

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

Venue Committee Room 3 - 3rd Floor - Civic Centre

Membership

Chair Cllr Chris Burden (Lab)
Vice Chair Cllr Barbara McGarrity QN (Lab)

Labour

Cllr Ciaran Brackenridge
Cllr Jenny Cockayne
Cllr Lovinyer Daley
Cllr Sally Green
Cllr Jeszemma Howl
Cllr Iqra Tahir

Conservative

Cllr Paul Appleby

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic services team:

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|---|
| 1 | Apologies for absence |
| 2 | Declarations of interest |
| 3 | Minutes of the meeting held on 14 September 2023 (Pages 3 - 8)
[To approve the minutes of the meeting held on 14 September 2023 as a correct record.] |
| 4 | Matters arising
[To consider any matters arising from the minutes of the meeting held on 14 September 2023.] |
| 5 | Schedule of outstanding matters (Pages 9 - 10)
[To receive the Schedule of Outstanding Matters.] |
| 6 | Health Services for Children and Young People in Care (CYPiC) Annual Report 2022 - 2023 (Pages 11 - 50)
[To receive the annual health report for 2022 – 2023.] |
| 7 | Virtual School Head Annual Report 2023 (Pages 51 - 76)
[To receive the Virtual School Head Annual Report 2023.] |
| 8 | Annual Report of the Independent Reviewing Officer Service 2022-2023 (Pages 77 - 98)
[To endorse the Annual Report of the Independent Reviewing Officer Service 2022 – 2023.] |
| 9 | Performance Monitoring Information (Pages 99 - 104)
[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.] |
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Attendance

Chair Cllr Chris Burden (Lab)
Vice Chair Cllr Barbara McGarrity QN (Lab)

Labour

Cllr Ciaran Brackenridge
Cllr Jenny Cockayne

Cllr Lovinyer Daley
Cllr Jeszemma Howl

Cllr Iqra Tahir

Conservative

Cllr Paul Appleby

In Attendance

Hannah Bradley
Shelley Humphries
Lisa Preston
Caterina Robinson
Jazmine Walker

Corporate Parenting Officer
Democratic Services Officer
Head of Service Adoption at Heart
Service Manager
Head of Children and Young People in Care

Corporate Parenting Board also welcomed one Foster Parent.

Item No. *Title*

1 Apologies for absence

The Chair opened the meeting by acknowledging the cancellation of the last due to the sad passing of Councillor Ian Brookfield.

The Chair wished to note congratulations to Emma Bennett on her appointment as Chief Executive of Walsall Council and expressed thanks on behalf of the Board for her support to the Board and hard work as Executive Director of Families. Congratulations were also extended to Alison Hinds on her appointment to Director of Children's Services.

Apologies for absence were received from Corporate Parenting Board member, Councillor Sally Green.

Apologies were also received from Emma Bennett, Alison Hinds and Rebecca Grainger.

2 Declarations of interest

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

3 Minutes of the meeting held on 25 May 2023

Resolved:

That the minutes of the meeting held on 25 May 2023 be confirmed as a correct record and signed by the Chair.

4 Matters arising

In respect of minute 7, it was confirmed that information around waiting times for child and adolescent mental health services (CAMHS) for children and young people in care would be included within the Annual Health Report and a request was made that this issue have priority.

Resolved:

That the CAMHS report be taken before the Annual Health Report as a priority.

5 Schedule of outstanding matters

Hannah Bradley, Corporate Parenting Officer presented the report on current progress on matters previously considered by the Board.

Resolved:

That the Schedule of Outstanding Matters be received.

6 **Equalities Motion – Care Experienced Young People**

Hannah Bradley, Corporate Parenting Officer presented the Equalities Motion – Care Experienced Young People and highlighted salient points. The report sought the support of Corporate Parenting Board to present the proposed motion to Full Council to recognise Care Experience as a protected characteristic until such time as it may be introduced by legislation.

In response to a query around how prevalent the issue of discrimination toward care experienced young people in Wolverhampton, it was noted that there was no evidence of specific issues involving hate crime or harassment in the City, however care experienced young people often did not have such positive outcomes as their peers.

The point was raised that a protected characteristic typically lasts a lifetime and it was considered that care leavers were often only supported up to the age of 25 years through the local REACH Offer. Assurances were offered that although this was the case and finance was a barrier to extending the offer indefinitely, Wolverhampton care leavers over the age of 25 would not be turned away should they reach out for support from the Authority. It was also highlighted there is a specific policy for how the authority works with young adults as they approach 25 and beyond.

It was acknowledged that it was a testament to the hard work undertaken in Wolverhampton that there were no specific issues, although the report highlighted the general prejudice that had crept into everyday language and it was considered how to change this culture going forward.

It was highlighted that Councillors may note an extra paragraph within the report that had been prepared for Full Council which called for the Minister for Children and Families to follow the example of the Council and seek to promote the status of Care Leavers as a protected minority characteristic. Councillors fully supported the proposals.

Resolved:

That Corporate Parenting Board agree to support the proposed motion that the City of Wolverhampton Council make Care Experience a protected characteristic until such time as it may be introduced by legislation.

7 **Adoption Service Annual Report**

It was moved for the Vice Chair, Councillor Barbara McGarrity QN, to take the Chair as Councillor Chris Burden needed to leave. Lisa Preston, Head of Service for Adoption@Heart presented the Adoption Service Annual Report and highlighted key points.

The report sought to fulfil 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.

In respect of rejected applications it was queried what the most common reason was and how to rectify this. It was noted that there were many factors that affected this as various suitability checks were completed with prospective families prior to

progressing applications to adoption panel. Some examples given were that cases were not progressed due to the birth children of the adopting family not being ready for another sibling or a change in a family's financial circumstances. It was worth noting that in some of these cases, the adoption could be placed on hold and resumed if circumstances allowed. Any expressions of interest were always followed up with reminder communications.

It was acknowledged that the realities of disrupted adoptions as described in the report were quite stark however it was noted that there were many successful adoptions.

It was queried what the age breakdown of children was and if there was a particular ask or preference. It was noted that it ranged up to the age of ten although a large number were under three years old. Statistically, some children were harder to place than others, such as sibling groups with the difficulty increasing the larger the group, and boys were harder to place than girls.

It was noted that support was offered to both fathers and mothers of adopting families as well as any birth children to ensure the family were ready to adopt collectively. In response to queries around adopter households, it was noted that there were more same sex couples than in previous years and extra support was offered to single applicants.

In response to a query raised on the length of the process, it was noted that there was a statutory expectation for the assessment to take six months from start to finish. The first two months typically consisted of the suitability checks which included police checks, bank checks, character references from both employers and friends, social media screening and safety of the home environment. Resilience was also an important factor and families would not be progressed to adoption panel until checks had been completed and all parties were satisfied that adoption was right for everyone.

The report and the work of the service was commended and an open invitation was extended should any Councillor wish to visit the service.

Resolved:

1. That the Adoption Service Annual Report for Adoption@Heart be received.
2. That the progress made by the Regional Adoption Agency be noted.

8 **Fostering Service Annual Report 2022-2023**

Caterina Robinson, Fostering Service Manager presented the Fostering Service Annual Report 2022-2023 and highlighted salient points. The report provided an overview of the service delivery, service structure and performance for 2022-2023 whilst setting out key objectives for 2023-2024.

Members expressed interest in the short break respite arrangements and commended the scheme.

In response to a query around private fostering, it was confirmed that this referred to a child who was not in care but living with someone who was not their birth parents (such as a relative or family friend) for longer than 28 days.

The Foster Parent present stated they were pleased with the service, felt well-supported and that their feedback was always taken into account.

Resolved:

That the Fostering Service Annual Report 2022-2023 be received.

9 **Performance Monitoring Information**

Jazmine Walker, Head of Children and Young People in Care presented the Performance Monitoring Information report and highlighted salient points. The report provided analytics on performance in a number of areas relating to children and young people in care.

In respect of timescales for updated care plans, Corporate Parenting Board members were assured care plans were still in place and steps had been taken to improve timescales.

In response to a query around short-term placement stability, it was noted that a short period in a home could be due to a variety of complex factors, such as a child finding it difficult to settle in the new home or a breakdown of a relationship, or when a child was moved to a temporary home whilst awaiting a more long-term home.

It was queried what circumstances usually led to missing episodes and it was noted that this could range from the child or young person just going to visit a friend/family member or a non-agreed sleepover to them being a victim of some form of exploitation. Assurances were offered that extensive preventative work was being undertaken to disrupt child exploitation and safeguard children and young people in care.

Resolved:

That the Performance Monitoring Information report be received.

10 **Exclusion of the Press and Public**

Resolved:

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.

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

It was reported that Councillor Jennifer Cockayne and Councillor Paul Appleby had visited Upper Pendeford Farm, which had been very informative and positive. It was noted that further visiting dates would be shared with Board members shortly.

It was noted that the Ofsted inspection of the establishment had been undertaken however the outcome was embargoed at the time of the meeting and would be shared in due course.

In response to a query around visiting other establishments, it was confirmed this was the only one home currently open and news of the two new planned homes opening would be shared with all Board members.

Resolved:

That Ofsted inspection outcomes for Upper Pendeford Farm be shared with Corporate Parenting Board once they were published.

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 23 November 2023
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Report title	Schedule of Outstanding Matters	
Cabinet member with lead responsibility	Councillor Chris Burden Children and Young People	
Wards affected	All wards	
Accountable director	Alison Hinds, Director of Children's Services	
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
14 September 2023	That the Child and Adolescent Mental Health Services (CAMHS) report be taken before the Annual Health Report as a priority.	Rebecca Grainger, Black Country ICB and Wendy Harrison – Frazer, CAMHS	This has been included within the Health Annual Report and the agenda ordered accordingly.

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.

Corporate Parenting Board

Children and Young People in Care CAMHS Report

September 2023

Dr Wendy Harrison-Frazer Consultant Psychologist

Executive Summary for Children and Young People in Care CAMHS Report

The Child and Adolescent Mental Health Service (CAMHS) Children and Young People in Care (CYPiC) Team provides a therapeutic service to children and young people whom may be either in the care of the Local Authority and/or adopted and present with mental health difficulties. Typically, these children will have suffered considerable trauma and will present as being insecurely attached. Some of these children will have their own resilience and will find other protective factors in the new systems around them. However, some children and young people in care will require specialist intervention.

In recognition of this requirement Wolverhampton CAMHS in conjunction with the Local Authority, Social Services and Education Department, have resolved to provide a quality service to children and young people in care.

The CAMHS service provides an integrated and consistent approach to children and young people in care by placing the child at the centre of care provided. If a child is already working with a clinician prior to being received into care this will continue rather than them being allocated to a new clinician in the CYPiC team. Consistency is important for children at this time. All new referrals for children and young people in care are seen by a dedicated team within CAMHS who work exclusively with children and young people who are in care and require therapeutic work. These clinicians have received specialist training in approaches that are evidence based for the highly complex needs of children and young people in care. They are therapeutic approaches that are often recommended in court reports and are costly to provide in the private sector.

The children and young people are also able to access specialist medical expertise, systemic family psychotherapy, learning disability expertise and the neurodevelopmental assessment clinic in the wider CAMHS if this is needed.

Preface

The report will cover the period July 2022 to June 2023.

1.0) Children in Care CAMHS Team - Staffing

Wolverhampton CAMHS historically have not been commissioned to provide a separate CYPiC service but, recognising the vulnerability of this cohort of young people the service developed a small dedicated workforce with specialist expertise. Generally the team consisted of 2.2 wte multi-disciplinary workforce members, recently due to financial investment the team have been given more posts and these are all now appointed. There are now 6.0 wte in the CYPiC team. The clinical leadership is still by the Consultant Psychologist and managed by the CAMHS Wolverhampton Service Manager.

Fig 1: Children in Care CAMHS Team

WTE	Professional Title
0.4	Consultant Psychologist - Lead (CYPiC)
1.0	Senior Specialist Therapeutic Social Worker (CYPiC)
1.0	Senior Clinical Psychologist (CYPiC)
1.0	Mental Health Practitioner - Integrative Psychotherapist (CYPiC)
1.0	Art Psychotherapist (CYPiC)
1.0	Child Psychotherapist (CYPiC)
1.0	EPP Specialist Nurse

2.) Referral and Pathway through CAMHS:**Current Caseload**

Unfortunately, due to a changeover in information systems we were not able to report on qualitative data last year. This means that we are unable to make a comparison with the reported data for this year. To give some context the last reported data was in 2020 and at that time the open caseload reported was 92. This time the open caseload is 93. In the last report the number of CYPiC open to psychiatry was included in the number. Regrettably, due to the way psychiatry figures are now recorded, we are unable to include these and this needs to be taken into consideration when comparing the figures.

It is important to note that there has been an increase of private children's homes offering a service in Wolverhampton. This service has been offered to extremely highly complex children and young people, many who are on DOLS and some who are transitioning to their homes directly from CAMHS Tier 4 Units. This has put a lot of pressure on our team, our Crisis Team, our psychiatrists and our local acute hospital. Out of 93 referral only 36 referrals have been for Wolverhampton children while 57 referrals have been for children placed who are from out of City.

Fig 2: Current caseload

Open cases at end of June 2023	93
New referrals between July 2022 – end June 2023	72
Discharges between September July 2022 – end June 2023	61

2.) Referral and allocation process:

The referral process for referrals to the CYPiC CAMHS Team remains the same as last year. The working model for the CYPiC team continues to work well putting the child/young person's voice at the forefront to ensure we understand their position, what they want and if they are ready for therapy. It also helps us make a better informed formulation of their mental health presentation.

Figure 3, 4 and 5 below provides some further breakdown of the information that may be of interest.

Fig 3: CAMHS CYPiC Team Referrals Per Month July 2022 to June 2023

22/23	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
CWC	3	5	0	5	2	2	2	3	6	2	3	3	36
Out of City	6	8	2	4	3	3	4	5	5	6	6	5	57
Total	9	13	2	9	5	5	6	8	11	8	9	8	93

As the data shows there were no significant changes in the number of referrals except for August and March. This may have been attributed to school holidays such as Easter and Summer holidays but we do not have enough information to validate this. It could also be due to end of terms exams which due to a previous loss of school and teaching time during Covid could be causing anxiety.

Fig 4: CAMHS CYPiC Referrals by Ethnic Groups July 2022 to June 2023

Ethnicity	Number
Asian or Asian British - Any other Asian background	3
Asian or Asian British - Bangladeshi	1
Black or Black British - African	7
Black or Black British - Any other Black background	1
Black or Black British - Caribbean	1
Mixed - Any other mixed background	2

Mixed - White and Asian	2
Mixed - White and Black Caribbean	4
Not stated	16
Other Ethnic Groups - Any other ethnic group	3
White - Any other White background	3
White - British	49

The table shows that just over 50% of the referrals received in the 12 month period are from a white British ethnic group. However there are 16 referrals who did not state their ethnicity and so while we can say just under 50% of the referrals are for children and young peoples from an ethnic group other than white British we cannot entirely be sure. .

Fig 5: Source of Referrals for 2019/2020

Source of Referrals	Number of Referrals
Acute Secondary Care: Emergency Care Department	8
Child Health: Community-based Paediatrics	4
Child Health: Hospital-based Paediatrics	13
Internal Referral	10
Local Authority and Other Public Services: Education Service/Educational Establishment	9
Local Authority and Other Public Services: Social Services	37
Other SERVICE or agency	4
Other: Out of Area Agency	1
Primary Health Care: General Medical Practitioner Practice	6

The data shows us that less than half of the referrals for children and young people in care are referred by their social worker. When a referral is received from a professional other than the child's social worker a form is sent to their social worker as corporate parent to be completed for more information and for consent to continue with the referral.

Fig 6: Average Waiting Time in Weeks for first all appointments July 2022 – June 2023

Type of Meeting	Number of Weeks
Average Waiting Time for First Appointment	7.1
Weeks Waiting from Initial Appointment to Second Appointment	3.7
Average weeks waiting from Referral to Second Appointment	12.3

3). What CAMHS CYPiC Offer to Children, Young People, Foster Parents and Families and Professional's

➤ Direct Therapeutic Work

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

- Child on their own
- Child and Foster Parent/Key Worker together
- Foster Parent/Key Worker on their own
- A worker to see the child and another worker to see the Foster Parent

The clinicians in Wolverhampton CAMHS CYPiC are highly skilled and trained in evidence based approaches for working with CYPiC e.g. Theraplay, Dyadic Developmental Psychotherapy, Cognitive Behaviour Therapy, Dialectic Behaviour Therapy, Mindfulness Eye Movement Desensitisation Reprocessing, Trauma Focused-Cognitive Behaviour Therapy, Art Psychotherapy, Child Psychotherapy, Integrative Psychotherapy, Compassion Focused Therapy, Acceptance Commitment Therapy and others. This is not the case in all CAMHS teams and in many areas these pieces of specialised work need 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 parents, residential workers, Children in Care nurses) as an approach to actively engage them within the service. This is because the system around them is vitally important and daily impacts the dynamics within the relationship. Sometimes the work with the foster parents and others is just as or at times even more important than with the young person, especially if the young person is 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 for the child or young person 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. foster parent, with the young person directly or with the foster parent 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 child or young person, 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 colleagues and the child/young person.

➤ **Nurturing Attachments and Complex Trauma Training Programme**

The Service has continued to deliver the Nurturing Attachments and Complex Trauma Training programme for foster parents who foster children/young people 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 foster parents understand about the impact of abuse and neglect on children, the more likely they are to offer therapeutic nurturing care. Traumatized children need to be helped to work through their trauma as they may continue to experience the neurological, developmental and psychological impact from their early histories even when they are placed with a supportive and loving family. Traditional parenting techniques may not work with these children and foster parents are helped to develop alternative therapeutic parenting techniques to help build their resilience.

The 'Nurturing Attachment Training Programme' is a manualised programme (Golding, 2013) that is designed to provide support and guidance to foster parents and adoptive parents who are parenting children who have experienced maltreatment, trauma or are having attachment related difficulties. The training resources include theoretical content and a range of activities supported by reflective diary sheets, activity sheets, and handouts. The programme is based upon the concepts of attachment theory, an understanding of child and relationship development and the impact of trauma on children's development.

The programme is an 18 week course and each week is 3:5 hours. The course is run by 2 experienced and trained clinicians. The training is also being delivered within the Local Authority to the Local Authority foster carers and their supervising social workers so that foster carers can be supported within the model.

To support Local Authority Social Workers in their work with children and young people, CYPiC CAMHS have offered a condensed version of the 18 week course to all workers. It provides them with an overview of Therapeutic Parenting, impact of early trauma on subsequent relationships and how to use the strategies explored in their direct work with

children/young people and their Foster Parents. The mini course is 3 half days. To date we have undertaken 5 cohorts of training to children's Social Workers.

➤ **Reflective Practice to support the model of Therapeutic Parenting delivered by CYPiC-CAMHS for Local Authority Foster Carers.**

Reflective Practice is offered to Local Authority Foster Carers trained in the Therapeutic Parenting Model on a fortnightly basis. Due to staff sickness this only took place until December 2022. 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. One of the core thread of the sessions is to promote mentalizing in foster parents (i.e. the ability of a foster parent to understand the thoughts, feelings and needs of both themselves and their foster children they care for). There is extensive evidence about the importance of understanding the intentions behind their child's behaviour, and also getting a greater sense of their own mind (mentalizing) in human relationships and its relationship to attachment.

Reflective Practice encourages and supports the use of Reflective Thinking in all the interactions Foster Parents have with their children. Reflective Practice which supports Therapeutic Parenting enables the Foster Parent to see the world from his or her own perspective and from their child's perspective. It means recognizing that all behaviour is linked in a meaningful way to underlying mental states- such as emotions, intentions, beliefs, goals and thoughts. The child's behaviour is linked to something in the child's mind and the Foster Carers behaviour is linked to something in their mind. We support Foster Carers in understanding that the behaviour is on the outside; the meaning of the behaviour is inside the mind. They see the behaviour. The mind is hidden. Therefore they can only be curious about and infer what the meaning of the behaviour might be. We encourage and support the continued use of PACE in their interactions and parenting of the Young Person.

Reflective Practice for Foster Carers, promotes positive development for the child. Creates a strong relationship bond between parent and child. Transmits the capacity for reflective thinking to the child, which enables them to become a well-functioning mature adult.

We encourage Foster Carers through Reflective Practice to see and understand that all healthy child development occurs in the context of a relationship. That is no absolutely one right way of parenting, that there is no such thing as a perfect parent. We encourage through reflection how to use Therapeutic Parenting and understanding to guide their response to a child to help a child learn to cope with stress and difficult experiences. We revisit the two hand of parenting and connection before correction as discussed in the model of Therapeutic Parenting this fosters closeness and promote separateness. We reflect on how to pay more attention to strengths and what is right, than weaknesses and what is wrong. We explore how misunderstanding and conflict are normal and inevitable.

But if they cause a rupture in the relationship, the rupture must be repaired, again this is supporting the Model of Therapeutic Parenting.

