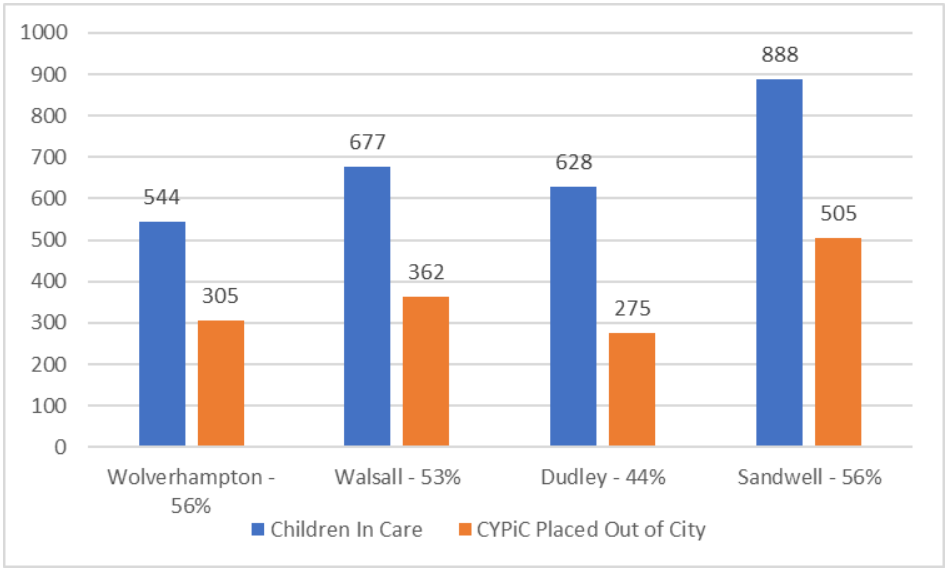
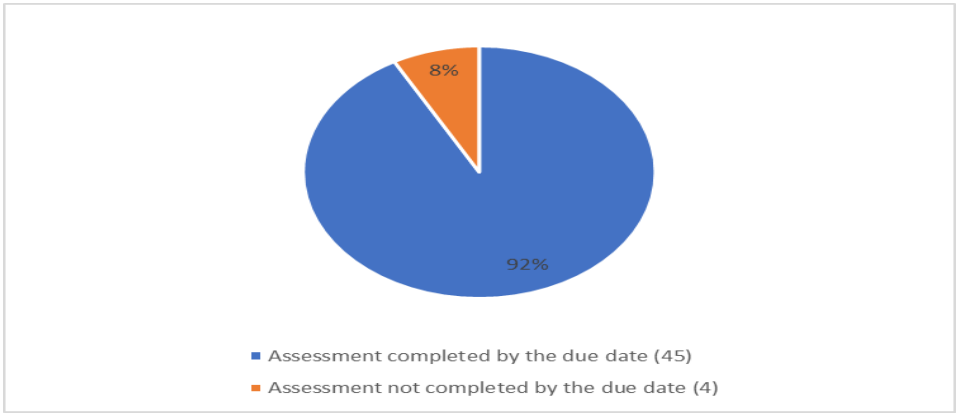


Figure 3 – RHAs 50 miles plus



3.3 Quality, Governance and Performance

- Whilst we are yet to achieve 95% compliance for statutory health reviews, we have assurance through reporting arrangements that whilst timescales are not always met, all initials, and review assessments are completed (unless refusal by CYP) and quality assured with exceptions escalated. We have assurance that 100% of CYP entering care are offered an IHA, but turning this around within the 20 working days often proves a challenge, a national issue that we continually strive to improve.

- Whilst the national LA target is 20 days, a key performance indicator of 13 days has been agreed with our health Provider RWT. This is due to non-compliance (20 days), often being out of health's control, therefore to monitor them on this was not reflective of performance. The LA continue to report on the 20 day target with their performance reports, those of which are presented to members of this Board.

- The multi-agency CYPiC strategic health steering group monitors outstanding actions and is an excellent platform for partner agencies to discuss any health issues. Governance for this group is currently being reviewed to strengthen scrutiny arrangements.

- As a result of a briefing paper submitted by the DN CYPiC to the BCWB CCG Chief Nurse in June 2020, the Provider team now sit under the RWT safeguarding team to ensure that as a CCG we commission a service that effectively delivers against the agreed service specification. Already we have seen a significant improvement in performance.

3.4 Key Priorities for BCWB CCG – a Case for Change

- As part of the BCWS CCG Health Inequalities Improvement Plan, the DN CYPiC is working with the young person's lead to review our health offer for care-leavers. This includes consideration of free prescriptions and ring-fenced posts for apprentices.

- Work stream continue to ensure that CYPiC processes are aligned across the STP to increase consistency and reduce variation in services offered, including CAMHS.

- W-ton DN CYPiC has a sound oversight of those who are placed over 50 miles, and communicates with hosting CCG's when health issues are escalated. This has proved very effective, particularly in sharing any identified risk, and ensuring access to services are not delayed.

- Continuing to raise the profile of CYPiC and within LA and health safeguarding contractual standards has been a key task for the DN CYPiC to ensure we do not adopt the dangerous assumption they are 'safe' by definition of status. This includes

CYPiC placed into W-ton by other authorities, particularly those in unregulated placements.

- We have seen a substantial increase in the complexity of these CYP, and also significant variation across England in service provision, application of legislative and statutory duties within health but also across our partners including Children Services.

- As such, the W-ton's DN CYPiC was invited to be part of a select national T&F group who presented a paper to the Chair of the independent Government Care Review in March to voice these concerns as a health collective (Appendix I).

- The group identified 14 key areas for discussion and awareness raising which were then aggregated into 6 sections, and will be the focus of BCWB CCG's priority plan for our CYPiC and CL's over the next 12 months;

  - **The voice of the child and young people – are we listening? (hybrid model)**
  - **Statutory notification of placements** of children into care and out of county
  - **Care leavers/care experienced young people** and CYPiC services not consistently available up to the age of 25
  - **Quality assurance of service provision**
  - **Specific unwarranted variation** in dental care, CAMHS, UASC, health in YOT provision, consent
  - **Designated CYPiC professionals' roles in new integrated care systems**

- The presentation was well received by the Chair, and we have been given another fantastic opportunity to influence at a future meeting, and the W-ton DN CYPiC will present at our WST Scrutiny and Assurance Group to support with any actions and responses locally.

4.0 Public Health and Wellbeing

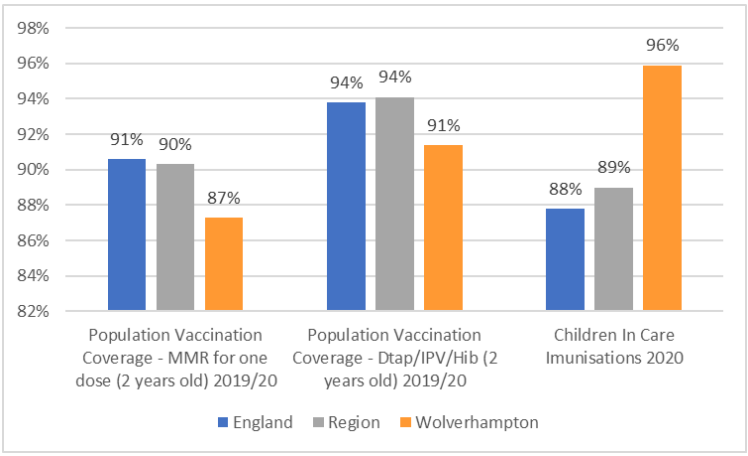
- Public Health will be including, for the first time, an identifier for CYPiC in the anonymous online Health Related Behaviour Survey (HRBS 2022). The survey is completed every other year with primary and secondary phase pupils in W-ton and has been running since 2006.
- Unfortunately, due to the disruption caused by Covid-19, the survey was not run in 2020. The survey provides valuable data on the lifestyles and behaviour of CYP across a number of health related themes and the new identifier will enable to identify if there are any specific health related behaviour needs amongst CYPiC in W-ton.
- PH hope to run the survey from January to April 2022, with preliminary results being available from July 2022.

Figure 4 - The survey covers the following themes:

4.1 Immunisations

- As recent Public Health data shows, at 2 years of age children in care are less likely than the general paediatric population, both nationally and in Wolverhampton, to be fully immunised.
- It is positive to see that CYPiC immunisations in W-ton rose from 62% in 2019, to 96% in 2020, above national average.

Figure 5 – Immunisation Coverage



- A recent dip sample audit of completed of out of area health assessments showed that:

- Immunisation status was recorded in **100%** of IHAs, with actions to follow up if incomplete
- Immunisation status was recorded in **100%** of RHAs with actions to follow up if incomplete

- Unaccompanied asylum seeking children (UASC) are at risk of infection with blood borne viruses (BBV) All UASC seen by a doctor for their IHA will have routine testing for latent tuberculosis and a blood test for BBV screening.
- BCWB CCG contributed a proportion of NHSE funding to RWT to create bespoke leaflets (includes leaflets in other languages like Pashto, Farsi and Vietnamese) to be given to this vulnerable cohort to ensure they fully understood, and increase uptake of these tests. A valuable piece of work undertaken by our Provider Trust. (Appendix II).

4.2. Dental

- The percentage of up to date dentals checks completed has been declining as a result of the current situation regarding Covid-19. No child however should experience any discomfort and Carers should follow national guidance around when to seek help.
- This continues to be closely monitored through statutory health assessments, and 100% of cases identified where a child needs a dental intervention are addressed and actioned within their health plan.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC across BCWB, who have liaised directly, and effectively, with dental practises.
- For our care leavers, it is important to note that if referred to an orthodontist before their 18th birthday, this will be the key qualifying criteria for commencement of treatment into adulthood, and communication has taken place with the LA to ensure young people and carers are aware. This message is also relayed during CYPiC health assessments, and is included in our health 'grab guides' that we shared in last year's annual report.

5.0 Provider Service: The Royal Wolverhampton NHS Trust (RWT)

The RWT CYPiC team

This report covers from August 2020-July 2021. During this time there have been some significant changes within the team including a change in staff and management structure with the CYPiC team, transferring management from Division 3 (Paediatric Directorate) to the Corporate Division, under the Safeguarding Team.

The team (managed by Head of Safeguarding) currently consists of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- 2 Named Nurses for CYPiC
- 2 Specialist Nurses for CYPiC
- Administration team (including: 4 permanent members of staff and 1 bank member of staff)

5.1 Statutory health activity

Statutory Health Assessments

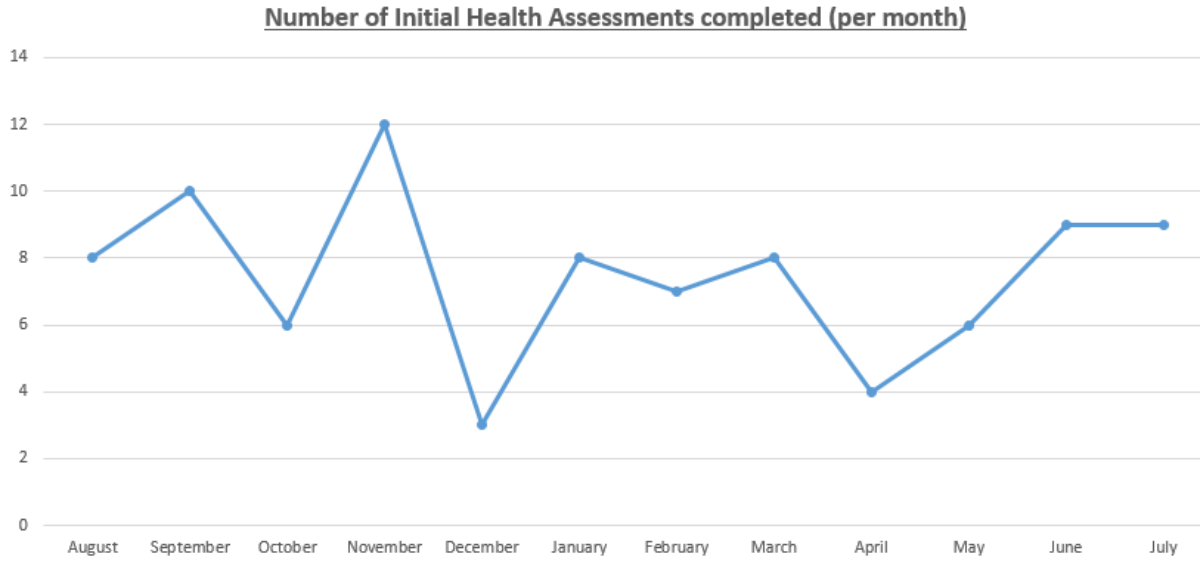
- Initial Health Assessments (IHAs) are undertaken by the Community Paediatricians
- Review Health Assessments (RHAs) are undertaken by:
  - Named Nurses for CYPiC
  - Specialist Nurses for CYPiC
  - 0-19 Service including; Health Visiting, School Nursing and Partnering Families Team
  - Paediatric Advanced Nurse Practitioners (2 Nurses)
- Due to capacity issues within the team last year, the team could not complete RHAs for those CYP who were residing outside of City up to 50 miles, and WCCG took over responsibility.
- In February 2021, a trajectory was set to reinstate these and this was achieved ahead of schedule in May 2021. Assurance can be provided that all RHAs for those children placed up to the 50 mile radius are now being completed.
- The team complete assessments for CYP placed within W-ton under the care of another local authority. However, whilst this does impact on resource, for the purpose of this report focus will be on those assessments undertaken for CYP looked after by W-ton.

Initial Health Assessments (IHAs)

Figure 6 shows the number of IHAs completed within the reporting period. A total of 90 assessments were completed. There was a noticeable peak in November, however, this was followed by a drop to 3 IHAs in December.

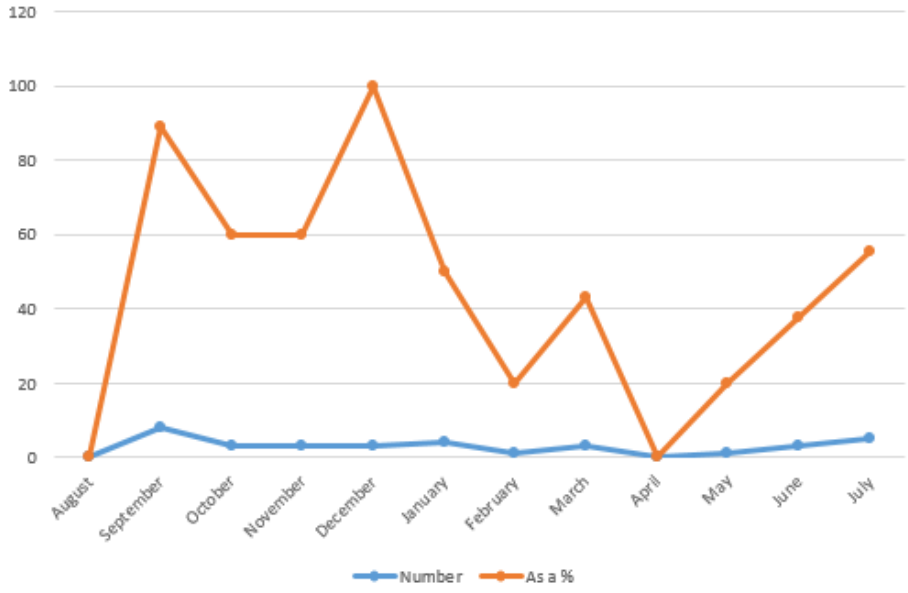
In addition, 18 IHAs were completed for CYP for children placed in W-ton by other local authorities (20% of all IHAs completed).