➤ **Consultation**

CYPiC-CAMHS Consultation is an opportunity for colleagues to begin to think about the Psychological needs of Children and Young People in Care on 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 the following ways

- It can speed up the accessing of specialist help, where appropriate
- It can prevent an on-going referral culture, enabling the child to stay with the original practitioner where appropriate
- It can help develop confidence and skills in understanding and assessing the child's emotional wellbeing.
- It can help normalise the child's difficulties
- It can help manage workers anxiety about the perceived problem
- It can help challenge the idea that every child needs therapy immediately
- It promotes a wider view of the child's problem
- It demystifies 'therapy'
- It can lead to intra-and inter-professional developments, including service development.
- The unique perspective (i.e. that of the consultee/Social Worker) is inherently validating of the consultee's skills
- Consultation enhances skills across groups of professionals, rather than in one individual
- The focus on the skills and understanding of the consultee facilitates the identification of training and other needs
- Consultation can prevent on-going referral, enabling the person or family to stay with their original 'front line' practitioner
- Consultation enables us to offer timely support, Helps prevent inappropriate referrals. Can help reduce waiting times and helps people to start to think differently about Mental

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)

Foster Carers

Wolverhampton Local Authority Supervising Social Workers

Social Workers

Senior Social Workers

Team Manager

Independent Review Officer

Family Support Workers

Agency Supervising Social Worker

Kinship Carers

Barando's Star Project

Family Finder (adoption)

Schools

All consultation sessions have been undertaken virtually using MS Teams, this has worked very well, allowing from more systemic and psychological thinking with a wider range of professionals/carers supporting children and young people in care.

➤ **CAMHS Clinical Specialist External Placement Panel (EPP)**

The EPP specialist nurse has continued to support the commissioning of external placements to ensure quality and make certain that our children needs and requirements are being met. The EPP role involves working as a CAMHS clinician across Wolverhampton and Sandwell CAMHS, the ICB and the Local authorities; assessing children and young people that have been placed in out of area specialist placements through the panel. EPP is a tripartite panel that represents health, education and social care.

The role involves conducting mental health assessments to ensure that the children and young people's mental health needs are assessed and met within placements and the findings are reported back to the EPP. The role also involves providing recommendations in regards to therapeutic interventions that may be offered to the children and young people whilst within placement, as well as monitoring progress and ensuring support is 'stepped down' appropriately. The EPP nurse also liaises with partner agencies and when possible will offer joint appointments with social care, education or the Looked after Health

Team. Joint quality assurance visits with the Designated Nurse for Children and Young People in Care also take place where an issue around health provision has been identified.

Attendance at multi-agency meetings, children and young people in care reviews is crucial in ensuring the best care is dovetailed to their individual needs and that the residential units are providing what they claim to so that commissioners are being good stewards by spending money effectively and wisely. The EPP nurse travels to each child and young person wherever they are placed around the country every three to four months.

4) In Conclusion

Whilst the team have not seen a major increase in referrals since quantitative data was last reported we have seen a definite increase in out of area referrals with young people referred with higher risk and on a DOLS or transitioned from tier 4 hospital care with little or no notice. This has put significant pressure on our Crisis Team, our psychiatry team and our CAMHS CYPIC team. This means that engaging and working with children and young people who have endured significant trauma and have organised themselves into maladaptive attachment patterns to help them manage relationships take much longer to build a therapeutic relationship before any therapeutic work can begin. Therefore the work is long term and consequently the through put is slower. Regardless of this and notwithstanding the long term sickness that has been within the team we have continued to provide an excellent service in a professional and caring way within short waiting times compared to national standards and other CAMHS teams.

We are grateful for the investment into the team which has enabled us to increase the staffing from 2.2 wte to 6.0 wte. This provided us with the opportunity to expand our skill base to offer more diversity in terms of the therapeutic models we can offer as well as the cultural mix of the team members.

It was reported in last year's report that Commissioners and Senior Managers were working on looking for 'best practice' in CYPIC CAMHS provision to attempt to align all four Black Country CAMHS children in care services to provide best practice in all four areas within the financial envelope available. A lot of work was undertaken to look at models used in other children in care CAMHS teams, meet with children and young people who use our service for their thoughts and feedback and read research papers to understand what best practice in CYPIC CAMHS is. It was concluded the model we have in Wolverhampton and Sandwell CYPIC CAMHS is best practice and therefore the alignment of the four CAMHS teams will use this model.

Challenges

Therapeutic work with children and young people in care is complex and placement breakdowns can occur despite the efforts of the various professionals and foster parents working with the child. This is particularly heart breaking in the case of adoption breakdowns or ending of foster home placements. 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.

Finally

Working with children and young people in care can be difficult and exposing, 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 Wolverhampton have the working together ethos to achieve the best results.

**BLACK COUNTRY INTEGRATED CARE BOARD (BC ICB)
WOLVERHAMPTON PLACE**

Corporate Parenting Board

Health Services for Children and Young People in Care (CYPiC) Annual Report
(Aug 2022 – July 2023)

Date of Meeting: 23/11/2023 . Agenda item: ()

TITLE OF REPORT:	Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2022 – July 2023)
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. Whilst also identifying the priorities for the next reporting period.
REPORT WRITTEN BY:	<ul style="list-style-type: none"> Becky Grainger - Designated Nurse CYPiC (Black Country ICB)
REPORT PRESENTED BY:	<ul style="list-style-type: none"> Becky Grainger (Designated Nurse CYPiC – Black Country ICB Wolverhampton Place) Dr Stephanie Simon (Designated Doctor CYPiC – Black Country ICB Wolverhampton Place and Clinical Director for Community Paediatrics - RWT) Dr Wendy Harrison Frazer - Lead for Children and Young People in Care CAMHS Teams (BCHFT)
EXECUTIVE RESPONSIBLE:	Sally Roberts, Chief Nurse and Director of Quality (Black Country ICB)
KEY POINTS:	Both Provider reports have been submitted as separate reports and will presented separately but provide an overarching health picture for CYPiC.
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources	
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Part 1: Black Country Integrated Care Board (ICB)

1 Purpose of the 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.
- The report outlines how the Black Country ICB work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton City Council.
- The report will identify challenges and risks that impact on us achieving the statutory responsibilities, whilst also highlighting the key achievements and our key priorities moving forwards.
- The report will provide assurance that we continue to strive to meet statutory requirements and will demonstrate a model of continuous improvement.

2 Black Country Integrated Care Board (ICB)

- Working Together to Safeguard Children 2018 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. Since July 2022 the statutory responsibilities formerly held by CCGs transferred to the ICB. A new version of Working Together to safeguard Children is currently anticipated.
- In line with intercollegiate guidance, Black Country ICB Wolverhampton Place employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DD 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.

1.1 Statutory Responsibilities

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

- Initial Health Assessments (IHA)

From the date a child or young person comes into care, a statutory IHA should be undertaken within 20 working days. This is achieved through requests from local authorities to Providers to undertake the IHA's as commissioned within Wolverhampton. The IHA is a detailed health assessment and health care plan undertaken by a medical professional (Community Paediatrician), that is personal to the individual child ready for their first statutory review by the Independent Reviewing

Officer (IRO). Our Providers within Wolverhampton also offer provision for out of area (OOA) CYPiC placed within Wolverhampton.

- Review Health Assessments (RHA)

RHA's are a statutory requirement for all CYPiC, which are completed 6 monthly for children under the age of 5 and completed annually for young people over the age of 5. The RHA's are completed by the CYPiC team, alongside the school nursing/health visiting teams. Children placed outside of the commissioned area, will have their RHA's completed by the hosting health providers. Alongside OOA IHA's, the local health provider will also undertake OOA RHA's for children placed within Wolverhampton.

- Leaving Care Health Summaries (LCHS)

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

Within the provider are Community Paediatricians who function as medical advisors for adoption and fostering. The medical advisors regularly attend the adoption panels as part of the Black Country Regional Adoption Agency (Adoption@Heart), providing medical reports to support with the adoption process, ensuring all current health needs are identified as well as likely future implications dependant on the child's history. Adult health reports continue to be prepared and submitted for prospective adopters by the paediatricians.

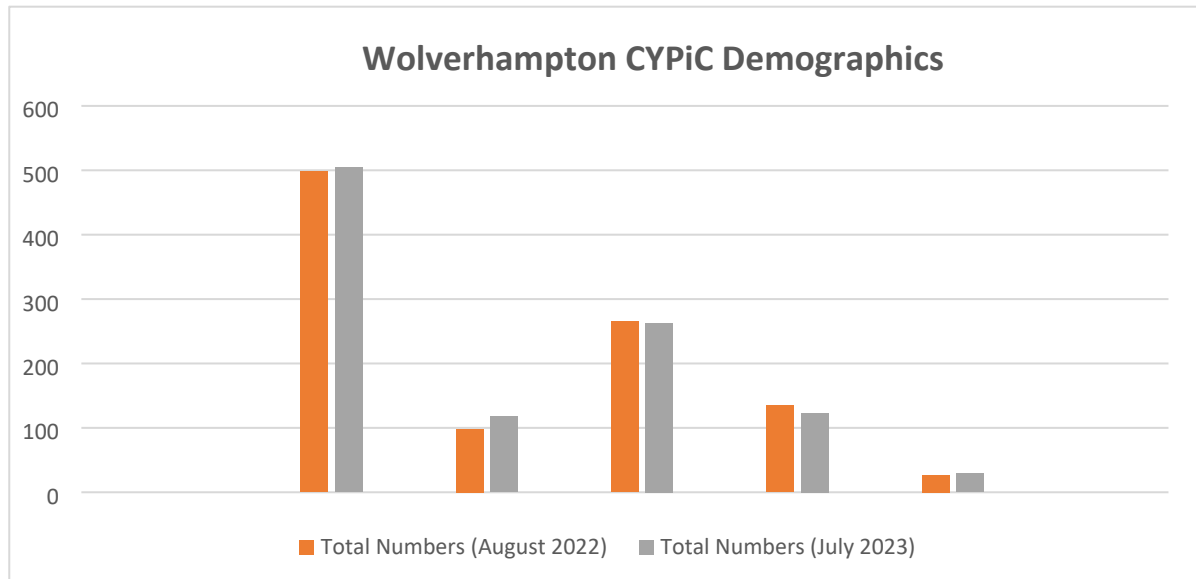
1.1 CYPiC Demographics and Current Commissioning Arrangements

Figure 1 and Figure 2 outline the demographics for Wolverhampton CYPiC

Figure 1

Total for Wolverhampton	August 2022 (% of Total)	July 2023 (% of Total)
Total Number of CYPiC	498	504
Number of CYPiC 0-5 years	98 (19.7%)	118 (23.4%)
Number of CYPiC 6-15 years	265 (53.2%)	263 (52.2%)
Number of CYPiC 16-17 years	135 (27.1%)	123 (24.4%)
Number of UASC	27 (5.4%)	29 (5.8%)
Number of CYPiC placed in City	207 (41.6%)	219 (43.4%)
Number of CYPiC placed in Adjoining Boroughs	136 (27.3%)	156 (31%)
Number of CYPiC placed 50 miles plus	29 (5.8%)	24 (4.8%)

Figure 2



- 4.8% of our children and young people are currently placed further than 50 miles away, a 1% decrease of the total number of CYPiC compared to the data reported in 2022, this is a positive as it improves consistency for the children and young people when they remain resident within the commissioned 50-mile radius. The ICB are responsible for the coordination and quality assurance of health assessments for this cohort.
- It is reassuring that Wolverhampton have 95.2% of their CYPiC living within the commissioned radius. Comparisons cannot be made with other areas within the Black Country this year as a fair comparison cannot be made due to variation in what is being measured.
- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). Their health care provision includes all children placed in and outside of Wolverhampton, within a 50-mile radius. This continues to ensure improved consistency and oversight.
- Black Country Healthcare Foundation NHS Trust are the commissioned Provider of Child and Adolescent Mental Health Service (CAMHS), offering a specialist therapeutic service to our CYPiC.

1.2 Quality, Governance and Performance

- 100% of Children and Young People (CYP) entering care are offered an IHA, it remains both a local and national challenge to achieve the 85% performance

compliance by achieving the 20 working day timeframe regarding these. There has however been a positive improvement, seen in the timeliness within this reporting period, whilst maintaining quality, with significant work in place locally to review exception reporting and action mitigation plans. Further details regarding this are discussed later in the report by The Provider (RWT).

- Data continues to be provided from the Local Provider (RWT) to Designated Nurses in the form of a dashboard each quarter against key performance indicators, as part of the contractual arrangements with the ICB. The data is scrutinised at local strategic health meetings (Health Operational Meeting and CYPiC Health Steering Group) which include Health Providers, Local Authority, Public Health, and the Designated Nurses/Doctors. Since September 2022, a single dashboard is now in place to report performance across the Black Country.
- As members of the regional and NHS England (NHSE) forums, we have the opportunity to share and bring back best practice to address issues locally and system wide across the Black Country.
- Health and Social Care colleagues supported the National Review led by the Child Safeguarding Practice Review Panel. The focus of the review was on children with disabilities and complex health needs who are CYPiC and who are currently placed in residential specialist schools which are registered as children's homes. Health colleagues led of specifically reviewing the CYP health within the review. This covered a variety of areas, an example ensuring if the CYP has prescribed medication that this is being administered and stored correctly and any medication errors recorded and acted upon appropriately. The findings of the report were shared by the Local Authority at Corporate Parenting Board.

3 Public Health (PH)

- Public Health hold the commissioning responsibilities for dental and optical health and immunisations, so will be able to present more detailed information if required on request.
- Results from the anonymous online Health Related Behaviour Survey (HRBS 2022), in which CYPiC status has been included as an identifier for the first year have now been published following a delay. The survey was completed during the spring term of 2022 and has been running since 2006. The survey was undertaken by both Key Stage 2 and secondary school age young people (which included 6th form and Wolverhampton College). Of the respondent's 1% self-identified as being in care, the small response rate may give us a useful indication of needs as they differ from the general population but may not be fully representative of that cohort because of the small numbers involved. The results however have suggested a range of Emotional Health and Wellbeing (EHWB) issues experienced by our CYPiC.
 1. Concerns regarding their mental health
 2. Emotional and Behavioural Difficulties (Identified on the Me and My Feelings Questionnaire)
 3. Feelings of loneliness
 4. Unhappiness and Anger

5. Issues with a sense of belonging in school.
6. Experiencing bullying
7. Relationship difficulties
8. Sexuality and Gender Identity

3.1 Dental Health

- During a quality assurance dip sampling audit completed by The Provider of 10 IHA's completed between September 2022 and July 2023, 60 % of the IHA's did not have a recorded last date of a dental health check recorded in comparison to 30% in the previous reporting period. However, out of the 6 IHA's 2 of the young people and foster parents were unable to recall the date of last dental review, 4 of the CYPiC were yet to be registered with the dentist. An action within the health plan was present in all these IHA's to ensure a dental health check was completed in a timely manner to be followed up by the social worker.
- The provider also undertook a quality assurance audit of RHA's by dip sampling 20 RHA's that were completed during the period of March 2023-August 2023. 1 out of the 20 RHA's reviewed did not have a last date of dental review recorded.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC, who has liaised directly, and effectively, with dental practices.
- It is important to note that if our Care-leavers are 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.

3.2 Immunisations

- Immunisation status was also included as part of the quality assurance audit undertaken by the Provider, it identified that 100% of the IHA's and RHA's audited, they had clearly documented the young person's immunisations status, noting in 3 young people were not up to date, one young person was a Unaccompanied Asylum Seeking Child (UASC), who had a detailed plan to ensure this young person was brought up to date, the other two young people had declined having any further immunisations.
 - UASC are at risk of infection with blood borne viruses (BBV). All UASC are seen by a doctor for their IHA and continue have routine testing for latent tuberculosis and a blood test for BBV screening.

4 Key Achievements for Black Country ICB

- 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.

- We recognise the importance of our CYP's voices and involving them in decision making within health is key. Quality assurance of both initial and review health assessments is based on how effectively we are capturing the CYP voice, and their feelings about health and the services offered to them.
- Face to face communication with our CYP is actively encouraged, however engagement with our CYP continues to be a hybrid approach, encompasses face to face and virtual appointments. This approach allows for greater flexibility and supports in engaging young people who can be difficult to reach and engage.
- Following approval of the free prescription proposal by the executive board within The Black Country ICB, this offer has now been available to all care leavers between the ages of 18 and 25 years who are a care leaver and eligible to receive a leaving care service from either Wolverhampton, Dudley, Sandwell, or Walsall Children's Services and not already exempt from prescription charges since 1st April 2023. Between April 2023 and July 2023 6 care leavers have benefited from applying for an exemption certificate. Engagement with this offer continues to be supported and encouraged by the CYPiC nursing team within The Provider at the young person final RHA and through the Young Person's Advisers (YPA's). The link below will direct you to the information and applications page for free prescriptions.

https://blackcountry.icb.nhs.uk/your-health/find-right-service-you/your-local-pharmacy/care-leaver-prescription-pre-payment-certificate?search_query=leavers

- In February 2023, The Black Country ICB signed The Care Leavers Covenant, which is a national inclusion programme through which organisations from the private, public, and voluntary sectors pledge to provide support for care leavers aged 16 to 25 to help them to live independently. A report identifying a joint approach to highlighting opportunities to work in health, as well as improving access to health for our care leavers is due to be presented at the Peoples Programme Delivery Group in September, looking at a system wide approach across the Black Country.
- The Local Authority have been successful in their bid for the Staying Close Model to be developed within Wolverhampton. As part of the bid the DN CYPiC and Team Leader CYPiC Team RWT provided support in relation to the health aspect of the bid specifically looking at engagement with health and health outcomes. Within the bid a Care Leavers Nurse position was proposed, and it is an exciting role to be able to offer support for our Care Leavers on a secondment opportunity until March 2025. This is a position that our Care Leavers have been requesting for a long period of time due to challenges in navigating the healthcare system. This position will provide support to address the current gap and risk in relation to transitional safeguarding.
- The DN CYPiC has a sound oversight of those who are placed over 50 miles, escalating to the hosting ICB's when health concerns are escalated. The communication with the hosting ICB's and local CYPiC teams allow for effective sharing of information including identified risks and ensuring access to health services for these young people are not delayed.

- Health provision with the daily Exploitation Hub is now supported jointly by The Providers (RWT and BCHFT), DN CYPiC and Assistant Designate Children and Adults. The purpose of the daily briefing is to review all those being exploited or at risk of exploitation, facilitate multi-agency information sharing and gathering, decision-making, disruption planning, and intervention/support required around those children/places whereby the concerns are around exploitation. The addition of Provider support allows for improved timely sharing of health information. Additional resource to fund an exploitation lead post within health is being scoped at system level.

5 Challenges

- As previously discussed in this report the compliance rates for Statutory Health Assessments continue to be a challenge. Health and the Local Authority continue to work closely together to review exception reporting and agree on appropriate action to continue to see improvements.
- There has been variance identified within the ICB regarding how the 4 commissioned areas are reporting the timeliness of their IHA's. The current guidance in promoting the health and wellbeing of looked after children states.

'The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. That case review must happen within 20 working days from when the child started to be looked after'.

To ensure all areas are recording the same data to provide accurate analysis and comparison to allow us to identify areas of concern that require action. The dashboard is to be amended that will request that all 4 areas provide 2 dates moving forward to allow analysis of timeliness.

1. The date of the IHA appointment
2. The date the IHA report was returned to the Local Authority

- There continues to be variance regarding service delivery within the 4 commissioned areas within the Black Country. This has arisen due to the arrangements for resourcing in the legacy CCGs (prior to the merger in April 2021). There is ongoing work within our CYPiC workstream within the ICB to produce a single service specification to improve the equity of service provision across the ICB, a draft version of this is currently being reviewed by our local CYPiC teams, children's commissioner and local CYPiC and Care leavers Councils.
- There remains significant unwarranted variation for CYPiC placed outside of their originating authority. Wolverhampton continue to see complex young people from other areas placed into Wolverhampton in unregulated accommodation.
- Increasing numbers of UASC's placed within Wolverhampton, impacts on capacity within RWT to provide IHA, RHA's and the bespoke UASC clinics. The DN CYPiC continues to raise individual cases with our multi-agency safeguarding leads across the partnership.

- The quality of information received from general practitioners to support the adult medical health form as part of the adoption process requires improvement. Plans to support this improvement are being led by the Designated Doctor CYPiC and Named Doctor for CYPiC, through education and example proformas.
- 2023 has seen NHS England (NHSE) launch the digitally enabled data collection that will provide data on the number of CYPiC who are placed, both within their receiving ICB area and in a location which is out of their ICB area, and whether they have received their statutory initial and review health assessments within the national statutory timescales. Any delay in notification and / or completion of health assessments can have a detrimental impact on that child's health and wellbeing. Quarter 1 data is due to be submitted in August 2023, this will have an impact on the CYPiC teams capacity due to the requirement for some of the data to be obtained manually due to limitation in data recording systems currently.

6 Key Priorities for Black County ICB (2023/2024)

- Continue to improve the compliance of statutory health assessments with the aim to achieve the 85% key performance indicator, through analysis of exception reporting and through working closely with partners to address the barriers.
- Implement new service specification and enhanced services for CYPiC across the Black Country. This will reduce the variation across the system and therefore improve equity.
- Continue to promote the free prescription offer to our care leavers and provide education/training as required to the Reach and Leaving Care Team, Health Colleagues (Including Primary care) and directly to the Care Leavers.
- To develop and launch a health app for care leavers to support in navigating the health system. The app will provide up to date guidance around accessing support and up to date information linking the Care Leaver to NHS webpages around a variety of topic areas for example, sexual health, neurodiversity, parenting and mental health.
- Develop and embed a Health profile Form to collate health data as part of IHA for children and young people entering care. Understanding the health profile of the CYPiC locally and system wide will enable us to understand what services/support is required to ensure the CYP have the right services available to them and can support future commissioning conversations.
- Develop advice to YPA's on Gender Dysphoria issues and appropriate referral pathways for care leavers, to ensure National Guidance is being followed and appropriate support accessed.
- Embed Dental Health Pathway within Wolverhampton, to improve and care planning and communication of dental needs of our CYPiC. The dental audit results identified that not all carers/young people can remember when they last saw the dentist and may not remember what the plan of care was following that appointment. The new dental pathway provides a document that is completed by the dentist and is returned to both the Local Authority and CYPiC Team. The information is then available prior

to the RHA and can also follow the CYP if a move to another home is required, so the next carer is fully aware of the ongoing dental plan.

- Continue to provide the quarterly CYPiC data to NHSE, to form the national data collection of IHA, RHA and notifications, whilst continuing to support The Provider in obtaining the data for submission.

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Paper for submission to the Corporate Parenting Board

Title of Report:	Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2022 – July 2023)	Enc No:
Author:	Laura Powell CYPiC Team Lead (Royal Wolverhampton Trust)	
Presenter/Exec Lead:	Rebecca Grainger	

Action Required of the Board/Committee/Group

(Please remove action as appropriate)

Decision	Approval	Discussion	Other- Assurance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Deliver a safe and high-quality service (Children and Young People in Care) On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: Deliver a safe and high-quality service (Children and Young People in Care) Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 6		
Resource Implications:	Workforce: Staying Close Bid for Care Leavers Nurse has been successful and will be recruited to. Funding Source: Local Authority.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with CQC fundamental standards
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with legal framework such as Children Act, Promoting the Health & Wellbeing of Looked after Children, NICE guidance for Looked After Children.

	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the NHS Constitution principles
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Well-led: the leadership, management, and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>		

Equality and Diversity Impact	<p>In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.</p> <p>Please provide an example/demonstration: No adverse impact is anticipated as a result of the points articulated in this report.</p>		
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Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Shared with Trust Safeguarding Group 6/9/23.
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

- There has been an overall increase observed in relation to the IHA requests completed within 20 working days from entering care (within provider control).
- There has been an improvement in compliance in relation to the number of RHAs we have received on time from the Local Authority and which have been completed by the due date (within provider control).
- All UASC are allocated to a Named Nurse for CYPiC and intervention is tailored around their needs with a follow up at week 6 following their IHA and again at week 12.
- The compliance for the number of young people leaving care (age 18 years of age) that have received a leaving care health summary has steadily improved from 0% to 100% in 6 months with an average compliance across the year being 83%.
- There is currently work being undertaken with Adoption@Heart, Local Authority, Child Health and RWT to strengthen pathways and Standard Operating Procedures around the adoption processes.
- The Staying Close bid for a Care Leavers Nurse was successful and will be recruited to once signed off.

Advise

Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought

- In April 2023, it was agreed that reporting should be aligned with the Local Authority in that IHA compliance would be reported from the month the child entered care rather than the month the IHA was returned to the Local Authority.
- The number of days the child entering care to the CYPiC health team being notified has reduced with both teams (RWT and Local Authority). Both are working together capturing the admissions to care, notifications and a change in process with consent forms being completed on the day of being placed. This continues to be addressed.
- Difficulties in booking IHAs and RHAs and the attendance of these has been escalated to the Local Authority with pathways in place to support this. A quarterly audit is undertaken by the CYPiC Lead and a joint action plan with Local Authority progressed.

Alert

- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.
- Audits and analysis continue to take place to monitor and improve on performance and provide assurance against the NICE guidelines. This includes both IHAs and RHAs.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)

Excel in the delivery of Care

- Embed a culture of learning and continuous improvement
- Prioritise the treatment of cancer patients
- Safe and responsive urgent and emergency care
- Deliver the priorities within the National Elective Care Strategy
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

Support our Colleagues

- Be in the top quartile for vacancy levels
- Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing

	<ul style="list-style-type: none"> • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none"> • Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none"> • Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

The RWT Children and Young People in Care Team

This report covers from August 2022 to July 2023. The team (managed by Head of Safeguarding) currently consists a skill mix of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering) (Community Paediatricians with allocated hours for CYPiC)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- Children and Young People in Care Team Lead (Band 8a)
- 2 Named Nurses for CYPiC (Band 7)
- 2 Specialist Nurses for CYPiC (Band 6)
- Administration team (including: 4 permanent members of staff) (3xBand 3 & 1xBand 4)

Statutory health activity

Statutory Health Assessments

- Initial Health Assessments (IHAs) are undertaken by the Community Paediatricians, Speciality Paediatric Doctor or GP with a Specialist Interest in Paediatrics.
- 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 and Health inclusion Team
- The team complete all RHAs for those children and young people placed up to the 50-mile radius.
- All RHAs are RAG rated to ensure the assessment is undertaken by the same practitioner for continuity for the child and in a setting to best meet the needs of the child.
- The team complete assessments for CYP placed within Wolverhampton under the care of out of area Local Authorities. For this report focus will be on those assessments undertaken for CYP looked after by Wolverhampton.
- All RHAs are undertaken face to face albeit virtual assessments are considered if there are significant difficulties engaging young people with the discussion and agreement with the Local Authority on an individual basis.

Initial Health Assessments (IHAs)

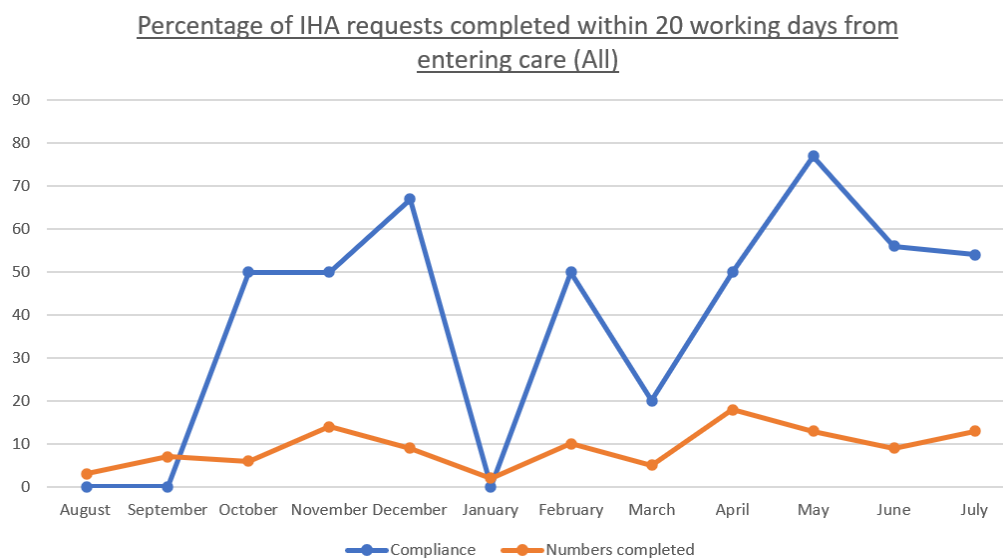
- Figure 1 shows the number of IHAs completed within the reporting period. A total of 109 assessments were completed. There were peaks noted in November and April with lower peaks noted in May and July. In addition, 33 IHAs were completed for CYP for children placed in Wolverhampton by other local authorities.

Figure 1 – Number of IHA requests completed and returned to the Local Authority



Figure 2a – Percentage of IHA requests completed within statutory timescales of within 20 working days from entering care (All)

The following graphs show compliance of IHAs completed within statutory timescales (within 20 working days from the child entering care). Figure 2a shows the compliance for the total number of IHAs whilst Figure 2b shows the compliance within provider control (those IHAs received within 5 working days of the child being placed into care).



This graph shows an overall increase in compliance across the reporting period albeit 2 reductions in compliance observed in January and March when the IHA referrals were lower. In April there was an increase noted in the number of referrals received however this was supported with Waiting List Initiative (WLI) clinics.

Figure 2b – Percentage of IHA requests completed within statutory timescales of within 20 working days from entering care (within provider control)

The following graph captures the compliance for IHAs received within 5 working days of the child entering care. Again, an overall increase has been observed. Exceptions around this include foster parent cancellation or declining the initial appointments and the child not being brought to their appointment.

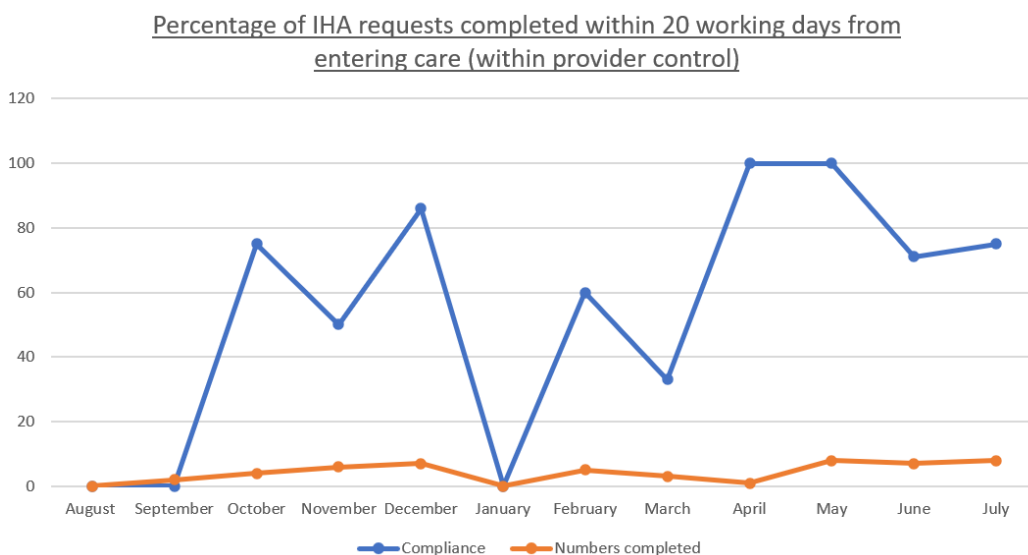
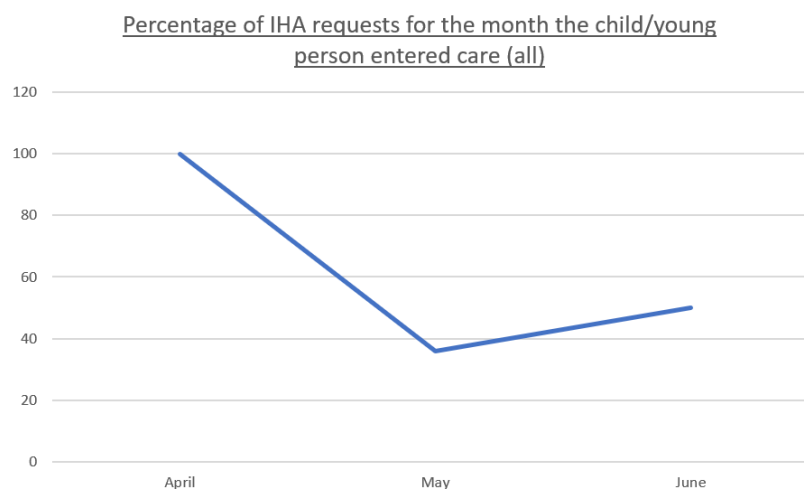


Figure 2c – Percentage of IHA requests for the month the child/young person entered care (all)

In April 2023, it was agreed that reporting should be aligned with the Local Authority in that IHA compliance would be reported from the month the child entered care rather than the month the IHA was returned to the Local Authority. Therefore, Figure 2c demonstrates this compliance since April 2023. This data presentation was only commenced in April whereby the compliance was 100% therefore shows a drop in compliance before rising to 50%.



- Due to the reduction in IHA compliance, a review was undertaken and thereafter changes were made.

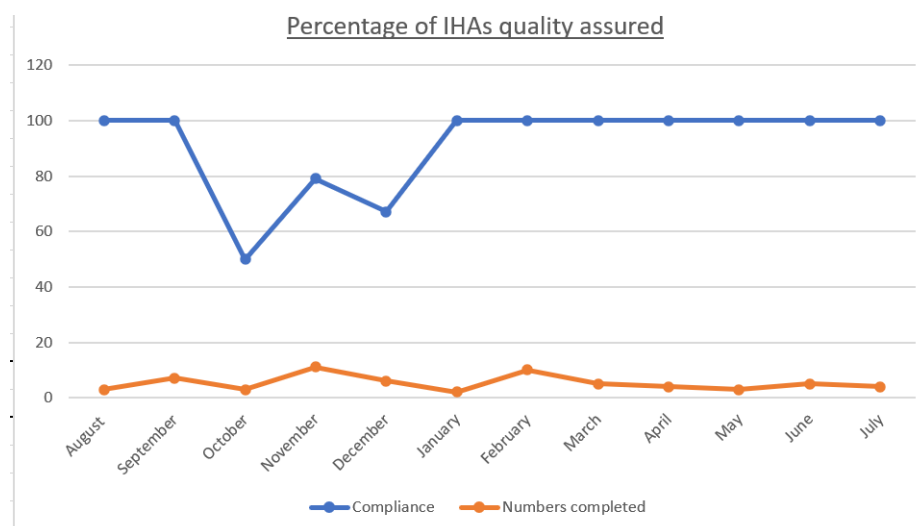
- Difficulties in booking IHAs and RHAs and the attendance of these has been escalated to the Local Authority with pathways in place to support this. A quarterly audit is undertaken by the CYPiC Lead and a joint action plan with Local Authority progressed.
- The number of days the child entering care to the CYPiC health team being notified has reduced with both teams (RWT and Local Authority) working together capturing the admissions to care, notifications and a change in process with consent forms being completed on the day of being placed. This has supported a timelier receipt of request and therefore booking a child's IHA. This continues to be addressed. Timeframes of assessments also forms part of the Health and Local Authority networking events to raise awareness around the importance of timeframes to be followed.
- Health passports continue to be issued to the child or young person at their IHA with a view these stay with the child or young person throughout their care journey and contribute towards their understanding of health, development, and wellbeing.

Percentage of IHAs quality assured within 5 working days of completion

- In February 2023, it was requested we review the quality assurance process as this was seen as a potential delay in the IHA being returned. It was agreed to trial 1 in 5 IHAs being quality assured. This has continued and is closely monitored by the Designated and Named Doctors for CYPiC and has positively contributed to the timely return of IHAs.

Figure 3

Figure 3 shows the percentage of and numbers for those IHAs quality assured. Whilst there was an evident dip in compliance in October, November and December due to capacity, this has been corrected with 100% compliance since.



Review Health Assessments (RHAs)

- All RHAs are undertaken face to face following the covid restrictions unless there are identified difficulties with engagement whereby a case-by-case decision will be made by the Nurse and Social Worker.
- The nursing team continue to RAG rate all RHA requests to ensure the most appropriate method of contact, environment and practitioner is selected to support continuity for the child or young person and to support engagement as well as identifying reasonable adjustments

required. Following this, the administration team contact the foster parent and/or young person to arrange an appointment convenient to meet their needs.

- The team offer 'out of school hours' appointments and flexibility to support with attendance at appointments.
- There was a total of 352 RHAs reportable to the ICB over the reporting period.

Figure 4

Figure 4 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). As figure 4 demonstrates, there has been a further improvement in compliance with an average compliance rate of 78% in comparison to 71% for the last reporting period. These figures are continually monitored and provided for assurance within the monthly Trust Safeguarding Group. New processes of the CYPiC Health Administration team sending the lists 4 months ahead of the due date has supported this compliance.

Percentage of RHAs which were received on time from te LA and completed by the due date

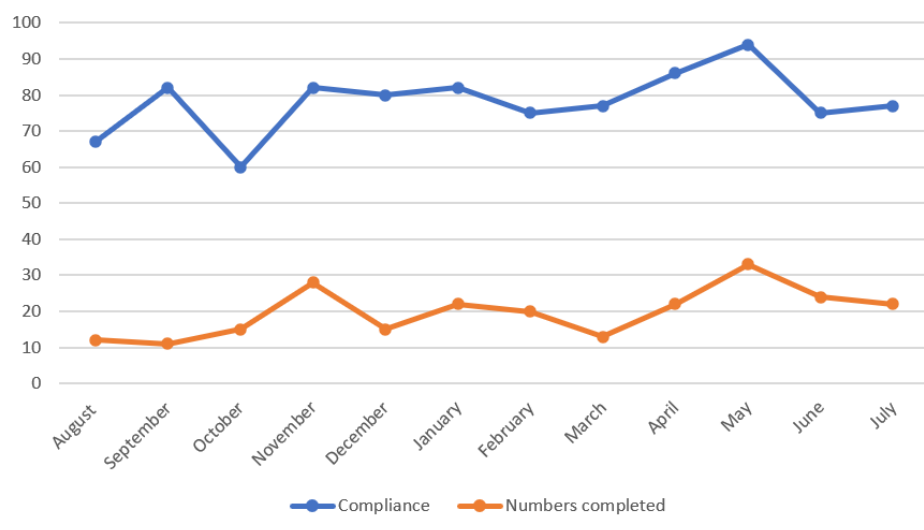
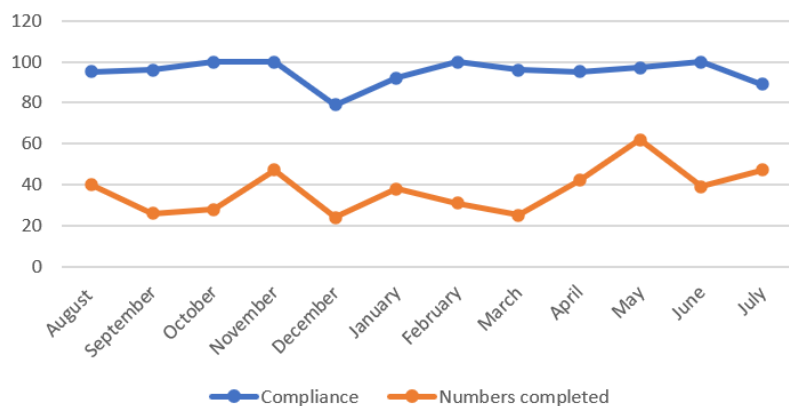


Figure 5

Figure 5 shows the percentage of RHAs quality assured within 5 working days of being returned by the practitioner. All RHAs completed outside of the nursing team are quality assured with only 1:5 of the CYPiC team quality assured. This shows a good steady compliance rate.

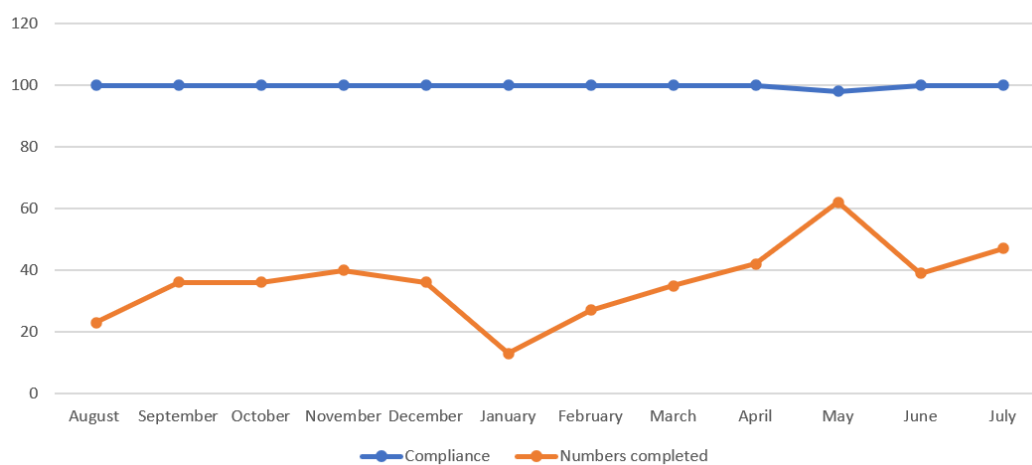


- The nursing team continue to complete training around completion of RHA monthly, directed towards 0-19 Service practitioners completing assessments to support with ongoing quality improvement. One to one sessions are also arranged if this is required as well as CYPiC supervision.

Figure 6

Figure 6 provides assurance of the sustained full compliance of RHAs being returned to the Local Authority within 5 working days of being quality assured. The team have maintained a 100% compliance throughout apart from the month of May where there was a significant increase in activity.

Percentage of RHAs returned to the Local Authority within 5 working days of being quality assured



Updates, controls, and mitigation

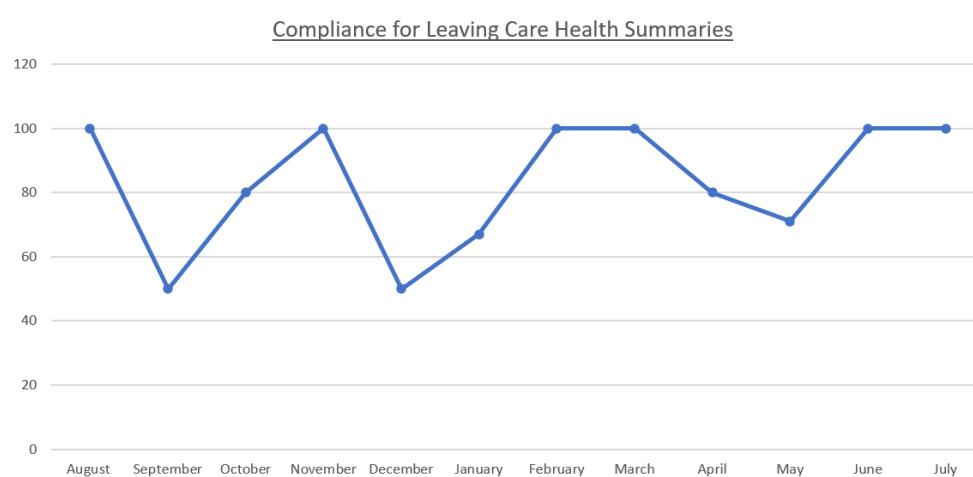
- Changes in process that was implemented as of 1st July 2022 whereby the CYPiC health team send a list of all children and young people pending their RHA 4 months ahead, requesting all paperwork is returned by 3 months prior to the due date. This has supported with proactive booking and seeing the children in a timely manner as well as reducing the risk of late requests which impact directly upon capacity. This has positively contributed towards the RHA compliance.