Figure 6



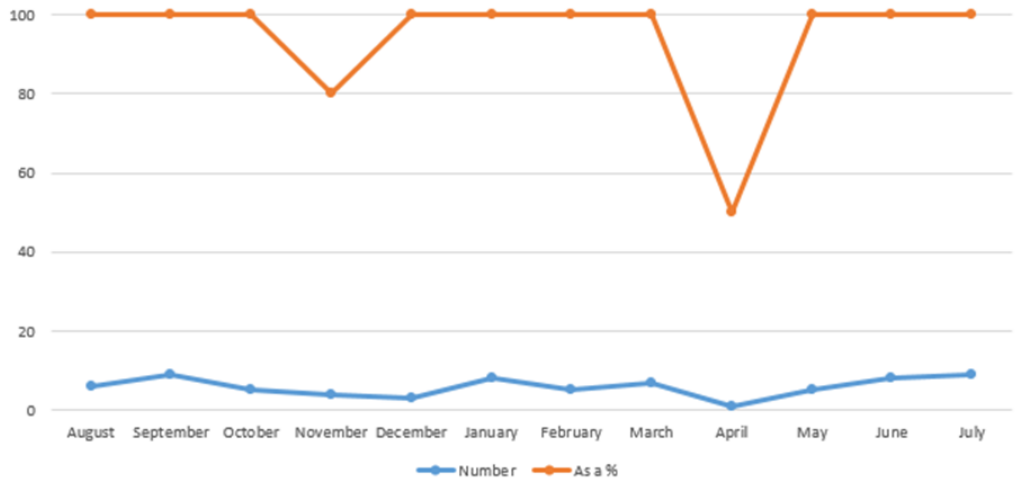
- There was a dip in compliance for IHA completion within 13 working days in August 20. This was due to simultaneous catch up face-to-face clinic appointments which were being offered to CYP who had virtual IHAs completed in the previous few months, due to the Covid-19 pandemic. This had an impact on clinic availability.
- At the end of Q3 (in December '20) we had fewer requests and compliance increased to a 100%. There is a dip however in April '21, due to a combination of factors with many being outside of provider control, including carer cancellation/non-attendance and late requests from the LA. We are working together to improve this.
- We then see a steady increase in rate of completion of IHAs within 13 working days timescale, from the months of May to July this year in spite of increasing number of IHA requests, possibly due to improved communication between the health administrative team at RWT and the LA admin and social worker teams.

Figure 7: IHA completion within 13 working days



- Figure 8 demonstrates the percentage of IHAs which were quality assured within 13 days from receipt of all paperwork and returned to the Local Authority (excluding those that were DNA and late cancellation).

Figure 8:

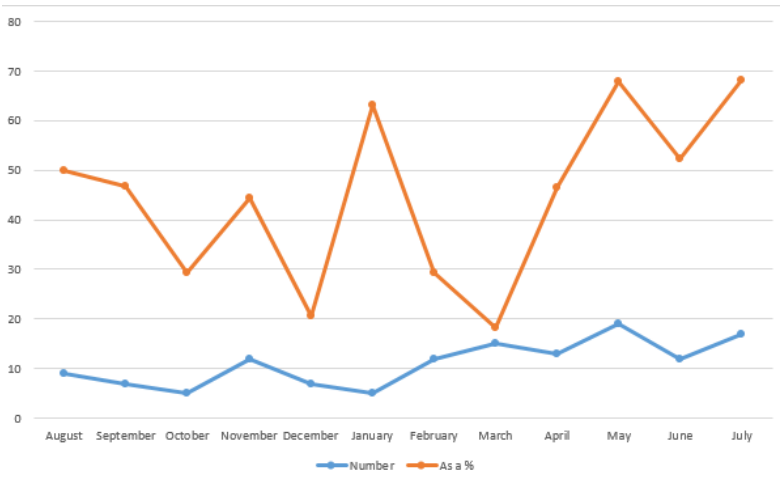


- Health passports continue to be issued to the child or young person at their IHA in view of these following the child or young person through their care journey and contributing to their understanding of health, development and wellbeing.

Review Health Assessments (RHAs)

- Figure 9 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). Whilst there was a dip in compliance in March this coincided with the increase in number of RHAs received. There is an overall increase noted in percentage of compliance.

Figure 9:

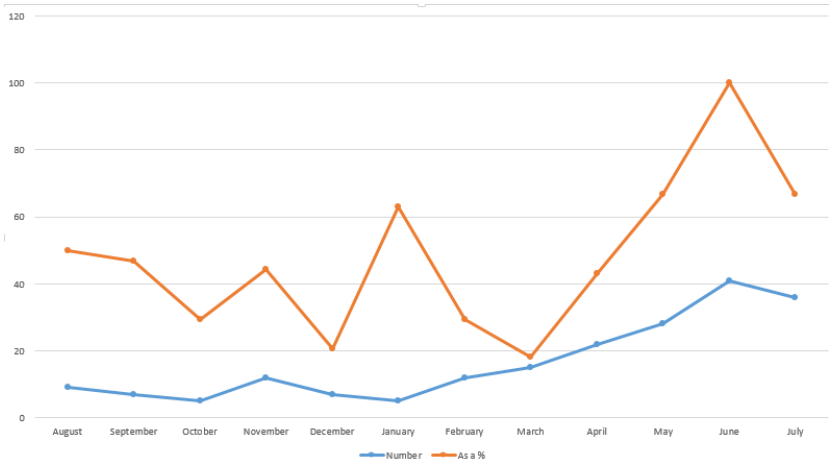


- To ensure that RHA's are completed on time, the CYPiC team developed a RAG rating tool to determine the most appopriate method of contact. In weekly allocation meetings all RHA requests have been RAG rated by the CYPiC Nurses which has enabled the administration team to process the RHA appointments in a timely manner based on level of need.
- Out of the 483 RHA's reportable to CCG over the reporting period, 175 were completed late due to reasons including;
    - CYPiC capacity (both nursing and administration)
    - Cancellations and DNAs,
    - RHAs sent to out of area to children in care teams that were not returned within timescale
    - CYP refusing to engage
    - LA not completing the correct documentation, and requests being sent late.
    - These figures are continually monitored and provided for assurance within the monthly Trust Group.

Mitigation and Assurance

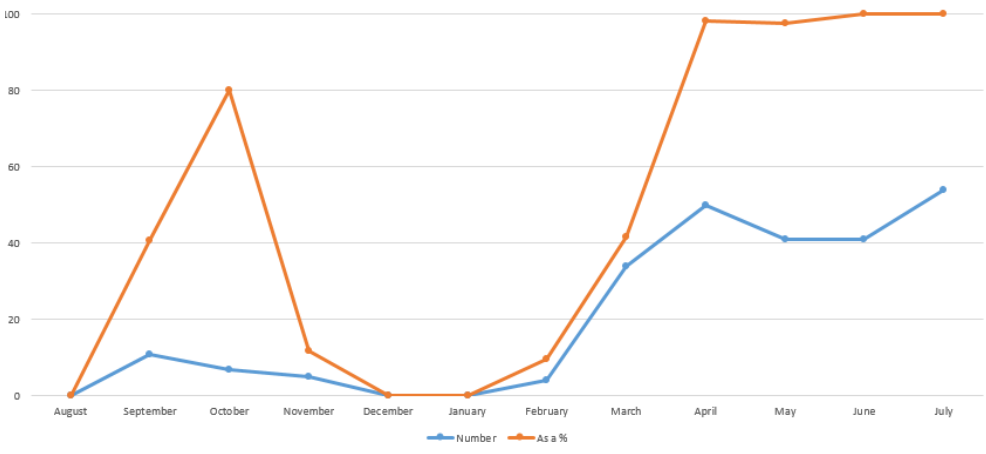
- Meeting statutory timescales relies on robust partnership working between health and the LA. As such, additional meetings have taken place with joint management teams on a monthly basis to address any identified gaps and ensure clear processes and systems are in place.
- The CYPiC nursing team also delivered a training session as part of the LA CYPiC away day to clarify processes and subsequent expectations. This was well received.
- It was identified during Quarter 1, the number of CYP that were not brought to their RHA had significantly increased as it was reported CYP understandably did not want to be taken out of school due to unauthorised absences. Therefore, clinic times were reviewed enabling the service to offer later appointments,
- In addition, letters inviting children and young people to clinic are now being sent out 4 weeks prior to their appointment. We continue to monitor the reasons for cancellation and was not brought to appointments and have a clear escalation process in place.
- Clinic capacity has been expanded to accommodate outstanding RHAs which were a consequence of the system change over within the Local Authority, with an additional 6 clinic appointments offered per week. This resulted in the outstanding RHAs being booked and completed within a timely manner

Figure 10: RHA's quality assured within 5 days



- There is an overall increase in compliance noted since March 2021. All RHAs completed by the 0-19 service are quality assured and those completed by the CYPiC and Paediatric Advanced Nurse Practitioners are quality assured on a 1:5 basis.
- As part of ongoing quality improvement, training has been completed with 0-19 service practitioners around completing RHA's to ensure quality.
- One of the main areas for improvement that was identified was the compliance in RHAs being returned to LA within 5 working days of being quality assured. As a result of changes in process and additional administration support, compliance has increased from 0% to 41% in Q4 to now achieving 100% at the end of Q1. This is demonstrated in Figure 11 below.

  Figure 11:



Leaving care health summary (LCHS)

- It is a statutory requirement that a LCHS is completed. This provides young people with health information from birth to 18 years. Given the nature of the sensitive health information shared, it is imperative this consent is obtained. If the young person does not wish to have a LCHS completed, it is documented within their records.

- The number of requests from the LA for LCHS, including consent, has reduced. This was escalated in December, with a reviewed pathway disseminated to social workers. Regular monthly meetings with Local Authority to encourage these requests to be forwarded and increase the uptake by young people.
- During the reporting period, there were a total of 66 CYP (list provided by Local Authority) who turned 18 years of age. As of August 2021, 23 requests had consent. Requests were made for consent from the LA for the remaining 43. This is an area that still requires focus and improvement.

5.2 Adoption

- There are two Paediatric Consultants who act as Medical Advisors in W-ton supported by a specialty paediatric doctor and a GP with a Special Interest in Paediatrics. The medical advisors regularly attend adoption panels as part of the Black Country Regional Adoption Agency, Adoption@Heart.
- The Medical Advisors and supporting team of doctors also complete adoption medical reports, providing advice on the health needs of individual looked after children, and advise on adult health assessments for prospective adopters and foster carers.
- Medical Advisors also have meetings with prospective adopters to discuss the child's health, development, emotional/behavioural presentation, past experiences and in-utero exposure, to ensure they are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.
- The medical advisors undertake approximately 42 adoption clinics per year. Between August '20 and July 21 there were:

    - **32** prospective adopters' meetings
    - **77** adoption medical reports prepared
    - **167** adult health reports prepared for prospective adopters and foster carers.

- The team are working with Adoption@Heart to improve timeliness of Adult Health reports by strengthening pathways within the CYPiC health team but also by educating GPs on the importance of the health reports to the adoption process.
- The DN CYPiC worked with Adoption@Heart to develop guidance across the STP during lockdown for GP surgeries around responsibilities in completion of adoption and foster carer medicals. Acting as lead clinical contact where issues are identified (across England). This has proved to be very positive with cases decreasing.

5.3 RWT Key Activity and Progress

- In November 2020 the CYPiC transferred from the Paediatric Directorate to the Safeguarding, Corporate directorate. The nursing and admin team is now managed by Safeguarding Children Team Lead (Nursing Team), Business Support Manager (Administration team) and Head of Safeguarding. Therefore, CYPiC now forms part of the Safeguarding Governance arrangements for assurance. Activity is closely monitored in order to address any delays with processes with weekly reports provided.

- As part of the Business Case submitted during the last reporting period, the team have successfully recruited an additional Named Nurse for CYPiC (1.0wte) and 2 Specialist Nurses for CYPiC (2.0wte).
- Audits and analysis continue to take place to monitor and improve performance, including DNA and cancellation rates for heath assessments (increase in), and completion of Strengths and Difficulties Questionnaires by the LA (decrease in). Outcomes have enabled discussion and subsequent changes in practice.
- The CYPIC named nurses and safeguarding children team lead have provided comments and contributed to the development of the LA policy; Medical Treatment and Medication Policy for children in Foster Care and for the NICE Guidance consultation as a joint response from Local Authority and Health including WCCG. This demonstrates sound partnership working.
- The on call service commenced in January 2021 which provides support and guidance to practitioners Monday to Friday 09:00-17:00. This has been greatly received trust wide, with 203 advice calls already received. The nurse allocated also attends relevant meetings, often key in driving change for individual CYP.
- The RWT team link with other CYPiC health teams across the region to share areas of good practice and improve local services. This enables the potential to standardise health practices and improve services for our CYP placed in neighbouring boroughs.

5.4 The Impact and experiences of Covid on our CYPiC

- Throughout Q1 the CYPIC nursing team have continued to review the pending RHA's using a RAG rating system in order to prioritise the type of contact required to ensure all are see face to face. A hybrid approach encompassing face to face and virtual appointments was adopted during this period, and been positively received, providing more flexibility. Additionally, this has supported in engaging young people who were previously difficult to reach.
- IHAs are being completed through a single face to face appointment from July 2020. In these appointments, a telephone call with social worker and birth parents is completed (rather than having face to face). This hybrid model has proved to be very effective.

5.5 Training

- Following the Intercollegiate Document (2020) being published, it's been agreed by Trust to integrate CYPIC training into the Safeguarding Children training module, and planning for this will commence August 2021.
- Teaching by the Named Doctor for CYPiC is incorporated into a regular teaching programme for trainee paediatric doctors and their colleagues at the hospital. This was completed twice in the period in August 2020 and March 2021.
- The CYPIC nursing team delivered a bitesize education session to Band 5, 6 & 7's and will continue to do so on a rolling programme to raise awareness and increase visibility across the trust.

- CYPiC training (in regard to the review assessment 'quality assurance' process) has continued to be delivered to the 0-19 service. The current compliance for the 0-19 service is 75%. Further training is scheduled for those outstanding and new staff joining the trust.
- The CYPIC nursing team have attended the C-Card training with Embrace (Sexual Health Service) to further support and meet the needs of our young people.
- The CYPiC team are compliant with mandatory training required for their role.

5.6 Safeguarding Supervision

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- The CYPiC team provide supervision to the wider health team upon request and on identification of need.
- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC have continued to take place, in addition to quarterly supervision accessed from a trained supervisor.

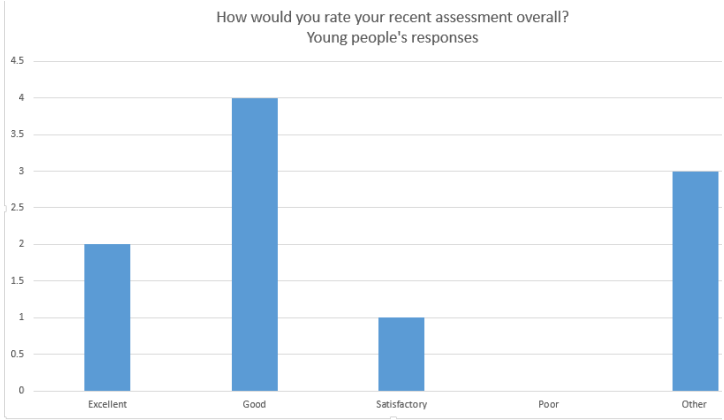
5.7 Voice of Children / Young People & Engagement

- A new service feedback form has been developed by the team and trialled in order to ensure it captures the voice of the child in terms of asking the right questions. This feedback will inform future service development.
- Young people formed part of the interview panel for the recruitment of the Named Nurse posts. This was really positive and will be adopted for future recruitment within the team.

5.8 Feedback from CYPiC

Service feedback enabled us to obtain young people's views on the current service being provided. The following results are very positive and complementary of the service. This feedback will contribute to further planning in terms of service development.

Figure 12:



- All young people felt the setting their RHA was completed was appropriate.
- All young people felt the day and time of the assessment was suitable.
- All young people's concerns were listened to by the Doctor or Nurse and asked how they felt.
- All young people said they were given the opportunity to speak to the Doctor and Nurse alone and were given the opportunity to ask questions.

We will continue to receive feedback using the form developed from both CYPiC and their carers in order to ensure we tailor our service to best meet their needs and provide holistic and individualised care.

6.0 Child and Adolescent Mental Health Service (CAMHS)

- The CAMHS CYPiC team provides a therapeutic service to children and young people whom may be either in care and/or adopted and present with mental health difficulties. Typically, these children will have suffered considerable trauma and will present as being insecurely attached. W-ton CAMHS, in conjunction with the LA, Social Services and Education Department, have resolved to provide a quality service to CYPiC and adopted.
- The CAMHS provides an integrated and consistent approach to CYPiC by placing them at the centre of care provided. If a child is already working with a clinician prior to going into care this will continue following placement rather than allocation to a new clinician in the CYPIC team.
- The service is able to access specialist medical expertise and systemic family psychotherapy and the neurodevelopmental assessment clinic when it is needed. Alongside this service wide support for CYPiC, there is some limited therapeutic capacity provided by a small number of clinicians, who have some of their time dedicated exclusively CYPiC and require therapeutic work. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of CYPiC. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector.

Covid-19

- We continue to be in a Covid-19 pandemic which forces us into unprecedented times and thus changes to our practise to keep each other safe. This report will show figures for how many CYP are being seen virtually and how many are being seen face to face. During this time the Trust direction was that all appointments could be seen face to face as long as personal protection guidelines were being adhered to and no one had Covid symptoms. All virtual contacts therefore were the choice of the CYP or to prevent unnecessary travel for professionals.

6.1 CYPiC CAMHS Team

- The CAMHS CYPiC team have had a reduced capacity over the last 8 months. However, we were successful in recruiting a part time counselling psychologist. In January the Counselling Psychologist commenced maternity leave and the Clinical Psychologist secured an 18 month secondment. There have been a number of attempts to temporarily recruit to backfill these posts. However, the team has been supported by four highly skilled and soon to be qualified, psychologists in training, under the supervision of qualified psychologists, who have completed some excellent pieces of work. See Figure 13 below.

Fig 13: CYPiC CAMHS Team

WTE	Professional Title
0.40	Consultant Psychologist - Lead (CYPiC)
1.0	Social Worker (CYPiC)
0.64	Highly Specialist Clinical Psychologist (CYPiC) –on secondment
0.6	Highly Specialist Counselling Psychologist (CYPIC) –on maternity leave
1.0	Specialist Nurse Practitioner –EPP (CYPiC)

- As seen in Figure 14 we received 51 referrals during the 12 months period compared to 95 referrals recorded last year. There are a number of factors that have influenced the reduction in referrals. The pandemic presented challenges. This may have left professionals managing crisis rather than ongoing mental health and trauma thus their prioritisation of children in crisis overshadowed those children who are traumatised.
- The corresponding data supporting this view is shown in Figure 15 below with the number of referrals to the crisis team and psychiatry. Those who were in a stable placement and safe placement were held through consultation and able to be supported in a more limited way than we would like.
- Consultations moving to virtual made it to easier for social workers to access and supported them in their decision making. While this report covers August 2020 to July 2021 we have noticed that the referrals that were postponed are now coming in to CAMHS. We also have a decrease in the number of open cases at the end of the year with 71 compared to 92 last year. This is probably related to the lower ratio of staff in the team currently.

Figure 14: Current caseload

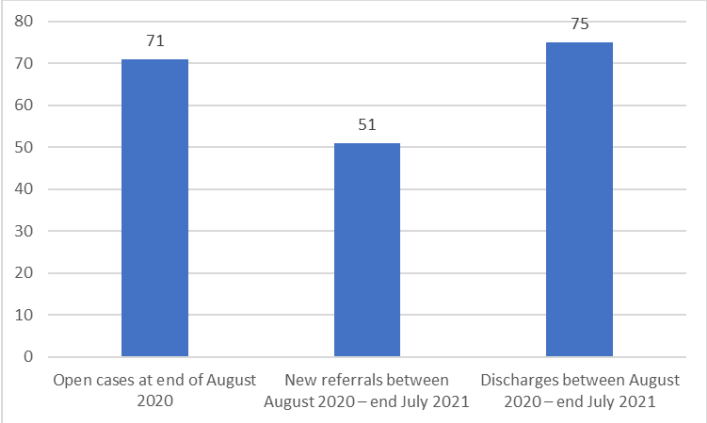
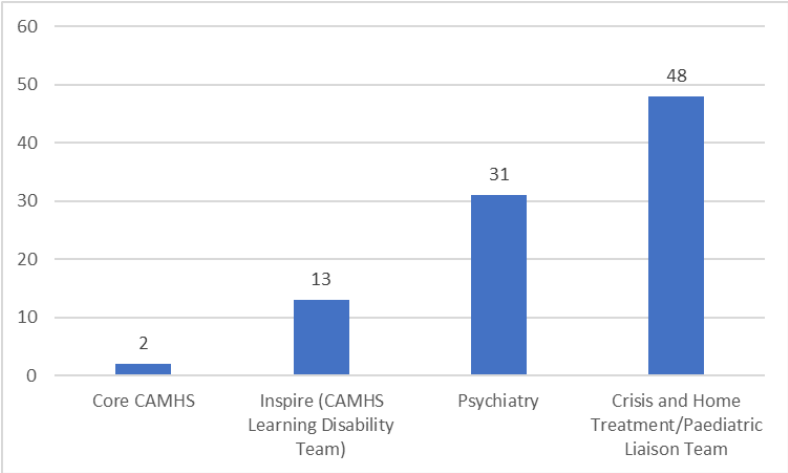


Figure 15: Referral into the rest of CAMHS



- As shown in Figure 15, 13 referrals for CYPIC were seen by Inspire our CAMHS Learning Disability Team. This was because the child referred had a known learning disability and following assessment the formulation clearly defined that the child's behaviours were because of their learning disability and not because of their lived experiences. Therefore, the Inspire team were seen to have the expertise to match the need.
- This also shows 31 children required psychiatric assessment and treatment while 48 children required Crisis Team intervention. These are usually children already referred into the CYPIC team.

6.2 Referral and allocation process:

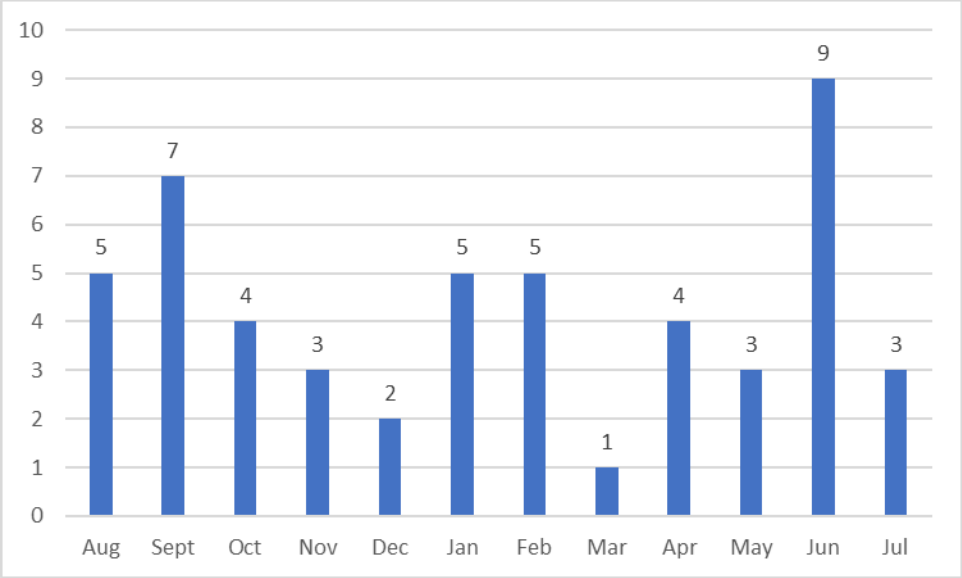
(Appendix III)

- The referral process to the CYPiC CAMHS team remains the same as last year. The changes made last year to the working model for CYPiC team has continued to

work well with a better flow through putting the CYP's voice at the forefront of decisions we make.

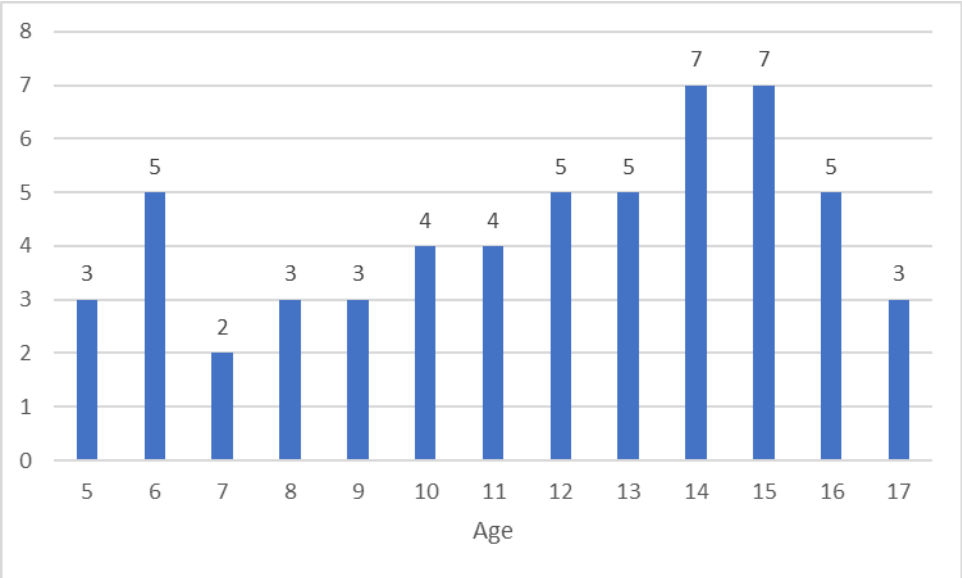
- Figures 16, 17 and 18 below provide some further breakdown of the information that may be of interest.

Figure 16: CAMHS CYPiC Team Referrals per Month 2020/2021



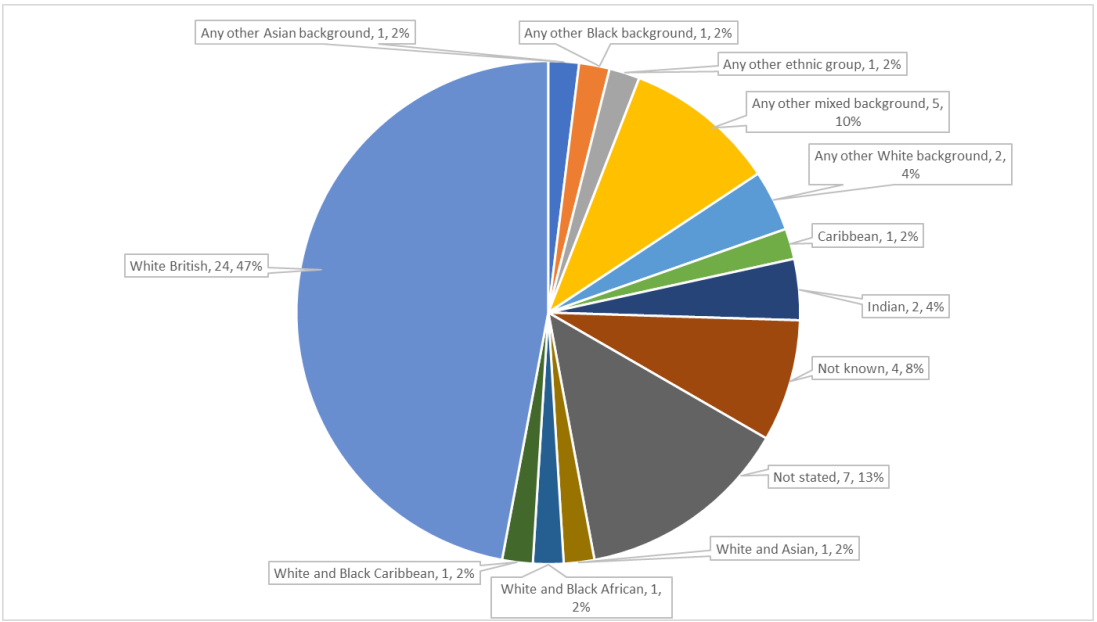
As the data shows there was no significant changes in referral rates throughout the year. This correlates with the difficult year that has been experienced due to Covid.

Figure 17: CAMHS CYPiC Referrals by Age 2019/2020



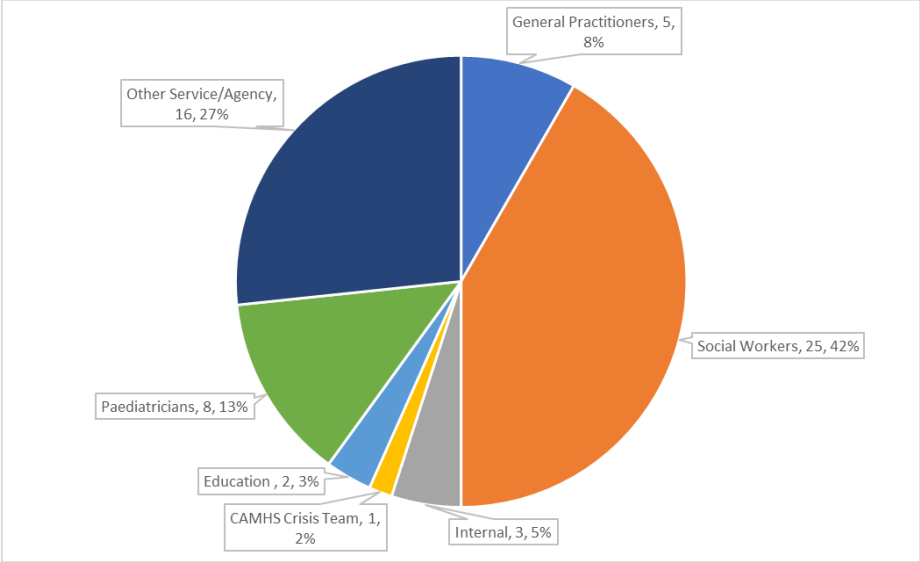
- The chart shows that the highest numbers of referrals we receive are still for 14 – 17 year olds. However, the numbers are less than previous years where last year we received 44 referrals just for young people between the age of 14 – 16. This may be because:
  - ➢ the young people have not come into care until they are older
  - ➢ they have received other therapeutic care before coming to CAMHS
  - ➢ have not needed therapeutic care due to a good package of care around them
  - ➢ have already been to CAMHS before.
- In January 2021 Black Country Healthcare NHS Foundation Trust moved to a new information system. Due to this we are able to report on the Ethnicity of the children and young people that have been referred to us.

Figure 18: Ethnicity of Children and Young People Referred



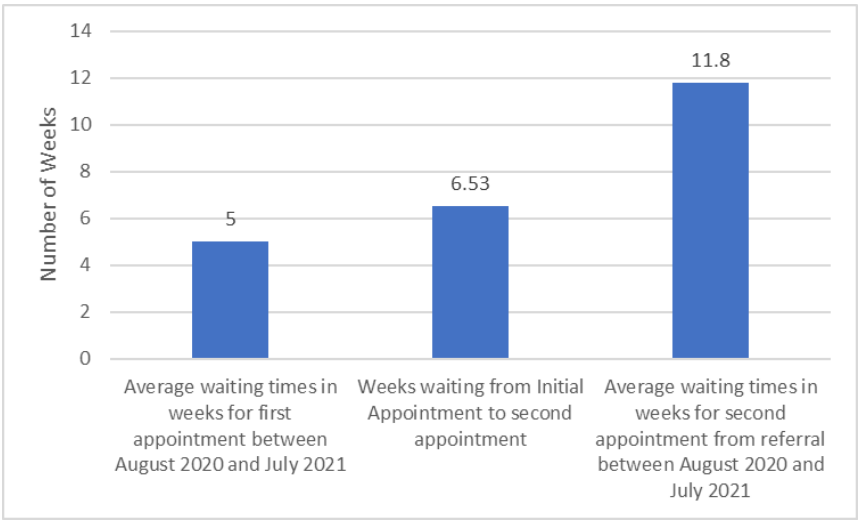
- As can be seen in Figure 18, nearly 50% of the referrals are White British. It would be interesting to map these findings against the ethnicity of the looked after population to see if this is representative. CAMHS is a commissioned service operating by referrals from professionals. If this is not a representation of the CYPIC population we would be interested in understanding why other ethnic groups are not being referred. It maybe that their needs are being met elsewhere?