- The CYPiC nursing team continue to regularly deliver Local Authority training in relation to statutory health assessments and processes. These will continue to run on a 6 monthly basis and are mandated for all Social Workers to attend.
- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.

Leaving care health summary (LCHS)

- It is a statutory requirement that a LCHS is completed by the time a young person turns 18 years of age providing a summary of their health information since the time they were placed in care to the day of their 18th birthday. It also provides advice around how to access health services and contact details to support them going forward. 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, and they are provided with the details of how to access copies of their health records in the future.
- Within this reporting period, a video was completed to be shared with the young people via social media, through their YPA's and Social Workers and the CYPiC team to support discussions and raise awareness around what a LCHS is. This has supported with the number of young people consenting to having a LCHS in addition to this forming the conversation at their final RHA.
- The backlog noted in the previous report has been addressed and the trajectory achieved. The compliance for the number of children leaving care (age 18 years of age) that have received a leavers summary has steadily improved from 0% to 100% in 6 months out of the reportable period with an average compliance across the year being 83%. Figure 7 shows the increase in compliance detailed.

Figure 7



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 children and young people in care, and advise on adult health assessments for prospective adopters and foster parents.
- 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.
- There have been 23 prospective adopter meetings held over the reporting period. The number of adoption reports completed following IHAs and RHAs has totalled 128 (61 from IHAs and 67 from RHAs). This demonstrates an increase in prospective adopter meetings (14 the previous reporting period) however the number of adoption medical reports shows a slight reduction in numbers (148 the previous reporting period).
- Adoption medical reports are completed on a 6 monthly basis for children under the age of 5 years of age.
- The Medical Advisors have completed a Quality Improvement project to create standard impact statements for conditions such as ACES and FASD that is now being delivered across the ICB so that all Medical Advisors in the regional adoption agency could benefit from using.
- There were 98 adult health forms for fostering completed and 52 adult health forms for adoption completed totalling 150 showing a slight increase. It is important to note the increase was seen from adult health forms for adoption increasing from 28 in the last reporting period.
- The team are working with Adoption@Heart to improve timeliness of Adult Health reports but also by educating GPs on the importance of the health reports to the adoption process.
- There is currently work being undertaken with Adoption@Heart, Local Authority, Child Health and RWT to strengthen pathways and Standard Operating Procedures around the adoption processes.

RWT Key Activity and Progress

- There is governance oversight of the service as part of the safeguarding assurance framework. The service lead attends the Trust Safeguarding Group, local Governance meeting and Steering Group and provides assurance through the monthly dashboard, quarterly and annual reports as well as the Corporate Parenting Board report. The service lead has fortnightly meetings with the Designated Nurse for CYPiC to provide further updates and assurance. Monthly Health Operational meetings with the Local Authority are attended by the service lead.
- The Band 8a service lead is now in position.
- Audits and analysis continue to take place to monitor and improve on performance and provide assurance against the NICE guidelines. This includes both IHAs and RHAs.
- Due to issues with attendance to health assessments the DNA/WNB/Cancellation audit continues to be completed on a quarterly basis. This is then presented to the Health Operationals meeting and Steering Group so a collective response and action plan can be progressed.
- A pilot was undertaken for one of the Specialist Nurses for CYPiC to hold a caseload of the 16-18 year olds to support, within our commissioning capacity. This pilot took place from

November 2022 and was reviewed in June 2023 where it was decided for the role to be reabsorbed into the team in view of caseload management now being in place and the successful bid for a Care Leavers Nurse. Assurance can however be provided that all children and young people will have an allocated Nurse or lead Health Professional therefore supporting continuity of care.

- The Staying Close bid for a Care Leavers Nurse was successful and will be recruited to upon agreement from finance teams involved.
- The electronic database has been piloted, amended and is due to be launched in August 2023.
- Data reporting has changed over the reporting period. Furthermore, there has been a request from NHSE to provide additional data; Meta Data, which focuses on notifications and activity of children placed in and out of areas. This is currently being agreed with the Trust's and the ICB's contracts team. This will be included within the Corporate Parenting Board report going forward.
- The duty service which commenced in January 2021, providing support and guidance to practitioners Monday to Friday 09:00 – 17:00 has significantly increased in activity. Figure 8 demonstrates the activity of advice calls over the reporting period with additional activity from attendance at Strategy meetings, care planning meetings and MACE meetings. This is fantastic in terms of health's contribution to these meetings. This increase in advice appears to have increased since the increase in visibility in the acute setting and communication with the Local Authority.

Figure 8

Figure 8 shows the activity significantly increasing following communications last year through advice, support and guidance offered to practitioners within the Trust but also young people, carers, foster parents and Local Authority.



- The Duty Nurse continues to provide a drop-in service to the acute settings including Children's Ward, Paediatric Assessment Unit, Paediatric Surgical Unit, Children's Outpatient Department, Neonatal Unit and the Emergency Department (both children's and adults). The team also review a daily admission list and visit any wards across the hospital

that our young people may be admitted to and support staff as required. Liaison with other out of area teams then takes place if required.

- Peer review meetings have continued and provide opportunities for development a regional support as well as standardising practice across the region and improving communication.
- The Unaccompanied Asylum-Seeking Children service is now embedded and has received positive response on a regional level. All UASC are allocated to a Named Nurse for CYPiC and intervention is tailored around their needs with a follow up at week 6 following their IHA and again at week 12. This supports the progression of health care plans and support offered as well as contributing further information to the UASC panel meetings attended.
- There has been work undertaken around moving the service to using electronic records however due to the plans for a Trust wide system to be implemented over the next 3 years, this is currently on hold. Albeit plans to support the transition of this are in place and scanning projects are currently being reviewed.
- Drop ins continue on a monthly basis to the Oasis hub. Due to most of these young people being over the age of 18 years of age, this will be a role allocated to the Care Leavers Nurse when in post however currently the team provide advice, support and signpost to the appropriate services.
- The team have presented at Foster Parent Forums and the Foster Parent Conference in July 2023 to support the attendance to and engagement in health assessments. This was positively received.
- The team continue to provide 6 monthly updates and networking days with the Social Workers to support communication, transparency and address any potential issues that can be collaboratively addressed.
- The annual IHA and RHA record keeping audit and NICE audit are due to be completed in September by the Named Nurses and Named Doctor. Findings will be provided within the next bi-annual report.

Training

- CYPiC level 3 training forms part of the Safeguarding Children Level 3 training (eLearning) package. This is a national package to meet all standards required as per Intercollegiate Document (2020).
- Levels 1 and 2 have been developed and are currently in progress to be incorporated within the Safeguarding Children training packages. This is trajected to be completed by Q3.
- Teaching by Named Doctor for CYPiC is incorporated into regular teaching and induction programmes for doctors in training during their Community Paediatrics rotation and the trainees are given opportunity to attend bimonthly CYPiC peer review meetings. A joint Paediatric Departmental teaching was organised in June 2023 with CYPiC CAMHS regarding trauma informed models of care and understanding attachment styles in the context of working with children in care.
- The CYPiC nursing team continue to offer bespoke training as required across the trust. The team have commenced training within the Emergency Department for all Paediatric staff. This has been well received.

- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement within the 0-19 service. The current compliance for this is 85%.
- The team have attended bespoke training sessions and national conferences to further enhance their knowledge base and skills.
- The CYPiC team are compliant with mandatory training required for their role and all nursing and medical staff are level 4 compliant.

Safeguarding Supervision

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- During this reporting period, the Safeguarding Children Supervision Policy has been amended to include CYPiC supervision. This is currently being embedded into practice with group supervision being provided to all caseload holders including 0-19 service. There will be further roll out in phase 2 to the Community Children's Nursing team and the Clinical Nurse Specialist Teams. Staff Trustwide can access supervision upon request.
- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC continue to take place, in addition to quarterly supervision accessed from a trained supervisor.
- Quarterly meetings with other Named and Specialist CYPiC teams within the ICB have been arranged by the team during this period. This enables reflection and sharing of practice.

Voice of Children / Young People & Engagement

- The feedback we receive and ensuring the voice of our children, young people and foster parents is imperative in our service. We continue to collate all service feedback from both IHAs and RHAs. This includes emails of recognition and the voice of our children and young people as part of their health assessments.
- A young person played an active role on the interview panel for the Named Nurse for CYPiC. Their views were imperative in the decision-making process.
- The CYPiC Team Lead and Named Nurse for CYPiC attended the Steering Group whereby the voice of our care leavers forum was heard, and actions taken from this around the development of a proposal for a Transition Nurse. This proposal was accepted, and the post was piloted for 7 months however due to a successful bid for a Care Leavers Nurse and the team now caseload managing, it was decided to bring this practitioner back into the team as of September 2023. Assurance can however be provided all of our 16–18-year-olds will have a Named or Specialist Nurse for CYPiC supporting continuity, trust and belonging.
- The CYPiC Team Lead attended the Children in Care Council meeting and Care Leavers Forum to hear the views around the development of a young person's guide. This feedback informed the amendments to best meet the needs of our young people.
- A survey was conducted following the School Nursing service providing feedback that young people do not wish to have termly reviews undertaken. This survey only received 1 response, even given it being sent out on two occasions and this response was in favour of termly reviews therefore they continue to be completed.

Feedback from CYPiC

- Service feedback is gathered to ensure we capture the views of our children, young people and foster parents in order to develop services further. This is undertaken through using service feedback forms which have recently been relaunched and through attending the children in care council and care leavers forum.
- Feedback captured through service feedback forms included all young people reporting the service as “excellent” and comments received including “I would say it went well, she was patient and understanding”.

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 23 November 2023
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Report title	Virtual School Head Annual Report 2023	
Cabinet member with lead responsibility	Councillor Chris Burden Children and Young People	
Wards affected	All wards	
Accountable director	Alison Hinds, Director of Children's Services	
Originating service	Children and Young People in Care	
Accountable employee	Darren Martindale	Virtual School Head
	Tel	01902 556951
	Email	Darren.martindale@wolverhampton.gov.uk
Report has been considered by	Children and Young People in Care Management Team	25 October 2023
	Children in Care Council	8 November 2023
	Children and Education Leadership Team	2 November 2023

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Receive the Virtual School Head Annual Report 2023

1.0 Purpose

- 1.1 The purpose of this report is to highlight the educational outcomes of Wolverhampton's children and young people in care and care leavers from September 2022-July 2023, and how these have been supported by the Council, schools and other key partners. It also highlights notable successes as well as future priorities and areas for development.

2.0 Background

- 2.1 The Virtual School Head (VSH) for children and young people in care is responsible for ensuring that the local authority effectively discharges its statutory duty, under 22(3A) of the Children Act 1989, to promote the education of children in the care of the local authority (DfE 2014). Due to a range of barriers, the educational outcomes for children and young people in care and care leavers are statistically far poorer than those of their peers. Local authorities seek to narrow this gap through the model of the 'virtual school', with the VSH as the head teacher of that school, working closely in partnership with education settings, social care and other partners and stakeholders.
- 2.2 The report captures key educational outcomes for children and young people in care, and the work that has been done to support these outcomes in line with the above statutory duty. It also outlines the council's response to the wider duties of the VSH, including children previously in care, other children with a social worker and the education, employment and training (EET) of care leavers.

3.0 Progress, options, discussion, etc.

- 3.1 The report is included as an appendix.

4.0 Financial implications

- 4.1 There are no direct financial implications arising from this report.

Any costs associated with the development of the plan or future plans that are identified as a result of this report should be contained within the overall budget for 2023-24 of £32.2 million within Children and Young People in Care service.

[JG/10112023/S]

5.0 Legal implications

- 5.1 There are no immediate legal implications arising from the report.

[TC/10112023/A]

6.0 Equalities implications

- 6.1 An equalities analysis will be undertaken if required, in partnership with the Equalities and Diversities Team. As the work that underpins this strategy is to overcome any inequality, the analysis is aspirational and will need to be used to evaluate the effectiveness of the work undertaken.

7.0 All other Implications

7.1 There are no other implications.

8.0 Schedule of background papers

8.1 There are no background papers.

9.0 Appendices

9.1 There are no background papers.

9.2 Appendix 1: Virtual School Head Annual Report 2023 – Full Report.

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Virtual School Head Annual Report 2023

Full Report

Darren Martindale – Virtual School Head

1.0 Purpose

- 1.1 The purpose of this report is to highlight the educational outcomes of Wolverhampton’s children and young people in care and care leavers for the academic year September 2022-July 2023, and how the council, schools and other key partners have supported these. It also highlights notable successes as well as future priorities.
- 1.2 The Virtual School Head (VSH) for children and young people in care is responsible for ensuring that the local authority effectively discharges its statutory duty, under 22(3A) of the Children Act 1989, to promote the education of children in the care of the local authority (DfE 2014)¹. Due to a range of barriers, the educational outcomes for children and young people in care and care leavers are statistically far poorer than those of their peers. Local authorities seek to narrow this gap through the model of the ‘virtual school’, with the VSH as the head teacher of that school, working closely in partnership with education settings, social care and other partners and stakeholders.
- 1.3 Unless otherwise stated, all data was taken at the end of July 2023 and pertains to the Department for Education’s definition of a ‘looked after child’, which in this case is a child “who has been continuously looked after for at least 12 months up to and including 31 March 2023”. This definition has been used because 12 months is considered an appropriate length of time to gauge the possible association of being looked after on educational attainment.”²

2.0 Cohort information

2.1 Pupil characteristics

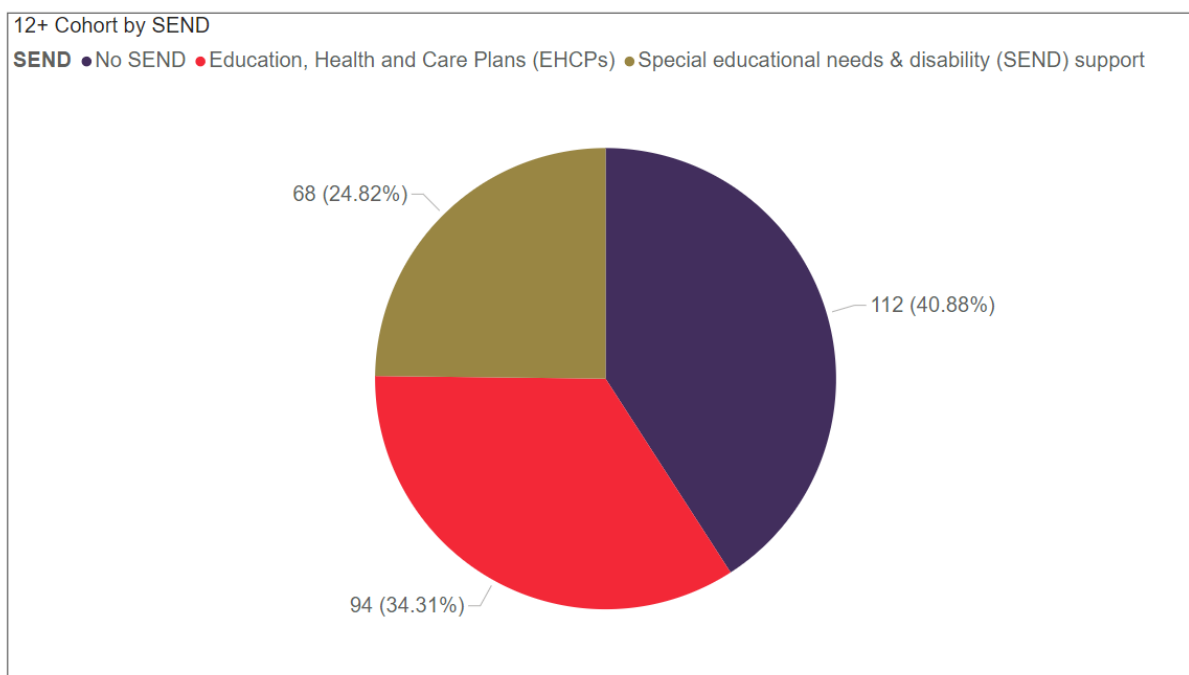
All pupils	12+ Cohort	% of Cohort	% Difference to Last Year
Total Pupils (Reception to Year 11)	274		-4.90%
Nursery Age (-1, -2)	16		
Year 12 and 13	89		

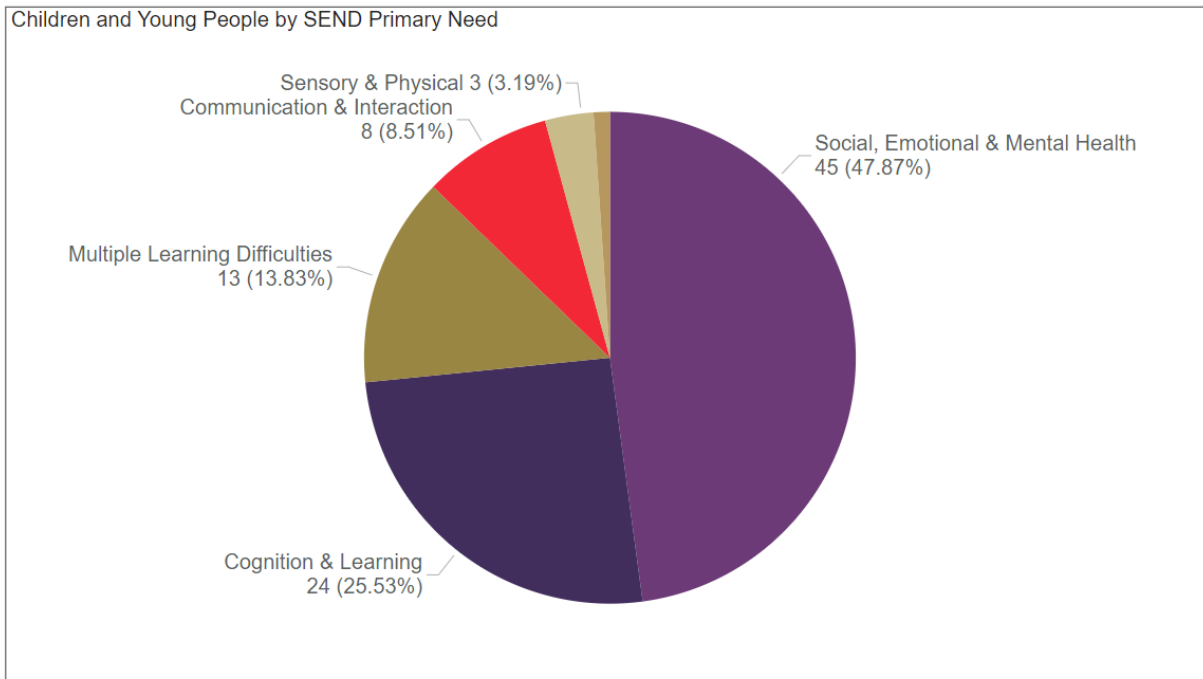
¹ [Promoting the education of looked-after and previously looked-after children - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

² [SFR Template NatStats \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Educated in Wolverhampton	130	47.45%	+2.6%
Educated Out of City	144	52.55%	-2.60%
Primary Phase	101	36.86%	-0.80%
Secondary Phase	173	63.14%	+0.8%
Attending Pupil Referral Units (PRUs)	2	0.73%	-2.40%
Attending Special Schools	46	16.79%	+7.4%
Attending other alternative provision	7	2.55%	+1.8%

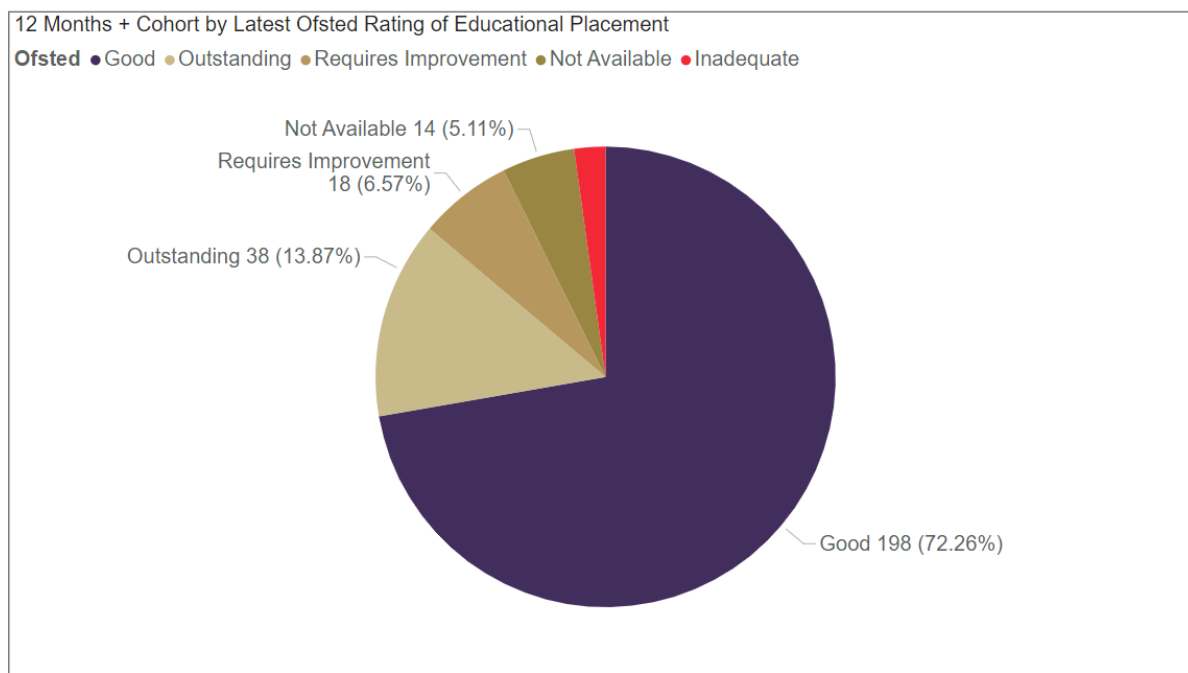
2.2 The first chart below illustrates the % of children and young people in care with SEND – almost 60% of the cohort - and those with Education, Health and Care Plans (EHCPs) in particular. The graph illustrates the primary category of need for those with EHCPs. There is a consistent trend with previous years with social, emotional and mental health (SEMH) difficulty the most prevalent category of need, accounting for almost 48%, though 7% lower than in 2021.