Figure 19: Source of Referrals



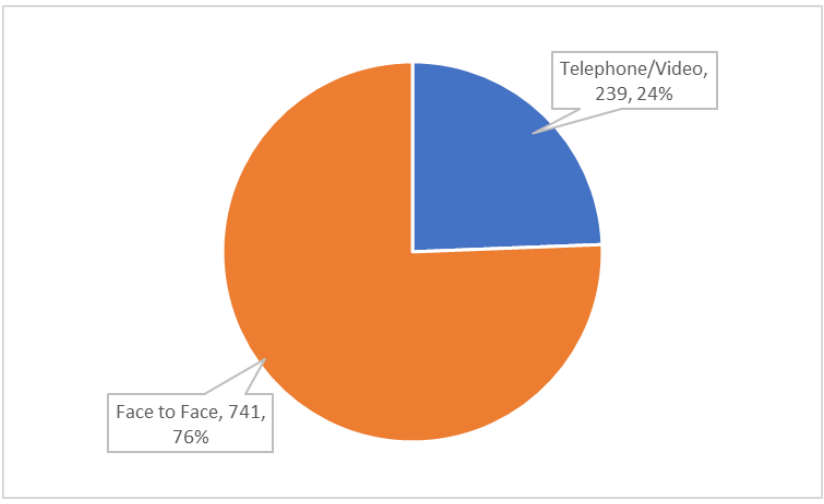
- The highest referring profession is social workers. When we receive referrals from other professionals we always write to the social worker as they hold PR to inform them that we have received a referral.
- CAMHS are recommended to provide treatment within 18 weeks for all referrals. Despite having a reduced workforce in the CYPIC team, with the help of psychology trainees, we have continued to implement our working model and keep waiting times as low as possible. Our average waiting time from referral to first appointment was 5 weeks. This is mostly because it took time to arrange out area professional meetings.
- For W-ton city CYPIC, the first meeting usually took place within two weeks of receiving the referral. The average waiting time from the first appointment to the second appointment which is the 'voice of the child' appointment was 6.53 weeks. Therefore, from receiving the referral to second appointment the average waiting time was 11.8 weeks. This is shown clearer in the table in Figure 20.

Figure 20: Average Waiting Times



- Last year due to the pandemic we all had to think creatively how we could continue to offer our services but in a safe way. Very quickly we were equipped with video platforms that allowed us to continue therapeutic engagement to ensure continuity of care at the same time as keeping everyone safe. As soon as possible the clinical team returned to face to face contact but this changed throughout the year with individual CYP at times of lockdown and isolation. Some have preferred to stay with video contact while others much preferred face to face. Figure 21 is the breakdown between the number of telephone/video and face to face appointments.

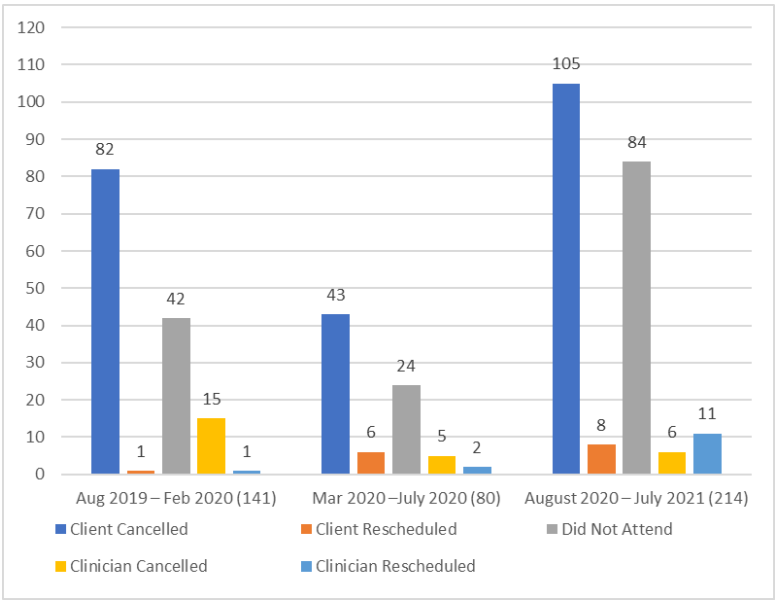
Figure 21: Breakdown of Face to Face and Video/Telephone Contacts



- Figure 21 shows that the majority of our therapeutic work has been carried out face to face which is expected for CYP who have attachment difficulties and struggle with relationships and trust.

- A challenging concern every year that increases the length of stay in CAMHS and waiting times, is cancellations and non-attendance. These have been captured below with the reasons recorded.

Figure 22: Number of Appointments Cancelled or Not Attended



- When a CYPiC is not brought to an appointment we make contact to establish why and we inform the social worker. If we are not able to contact the carer or residential unit, or the non-attendance is repetitive, we ask the social worker to intercede to support us. The previous two years' data has been left to enable a comparison to be made.
- The previous year there was a marked improvement, however, the data for last year is showing a significant increase. It is understandable given we are in a pandemic and therefore carers may be more anxious. However, it is not helpful when appointments are not attended without any prior warning or notice. This causes disruption in therapy, prolongs waiting times and increases workload.

CYPiC Council and CAMHS Council – Participation

- The CAMHS CYPIC Team Lead had the privilege of spending time with the CAMHS council in June and discussed the progress of the CYPIC model and its presentation to the LA CYPIC Council last year. They were very interested in this and were keen to link with the CYPIC Council to discuss their experiences and what further improvements could be made. The team lead agreed to see how this could be made possible

Outcomes used by CAMHS for CYPiC

- W-ton CAMHS CYPiC team currently report on a number of key performance indicators to ensure we are meeting commissioner quantitative targets and are providing a quality service and the right therapeutic models are being utilised to measure outcomes. (Appendix IV)

6.3 What CAMHS CYPiC Offer to CYP, Carers and Professionals

Direct Therapeutic Work

- Direct therapeutic work involves the following according to the needs of the child:

  - Child on their own
  - Child and carer together
  - Carer on their own
  - A worker to see the child and another to see the carer

- The clinicians in W-ton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with this cohort e.g. Theraplay, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work have to be commissioned out.
- Clinical interventions aim to integrate attachment, systemic, psychodynamic and psychoanalytic traditions in practice recognising the individual needs of the child or young person. These approaches involve working with others involved in their care (foster carers, residential workers, CYPiC nurses) as an approach to actively engage them within the service. Sometimes the work with the foster carer and others is just as, or even more important than with the young person, especially if they are not ready to engage in therapy.
- For the young people who are actively engaged in individual appointments, a number of approaches are utilised. The benefits of which include:

  - Feeling listened to and understood
  - Able to talk or be quiet depending on what feels right for them at the time
  - Assistance to make sense of often difficult, painful and confusing feelings
  - Exploration of relationships with significant others i.e. carers, with the young person directly or with the carer separately with another worker.

- Additional benefits include stabilisation of placements through effective exploration and thus understanding of relationships whilst also achieving improved school attendance and attainment.
- Sometimes outcomes can be more limited as therapy is challenging and can prove painful for the CYP, which may result in a requirement for extended exploration and containment prior to being able to achieve noticeable outcomes following therapeutic

consultations. Each child is unique and following a thorough assessment will have an understandable plan which will be developed with them and colleagues.

Nurturing Attachments and Complex Trauma Training Programme

- The service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster carers who foster CYP who meet the criteria for specialist CAMHS, in order to provide them with the necessary knowledge and skills to provide attachment focused parenting.
- Parenting children with histories of abuse and neglect requires sensitive caregiving.
- The more carers understand about the impact of abuse and neglect on children, the more likely they are to offer therapeutic nurturing care.
- The programme is an 18 week course and each week is 3:5 hours. The course is run by 2 experienced and trained clinicians. Seven groups of carers have so far been trained in the approach within CAMHS. The training is also being delivered within the LA by the CAMHS senior social worker specifically for LA foster carers and kinship carers.
- Covid-19 has mean that the programmes will be delivered remotely for the foreseeable future to ensure everyone's safety.
- Attending the Therapeutic Parenting Programmes does not make a foster parent therapeutic, but provides them with the skills and knowledge to begin to parent therapeutically. We encourage continuing practice of the therapeutic model and attendance at reflective practice to enable foster carers to truly in bed therapeutic parenting principles in their parenting practices, we encourage supervising social workers to reflect on logs and recordings by foster carers to highlight evidence of therapeutic parenting in order for the foster carer to continually reflect on their practice.
- Reflective practice to support the model of Therapeutic Parenting delivered by CYPiC-CAMHS for LA foster carers.
- Reflective Practice is offered to LA foster carers trained in the Therapeutic Parenting Model on a fortnightly basis. The reflective practice sessions offer a highly collaborative approach for foster parents in order to promote family relationships, sensitive parenting and reduce the number of conflicts, bringing about behavioural changes and greater harmony.
- In Reflective Practice session we help foster carers understand that children's prior experiences shape their behaviours. This means they arrive in their placements with established behaviour patterns based on their relationships with their previous caregivers.
- We continually think with foster carers around attachment patterns (Appendix V).
- Reflective practice sessions to supervising social workers supports the idea of learning as a process whereby a professional reflects on practice experience to

construct and reconstruct understanding and skills. Constantly updating knowledge and skill through a process of structured reflection on practice.

Consultation

- CYPiC-CAMHS consultation is an opportunity for colleagues to begin to think about the psychological needs of their caseload.
- Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The practitioner is helped and encouraged to think about the impact of the child's experiences and environment on their emotional wellbeing and current presentation. This is a collaborative approach in partnership rather than an expert one. It can help in many ways, including:

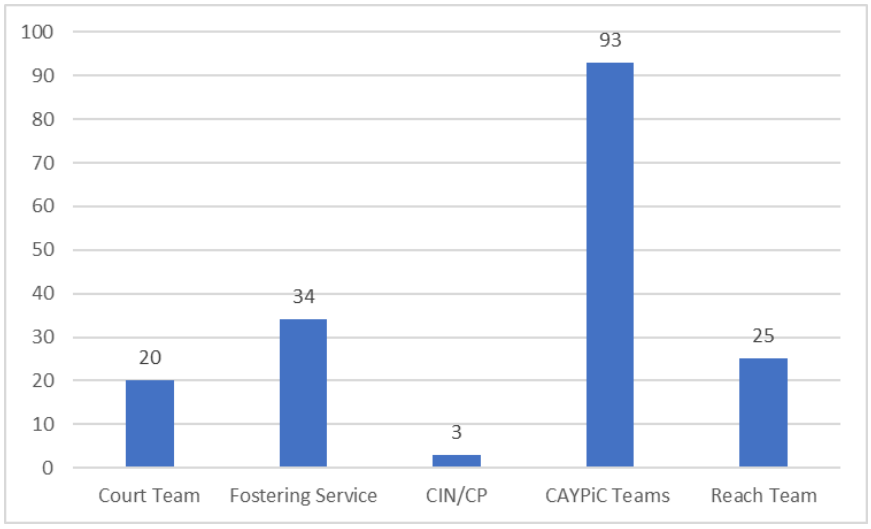
    - Accessing of specialist help, where appropriate
    - Enabling the child to stay with the original practitioner where appropriate
    - Challenging the idea that every child needs therapy immediately
    - Demystifying 'therapy'
    - The unique perspective (i.e. that of the consultee/Social Worker) is inherently validating of the consultee's skills

- 175 consultation sessions have been booked and attended by a range of professional including: (these aren't necessarily the workers booking the consultation, but would have being invited to attend)

Figure 23:

- 290 People have attended the 175 consultation sessions booked
  Figure 24 shows which teams booked the consultation - even though other professionals may have attended.

Figure 24 – Number of consultation sessions booked



- Of the 175 consultation sessions attended, 217 children have been discussed (a child might have been discussed more than once, or the sibling group was consulted on).
- 15 consultations sessions were cancelled by the consultee, notice was given along with an explanation.

- 6 sessions were not attended and were not cancelled by the consultee.
- The COVID pandemic whilst presenting us with challenges, has created new ways of working virtually which have made it easier for professionals and carers to attend consultation. We would consider this way of undertaking consultations the new normal which will be continued.

CAMHS Clinical Specialist External Placement Panel (EPP)

- The situation very much remains the same this year in EPP due to earlier COVID-19 restrictions. As young people's localities remain all over the country it has made it difficult to visit homes to review them face to face, until recently. Therefore, the main point of contact has been virtual appointments via teams.
- EPP meetings have continued to take place on a monthly basis with the CAMHS Commissioner, LA and Education and include the Transforming Care Programme (TCP) Pathway. Monthly meetings are now split, where the TCP Children and Young People are discussed and reviewed with the TCP Commissioner present, which has been effective in promoting collaborative working with professionals.

6.4 In Conclusion

- This report shows that the working model continues to be successful in terms of access and waiting times.

Challenges

- This year continued to see us in a pandemic situation. However, we were better prepared and used to working in a different way. We are now better equipped with a variety of ways to provide therapy and have been able to return to face to face therapy adhering to PPE guidelines to ensure safety. This has allowed flexibility and choice for the children and young people and made it easier to meet to connect with professionals.
- Having reduced staffing has been a challenge, however we have worked creatively to ensure we have met the need. We increased the number of doctoral trainee psychologists who were closely supervised and have successfully worked with some very difficult and complex cases.
- We have also used our resources to train foster carers in our nurturing attachment training programmes and we have seen an increase in the use of consultations that have supported and empowered other workers to continue their work. This has all contributed to a reduction in referrals in the last two months. Nonetheless, we are starting to see an increase in referrals and expect this will continue. appointments with a significant decrease in the second half of the year suggesting new ways of working were favourable and going forward a blended approach needs to be offered.

- Therapeutic work with CYPiC is complex and placement break downs can occur despite the efforts of the various professionals and carers working with the child. This is particularly heart breaking in the case of adoption breakdowns. Referring a child to CAMHS to prevent a placement breakdown is not always the best course of action. Therapy is not an instant fix and takes a while to work. In most cases, when a child starts to access their difficult memories their behaviour escalates and they become destabilised before they start to settle and emotionally regulate.

Visions and Plans for the Future

- In April 2020 Black Country Partnership Foundation NHS Trust and Dudley and Walsall Mental Health Trust became one Trust under the name of Black Country Healthcare Foundation NHS Trust. In June 2021 the four CAMHS teams across the Black Country becoming one division. This will eventually lead to exciting opportunities to learn from each other and to see if there is more we can learn or improve on from each other.

- The CYPIC team are planning to set up a 'Trauma Assessment Clinic' for CYPIC where we identify there is more complexity than the developmental trauma and a full psychological assessment is needed to assess any possible co-morbid or neuropsychological traits that might need a referral to specialist clinics within CAMHS. This will involve using wider assessment tools, psychometrics and techniques to support a formulation and a report.

- The CYPIC team for a number of years now have run the NATP group for carers. We are looking to run a dyadic group for carers to attend with their foster child to look at how they can strengthen their attachment and relationship in a helpful group setting.

- The CYPIC team will be returning to the WTE staffing levels in the near future. However, we have also been informed that we have funding for two more full time posts. This will allow us the meet the needs of the increased referrals and reduce waiting times further.

Finally

- As we state every year working with CYPiC is difficult and heart wrenching but it is a privilege. CAMHS CYPiC clinicians could not have any successes alone and we recognise we are part of the wider professional/agency system that has a part to play in changing and shaping the future of these children and young people. Working together is important and we are appreciative for the way the services in W-ton have the working together ethos to achieve the best results.

Appendices

Appendix I

NNDHP- CYPiC Care Review Presentation 2

Appendix II

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MI_8778014_11.08.21_V_1 Pashto.pdf

MI_8874914_26.08.21_Vietnamese.pdf

MI_8777914_11.08.21_V_1 Kurdish Sorani.

MI_8773214_12.08.21 Tigrinya.pdf

MI_8777814_12.08.21_V_1 Farsi.pdf

MI_8777714_12.08.2024_Amharric.pdf

Appendix III

LOOKED AFTER CHILDREN W-TON CAMHS PATHWAY

Black Country Partnership NHS Foundation Trust

Children, Young People & Families

Referral received in to Single Point of Access accepted by any referrer

From Social Worker

Any other professional

Screened by SPA

Meets criteria (see LAC criteria)

NO

Discharge and signpost

Additional information request and consent form send to social worker

When returned

Yes Urgent

Yes Routine

Assessment with Psychiatrist, Crisis Team or Lac Team as required

Voice of the Child Mental Health Assessment

Professional Consultation to the Professional Network to include foster carers, social workers, education, residential staff and carers

No therapeutic need – remain with psychiatry

Therapeutic need identified transfer care to LAC CAMHS

MDT discussion

Is there a tier 3 mental health need?