3.0 School Ofsted ratings

3.1 Statutory guidance states that children and young people in care should attend schools that are rated as either or Good or Outstanding by Ofsted. 86% of children and young people in care attend a school which is rated as good or better by Ofsted, a 3% improvement on the measure in 2021/2022. The ratings are summarised in the chart below.



3.2 As a corporate parent, Wolverhampton council will always strive to ensure that out pupils in care are educated in the best possible school available to them.

There may be occasions, however, when it is deemed better for the pupil to remain in a school rated by Ofsted as requiring improvement (or, in very exceptional circumstances, inadequate) than to move them and disrupt their education. An example might be when a child is settled and doing well in a school, and its Ofsted rating changes. In such cases, a decision is always made in the best interests of the child, on a case-by-case basis.

4.0 Supporting learning and achievement

4.1 Wolverhampton's Virtual School team are committed to improving educational outcomes for children and young people in care, and previously in care. We achieve this through a combination of direct, advisory, and strategic work with children, schools, social workers, foster parents and other key partners. This includes:

- Supporting Designated Teachers in schools (training, termly 1:1 meetings with the team and termly designated teachers forum)
- Improving Personal Educational Planning – see 5.0
- Tracking attendance, exclusions, attainment, and progress
- Direct learning support for pupils
- Providing challenge and support to schools and social care teams to ensure that pupils receive the best possible support, including careful monitoring of any modified timetable arrangements
- Helping to remove barriers to school admissions and inclusion with schools, SEND and Admissions teams both within and outside Wolverhampton
- Termly training and other support to foster parents
- Interventions and wider activities to promote learning, raise aspirations and celebrate achievements
- Development of policy and procedure to ensure that children and young people in care are properly prioritised and supported

4.2 The Virtual Head manages the **Pupil Premium Plus (PP+)**. This is the funding allocated to local authorities to support the education of pupils in care from year 1 to year 11, at a rate of £2.530 per pupil, per annum. It has been clearly stated by the DfE that, for children and young people in care, the Pupil Premium should be used to support the child's individualised learning targets as contained in their Personal Education Plan (PEP). Currently, 360 pupils in Wolverhampton are eligible for the funding. In the financial year 2022-23, Wolverhampton received £956,770.

4.3 Approximately a third of the grant (£384,023 in 2022/23) was utilised to fund the majority of the Virtual School Team staffing. We allocate the majority of the remaining funding directly to schools in termly instalments. The exact amount varies depending on needs and priorities but is usually £600-700 per child per term. We retain the remaining amount for specific projects and interventions

such as those listed below. The amounts spent on these interventions in 2022/23 are included in brackets:

- 'Britannica School;' an online Encyclopaedia Britannica subscription for all CYPIC (£2000)
- 'Beanstalk;' a volunteer reading help programme for selected pupils at primary phase (no cost in 22/23 due to previous underspend)
- 'Aspire2Uni' – see below (£32,370)
- Additional tuition, alternative provision and classroom support (£88,019)
- Musical instrument tuition and group workshops for seventeen of our young people through Wolverhampton's Music Service (£14,643)
- A local and regional arts and culture offer for care experienced children and young people through an organisation called 'Artslink' (£9,425). The Virtual School Team have applied for 'Artsmark', a national quality mark, in recognition of our growing arts and cultural offer.
- Training and professional development of virtual school team and designated teachers (£7,634)
- Attendance and attainment monitoring of pupils educated outside Wolverhampton by 'Welfare Call' (£11,920)
- Specialist SEND Teacher Service (£5,727)
- Inclusion Support (£19,000)

4.4 In addition, the school-led tutoring (SLT) grant is part of the tuition offer from the National Tutoring Programme (NTP) and it is intended to help close the education gap which widened as a result of COVID-19. For children and young people in care, the grant is passed directly to local authorities for the Virtual School Head (VSH) to allocate. Wolverhampton received a total of £83,340. The support funded through this grant can include a wider range of support than just traditional 1:1 academic tuition, such as mentoring, targeted teaching assistant support, appropriate enrichment activities or interventions of a therapeutic nature. All of the grant was used for support of this nature in 2022/23 in line with Pupil Premium Plus (PP+) above.

4.5 A key programme funded by Pupil Premium Plus is 'Aspire2Uni' (A2U), a partnership with Wolverhampton University and virtual schools from four other local authorities within the West Midlands for children and young people in care from Year 7 upwards, designed to raise aspirations and increase the numbers of care leavers in EET and especially at university. A2U has been running successfully since 2015. Participants are mentored by undergraduates from the university and offered outreach days and other enrichment events to support them on their journey toward further higher education. Children's University awards are delivered as part of the scheme, as well as A2U's own gold/silver/bronze awards for participation and progression, helping to reward and motivate pupils.

4.6 29 young people from Wolverhampton are currently participating in the programme, from year 7 to year 13. One pupil (year 8) graduated with a bronze

award from the Children's University scheme (having completed 70 hours and 30 minutes of appropriate, structured activity). Four participants achieved the A2U progression award at either gold, silver or bronze level. Six participants in year 13 completed the programme in 2023; five of these are currently in education, employment or training (EET) including one who is doing voluntary work. There were no young people graduating from this year's cohort who entered university this year, however two of the three A2U 'graduates' of 2022 started university in that year. Ultimately, A2U seeks to promote positive EET outcomes for care leavers, whether that be university or a different pathway.

4.7 The Virtual School team also provide information and advice in relation to supporting the education of children and young people who have left care via an adoption, special guardianship or child arrangements order receive additional support with their education, as set out in the Children and Social Work Act 2017. This duty is covered in Designated Teachers training and further training is made available to schools. The Virtual School team respond to requests for advice and information regarding the education of children previously in care, from schools, adoptive parents / special guardians and social care, particularly with regard to the use of the Pupil Premium Plus for this cohort. Resources such as the 'Britannica School' online learning resource are also made available to our adoptive parents.

4.8 In addition, the Education, Employment and Training (EET) Co-ordinator and her team of EET Advisors has become part of the virtual school team, working with further education settings and other colleagues in Skills and Employability teams to promote the EET of children and young people in care at post-16 and care leavers. The support offered to this cohort includes:

- Designated officers in local colleges and a Virtual School 16+ partnership agreement in place
- Dedicated Connexions Advisor
- Young People's Advisors working alongside Job Centre Plus Work Coaches
- EET Coordinator, EET advisors and the EET Apprentice deliver direct support to CAYPIC/care leavers
- Weekly EET drop-in service
- Supported employment team and the Wolves at Work team offer support for care leavers with EHCP's and young people looking for employment
- Care leavers have internal access to apprenticeship vacancies across the Council
- Bimonthly EET panels to support young people who are NEET
- Bespoke work experience and five ring fenced apprenticeships
- Partnership working with the Care Leaver Covenant
- For young people in Higher Education (HE) - support with UCAS, personal statements, ongoing support while at university including dedicated HE

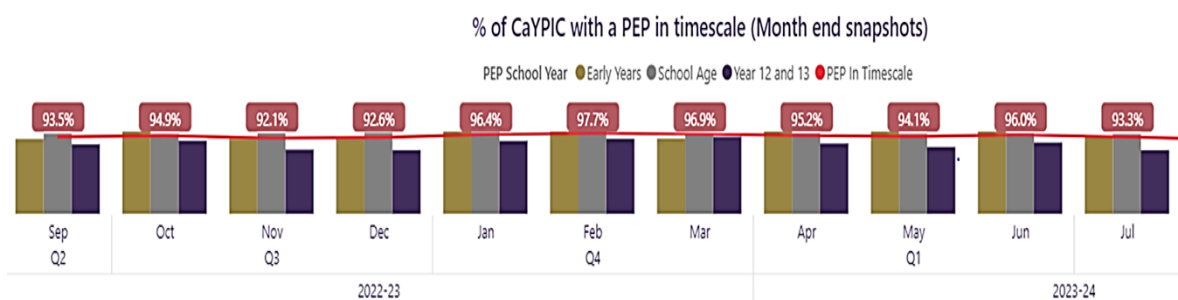
PEP and post-graduate employment support. CWC is a member of the NNECL HE forum

4.9 The virtual school team have received many compliments from colleagues in for their work in 2022/23. A few are summarised below:

- Many thanks for your support and securing these great activities for N and N. You are so amazing. I am looking forward to going to watch their shows (social worker).
- X has always been available and supportive, answering any questions that I may have and guiding me when I have been unsure. In recent months one child in particular has experienced a significant change to her home... X understood, stepping in to attend the meetings, feeding key information back to me as well as linking in with SENAR [Birmingham's SEND service] to keep them up to speed. Thank you, X (teacher).
- Just wanted to say a massive thank you for all your help to get H into School, we are really pleased we have managed to find H the most amazing school which she starts on Wednesday (foster parent).
- You have been so very committed and worked so very hard with the plans for education with R... A huge thank you and what an achievement for Ricky/Bex has successfully completed their GCSEs recently too - just amazing and thank you so very much for making such a huge, huge difference (foster parent).
- Over the past two years, I have been working closely with Y and Z and can openly say that Y has gone above and beyond around the level of support she has been providing to E. Thank you. I have learned so much from you (social worker).

5.0 Personal Education Plans

5.1 It is a statutory requirement of local authorities to ensure that all children and young people in care have a quality, up-to-date Personal Education Plan (PEP). Overall, in 2022/23, 94.4% of the cohort had a PEP completed within statutory timescales (based on an average taken from completion rates at the end of each month). A further breakdown of PEP completion rates, as illustrated by the chart below, reveals that the completion rate varied, month to month, from 92.6% to 97.7%.



- 5.2 It is imperative that this key document is of high quality. The majority of PEPs for Wolverhampton children are good and a high % are completed within statutory timescales. Audits have evidenced a slow, incremental improvement, but quality can still be variable. The virtual school have strengthened their programme of training and quality assurance of PEPs in 2022/23. New PEP audit tools have been developed, analysing all key areas of the plan. While the past only the virtual school team audited PEPs, now all children and young people in care managers and some senior colleagues across the Inclusion and SEND services also audit PEPs on a termly basis. School age and post-16 PEPs are audited separately which enables us to understand the strengths and areas for improvement for these different cohorts. Audit results are shared with the child's social worker and their manager, and with the child's designated teacher. Team managers discuss audit outcomes in supervision and team meetings, and findings and recommendations will be fed back to the Quality Assurance Triangulation meetings.
- 5.3 Two termly audits were completed in 2022/23 – spring and summer term. A comparison with the spring term results is illustrated below.

School age PEPs

Term	Total completed	% Outstanding	% Good	% Requiring Improvement	% Inadequate
Spring	60	5	55	28	12
Summer	37	5	60	21.5	13.5

Post-16 PEPs

Term	Total completed	% Outstanding	% Good	% Requiring Improvement	% Inadequate
Spring	10	0	30	60	10
Summer	12	17	33	25	25

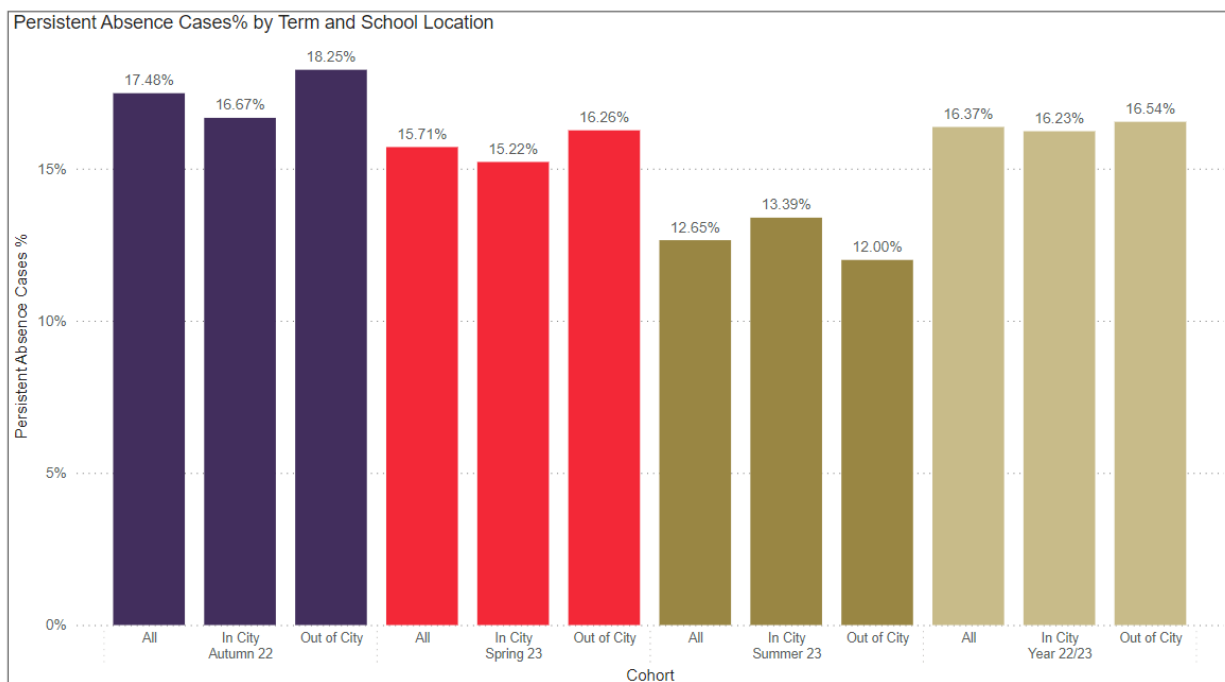
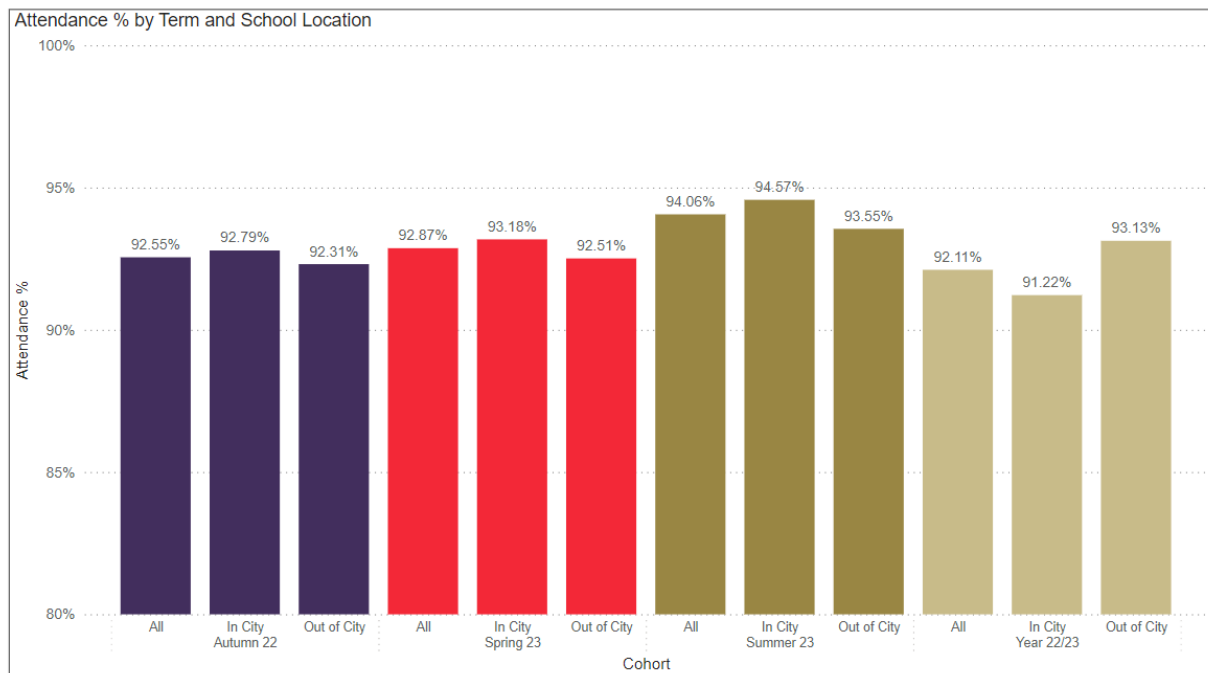
- 5.4 A comparison between the spring and summer term audits reveals:
- 65% of school-age PEPs were judged as good or outstanding in the summer. This is a 5% improvement on spring term audits.
 - The vast majority of these were good, but very few (5% of audits) were outstanding. This is the same as spring term.
 - Post-16 PEP quality is lower than school-age, though the summer term audits showed improvement on the spring term for post-16. A higher number of post-16 PEPs need to be audited, however, in future rounds.
- 5.5 Analysis of the individual areas of the PEP reveals some common findings in both terms:

- In school age PEPs, the strongest area is pupil attitude/effort and strengths/achievements – 91% outstanding/good in the summer, suggesting that professionals know their children well, and that PEPs celebrate positive areas effectively. Attainment recording and pupil voice are also strong.
- A weaker key area for the school-age cohort is none-core targets, with only 47% outstanding/good, indicating that none-core subjects and areas for development are being overlooked.
- The strongest areas in 16+ PEPs were student comments, learning targets and timetable details. The weakest area is recording prior attainment (GCSEs etc).

6.0 Attendance

- 6.1 The Virtual School team monitors school attendance on an ongoing basis and it is discussed in PEP meetings and termly meetings with designated teachers. The service also commissions an external provider, Welfare Call, to closely monitor the attendance, inclusion, and attainment of all of our children and young people in care who are educated outside Wolverhampton. Schools are contacted daily to request attendance information and reports are made available via a secure online portal. This helps to ensure that, where attendance becomes an issue, it can be addressed in a timely a timely manner. The council's EWO service also prioritise children and young people in care within the cohorts of pupils they support.
- 6.2 The council's Children and Young People in Care policy was updated in 2022. In response to concerns over increasing levels of persistent absence, the updated policy includes additional detail and clarity about how services will respond at each stage of school absence, and the range of strategies that are used such as Wolverhampton's Emotionally Based School Non-Attendance (EBSNA) pathway.

6.3 Average attendance and persistent absence (attendance below 90%) by school term and overall, for 2022/23 are illustrated in the charts below:



6.4 Average school attendance for 2022/23 for the whole cohort is 92%, while persistent absence is 16.5%. This is below the national average level of persistent absence for children and young people in care, which is 19.1% using the most recently available data,³ as well as being lower than that for all pupils nationally (22.3%).

³ 2022/23 attendance data for Wolverhampton pupils in care cannot be compared with the previous year due to differences in the data collection (in 2022/23, attendance for year 11 pupils during the

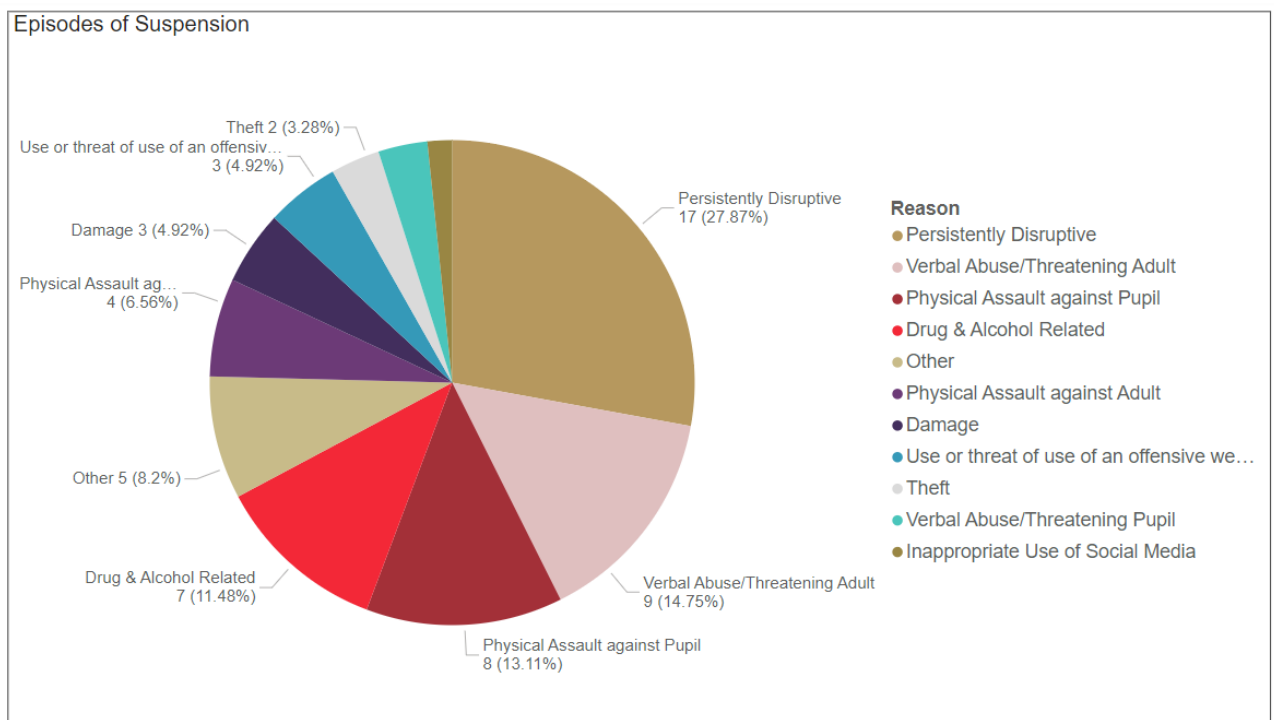
6.5 The attendance % of pupils who have been care for 12 months or more is some 3% higher than that for all pupils in care. This indicates that being in care is having a positive effect on attendance for the children in question.

7.0 Inclusion

7.1 There were no permanent exclusions for Wolverhampton children and young people in care in 2022-2023. Permanent exclusions are extremely rare for Wolverhampton children and young people in care – there have only been two in the last 5 years.

7.2 There were 64 suspensions (temporary exclusions) for Wolverhampton children and young people in care, which is 12 fewer than the previous year. 31 pupils received one or more suspension; 13 fewer than 2021/22. While the pupil numbers in the cohort have reduced since 2021/22, which has contributed to a reduction in the number of suspensions. The % of pupils who received one or more suspension – 11% - is also a 5% decrease from 2021/22.

7.3 The chart below shows the reasons for suspensions. Once again, persistent disruptive behaviour is the most common reason:



7.4 The virtual school will continue to work closely with schools and other partners to reduce exclusion, promote inclusive practice, and ensure that the right support is in place, particularly for pupils at risk of exclusion. Evidence-based interventions that the team have implemented include the Turnabout Programme (executive functioning and problem-solving skills), Drawing and

study leave period have been removed from totals, in line with DfE methodology. In the previous year, it was included. This does, however, enable a proper comparison with national data.

Talking (therapeutic intervention), Catch-up Literacy, Lego therapy, the use of tools such as ABC charts, and training for school staff in attachment and trauma-informed approaches such as Emotion Coaching.

8.0 Attainment

8.1 At early years foundation stage (EYFS), 57% of in-city children (four out of seven with results reported) in the cohort achieved a good level of development in all areas. 25% (2 out of 8) children living outside Wolverhampton achieved this. However, with such small cohorts, year-by-year outcomes are likely to be subject to random fluctuations.

8.2 The table below outlines the % of children and young people in care who achieved age-related expectation (ARE) in assessments at the end of Key Stage 2 (KS2) or year 6. Performance has improved in the majority of areas compared to 2021/22, though not in writing which is the weaker area. Early years and primary results are subject to fluctuations, however, due to the small cohorts:

KS2 Results	Students	In City	Out of City	%
Total with Results	12			
Maths	9	6	3	75.00%
Reading	8	7	1	66.67%
Writing	4	4	0	33.33%
All subjects at Expected	4	4	0	33.33%

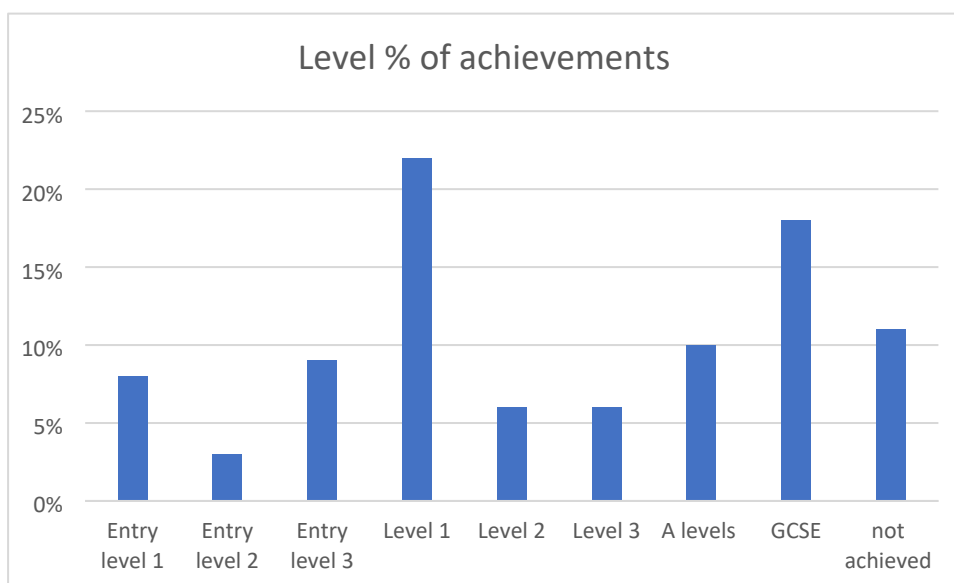
8.3 The table below shows the % of pupils achieving grade 4 and 5 at GCSE in 2022/23. These GCSE results are the best we have ever had for CYPiC in Wolverhampton, apart from one year when pupils did not have to sit exams due to COVID19. They are above national averages, using the most recent available national data (2021/22) for pupils achieving grade 4 in English/maths (22.1% nationally) and grade 5 in English/maths (11% nationally).

Grade 4 and Above	English	Maths	English and Maths	Difference to 21/22
Out of City (19)	47.37%	42.11%	26.32%	-0.96%
In City (13)	38.46%	30.77%	30.77%	19.23%
All Students (32)	43.75%	37.50%	28.13%	9.38%

Grade 5 and Above	English	Maths	English and Maths	Difference to 21/22
Out of City (19)	31.58%	21.05%	15.79%	6.70%
In City (13)	23.08%	23.08%	15.38%	11.54%
All Students (32)	28.13%	21.88%	15.63%	9.38%

9.0 Post-16 Education, Employment and Training (EET)

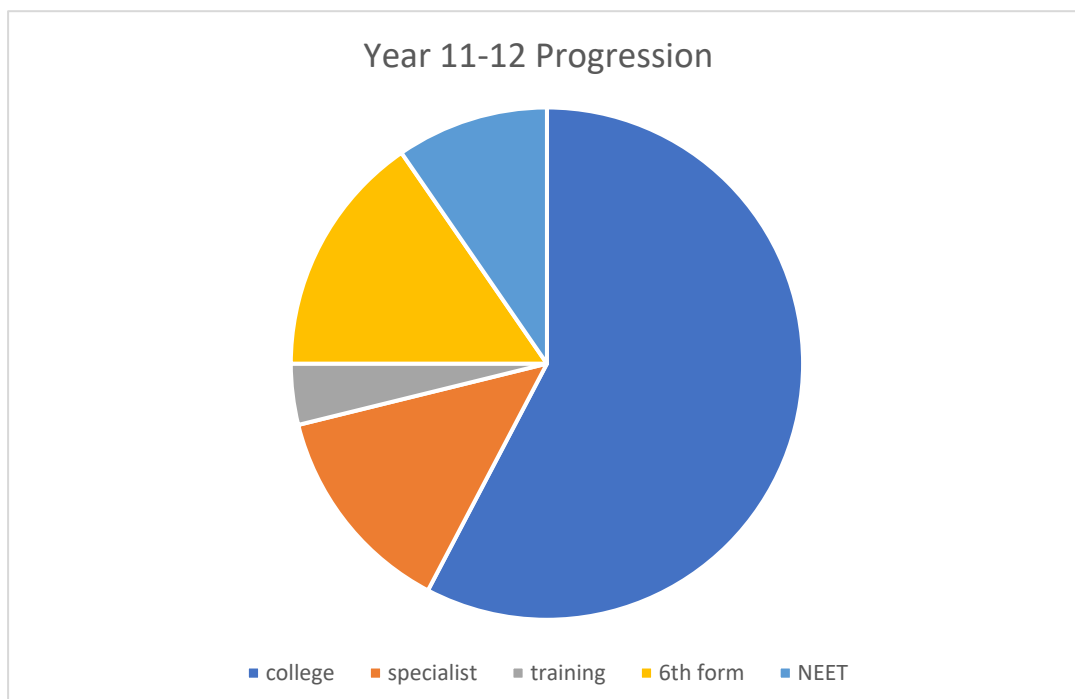
9.1 Between the 106 young people at key stage 5 (years 12 and 13), of whom 65 are male and 41 female, 92 qualifications of different types and levels were achieved. Three are continuing in education and aren't due a qualification until 2024 (A levels and extended BTECS). 11% did not achieve a qualification as expected. This could have been for a multiple of reasons; not passing the work at the required level, non-engagement, change of establishment or home circumstances or becoming NEET throughout the academic year. The % of different levels of qualifications achieved is illustrated in the chart below:



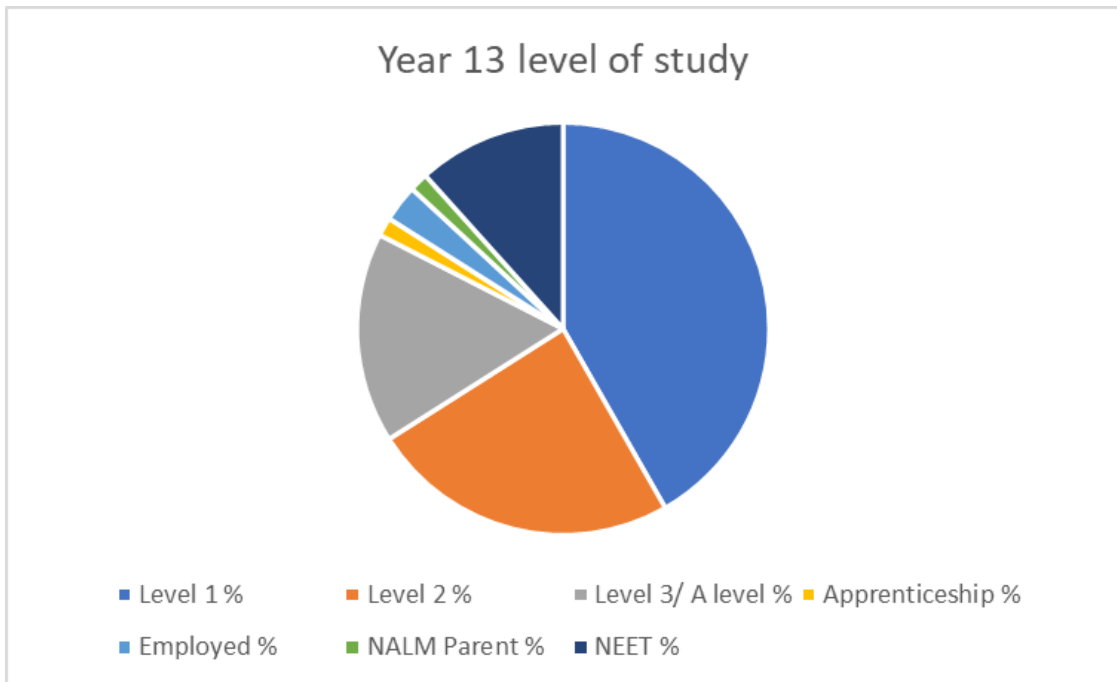
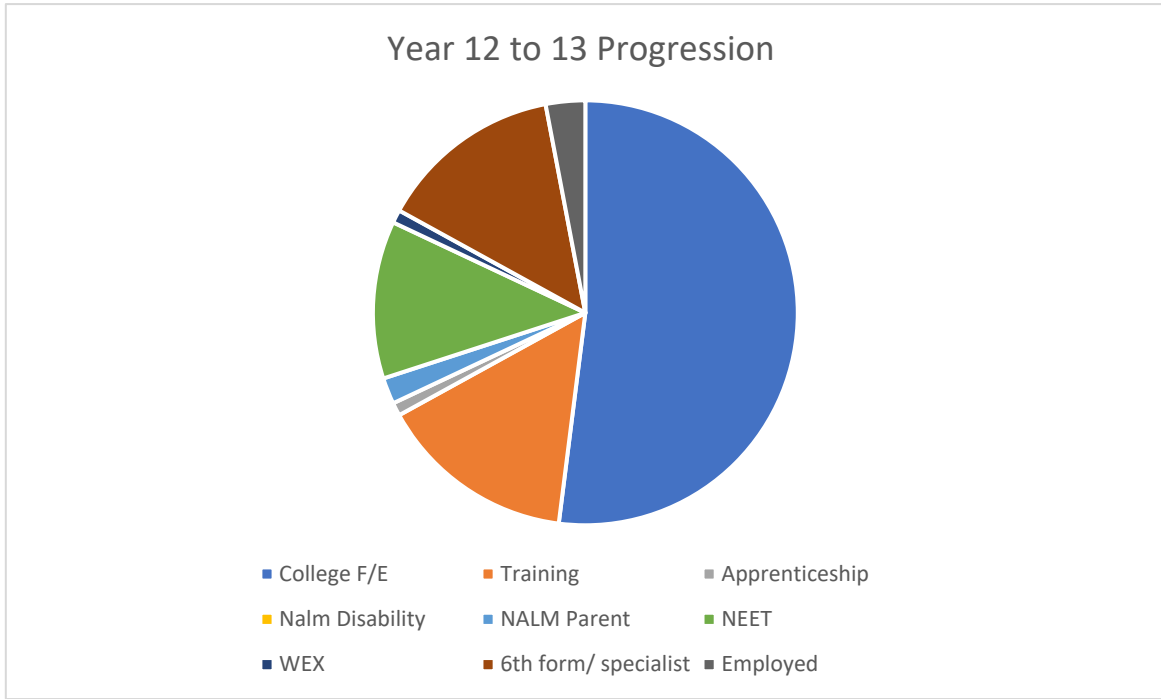
9.2 There are also 29 young people in this cohort with Education Health and Care plans (EHC Plan) and 15 have achieved qualifications:

- 7 achieved entry level qualifications.
- 5 achieved level 1 qualification.
- 2 achieved level 2 qualifications.
- 1 achieved level 3 qualifications.

- 9.3 There are 52 young people in our current year 12 (age 16-17) cohort of children and young people in care and care leavers, of which 27 are living in Wolverhampton and 13 have EHCPs. 90% of these young people progressed to EET after leaving school in 2023. 57% have transitioned to college, F/E, 13% into specialist provision, 4% into training and 16% into 6th form, as illustrated in the chart below.
- 9.4 By way of comparison, the same cohort in 2021/22 was made up of 57 young people of which 96.4% made a positive progression in to EET. However, as the data for 2022/23 has been collated earlier than last year, the EET % is likely to increase. Of the young people who are currently NEET, two have an EHC plan and are currently in the consultation stage, one is on a waiting list to start college and two are refusing to engage in any EET activity who will be offered EET support to engage and source appropriate provision.



- 9.5 Of the 67 young people in this cohort 89.5% of young people in our year 13 (age 17-18) cohort remained in EET, either progressing to the next stage of their learning or remaining in employment. 68% of young people progressed in 6th form or college or training of which 20% are in specialist provision, 15% are engaged in training, 1.5% is an apprentice, 1.5% is a young parent, 1.5% is completing work experience, and a further 3% are employed. We have 12% of young people who are NEET (not in employment, education, or training). NEET support is ongoing with the 8 young people to establish a suitable provision.
- 9.6 Compared to 2021/22 progression rates of 87.2% into EET, we have seen an improvement this year of 2.3%. As the September guarantee has not yet closed there is still time for young people to engage in EET. The data last year was collated after the September guarantee (November 2022).



9.7 As of September 2023, The City of Wolverhampton Council have 22 Care Leavers attending **Higher Education (HE)** with three young people having deferred their studies to 2024. 4 care leavers started university this academic year. The table below shows the numbers of Wolverhampton care leavers who have graduated over the last 5 years:

Academic Year	Total in H/E	Continuing, Carry over	New Starters	Graduates	Withdrawn/ on hold
23/24	22	17	5	9 expected TBC	1
22/23	27	18	9	2	5 (2 on hold) (3 withdrawn)
21/22	32	21	11	10	3 (1 on hold) (2 withdrawn)
20/21	27	22	5	3	3 withdrawn
19/20	33	22	11	7	4 (2 on hold) (2 withdrawn)
18/19	29	18	11	5	1 withdrawn

9.8 The numbers of care leavers starting university this year has slightly reduced. This is because we currently have four young people who have deferred and one young person who did not sit their A levels as expected, so there should have been 5 more this year that have not progressed to higher education at this time. We continue to have high aspirations for our young people and support all young people to make decisions about their education futures that feel right for them.

9.9 The City of Wolverhampton are proud to support this year's graduates who have worked extremely hard and have shown resilience through not only their studies but also through the Covid Pandemic with heavily disrupted learning. Two Wolverhampton care leavers graduated in 2023; one with a 2:1 honours degree in physics from the University of Birmingham, and one with a third class honours degree in Early Childhood Studies from the University of Wolverhampton. Both have progressed into full time employment in their chosen sector.

9.10 Five young people choose not to progress with their studies in 2022/23. Two are planning to return to HE in the following year 24/25 with a change of degree planned. Two have gone into employment and one is currently applying to the Police Force.

10.0 Participation and Enrichment

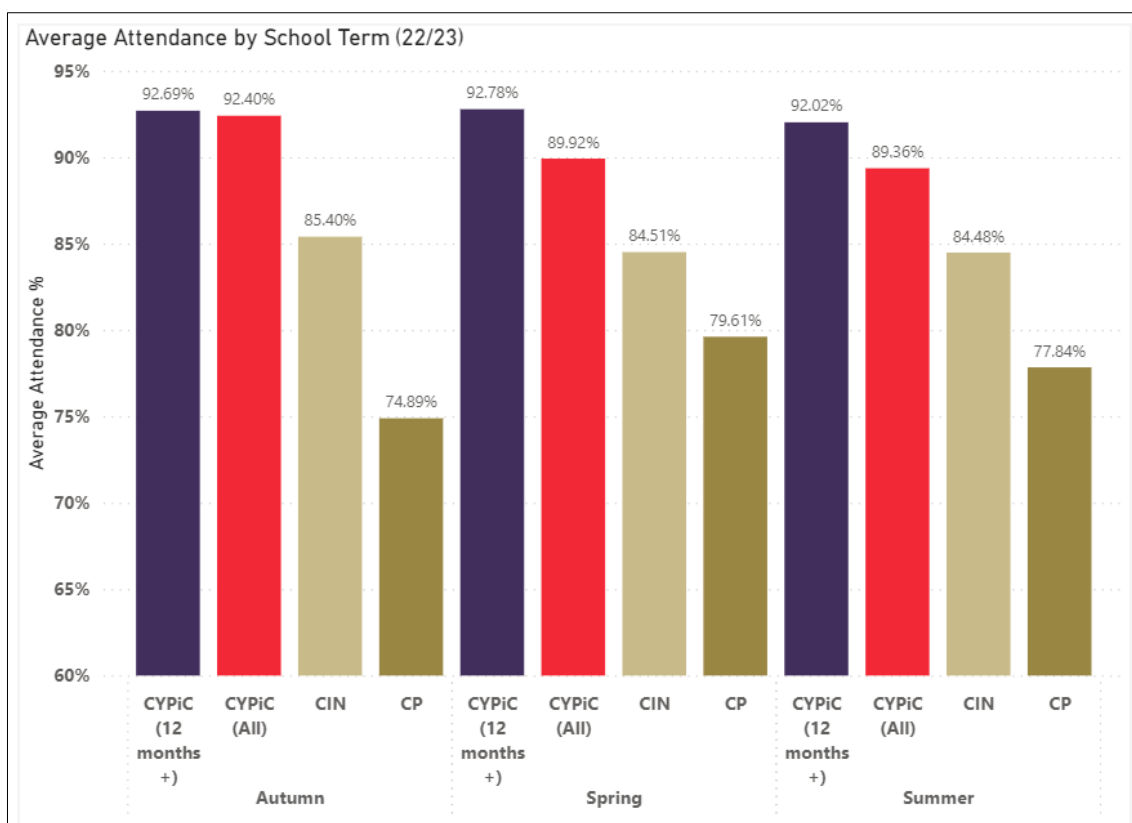
10.1 Wolverhampton has a strong and well-established Children in Care Council (CiCC) which benefits from close links with the Youth Council, and with elected members via the Corporate Parenting Board. The CiCC is actively involved in Participation at a regional and national level, enabling our children and young people in care to function as a real force for change and the improvement of services. A young person-friendly version of this report is shared and discussed with the CiCC as well as with Corporate Parenting Board.

- 10.2 We promote the Children and Young People in Care survey and discuss results with designated teachers, while discussions continue to be had about how we can help to strengthen young people's contribution their PEPs. Additional questions were added to the survey in 2023 to capture more specific information about what enrichment / out-of-school hobbies and activities young people access or would like to access. The Wolverhampton PEP form has also been amended to capture more specific detail around enrichment and the pupil's interests.
- 10.3 We continue to promote enrichment and wider learning though, for example, theatre and art gallery visits. We continue to offer 1.1 music lesson though Wolverhampton Music school, funded by Pupil Premium Plus, prioritising children in year 4. This year we have 83% of our in-city year 4 pupils accessing 1.1. lessons. This year we are working with the Music School to produce a 'Virtual School Band' who will perform at the iAwards celebration event in January 2024. Wolverhampton Virtual School also provide positive activities via the regional 'Artslink' and 'Active now' programmes of arts, cultural and sports activity for children and young people in care, providing six events annually. We have built our links with the Cultural Education Partnership, held two stakeholder meetings schools that focus on enrichment, and secured two bursary places on the Arena Theatre drama club for 2023/24. Two STEM (science, technology, engineering and maths) events are also being planned for 2022/23 with Collins Aerospace.