NO

YES

Signpost, offer consultation at Beldray or Tier 2 service

LAC Intervention identified and offered see list of Specialists interventions

Complete intervention

Discharge

List of Specialist Interventions

- Psychometrics
- Theraplay
- Dyadic developmental psychotherapy (**DDP**)
- LAC Family Therapy Clinic
- Nurturing Attachment for Parenting Children with Complex Trauma 18 week Intensive Course for Foster Carers and Adopters
- Cognitive Behaviour Therapy
- Eye movement desensitization and reprocessing (**EMDR**
- Dialectical behaviour therapy (**DBT**)
- Group Work
- Emotional Regulation
- Mindfulness
- Narrative Family Therapy
- Attachment Therapy
- Psychiatry

Other Services Provided

- Weekly Consultation and supervision to Social workers
- Consultation and training to residential staff
- Training to local authority foster carers
- Attachment training
- Representation at EPP, Corporate Parenting Board, LAC Health Steering Group etc
- Yearly report to Children In Care Council And Corporate Parenting Board of Governors

Appendix IV

Outcomes used by CAMHS for CYPiC

Strength and Difficulty Questionnaire

The SDQ was created by (Goodman et al 1997/2010). The SDQ letters represent the longer title of this outcome measure which is "The Strengths and Difficulties Questionnaire." The SDQ can be used with young people aged 3-17, a SDQ is available for use by the parent, teacher and clinician. When the young person reaches 11 a separate SDQ can also be completed by the young person up to the age of 16. There are also separate questionnaires which are available to measure the level of strengths and difficulties the young people have prior to treatment and following treatment. The SDQ is comprised of 25 questions, rated on a likert scale scored 1-4. The 5 areas the measure explores include: emotional symptoms, conduct problems, hyper activity/inattention, peer relationship problems and pro social behaviour. The SDQ has been indicated when using as a screening tool as has been shown to be able to predict psychiatric disorders due to its "good specificity" and "moderate sensitivity" (Goodman et al, 2000). Hence again this outcome measure does not necessarily always measure the needs of looked after children if their primary presentation is attachment.

Brief Parenting Self-Efficacy Scale

Parenting self-efficacy (PSE) describes a parent's belief in their ability to perform the parenting role successfully. Higher levels of PSE have consistently been shown to be correlated with a wide range of parenting and child outcomes. Consequently, many parenting interventions aim to improve PSE. PSE measurement has typically been via self-report measures.

The Child – Parent Relationship Scale

The Child-Parent Relationship Scale (CPRS) is an instrument developed at University of Virginia's Curry School of Education and Human Development that assesses parents' views of their relationship with their child. Created by Dr. Robert Pianta, Ph.D., the instrument consists of 30 items. There is also a short form with 15 items available.

Goal Based Outcomes

Goal Based Outcomes are designed to be used as part of treatment. For those children/young people considered suitable for therapy, up to three goals should be set collaboratively between children/young people and carers towards the end of assessment. Attainment towards these goals will be monitored throughout treatment. For some children/young people it may take a few sessions to be able to decide on up to three

goals. It is important to support the child/young person to fix three goals as early in treatment as possible.

As can be seen from the information discussed above these outcomes explore a number of areas of the young people's difficulty but do not record the carers outcomes. This is crucial in working with CYPiC. To ensure placements do not break down and there is continued stability for the young person the carers need to feel able to provide care for the young people. Therefore, to capture the carers wellbeing and their relationship with the child, the following outcome measure is used pre and post intervention.

PSI-4

The PSI-4 is the shortened name provided to the Parenting Stress Index (Version 4). The PSI-4 was developed by Abidin (1983). The purpose of the parenting stress index is to measure the amount of stress in the parent and child's system. The three areas of stress measured by this outcome are the: child characteristic, parent characteristic and external situational stress surrounding both the child and carer. There are two forms of the PSI the short and long form. The short PSI- 4 is used by the W-ton CAMHS Looked after children's team and is comprised of 36 questions (Abidin, 2012). The tool has been shown to be both a valid and reliable outcome in the measurement of parent (carer) stress in the three areas discussed (Abidin, 2012).

Appendix V - Attachment Patterns:

- Avoidant – this manifests itself as self-containment, over-regulation of emotions and shutting down feelings. For these children we help carers through the model of therapeutic parenting to reflect on their need to be consistent and responsive to allow the child to feel safe and less anxious when they need care and protection.
- Ambivalent – children develop exaggerated and attention-seeking (attention needing) behaviours. When placed with foster carers, they continue to make demands and have a strong need to be recognised, loved and approved. We reflect on how foster cares may feel unable to meet the child's needs and can become exhausted. For these children we support carers through reflective practice to see how they need to and can provide a predictable environment to reduce the child's anxiety and build trust in the carer's availability.
- Disorganised – this form of attachment occurs in 80 per cent of children who have been abused/neglected and maltreated. These children show a range of controlling behaviours such as bossiness or compulsive caregiving, which can lead to sudden rage in stressful situations and behaviour that is out of control. Foster carers are helped to understand the origins of these behaviours in their child to help them overcome their own feelings of helplessness and anger. We

reflect on how therapeutic model can support children who are organised by fear due to their early life experiences.

Agenda Item No: 8

CITY OF WOLVERHAMPTON COUNCIL

Corporate Parenting Board

23 September 2021

Report title	Adoption Service Report	
Cabinet member with lead responsibility	Councillor Beverley Momenabadi Children and Young People	
Wards affected	All wards	
Accountable director	Emma Bennett, Executive Director of Families	
Originating service	Adoption@Heart	
Accountable employee	Mark Tobin Tel Email	Head of Service, Adoption@Heart 07970 266496 Mark.tobin@adoptionatheart.org.uk
Report has been considered by	Children and Young People's Leadership Team.	

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive the Adoption Service Report for Adoption@Heart.

Recommendation for noting:

The Corporate Parenting Board is recommended to note:

1. The progress made by the Regional Adoption Agency.

1.0 Purpose

1.1 This interim report fulfils the obligations in Adoption National Minimum Standards (2011) and Adoption Service Statutory Guidance (2011) Adoption and Children Act 2002 to report to the "executive side" of the local authority. This has guided the structure and information set out in the report attached at Appendix 1.

1.2 It is important to note that data and information within this report is accurate as of 31 March 2021.

1.3 Section two and three of the report is specific to adoption performance relating to the City of Wolverhampton Council children. Sections four onwards relate to service performance for the partnership as a whole.

2.0 Background

2.1 Adoption@Heart is a Regional Adoption Agency providing adoption services on behalf of Sandwell, Dudley, Walsall and Wolverhampton Councils. The service is hosted by Wolverhampton and went live on 1 April 2019. Following a directive from the Department for Education in 2015 all local authorities in England are required to enter into regional arrangements for their adoption services by 2020.

2.2 The report (Appendix 1) provides the detail of performance and the progress the new service has made from 1 April 2020 to 31 March 2021

3.0 Financial implications

3.1 The budget for 2020-2021 is £5,011,257, the agreed contributions from each of the partners are shown below:

Partner Organisation	2020-2021 Budget £
Dudley MBC	1,280,978
City of Wolverhampton Council	1,327,964
Walsall MBC	1,180,299
Sandwell Children's Trust	1,222,016
Total	**5,011,257**

3.2 Any costs associated with the delivery of the service will be contained within the above allocation. Should additional costs be identified over and above the allocation then discussions will take with partners to agree additional contributions to fund the service. [JG/13092021/X]

4.0 Legal implications

4.1 The collaboration agreement which outlines the requirements of all partners was agreed with oversight from the council's legal service, prior to the service becoming operational in April 2019. This remains the underpinning legal agreement. Primary legislation is in place requiring all councils in England to enter into regional arrangements by 2020. [SB/12092021/N]

5.0 All other implications

Human resources implications

5.1 Staff in the service are employed by the City of Wolverhampton Council following a Transfer of Undertakings (Protection of Employment) (TUPE) exercise in April 2019.

Corporate Landlord implications

5.2 The Adoption@Heart service is located at Priory Green Offices, Pendeford. There are no property portfolio implications at this stage as the service will remain at this location for the foreseeable future.

Health and Wellbeing Implications

5.3 The health and wellbeing implications at this stage are coronavirus and staff in the service are currently working from home and continuing to work remotely to stop the spread of the virus. Individual Risk Assessments have been carried out and the service is using the live dedicated coronavirus webpages on City People, to keep up to date with advice and information.

6.0 Schedule of background papers

6.1 None

7.0 Appendices

7.1 Appendix 1: Adoption Service Report

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Report title:	**Adoption Service Report** **01 April 2020 to 31 March 2021**
Date of report:	20 August 2021
To:	**City of Wolverhampton Council**
Produced by:	Mark Tobin Head of Service
Service:	Adoption@Heart

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1. Introduction and Purpose of the Report

This report fulfils the obligations in Adoption National Minimum Standards (2011) and Adoption Service Statutory Guidance (2011) Adoption and Children Act 2002, to report to the "executive side" of the local authority. This has guided the structure and information set out in the report below.

The report jointly covers the full year 2020/21.

It is important to note that data and information within this report is accurate as of 31 March 2021.

Adoption@Heart is a Regional Adoption Agency, providing adoption services on behalf of Sandwell, Dudley, Walsall and Wolverhampton Councils. The service is hosted by City of Wolverhampton Council and became operational 1 April 2019.

2. Number, type and age of children waiting for adoption and length of time waiting

As at 31 March 2021:

There were 25 children subject to placement orders, but not yet placed for adoption, two had already had a change of plan away from adoption A further four children were linked but not yet formally matched and six children were formally matched but not yet placed with adoptive parents as at 31 March.

The remaining 13 were the subject of active family finding.

None of these 13 children were part of a sibling group. The timescales these children had been waiting since their placement order was granted are set out below.

Less than 3 months:	6
Between 3 and 6 months:	4
Between 6 and 12 months:	0
Between 12 and 24 months:	3
Children waiting over 2 years:	0

2.1 Children Made Subject to Placement Orders:

Full year 2020/21

Apr	May	June	July	Aug	Sep
2	6	3	1	2	0

Oct	Nov	Dec	Jan	Feb	March	**Total**
1	7	3	1	2	4	32

During the three previous years, the number of Placement Orders granted were as follows:

Financial Year:	17/18	18/19	19/20
	40	52	23

The number of placement orders granted in year has increased significantly on the year before but remains lower than the previous two years prior to that.

2.2 Children Subject to Should be Placed for Adoption (SHOBPA) decisions:

As at 31 March 2021 there were 19 children with the decision to be placed for adoption (SHOBPA), but not yet subject to a placement order**.**

2.3 Number of Children who had a SHOBPA during the period:

For the full year 2020/21

Apr	May	June	July	Aug	Sep
2	4	3	3	0	2

Oct	Nov	Dec	Jan	Feb	March	**Total**
3	6	4	2	1	4	34

Financial Year:	17/18	18/19	19/20
	45	53	30

The numbers of children with a plan of adoption the year is consistent with the previous single year performance but over a four year period there is evidence of a reduction in adoption care planning decisions. This is consistent with a national trend.

2.4 The Number of Children who had a Change of Plan in the Period:

There were five children subject to a change of plan away from adoption during the 12 month period to 31 March 2021.

2.5 Number of Children Placed for Adoption during the period:

For 12 months to 31 March 2021:

Apr	May	June	July	Aug	Sep
0	1	3	5	2	5

Oct	Nov	Dec	Jan	Feb	March	**Total in year**
2	7	3	1	4	5	38

Children Placed in Previous Years:

Financial Year:	17/18	18/19	19/20
Children Placed:	45	42	25

The number of children placed has increased significantly in comparison to the previous year which was affected by transition to the new regional service and is more consistent with performance in the previous two years. The reduction in SHOBPA decisions has impacted significantly on the numbers of children placed.

3. Number of Children Adopted

The number of children legally adopted by their adoptive parents in the full year 2020/21 was 8.

In year average timescale for children adopted were A10 – 882 and A2 – 260 (days). As per thresholds set out below.

Number of children adopted in the three previous years is below:

Financial Year:	17/18	18/19	19/20
Children Adopted:	40	41	8

Court delays caused by COVID-19 and the impact on the courts, will be a contributory factor in delaying the adoption of children however the lower number of children placed in 2019/20 will also be a contributory factor. It is expected that numbers of children adopted will increase in the year 2021/22.

The numbers of children leaving care nationally via adoption has reduced continuously since 2017.

Adoption Scorecard Performance:

In 2014, as part of its' Adoption Reform Agenda, the government introduced Adoption Scorecards to track local authority performance and to tackle delay in the adoption system. Scorecards are produced for a 3-year rolling average, with the latest data being published for April 2018 - March 2019 (Published April 2020).

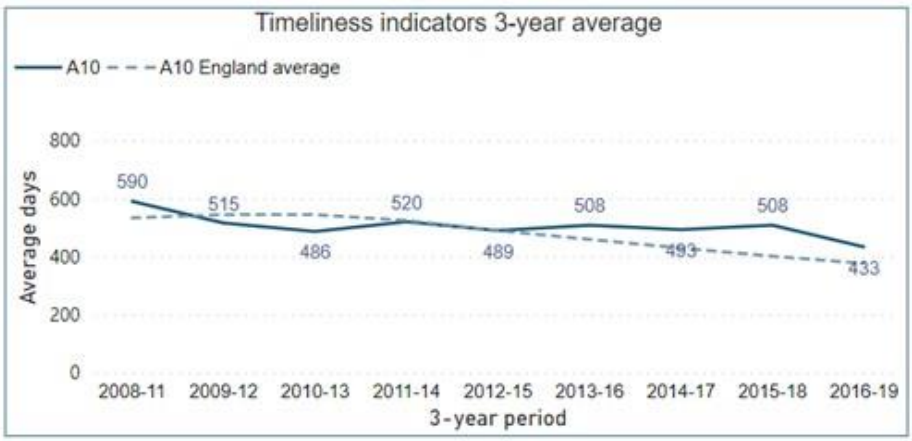
The current indicators are:

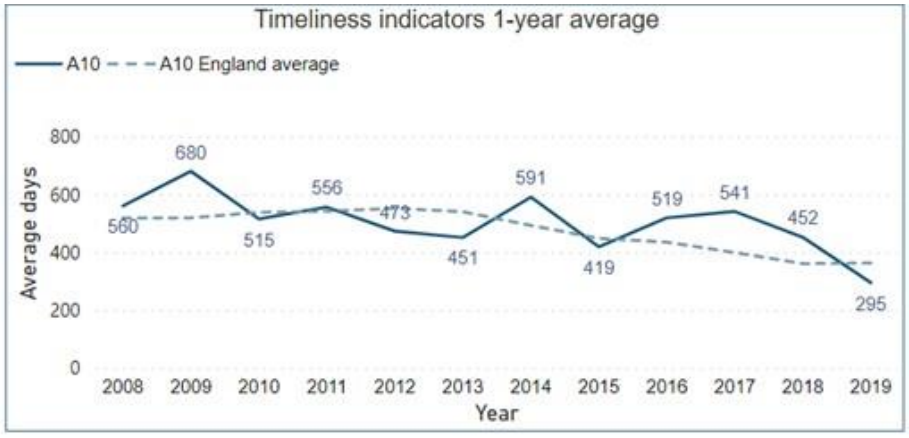
A10 – number of days between a child entering care and moving in with their adoptive family. The current threshold is 426 days.

A2 – the number of days between receiving court authority to place a child for adoption and the Agency decision about a match to an adoptive family. The current threshold is 121 days.