11.0 Virtual School Extended Duty – Children with a Social Worker

- 11.1 In 2021 the DfE announced funding and published non-statutory guidance to extend the role of the Virtual School Head to all children with a social worker (i.e. young people with Child in Need or Child Protection Plans), or who have had one within the previous 6 months, so that more vulnerable children in every local authority can benefit from the support and leadership of a VSH. This decision was informed by the government's 2019 Children in Need review which highlighted how poor the educational outcomes of children with social workers could be.
- 11.2 The extended duty means Virtual School Heads will:
1. enhance the partnerships between education settings and local authorities.
 2. work with agencies to further understand and address the disadvantages that children with a social worker (CWSW) can experience.
 3. help to demonstrate the benefits of attending an education setting and ensure there are mechanisms in place to offer advice and support to teachers and social workers, with the aim of narrowing the attainment gap.
- 11.3 Our response to the above duty in 2022/23 has included:
- A restructure of management roles to enable the VSH to take on these new responsibilities, and employed a new School Improvement Officer for CWSW, who started her role in April 2022.

- A new data set for this cohort including attendance and exclusions data, giving a clear picture of the cohort in terms of year groups, schools attended, SEND and other vulnerabilities.
 - Regular briefings to social care teams and training on meeting the educational needs of CSWS to a range of partners including new head teachers, school governors, early career teachers, designated safeguarding leads, designated teachers and new-qualified social workers.
 - Involvement in the Inclusion Support and Alternative Provision (ISAAP) panel to promote inclusive practice in schools and ensure that CSWS are prioritised and given the most appropriate support.
 - Contribution to other multi-agency panels such as the emotionally-based school none-attendance (EBSNA) panel
 - Regular advice and guidance meeting the needs of individual young people.
 - Reviewing samples of Child in Need (CIN) and Child Protection (CP) plans and producing additional guidance for schools to help them strengthen the role of education in these plans.
 - Working closely with the Educational Psychology Service, supporting schools to review their attachment aware and trauma informed practice, secured whole-school training on attachment / trauma for fourteen schools in Wolverhampton detailed action plans for twenty schools so far. The aim is for all Wolverhampton schools to develop their practice in this way over the next 5 years.
 - Targeting priority schools for attendance support, in partnership with the Attendance Team
 - Contribution to the council's review of alternative provision and development of a new quality assurance framework and directory of approved alternative education providers.
- 11.4 The cohort of young people on and CIN and CP is particularly complex, due to high numbers (719 CIN and 225 CP at September 2023), limited availability of data (we have accurate educational data on 73% of the cohort, primarily due to some schools not sharing their data with the local authority), and the high level of need for many children.
- 11.5 Though all data on the CIN/CP cohort should be taken with the caveat described in 11.4, the available data does indicate that school attendance is lower for pupils in this cohort than for children and young people in care, as illustrated in the chart below. 42.74% of Wolverhampton CIN are persistently absent from school. While this is high, it is 5.76% lower than the national average for Children in Need at 48.50%. The same indicator for the CP cohort is also lower than the national picture by 1.27%.



12.0 Preparing for independence – financial education

12.1 In recognition that Children and Young People in Care benefit from learning about money management, to support them into adult life, we have invested additional resources in this area. The charity “The Share Foundation” have secured funding to help promote financial education for children and young people in care through delivery of Stepladder Plus, a program of life skills for young people in care aged 15 to 17. Through the programme, a young person can 'earn' up to an additional £1,500 in their junior ISA/child trust fund ISA account ready for access at 18. All stages must be completed by their 18th birthday.

12.2 There are six steps to the programme:

Step 1 - Literacy at entry level 3 or above. (Benefit £150)

Step 2 - Numeracy – as above (Benefit £150)

Step 3 - Financial Capability (1) – the costs of living (Benefit £200)

Step 4 - Planning for the Future – 250–500 words describing their aspirations for the future and how they will use their investment. (Benefit £250)

Step 5 - Financial Capability (2) – *Managing My Money*, an eight-week course with recognised accreditation. (Benefit £350)

Step 6 - Securing future education, employment, or training – working with a mentor such as a teacher, leaving care worker etc. (Benefit £400)

12.3 At July 2023, nine young people had embarked on the programme (at September 2023, sixteen young people have signed up, of which thirteen are still completing it. Two have completed so far, and one withdrawn). We will

continue to enrol new young people while funding is available. Our EET Apprentice offers one to one support for young people on the programme.

12.4 Wider work around financial education has included:

- Training for foster parents on supporting budgeting, banking and financial wellbeing
- More guidance for foster parents is being developed - portal/handbook
- Money Matters booklet and other resources available to all care leavers
- Continued work around exemptions for care leavers
- Working with HSBC to explore delivery of 'money matters' sessions
- The council's PSHE School Improvement Advisor has delivered training and resources to Designated Teachers on promoting financial education for pupils in care
- Links for financial support have now been added as a one stop shop on the portal and CIC website – links to Barclays Life Skills (and excellent resource!) and Princes Trust for advice / interactive tools.

13.0 Conclusions

13.1 There is much to celebrate about the achievements of our children and young people in care, including:

- School attendance is improving and persistent absence is better than national averages for the cohort, and there were again no permanent exclusions for pupils in care in 2021-22 while suspensions have reduced.
- Attainment at KS4 is the highest it has ever been under normal (without being affected by lockdown) circumstances and well above national average for the cohort.
- Progression to education, employment training is good, with a high number of care leavers attending and achieving at university. The virtual school has also expanded to incorporate dedicated support for young people at post-16 with CIN / CP plans or who have SEND, but do not necessarily have a social worker.
- A very high percentage of young people have up-to-date PEPs and quality is improving.
- We are progressing with the extended duties of the virtual school with an increasing level of attachment / trauma awareness among our schools, some of whom are achieving recognition in national awards for this.

13.2 At the same time, of course, there are areas for further development, such as:

- Attainment at early years and primary phase is not as good as we want it to be, especially in writing.
- PEP quality, though good overall, is still uneven in some cases.

- The school attendance of young people on CIN and CP plans, though again better than national averages, is still a cause for concern.
 - There are unacceptable delays in securing appropriate, full-time education for some pupils with high levels of need, especially when they move outside Wolverhampton and/or in an emergency. While we work extremely hard with education settings and admissions/SEND/social care teams both in and outside the city and region to avoid drift or delay, this problem is linked to a national shortage of specialist SEND provision, particularly for children with SEMH, and continues to present challenges.
- 13.3 All of these areas are being addressed and managed, as far as possible, with dedicated action plans.
- 13.4 Progress on previous priorities, as highlighted in the 2021/22 VSH annual report, is highlighted below:
- Improving persistent absence – this has improved but data is being collated differently (see section 6)
 - Improving PEP quality, supported by a new framework for quality assurance and moderation – new framework is in place and quality is improving (see section 5)
 - Improving attainment at KS2 – this is still a priority
 - Establishing a more comprehensive data set on the educational progress of children and young people in care in the form of a monthly performance dashboard – this is in place and still developing
 - A review of attachment awareness in Wolverhampton schools, including the impact of attachment and trauma training on school exclusions and inclusive practice – this has been completed and training is ongoing (see 11.3)
 - Increasing the participation of young people in our arts/cultural and other enrichment activities – we are seeing development in this area (see 10.3)
 - Developing the extended strategic and advisory role of the VSH around all children with a social worker, including the use of attendance and inclusion data to evidence impact -
- 13.5 We are extremely proud of the achievements of our children and young people in care and continue to strive to improve the life chances of these and other vulnerable young people.

14.0 Priorities for 2023-24

14.1 Our priorities for 2023/24 are:

- Attainment at primary phase will be prioritised in PEP audits and support will be the primary focus of attention for the work of our assistant educational psychologists in autumn and spring terms. This will include interventions to improve writing and other evidenced interventions in PEP targets where required.
- Our School Improvement Advisor for Children with a social Worker is addressing attendance for children on CIN and CP plans in partnership with the Attendance Team and we are ensuring that the needs of this cohort are highlighted in the council's new school attendance framework and training.
- Achieving 60 completed PEP audits per term for school age children with consistently 80% rated good or outstanding.
- Achieving 30 completed PEP audits per term for 16 plus cohort with consistently 65% rated good or outstanding.

CITY OF WOLVERHAMPTON COUNCIL	Corporate Parenting Board 20 November 2023
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Report title	Annual Report of the Independent Reviewing Officer Service 2022-2023	
Cabinet member with lead responsibility	Councillor Chris Burden Children and Young People	
Wards affected	All wards	
Accountable director	Alison Hinds, Director of Children's Services	
Originating service	Safeguarding	
Accountable employees	Rachel King Tel Email	Head of Service Specialist Support 01902 555955 Rachel.King@wolverhampton.gov.uk
	Sonia Mahay Tel Email	Service Manager Safeguarding and Exploitation 01902 553011 Sonia.Mahay@wolverhampton.gov.uk
Report has been considered by	Children's Leadership Team Children in Care Council Children and Young People in Care Cabinet Member Briefing	31 August 2023 30 August 2023 30 August 2023 03 October 2023

Recommendation for action:

The Corporate Parenting Board is recommended to:

1. Endorse the Annual Report of the Independent Reviewing Officer Service 2022-2023

1.0 Purpose

1.1 Wolverhampton Safeguarding Service has statutory responsibility for overseeing and ratifying the care plans for Children and Young People in Care via the activity of the Independent Reviewing Officers. As a result, the service is duty bound to provide the Corporate Parenting Board with an annual report that outlines the activity of the service, the impact for children and recommendations for service improvement that will enhance young people's experiences.

2.0 Background

2.1 The Children and Young Persons Act 2008 reinforced and strengthened the role of the Independent Reviewing Officer (IRO), enabling more effective independent oversight and scrutiny of the child's case. It has ensured that the child is able to meaningfully participate in planning for their own care and that the care plan that the local authority prepares for them is based on a thorough assessment of the individual child's needs.

2.2 In March 2010 the Government issued statutory guidance, The IRO Handbook, for Local Authorities and IROs on care planning and reviewing arrangements. The IRO Handbook states that the statutory duties of the IRO are to:

- monitor the Local Authority's performance of their functions in relation to the child's case.
- participate in any review of the child's case.
- ensure any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority.
- perform any other function which is prescribed in regulations.

2.3 All children and young people in care, including children who are in an adoptive placement prior to an Adoption Order, are covered by the legislation. This applies to all children who are the subject of a care order (under section 31 of the Children Act 1989), or who are voluntarily accommodated for a period of more than 24 hours (section 20 of the Children Act 1989), including those described in this report as in Short Break Care, or who are placed for adoption under the Adoption and Children Act 2002. It also covers those who are compulsorily looked after, such as those remanded by the court to local authority accommodation. Since the publication of the Legal Aid Sentencing and Punishment of Offenders Act (LASPO) in December 2012, it has been the responsibility of the Local Authority to look after all young people who are remanded into custody. These young people require an allocated IRO and reviews in their place of custody.

3.0 Progress

- 3.1 The annual report provides an outline of activity covering the period 2022-2023 and determines actions to be progressed in 2023-2024.
- 3.2 Caseloads for IRO's have been manageable and it was reported in the annual health check that IRO's felt caseloads are management.
- 3.3 The report shows that, overall, there has been progression of the priorities identified in the last annual report and the service is meeting the statutory duties of reviews and increased participation of children in their reviews in 2022-2023.

4.0 Financial implications

- 4.1 No financial implications.
[JG/03102023/K]

5.0 Legal implications

- 5.1 No legal implications.
[TC/16102023/B]

6.0 Equalities implications

- 6.1 The Annual report recognises issues of equality for Children who access the safeguarding service and how equality is represented within the service.

7.0 Schedule of background papers

- 7.1 The annual report for 2022-2023 is attached. The Corporate Parenting Board has received Annual reports in preceding years.

8.0 Appendices

- 8.1 Appendix 1: Annual Report of the Independent Reviewing Officer Service 2022-2023

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Independent Reviewing Service

Annual report 2022- 2023

1. Introduction

1.1 The IRO Handbook (2010) is the statutory guidance for Independent Reviewing Officers (IROs) and local authorities on their functions in relation to case management and review of children and young people in care. It states that the IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the Corporate Parenting Board. It should also be available to the public on the Council website.

1.2 This report covers the period from April 2022 – March 2023. This is the 13th annual report.

1.3 The IRO service in Wolverhampton consists of:

- Rachel King Head of Service
- Sonia Mahay Service Manager
- Sarah Hartill Team Manager
- Sylvia Young Team Manager
- 9.5 FTE IRO's

The management of the IRO team provides supervision to the IROs and responsibility for the team. The Safeguarding Service Manager also manages the Independent Foster Home Reviewing Officers and Exploitation Service.

1.4 The IROs have a key role in assuring the quality of the care planning for children and young people in our care. This report provides an opportunity to highlight areas of good practice, areas for improvement, identify emerging themes and trends. The report will set out the work undertaken to date and outline the service development priorities for the coming twelve months.

2. Purpose of service and legal context

2.1 Legislation for the reviewing of children and young people in care is supported by detailed guidance which informs the planning in Wolverhampton. The guidance includes Care Planning, Placement and Case Review (England) Regulations 2010 and the IRO Handbook.

The IRO Handbook states that the statutory duties of the IRO are to:

- monitor the Local Authority's performance of their functions in relation to the child's case;
- participate in any review of the child's case;
- ensure any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority;

2.2 The IRO service has an important quality assurance role as outlined in the IRO Handbook:

'As part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent and to identify any areas of poor practice. This should include identifying patterns of concern emerging not just around individual children but also more generally in relation to the collective experience of its looked after children of the services they receive. Where IROs identify more general concerns around the quality of the authority's services to its looked after children, the IRO should immediately alert senior managers about these. Equally important, the IRO should recognise and report on good practice'.

2.3 All children and young people in care, including children who are in an adoptive placement prior to an adoption order, are covered by the legislation. This applies to all children who are the subject of a Care Order (under section 31 of the Children Act 1989), or who are voluntarily accommodated for a period of more than 24 hours (section 20 of the Children Act 1989), including in Short Break Care, or who are placed for adoption under the Adoption and Children Act 2002. Also, those who are in care because they are remanded by the court to local authority accommodation. These young people require an allocated IRO and reviews in their place of custody.

3. The service

3.1 The Service had a permanent establishment of 9.5 FTE IRO's at 31st March 2023. The service had additional support from agency workers during this time owing to long term sickness and recruitment. There have been some staff changes and it remains an experienced team; some of whom have worked for Wolverhampton for many years, meaning some IROs have been consistently involved with the same young people. The IROs have a range of experiences and backgrounds which is an asset to the service.

3.2 The IRO Handbook recommends IRO caseloads of 50 – 70 children per IRO. The average full time caseload, including children and young people in care, children on a child protection plan, and those receiving care through short breaks (Section 20), was circa 81 children on 31 March 2023. This compares to circa 85 in March 2022.

3.3 The tables below reflect the demographics of the Children in Care (Table 1) as of 31st March 2023 and the IRO/CP Chairs (Table 2)

Table 1:

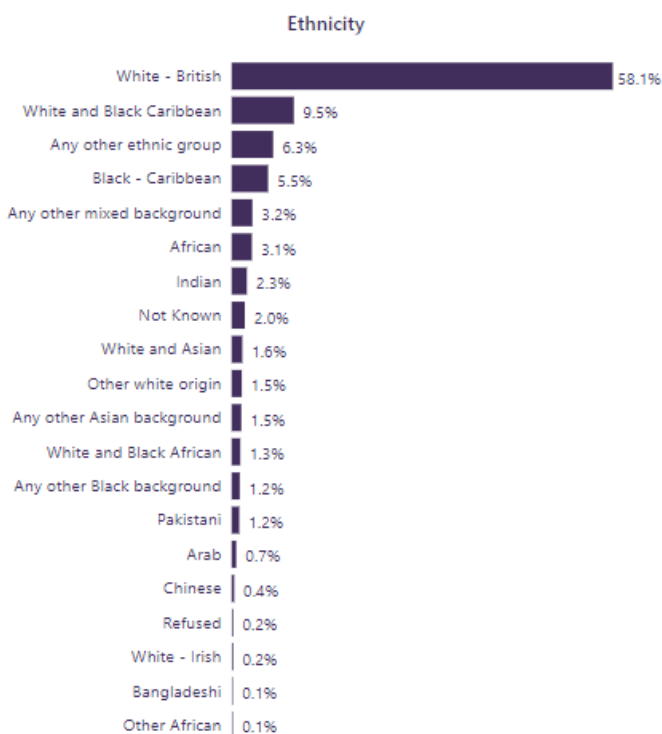
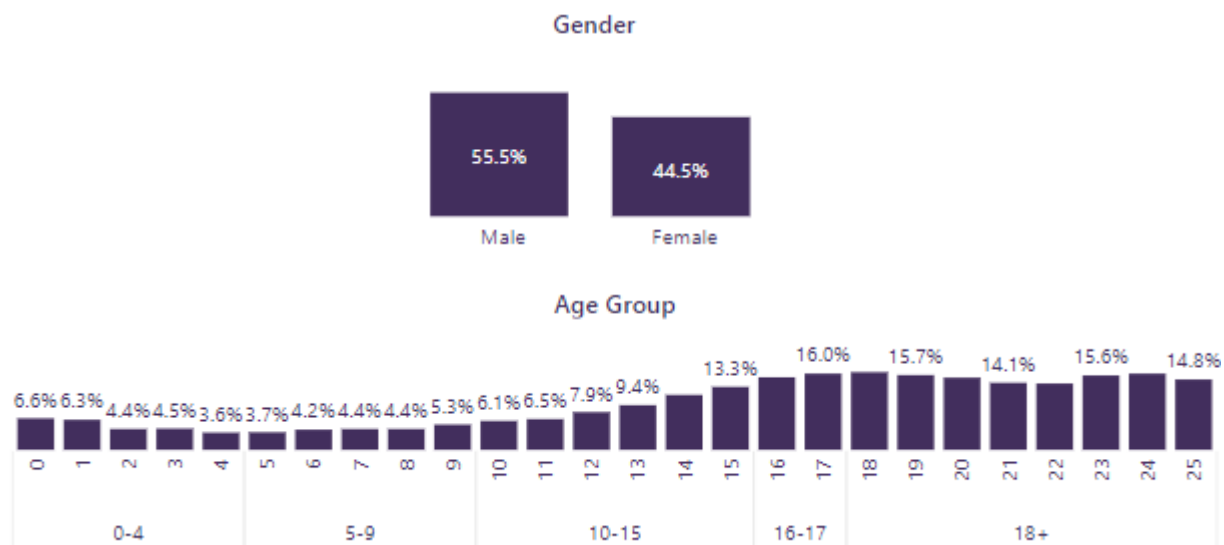


Table 2:

Ethnic group	Percentage of IRO/CP conference chairs
Asian	7.69%
Black	7.69%
Mixed heritage	7.69%
Not recorded	15.38%
Other ethnic group	0.00%
White (British)	61.54%
White (other)	0.00%

4. Our Children and Young People in Care population.

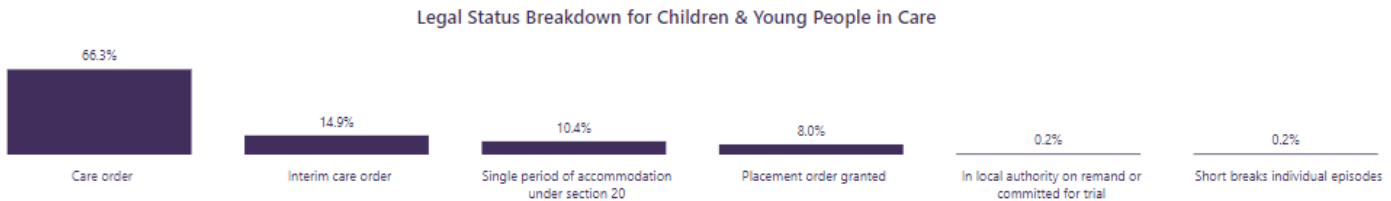
4.1 There were 505 children and young people in care as of 31/03/23, compared to 522 in 2022. Of the children in care at the end of the 2022/23 year, 44.5% were female and 55.5% were male, a change from 44% female and 56% male at the end of the previous year.



4.2 As of 31/03/2023, the breakdown of legal status for children and young people in care showed that there had been a 3.3% decrease from the previous year to 69.6% in the

proportion with a care order. There was a slight increase of 0.2% in the percentage with a placement order. The percentage with an interim care order increased from 14.7% to 14.9%

at the end of the 2022-23 year with the proportion with placed under section 20 increased again this year from 7% to 10.4%.



5. Our IRO service

5.1 The local authority is required to carry out review meetings in line with timings specified in the Regulations [regulation33]:

- the first review of a child's case within 20 working days of the date on which the child becomes looked after;
- the second review no more than three months after the first;
- the third and subsequent reviews no more than six months after the previous one;
- a review whenever the IRO directs; and
- a review in all other circumstances as specified in the Regulations.

5.2 On 31st March 2023, 99.6% of all children and young people in care had an up to date review (99.8% in 2022). The lowest percentage recorded in the 2022-23 year was August 2022 with 97.6% of children and young people in care with an up to date review, this shows the improvements made to continue with consistent positive performance in this area. The Review timeliness for 2022-23 is 99.3% compared with 84% for 2021-22 , this is an improved area of performce, staffing and miscalculation of dates has impacted on the timeliness of some reviews .

5.3 The IRO is required to speak with the child alone prior to the first review and before every subsequent review (regulation 36). The requirement for direct contact with the child extends to observation of babies and younger children.

5.4 An IRO is allocated to all children and young people in care within 24 hours of the Safeguarding Service being informed of that child's entry into care. Information is sent to the child via a letter and a letter is sent to the allocated Social Worker explaining the process. Children can make direct contact with their IRO by calling, by text or by email. During 2022/2023 we have rolled out online consultation forms and online feedback forms. In addition, we have developed consultation resources suitable for children with disabilities, we are in the final stages of completing the resources and will roll these out in 2023/2024.