A10: Performance is well below performance for single year and only slightly above for three year average**.**

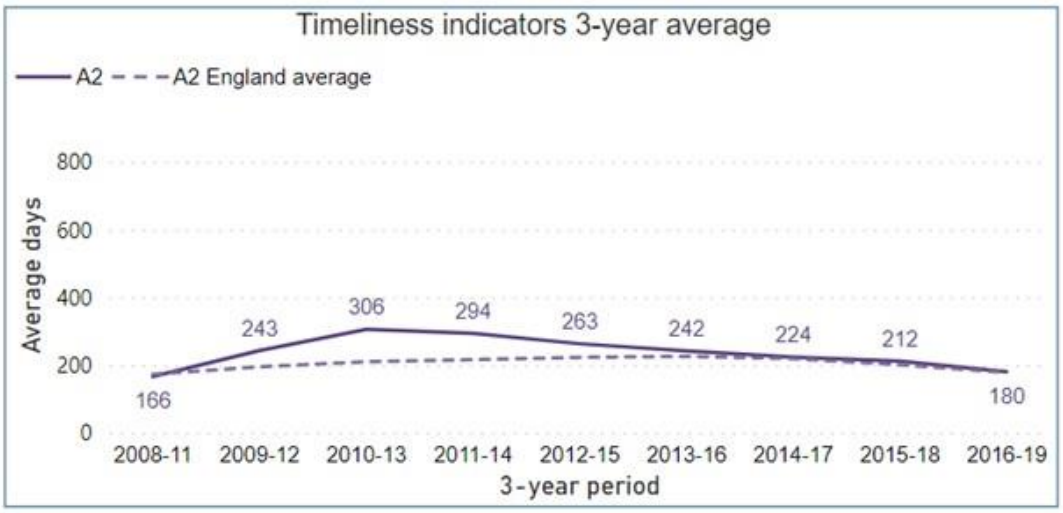
A10: Average time (in days) between a child entering care and moving in with its adoptive family adjusted for foster care adoptions:				
2019 average days: 295	2019 England average: 363	Average time in 2019 was shorter than in 2018	2016-19 average days: 433	2016-19 England average: 376

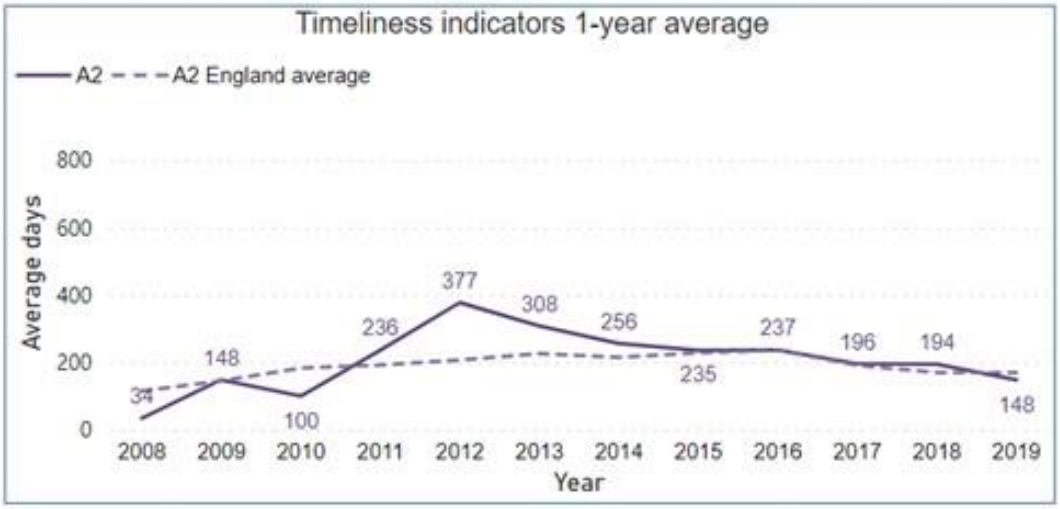




A2 performance for both single year and three year average is above threshold, albeit single year evidences considerable improvement in timeliness and is well below England average.

A2: Average time (in days) between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family:				
2019 average days: 148	2019 England average: 170	Average time in 2019 was shorter than in 2018	2016-19 average days: 180	2016-19 England average: 178





3.1 Early Permanency

There were nine Wolverhampton children placed in early permanence placements via Foster for Adopt.

4. Recruitment of Adopters

4.1 New Enquiries:

For the period from 1st April 2020 to 31st March 2021, 638 new enquiries were received by the Adoption@Heart Recruitment Team.

This is in comparison to 349 enquiries received last year.

4.2 Information Events:

157 attendance at information events and 52 phone consultations (mix of single and joint applicants).

4.3 Registrations of Interest:

The number of Registrations of Interest to adopt received were as below:

Full year 2019/20	64
Full year 2020/21	117

4.4 Adopter Approvals:

The service approved 69 adopters in the full year, an increase of 19 over the 50 approved in 2019/20.

5. Marketing Report

Between 1st April 2020 and 31 March 2021 there were:

- 638 enquiries
- 52 phone consultations and 157 virtual information events attended
- 23,169 website visits, made up of 17,938 unique visits
- 442 Twitter followers
- 2,133 Facebook likes

Marketing brief:

Due to the COVID-19 pandemic, a lot of marketing activities, including the Adoption@Heart one year anniversary campaign, had to be put on hold. However, a summer campaign took place across July and August, which featured a digital campaign with The Metro, a Free Radio Black Country campaign across 4 weeks and a series of blog posts from Adoption@Heart social workers detailing their working week from home. A myth busting social media campaign took place across Facebook.

Face-to-face information events were put on hold and Adoption@Heart changed the format of these and delivered them virtually instead. Virtual information events were launched in June and attendance has been higher than previously. During October, the first event took place where adopters appeared on camera, alongside Social Workers. This format has been much more engaging, enabling adopters to interact with the agency and have their questions answered.

Regular meetings have taken place with the communications leads for the four partner agencies. The meetings are used to discuss marketing activity, how the other communications leads have been supporting Adoption@Heart, utilising the knowledge of their areas and resources, what support is needed and how the partnership can work going forward.

LGBT+ adoption and fostering week took place in March 2021. Adoption@Heart had support from LGBT+ adopters to share their stories across multiple platforms, including video, social media, blog posts, news articles and radio interviews. A video shared online featuring Jen and Lisa has currently been viewed over 6,000 times and has reached 14,400 people.

Whilst the national You Can Adopt campaign took place between September and December 2020 (and aimed to bust myths around who is eligible to adopt, as well as exploring what the adoption process involves), the service continues to use its own material provided by the campaign for marketing activity. Content is regularly shared via social media, to ensure the campaigns key messages are highlighted within recruitment activity, as well as across the partner agencies.

A national siblings group campaign commenced in April 2021. The campaign will continue to empower potential adopters with the confidence that #YouCanAdopt instils. The campaign focused on sibling groups and was driven by the latest data and by concerns about the number of sibling groups still waiting to be adopted. As well as this, the campaign also continued community engagement work, to target prospective adopters from Black, Asian and Ethnic Minority backgrounds.

Sadly, an Adoption@Heart approved adopter lost her life due to COVID-19 early 2021. Her husband wanted to honour his wife by offering a charitable contribution in her name to an adoption agency and Adoption@Heart worked closely with Adoption Focus (VAA) on a joint campaign. This attracted television and radio coverage in the West Midlands and aimed to promote greater awareness of adoption within Black, Asian and Minority Ethnic communities.

6. Requirements on the Preparation of Adoption Report Regulations

6.1 Complaints:

There have been two formal complaints about the service since 1 April 2019.

One of these was from adopters in stage one of the recruitment process, where a decision was made by the agency not to progress their application. Their complaint related to this decision and delays in communicating this in a timely way. The complaint was partly upheld due to the delay, but the decision not to invite to stage two was not changed. Learning has been identified and discussed with the relevant staff.

A second formal complaint was received in the previous year from an individual who made an enquiry to adopt but was not invited to proceed to registration of interest, due to significant vulnerabilities identified at initial visit. A meeting took place between this individual and the Head of Service in Autumn 2019, however, the complaint escalated to stage two and was referred to the Local Social Care Government Ombudsman (LGSCO). The LGSCO found that there had been fault on the part of service for undertaking initial assessment work with the individual prior to inviting her to formally register her interest to adopt. No fault was found with the decision not to progress the applicant into stage 1 of the assessment process or any aspect relating to the grounds for that decision.

Practice in the adopter sector widely is not in line with statutory guidance in this area. Most adoption agencies take the view that it would be poor use of resources and misleading to potential adopters not to undertake an initial consideration of their circumstances and suitability. In order to effectively meet the needs of children in need of adoptive families, the adoption agency must focus its resources strategically, in assessing those individuals most likely to become approved adopters. Adoption@Heart's practice reflects common and best practice in the sector. The Head of Service has been working closely with the DfE in relation to the difference between best practice and the Statutory Guidance.

Despite this, the Council accepts that it should have been made clear to the complainant that she was entitled within the statutory guidance to submit a Registration of Interest to agency, albeit, the outcome of this process would not have been any different in relation to the outcome for the applicant. A small change has been made to the agency's procedure in relation to terminology and information given to potential adopters at this stage of the process.

The LGSCO have indicated that they intend to issue a Public Interest Report on this matter in July 2021. The report will highlight the fault found against Adoption@Heart, whilst also highlighting the wider issue about practice in the sector and the statutory guidance. Full communication with Directors in each Local Authority has taken place.

6.2 Staffing:

The service employs 32 qualified Social Workers on a permanent basis, along with six agency Social Workers, who are providing additional capacity due to vacant posts, sickness, maternity leave and additional demand created by COVID-19. Two agency Social Workers have been funded by the partner agencies for twelve months, to provide additional family finding capacity.

There are three Team Managers, with one each covering the thematic service areas. One of these posts (Family Finding) was vacant until September 2020, but a seconded Manager in that role was permanently appointed in quarter three. The panel team have two Panel Advisors along with a Panel Co-ordinator and three Panel Administrators, one of which is currently vacant.

Management capacity has been increased with the addition of a Service Manager, funded within existing budget. This role was in the process of recruitment at year end and subsequently, recruited to on an interim basis, pending a permanent appointment.

The Business Support Team have an additional post of Senior Business Support Officer, which has been created and recruited to in the year.

Vacancy rates have remained low since the service went live and despite COVID-19, sickness and absence rates have been minimal during the full year period of 2020/21.

6.3 Referrals to the Independent Review Mechanism (IRM):

There have been no referrals to the IRM in either period.

7. Development of Adoption@Heart

7.1 Practice Development:

Since February 2020, a programme of Practice Development Work has addressed the developmental needs of the service. From this work additional practice guidance has been developed and agreed across the partnership.

Adoption Support:

Increasing the range of services available to adopters within the adoption support offer for the region, as well as improved services for adopted adults.

Early Permanence in placing children:

Raising awareness and knowledge about early permanence and embedding the early permanence policy, practice and delivery in house and across partner organisations, through opportunities for training and development, to ensure that knowledge is up to date and is widely shared.

Increasing adopter engagement and consultation:

To influence service delivery through the development of an Adoption Advisory Board. Adopter Voice is commissioned to support A@H with this work. Increased communication with adopters through their journey by the development adopter database and a plan of regular communication.

7.2 Family Finding Activity:

The tables below contain the total numbers of children placed by the service during the year 2020/21.

1 April 2020 to 31 March 2021 – Children placed in year:

LA/ Trust	In House	Interagency	Total placed
Sandwell	11	24	35
Wolverhampton	14	24	38
Walsall	20	16	36
Dudley	10	4	14
Total	**55**	**69**	**123**

For comparative purposes, the performance of each LA / Trust in placing children is in the table. 38 Wolverhampton children were placed with adoptive parents in the year.

Early Permanence:

In the full year 2019/20, five children were placed via Foster for Adoption.

As per the table below, 26 children have been placed via Foster for Adoption in the full year 2020/21, 9 were Wolverhampton children.

1 April 2020 to 31 March 2021 – Children placed via Foster for Adoption in year:

LA/ Trust	In House	Interagency	Total
Sandwell	3	3	6
Wolverhampton	4	5	9
Walsall	5	1	6
Dudley	3	2	5
Total	**15**	**11**	**26**

Inter-agency usage for children placed via Foster for Adopt regulations is 42 percent.

Analysis:

The overall number of children placed in the year 2020/21 has increased pro rata by over twenty percent, compared with the previous year performance, despite the impact of COVID-19 on children's transitions.

In the first year of operation, forty one percent of children placed were from Sandwell and consequently numbers placed for the other three partners were considerably lower. This was due to the fact that more Sandwell children were waiting on Placement Orders at the point the service became operational. In the full year 2020/21 the distribution of placements across the partnership is more even with Walsall and Wolverhampton having more placements than Sandwell but very similar performance. This has levelled out with thirty three percent of children placed being from Sandwell.

The number of children placed by Dudley is lower than in the previous year and this should be seen in the context of the numbers of children with adoption plans and SHOBPA decision (sections 2.3 and 2.5 of this report).

Inter-agency usage has remained high during the year at fifty six percent of children placed externally across the partnership as a whole. Sixty three percent of Wolverhampton children were placed with inter-agency adopters.

Foster for Adopt usage has significantly increased during the full year. This increase is the result of development work done within the service and across the partnership.

7.3 Adoption Panels:

Adoption Panels were held on fifty occasions during 2020-2021. There are at least four panels a month for adoption matters to be heard. There is also flexibility within the panel system, allowing for extra and special panels to be arranged to enable additional cases and emergency matters to be heard, as and when directed by the courts. The service aims to avoid delay for children and ensures matters are dealt with in a timely manner.

The service has three adoption panel chairs, due to one chair leaving during the year. A fourth chair is in the process of being recruited. The three chairs in post are those who were transferred to the service in 2019.

The Agency Decision Makers from Wolverhampton make all the decisions regarding the suitability for approval of all prospective adopters. The SHOBPA decisions remain in the three Local Authorities and the Trust. Agency Decision Makers are very flexible with regard to early decisions with regard to matches, in order to enable transitions that work best for the child, for example using school holidays.

Panels have made positive recommendations on sixty-nine adopter approvals and one hundred and twenty-four matches in the period. All recommendations made by panel have been positive and all have been supported by the ADM.

Panel continues to be supported by a very committed group of staff. There are 1.5 Panel Advisors, one part time Panel Co-ordinator and two full time equivalent Panel Administrators.

Panel continues to offer individual feedback to Social Workers, regarding quality of the paperwork and to the Local Authorities and the Trust, regarding delay for children. Panel are also open to constructive observations regarding their performance.

Feedback is also sought from adopters attending panel, which this is largely positive and includes comments such as ‘panel were warm & welcoming’ ‘panel members put us at ease’.

In April 2020 COVID-19 restrictions led to the need for panels to be run virtually, rather than face to face. Despite initial challenges in moving to this new way of working, the panel team and Chairs worked effectively together, in ensuring panels were able to run smoothly via Microsoft Teams. Consideration is currently being given to the benefits of the virtual panel system and to what extent the system might remain virtual, once restrictions are lifted. There have been clear benefits regarding adopter attendance and reducing regional travel for professionals.

7.4 Partnership Working:

Considerable progress was made during the year in strengthening engagement and communication across the partnership. This has improved the interface between the service and partners and improved understanding of roles and responsibilities between the service and Local Authority partners.

Practice workshops were held in all partner services during the year and specific training was delivered in relation to the quality of Child Permanence Reports.

Adoption@Heart managers are attending key meetings relating to children’s care planning and tracking.

Virtual working has improved engagement and communication, due to reduction in travel and impact on time.

The establishment of an Operations Group has improved operational communication at Head of Service and Service Manager level.

A partnership event took place in November 2020 with a focus on key areas of practice and strengthening communication and engagement within the partnership. Over one hundred and twenty staff attended and a further partnership event is planned in June 2021.

8. Adoption Support

Adoption@Heart's Adoption Support Team model changed during 2020/21, subsequently, recruitment, assessment, linking and support to adopters pre order, remain in the Recruitment and Assessment Team, this offers ongoing support by a worker known to adopters and is common practice across the sector.

As a result of this model change the Adoption Support Team now specialises in all key provision of post adoption support, and now supports families pre and post order. The team also commissions therapeutic services via applications to the Adoption Support Fund, plus post adoption contact, access to records and birth parent support.

It is recognised that early life adversity impacts children developmentally, emotionally, cognitively and socially and requires therapeutic support in order for children to thrive. Adoption@Heart operates a graduated approach, offering universal access to an adoption training programme and support groups delivered by staff; enhanced support includes an assessment of need and parenting support, individually or in groups and targeted support includes commissioning of specialist therapeutic intervention. We utilise the service of an Adoption Support Therapist employed by Adoption@Heart, as well as commissioning private and independent therapeutic services.

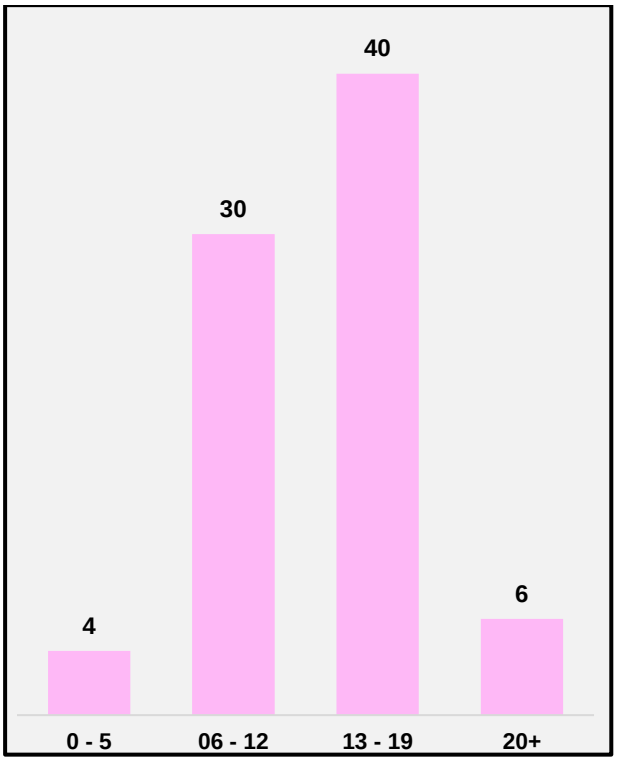
The number of adoptive families seeking adoption support continues to rise and this presents a challenge for the service. Additionally, families require support over a sustained period, and we continue to support a significant number of legacy cases transferred at the time of the launch of the RAA in 2019.

The type of support requested by adoptive families differ with support relating to emotional health and wellbeing, to help the child to develop more positive behaviours, improve family life and relationships and parents and carers to develop skills in therapeutic parenting; to help the family bond together; to help the child's engagement with learning and to address child to parent violence.

The Adoption Support Fund (ASF) was established in 2015 by the Government to help adoptive families access support and settle into their new lives following adoption. The Government committed ongoing funding for 2020-21 financial year in advance of the spending review settlement.

300 ASF applications were made by the service during April 2020 - March 2021, this is an increase in applications.

The table below identifies that adolescence can be a particularly challenging time for adoptive families and we see the largest cohort of families accessing adoption support with children aged 13-19 years old. Young people are likely to face challenges relating to identity and self-concept, attachment and security and we are experiencing unsolicited contact by adoptees or birth parents which have the potential to destabilase adoptive families.



COVID 19 Adoption Support:

The DfE allocated £8 million from the Adoption Support Fund for adoptive families to meet needs arising from the coronavirus outbreak, we used our share of funding to pay for therapies to help adoptive families, including online counselling and couples therapy, virtual peer-to-peer support, plus specialist webinars through The Adopter Hub and National Association of Therapeutic Parents.

Post Adoption Contact:

Adoption@Heart is responsible for post adoption contact arrangements on behalf of Wolverhampton Council. There are three full-time Family Support Workers who are responsible for administering the service. They offer support to adoptive parents and birth relatives. The service has continued remotely during COVID-19, albeit there has been delay in the exchanges at this time as access to post is limited to once a week.

Access to Records:

The provision of birth records counselling and access to information is of vital importance in enabling adopted adults to understand the circumstances of their adoption and enhance their sense of identity.

Future Developments:

Practice development work, as below, is currently being undertaken with a view to improving the support offer to adoptive families in the region.

- Review and transformation of the planning and management of Adoption contact
- Development of a multi-agency, multi-professional service delivery model with Child and Adolescent Mental Health Services and Virtual Schools
- Regional Approach to offering support to birth parents at risk from repeat removals
- Regional commissioning framework for ASF providers
- Development of Psychological and therapeutic services
- Transracial Training
- Closer working with MASH to support understanding about the impact of trauma in adoptive families.
- Transitional support for older aged adoptees

9. Accountability

Management Board:

The service has continued to have in place two key layers of governance with a Management Board attended by Assistant Directors and a Strategic Commissioning Board attended by Directors of Children's Service.

The Strategic Commissioning Board has continued to meet quarterly, supported by the commissioning lead from Dudley. The Chairing of this board has remained with Sandwell during the year 2020/21.

In May 2020 an Operations Group was established, with a view to increasing engagement, oversight and operational involvement of Heads of Service and other managers from each partners service. This group has continued to meet monthly, chaired by the Head of Service for Adoption@Heart. Consequently, the Management Board has met bi-monthly, given part of its function is now delegated to this group. Management Board is chaired by the Deputy Director for Children's Social Care in Wolverhampton, as host Local Authority for Adoption@Heart.

Report completed by:

Mark Tobin
Head of Service

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CORPORATE PARENTING BOARD

PERFORMANCE OVERVIEW

Data as at:

31 August 2021

Produced by Insight & Performance

CITY OF WOLVERHAMPTON COUNCIL

City of Wolverhampton Council - Corporate Parenting Report

Current CYPiC Profile

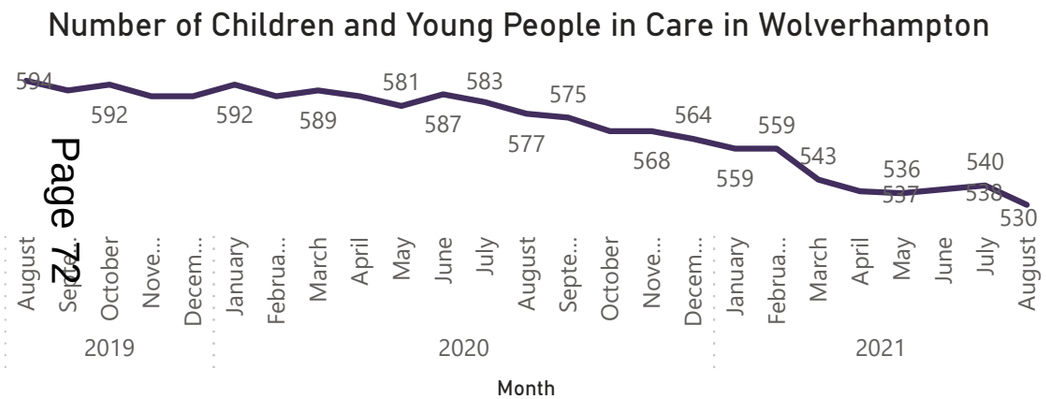
Current CYPiC per 10,0000 population
87

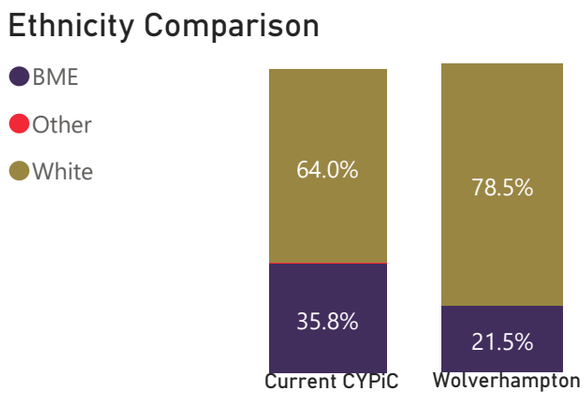
Wolverhampton CYPiC per 10,0000 Year End 2019/20
94

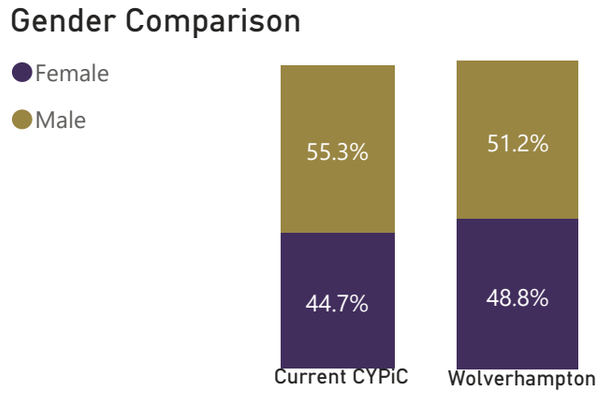
West Mids CYPiC per 10,0000 pop 2019/20
82

Stat Neighbours CYPiC per 10,0000 pop 2019/20
93

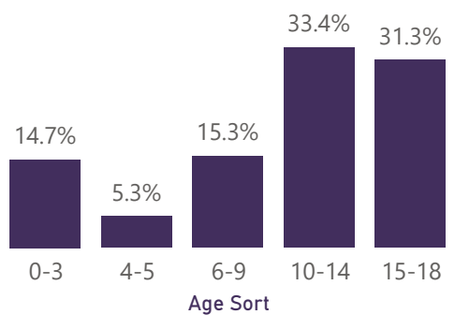
England CYPiC per 10,0000 pop 2019/20
67







Age Breakdown



The numbers of children and young people in care have decreased in the year to date from 543 in March to 531. The number of children leaving care and entering care has stabilised over the month. Over 60% of Wolverhampton's children and young people in care are aged 10 and above with 30% aged 15 or above. There is an over representation of BAME children in the current children and young people in care cohort compared to the overall city population of 0-18 year olds. Over representation is also apparent with males when compared to the overall Wolverhampton population of 0-18 year olds.

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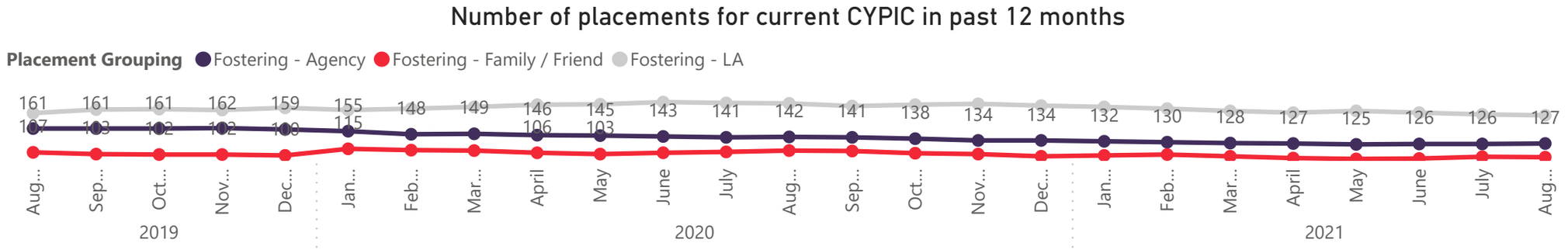
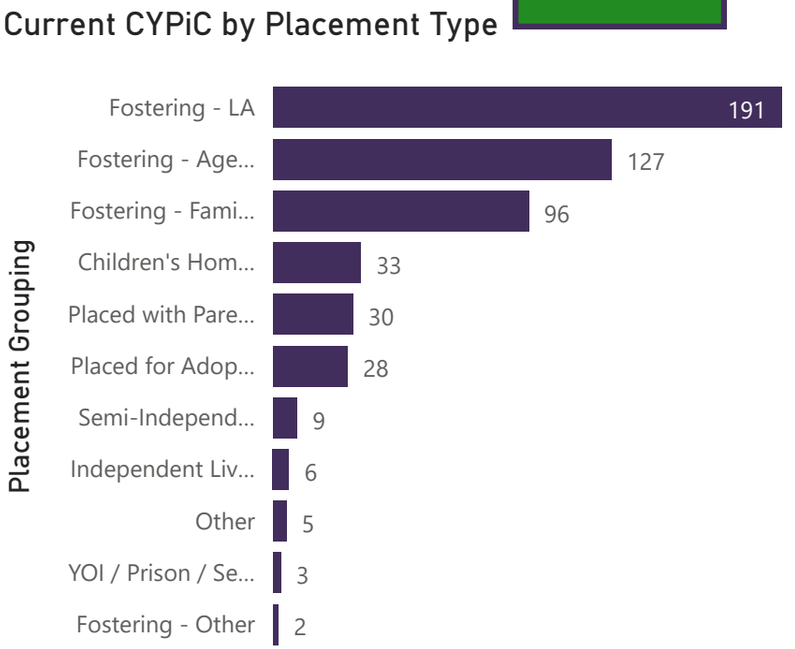
CYPiC Placement Analysis



There continues to be more children placed with internal foster carers than agency carers



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% CYPiC placed more than 20 mile + from home

12%

2019/20 = 12%
2018/19 = 13%
2017/18 = X
2016/17 = 11%

% CYPiC with less than 3 placements in last 12 months

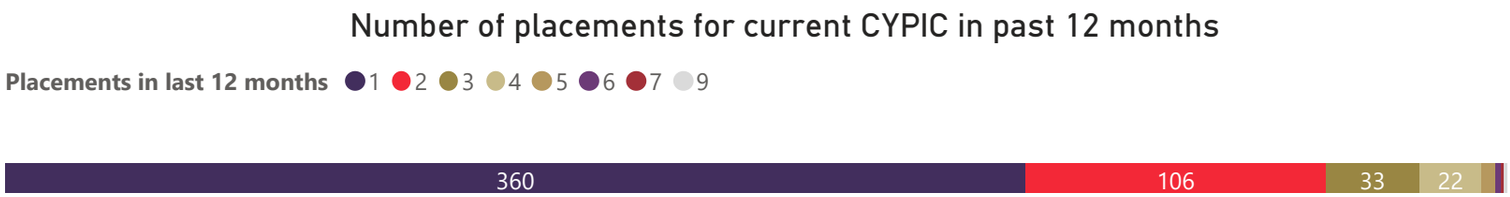
94.2%

2019/20 = 91%
2018/19 = 86%
2017/18 = 84%
2016/17 = 87%

% CYPiC in same placement for 2 years or more

70.6%

2019/20 = 74%
2018/19 = 73%
2017/18 = 70%
2016/17 = 65%



Through the performance of the Family Values Project, the number of mainstream placements continue to stay higher than those with agency foster carers.
Both the long and short term placement stability continue to stay strong at 94% for the percentage of CYPIC with fewer than 3 placements during the last 12 months from 91% during 2019/20.

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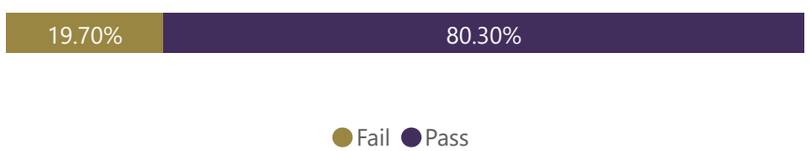
Assessments, Reviews, Visits

CYPiC with an up to date assessment

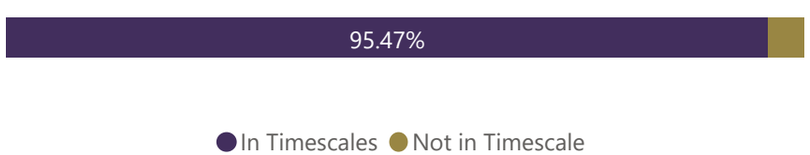
Where a new assessment has been completed within 12 months



2019/20 = 78.36%
2018/19 = 41.03%

CYPiC with an up to date review

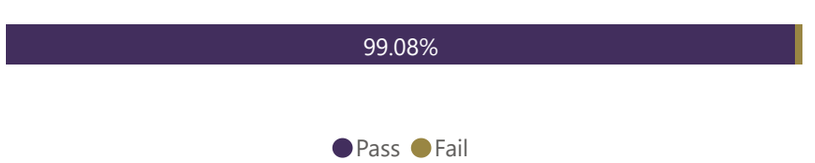
Where the First Review is within 20 working days. Second review within 3 months. Third and subsequent reviews every 6 months



2019/20 = 97.27%
2018/19 = 95%

CYPiC who participated in the review

The proportion of CYPiC reviews where the child was present or contributed by other means in their review



2019/20 = 89%
2018/19 = 89%

Assessments are 80.34% which is an improvement from 78.36% in the previous year, while reviews continue to stay strong with 95% of children recorded as having an up to date review.

CYPiC Review Participation has improved to 99% in the month.

CITY OF WOLVERHAMPTON COUNCIL

City of Wolverhampton Council - Corporate Parenting Report

Education

KS2 Expected Standard	Maths	Reading	Writing	Reading, Writing and Maths
CYPiC Wolverhampton 2019	47%	50%	58%	42%
Wolverhampton 2019	74%	70%	77%	64%
CYPiC West Midlands 2019	50%	51%	52%	38%
CYPiC Stat Neighbours 2019	54%	49%	52%	38%
CYPiC England 2019	51%	49%	50%	37%
KS4	**9-4 Pass in English and Maths**	**Attainment 8**	**Progress 8**	
CYPiC Wolverhampton 2019	15%	20%	-1%	
Wolverhampton 2019	58%	45%	0%	
CYPiC West Midlands 2019	18%	20%	-1%	
CYPiC Stat Neighbours 2019	18%	20%	-1%	
CYPiC England 2019	18%	19%	-1%	

The 2019 KS2 and KS4 results show that Wolverhampton CYPiC has improved in line with comparator performance. There remains a significant gap between the performance of CYPiC and all Wolverhampton children however small numbers in the cohort can make these measurements volatile. For further information about the education attainment of CYPiC in Wolverhampton please refer to the Virtual School Head teacher annual report.

Attendance data has been updated for 2019. This is taken from published data that was released in April 2020, and shows that performance is in line with or better than comparator groups. Wolverhampton are in the upper quartile nationally (best performance) for children and young people in care overall absence.

CYPIC with an up to date PEP performance has decreased in August. Work is ongoing in the service to improve the PEP performance for the year 12 and 13 cohort.

CYPiC Unauthorised (2019) Absence *

1.1%

West Midlands - 1.1%
Stat Neighbours - 1.3%
England - 1.4%

CYPiC Overall Absence (2019)

3.9%

West Midlands - 4.2%
Stat Neighbours - 4.3%
England - 4.7%

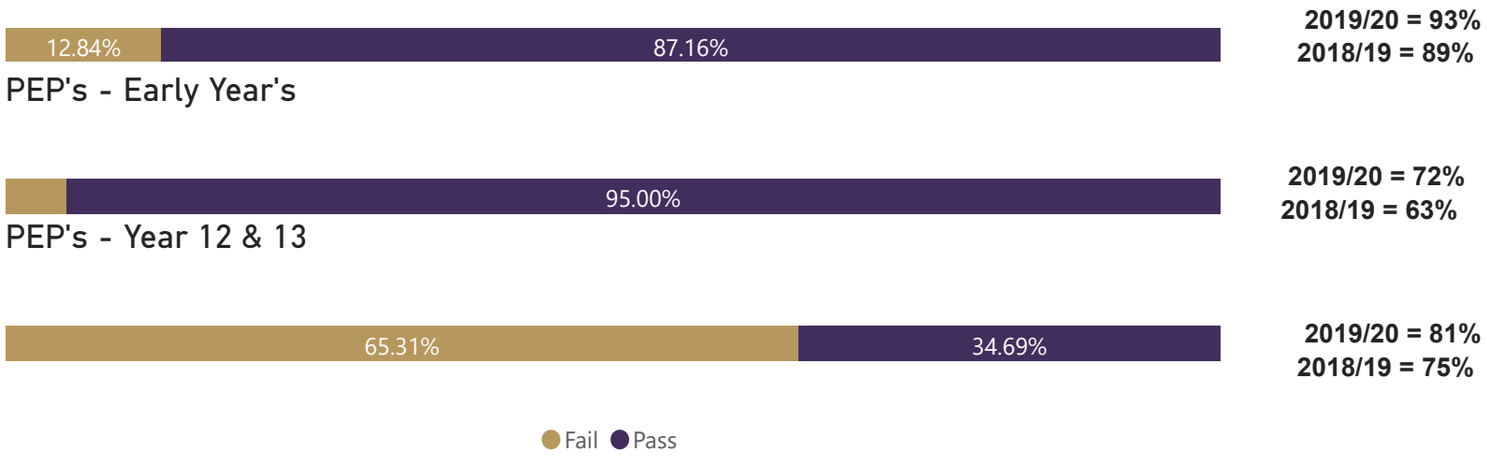
CYPiC Persistent Absence (2019)

9.2%

West Midlands - 9%
Stat Neighbours - 10%
England - 11%

CYPiC with an up to date PEP

The proportion eligible CYPiC with an up to date Personal Education Plan (PEP)



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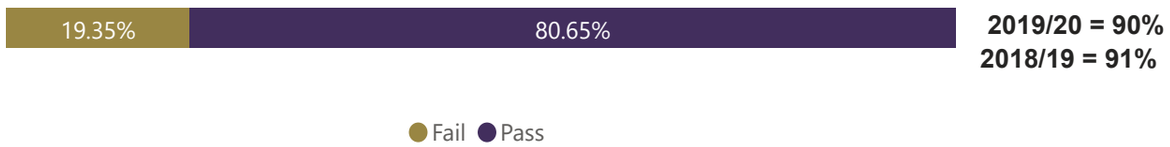
Health & Dental - This data is internal CWC data and reflects different timescales to the data provided by health

CYPiC with an up to date review health check

Where a review health check has been completed within 12 months



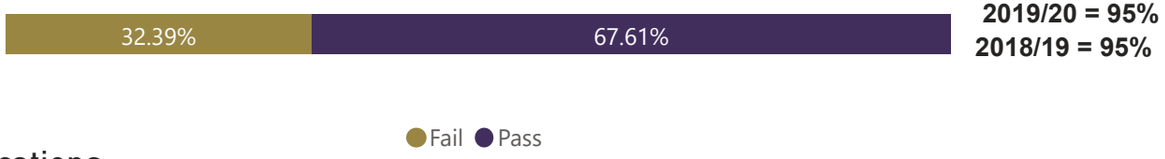
2019/20 = 90%
2018/19 = 91%

CYPiC with an initial health check

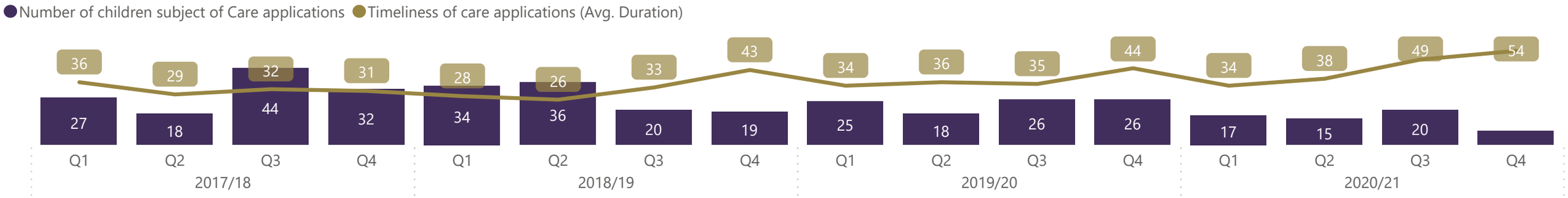
Where a health check has been completed within 20 working days of entering care (rolling 12 months)

CYPiC with an up to date dental check

Where a dental check has been completed within 12 months



2019/20 = 95%
2018/19 = 95%



The percentage of dental checks completed has started to improve over the previous few months. Medical checks which were previously an area of strength had been low previously, partly impacted by recording issues, and has started to see improvements in the month, increasing to 78% in the month. Of the new CYPiC in the past 12 months 34% had a health assessment within the first 20 working days, although this would not affect the other health percentages, however this remains an area of concern and continues to be flagged as an area of concern in internal performance management meetings. We will be expecting to see an increase in the length of care proceedings due to the impact of Covid-19. There has also been a delay in timeliness due to the court initially not being able to manage proceedings virtually.

Produced by Insight & Performance

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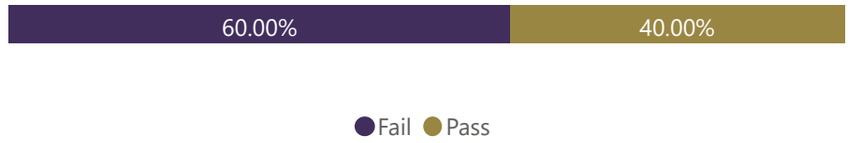
Adoption

CYPiC adopted within A1 indicator (428 days)

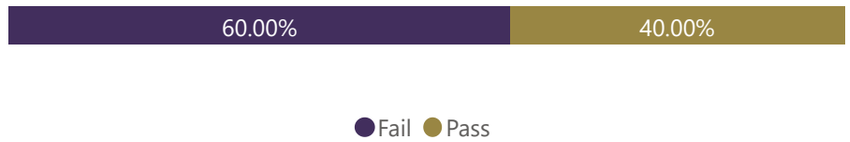
Average time between a child entering care and moving in with their adoptive family



2019/20 = 74%
2018/19 = 55%

CYPiC adopted within A2 indicator (122 Days)

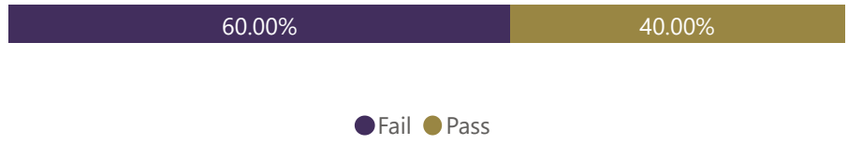
Average time between receiving court authority to place and finding a match



2019/20 = 64%
2018/19 = 68%

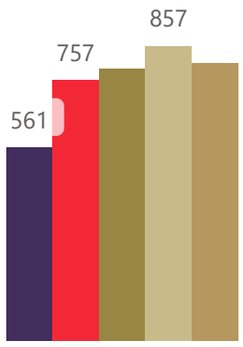
CYPiC adopted within A10 indicator (428 Days)

Average time between a child entering care and moving in with their adoptive family (stopped at point of fostering for foster carers adoptions)

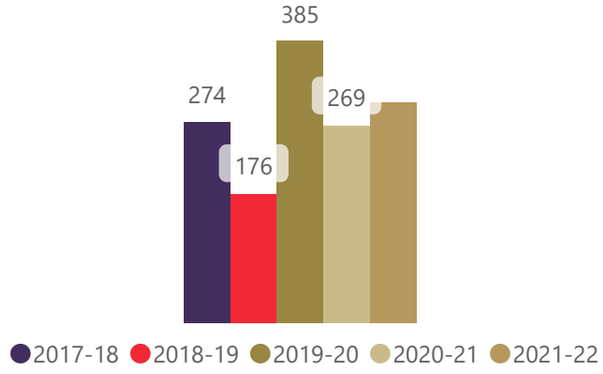


2019/20 = 89%
2018/19 = 73%

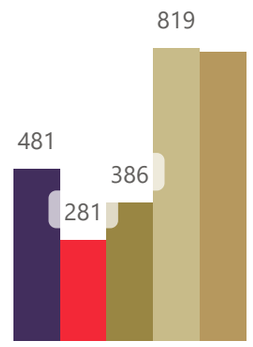
Adoptions - A1 (Avg. Days)



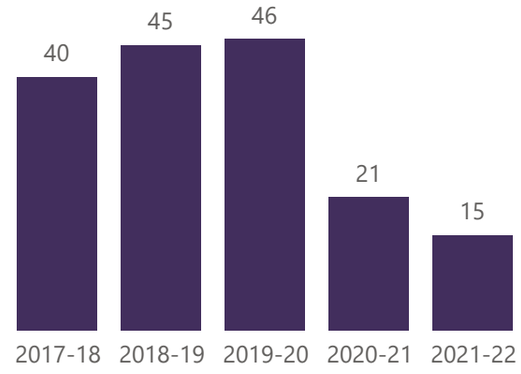
Adoptions - A2 (Avg. Days)



Adoptions - A10 (Avg. Days)



Number of Adoptions



There were 15 adoptions so far in 2021/22, this has been heavily impacted by Covid-19. Positively, the number of children placed with their adoptive families currently is 37

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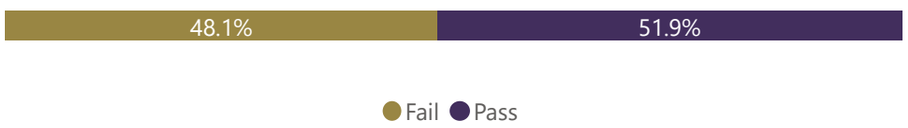
Care Leavers

Care Leavers EET Status

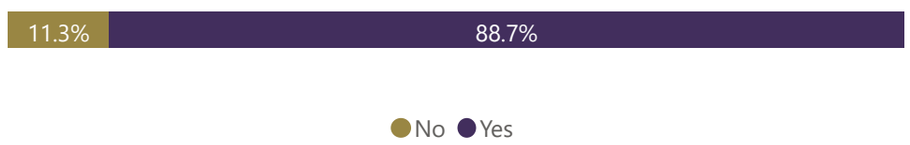
Education, Employment and Training of Care Leavers aged 19-21



2019/20 Year Out-turn = 57%
2018/19 Year Out-turn = 61%
2019/20 West Midlands = 50%
2019/20 Stat Neighbours = 48%
2019/20 England = 53%

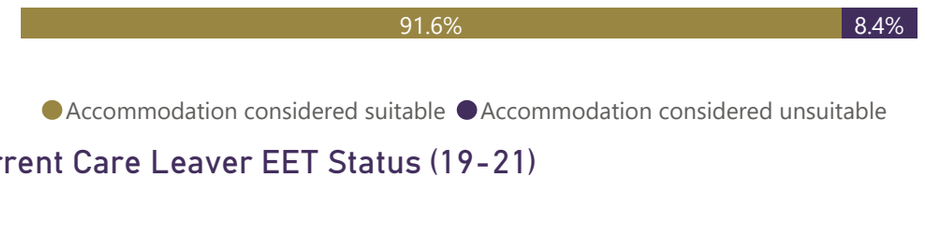
Care Leavers available to work

Care Leavers aged 17-21 who are available for education, training or employment



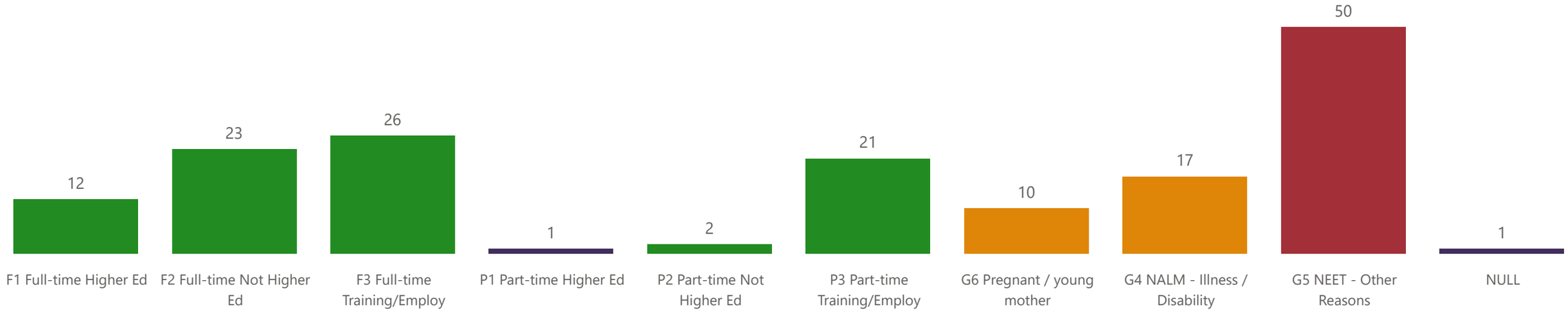
Care Leavers in suitable accommodation

Care Leavers aged 19-21 who live in suitable accommodation



2019/20 Year Out-turn = 91%
2018/19 Year Out-turn = 88%
2019/20 West Midlands = 85%
2019/20 Stat Neighbours = 86%
2019/20 England = 85%

Current Care Leaver EET Status (19-21)



Care Leaver outcomes continues to be an area of strength for the authority. At the end of August 2021 52% of 19-21 year olds were in Education, Employment or Training. This is a downturn when compared to the previous year's out turn and a paper was presented to the board on 25th March 2021 outlining the current activity to support our Care Leavers and improve performance in this area over the coming months 89% of care leavers aged 17-21 are available for work. Of the 19-21 cohort 17% (27 young people) were not available due to pregnancy or young motherhood, illness or disability or because they are in custody. The proportion of care leavers currently deemed to be in suitable accommodation is also included and shows that 92% of the cohort are currently in suitable accommodation.

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