5.5 The majority of brothers and sisters, whether placed together or not, are allocated to the same IRO. This ensures consistency of information exchange, oversight of care planning and decision-making, including sibling contact, and is particularly of benefit when children have different social workers.

5.6 The involvement of children in their own reviews is regarded as an essential part of the process. *'A key task for the IRO will be to ensure that the review processes, and particularly review meetings, remain child and family centred'* (IRO Guidance, Adoption and Children Act 2002.) The IRO has an important role in ensuring that the child:

- can make a meaningful contribution to their review;
- speaks for themselves if they are able and willing to do so; and where this is not possible that their views are conveyed by someone else on their behalf or by an appropriate medium; and
- has been given the opportunity to make a written contribution to the meeting, particularly if they have chosen not to attend or are unable to attend for some other reason.

5.7 The recorded achievement in this area of activity is also a measure of local authority performance. For the review meetings that took place in the 2022-23 year, 98.3% of children had participated in their review, the same was reported in 2021-22. The service understands

the importance of getting to know the child, their interests and importantly what matters to them, below are examples.

Examples;

- *A child beginning and ending her review with some highly spirited singing on her karioki machine.*
- *A child whose pet tortoise was included in the review and was recorded as in attendance and care plan.*
- *Children who have lead thier reviews by running a quiz e.g love island,favourite football team.*
- *Meeting the child in school and playing games with them to get to know them prior to the review.*
- *IRO purchased a KEEPWISH talking cards gadget to interact with a young person with disabilities. This enabled them to communicate, the types of food they likes, the people they enjoy seeing at family time.*
- *The IRO watched TOPBOY on netflix before visiting a YP owing to their experiences.The YP was so impressed,they opened up about thier life and experiences.They spent 3 hours together taking , shared thier rapping skills, showed the IRO how they use social media.*
- *The IRO and child ran up and down in a lounge each of them wearing back packs, chasing each other and having lots of fun. It meant, the toddler was centre to the review, showing lots of skills they leant over the last 6 months and how independent they have become so quickly.*
- *The IRO pretended to be a dinosaur for child at every review. They all had to pick which dinosaur they were going to be at the start. There was much growling in every review and it was fun!*
- *During a visit we went through the young persons Play Therapy Box and they discussed how different items in the box had helped them in different situations and when they are used. We also used the play therapy journal to reflect on some of their thoughts and feelings about their care plan. This was especially helpful as the young person had a learning disability.*
- *With a young person, who doesn't really like to discuss their feelings, we used a fine motor activity where we used pincers to select different animals and add them to a jar (for example pick up five brown squirrels, three pink pigs ect). Whilst doing this the young person was so focused on the activity that they happily discussed their thoughts and feelings.*
- *We have had discussions about intrests such as cricket, football this opened up banter especially when I tell them that I support Man Utd and the West Indies cricket team.*

5.8 IROs continue to work hard to involve parents in their children's reviews, albeit sometimes this means consultations take place by written contribution, attending the review, telephone discussions, separate meetings or views gathered by another person. Social Workers and IROs need to ensure they are providing this option of participation to parents. Monitoring participation of parents and improving parental engagement will be an area of focus moving forward.

5.9 There was one child reviewed under the Short Break Statutory Guidance (Section 20(4) of the Children Act 1989) in 2022/2023 (1 in 202/2022) as they are reviewed by Disabled Childrens and Young People team as there breaks are under 75 overnights a year and for those over 75 overnights they are in care.

5.10 The Safeguarding service have received no complaints and 19 compliments for 2022/2023 compared to 14 compliments for 2021/2022. Compliments have been received via other avenues, such as the Director of Children's Services (DCS) regular newsletter called the "Round Up," which goes out to all colleagues in the Children and Young People's Service, detailing good practice and direct emails to the service.

Examples:

'We both just wanted to let you know our thoughts on yesterday's Child in Care review and wanted to let you know that we both thought your approach with the carer was fantastic. We felt the review was positive and very restorative.'

'Social workers had the following feedback for Independent Reviewing Officer following a recent Child in Care review, stating, ' wanted to let you know that we both thought your approach with the carer was fantastic. We felt the review was really positive and very restorative. It was so nice to hear that you took the time to go and meet the child in school and played games with them to get to know them prior to the review meeting. We have both experienced how difficult the reviews have been previously due to the difficulties in the relationship between family and thought you handled this really well by bringing the conversation back to the child and focusing on his needs.'

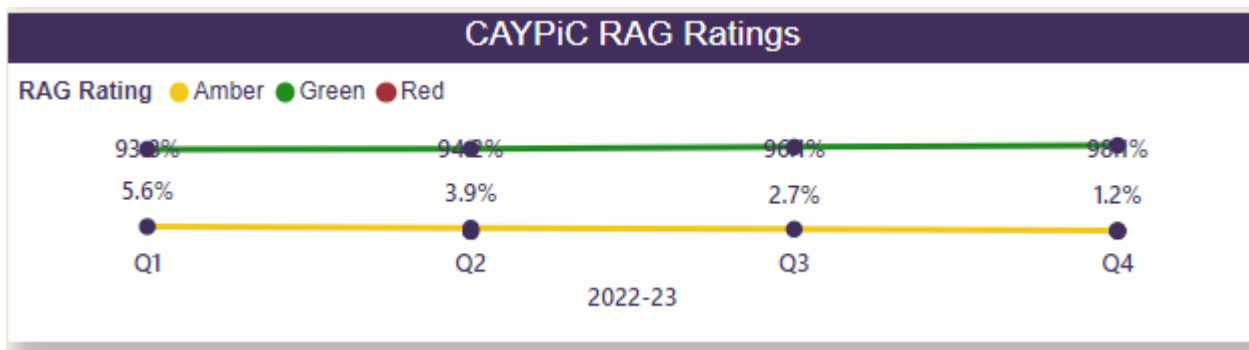
'The IRO had an excellent manner and skills in the review of young person.'

6. Conduct of the organisation in relation to the review

6.1 The IROs quality assure each child's case at every review which include the following:

- Quality of preparation for review by social worker, including report preparation, preparation of the child/young person and sign off by manager,
- Quality of care planning, including how up to date the care plan is,
- Quality of contribution by the child/ young person and other attendees, to review,

6.2 Quality assurance forms are completed following the review. The RAG (Red/Amber/Green) quality rating system, in respect of reviews, including the progress of plans, preparation for the meeting and the quality of reports, has been used consistently in Wolverhampton since August 2014. In 2022-23, 95.7% were Green, 3.3% Amber and 0.2% Red. The graph below shows an increase in the proportion rated Green and a reduction in the percentage rated Amber or Red throughout the 2022/23 year.



6.3 Following a review the IRO will rate the care planning the child is receiving as Green, Amber or Red. Green indicates that there is good the care planning. If Amber or Red, this indicates that there are concerns with care planning and the IRO will raise a resolution in keeping with the severity of the concerns. Ambers and Reds generate an informal resloution discussion record. If not addressed or if the IRO deems that formal dispute is required, this will be expedited.

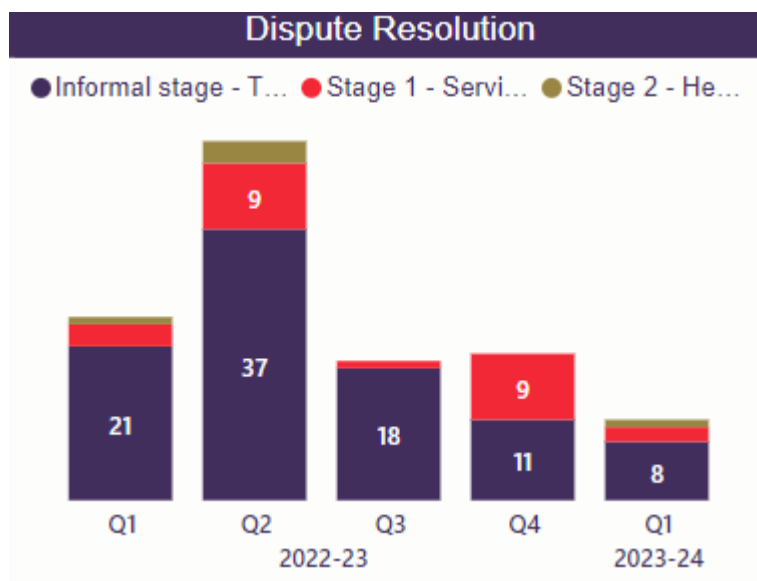
6.4 During 2022-23, 26 (a reduction of 20 in 2021/2022) formal resolutions were implemented in Wolverhampton (the below data is reflective of resloutions for children in care and child protection planning). This was made up of 22 at Stage 1 (Service Manager), 4 Stage 2 (Head of Service) and no Stage 3 (Assistant Director). There were 88 informal resolutions compared with 171 in 2021-2022. In between reviews, the IRO's complete midpoint checks and prior to reviews have consultations with social workers, this supports identifying

challenges early and resolving matters before escalation is required, this coupled with decrease in the number of children in care will have contributed to the number of resolutions decreasing.

6.5 The resolution process has been used to raise concerns in relation to life story work, , safety planning, changes in social workers and not the same social workers for brothers and sisters. Also, preparing for transition , progression of care planning,

and disruption meetings not being held. As well as family time arrangements and the impact of decision making around this. In addition, pathway needs assessments outstanding, not sharing significant information with IRO about changes to care plan before review, delay in review being completed, no allocation of social worker. The issues will have been raised with managers and escalated in line with resolution protocol the outcome will be agreed actions to resolve matters and monitoring that the matters have been resolved.

6.6. The table below shows the breakdown of the use of resolution and demonstrates that IROs are exerting effective challenge of the Local Authority regarding care planning for children where there is serious concern or delay, and that escalation continues to the next stage where matters are not resolved. It would be expected for most disputes to be resolved at the informal stage by the IRO and Team Manager, this reflected in graph below.



6.7 The Safeguarding Manager provides a report to the Children and Young People's Management Team on a quarterly basis, highlighting areas of good practice and areas for concern and action. Service Managers meet to discuss the findings and key themes that

arisen from resolution meetings and follow up actions , below details some key themes and outcomes discussed in 2022/2023:

- The review process not being followed on Eclipse which was impacting on plans and reports being completed. A session was held with Team managers in the Children in Care to support the understand the process for reviews. The indicator for care plans being updated 10 days following the review was included within the performance dashboard.
- Reviews being held in timescales, progression of care plans and changes in social workers has been impacted by staffing. There has been recruitment of staff in the service but difficulties staffing continue.
- Later life letters and life story work, the service has been reviewing this and this work is progressing.

6.8 The IROs complete a Recognition of Excellent or Good Practice notification when there is evidence of high-quality practice. Four notifications were awarded in 2022-2023 (a decrease from 33 in 2021/2022). The safeguarding service will promote the use of good and excellent practice notifications within the service, as there continues to be a declining recognition. A monthly reminder has been put into the team's calendar.

6.9 The IRO service promotes good practice across Children's Service and has implemented a training programme available to all Social Work staff. Sessions are delivered regarding best practice for Social Workers in relation Child and Young Person in Care Reviews. These sessions are offered on a quarterly basis and delivered jointly with Advanced Practitioners. In March 2023, co-production training was delivered to the IROs by the Co-production & Youth Engagement service about co-production with young people, to support co-production with young people in reviews.

6.10 Wolverhampton IRO service attends the regional IRO Practice Share meetings on a quarterly basis with a number of West Midlands Local Authorities. These meetings have provided good opportunities for IROs to network and share ideas for practice improvement.

- 6.11 In January 2023 , the team completed a peer audit of IRO review records took place. Team members gave individual feedback to one another and advised that this was a positive exercise to share best practice. The audits found that all the records sampled reflected a celebration of the young person alongside raising any worries. All the review records reflected participation of the young person and all the records were written to the child. The suggestions for improvement included ensuring the IRO record is translated for children where English is not their first language. Also, including the child's views directly in the record.
- 6.12 In March 2023, peer discussion focused on six examples of IRO records for Unaccompanied Asylum-Seeking Children (UASC). Positive feedback was received from the IROs who participated, the process was helpful and a useful opportunity to connect for peer support. Each group had a peer reflection brought to the group by one of the team, again this received positive feedback. Future peer reflections will also include space for a reflective case discussion/ solution circle.
- 6.13 Findings report that all reviews were done with the child and participation can be seen. All IRO records were clear regarding immigration matters, addressed problems and worries appropriately and celebrated the child's achievements. Two out of 6 IRO records received feedback that they could have been more focused on the cultural, language and religious needs for the child. All IRO records were written to the child and in simple language but only 1 record was translated into the child's first language, and the IRO record did not reference that it was being translated. Interpreters were used consistently.
- 6.14 Moving forward, as per the guidance, the IRO will ensure they establish the first language of both the child and the parents at the 15 days before review conversation. A child may be of the view that their use of the language is adequate, but it is important that each child can participate appropriately in the process and that their views are fully represented. Where a child or parents first language is not English (and they are receiving a copy of the report) consideration should be given to arranging translation of the IRO record.

6.15 In March 2023, observations of IROs in reviews was completed. In summary, findings from the observations highlighted areas of excellence practice and areas for improvement . All reviews observed were child friendly, well chaired, enabled participation from attendees and focused on care planning . Children and young people’s views had been gathered and their achievements celebrated. Areas for improvement included the recording of mid-point checks, consultation forms and pre planning for reviews, engagement of parents, setting ground rules at the start of the review and discussing timescales.

6.16 Feedback from one young person at their review shared that they felt involved, happy, in control, listened to, supported, valued and happy. They said they felt a little bored and worried and shy but explained that singing a song at the beginning meant she felt less worried and more joyful throughout the meeting. They shared that it was brilliant meeting and that the IRO was a nice lady. *“They are kind and support my decisions and make me feel safe, they talked about my mum which I found really helpful, they are really chatty, and I like that”*.

6.17 Another young person shared that they felt the IRO had supported them well , they have helped them with a move from their old placement to a new placement. They shared they are listened to by the IRO. Feedback back from another young person was the IRO had been brilliant. *“All the social workers they have had different approaches, some more experienced than others, however the IRO has been perfect, easy to talk to, I have liked the last 10 years”*. They added that, *“the IRO is relaxing, makes sure what I want is heard, formal is awkward and different to how I talk”*.

6.18 Feedback from the foster carers has included that they felt the IRO had listened to them, and it was good to see how much the IRO was involved with the young person. Foster carers reported that the activities during the review were a good ice breaker. Another carer commented that the IROs approach was child based, they have a good rapport with the child, and through the time living with them, the IRO had been the one person the young person was happy to see, having sometimes not wanting to have the social workers visiting. They said the IRO had provided good feedback and encouragement to them and this has been a positive experience.

6.19 Observations and audits will take place in 2023/2024 to monitor service delivery and improve on areas of practice highlighted.

7. Any resource issues that are putting at risk the delivery of a quality service

7.1 As in 2021/2022 the safeguarding service and children's services has experienced staffing and sickness issues which is line with national issues regarding staffing. This has impacted on timeliness of some reviews and progression of care plans. The government 2022 reporting for Children's social work workforce (available from; <https://explore-education-statistics.service.gov.uk/find-statistics/children-s-social-work-workforce>) highlights in 2022, the number of children and family social workers fell for the first time since the series started in 2017. This has likely contributed to increases in the number of vacancies (a series high), agency worker employment (a series high) and average caseload. The sickness absence rate also increased in 2022 (another series high). Recruitment and retention remain a priority for safeguarding and children's services, agency staff have been utilised in the safeguarding service to limit the impact on children and families.

8. Review of last year's priority areas for improvement and action

- Promote consultation and feedback forms for children and young people. We have rolled out online consultation forms and online feedback forms.
- Develop bespoke resources for children in care who have a disability to support their participation in reviews. We have developed consultation resources suitable for children with disabilities, we are in the final stages are completing the resources and will roll these out in 2023/2024.
- Refresh the policy for children in care reviews. We have reviewed the policy for children in care reviews, this is awaiting approval from senior leaders.
- Continue to work with the Data & Analytics team to capture data in respect of hybrid working and reporting for participation of parents . We continue to work with the Data

& Analytics team to improve the IRO performance dashboard , this has been delayed owing to competing demands in the Data & Analytics team and rebuild of all dashboards that was required.

- Observations of practice to take place for all staff members in 2022/2023. This was completed in 2022/2023 . Observations of IRO's have also taken place during practice weeks as well as peer audits.
- Explore opportunities to include IROs in the observation of frontline social work practice, e.g., care planning meetings, core groups. The IROs are given observations to complete as a part of practice weeks .

9. Priorities for 2023/24

- Roll out the resources for children in care who have a disability to support their participation in reviews.
- Roll out the refreshed policy for children in care reviews.
- Improving parental engagement at reviews through the development of online consultation forms and feedback forms. Parental engagement and participation to be monitored.
- Where a child or parents first language is not English (and they are receiving a copy of the report) consideration should be given to arranging translation of the IRO record.
- Continue to work with the Data & Analytics team to capture data in respect of hybrid working, reporting for participation of parents and provide breakdown of the resolutions by service area and teams .

10. Conclusion.

10.1 This report has highlighted the work of the IROs in Wolverhampton from April 2022 to March 2023 and is an update on the last annual report. The next report will cover the period from 1 April 2023 to 31 March 2024. The information contained in the annual report evidences the work of the service and how it is focussed on improving outcomes for children and young people. The Department for Education (DfE) has advised that the IRO role needs to be reviewed and strengthened in response to the independent review of children's social care published in May 2022. The safeguarding service will need consider the next steps and implementation for the service when the DfE advise what is required.

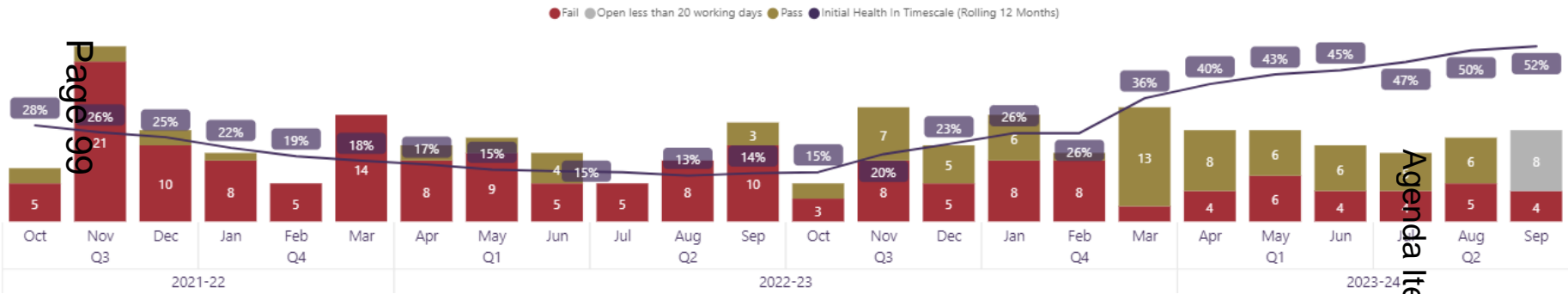
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CaYPIC Initial Health Assessment Within 20 Working Days of Entering Care

Performance Comment:

The percentage of CaYPIC starts with an Initial Health assessment within 20 working days has continued to increase. The data shows a significant improvement from 14% in September 2022 to 52% at the end of September 2023, and is expected to continue to increase based on a rolling 12-month percentage.

% of CaYPIC starts within the month with an initial health assessment in 20 working days



Service Comment: This is great progress. We are gradually improving, and this is expected to increase further.

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Agenda Item No: 9

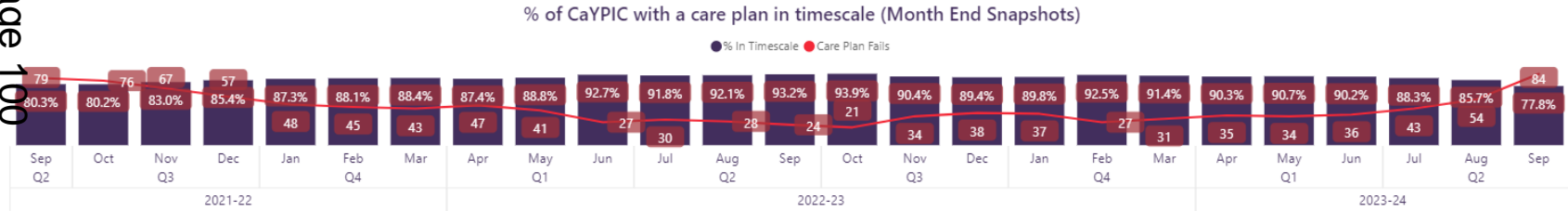
CaYPIC Care Plans Within Timescale (six months)

Performance Comment:

The percentage of CaYPIC with a care plan in the last six months has decreased from 79.9% and 75 fails to 77.8% and 84 fails. August's percentage has increased to 85.7% and the number of fails has decreased to 54 due to retrospective recording.

Based on the team breakdown there are 84 fails in total, 46 are within the 3 CAYPIC Teams which is 54.7% of the total fails. The court team also have a high number of fails this month with 14 in total (16.6%).

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Service Comment: The percentage is likely to increase retrospectively, as seen in previous months. We are also working with our data Colleagues to ensure all children with a pathway plan under 18 are showing as having a care plan which will also improve performance reporting.

The court team complete robust care plans for court proceedings that sit outside of Eclipse. Therefore, this figure suggests that there is an issue with putting plans onto Eclipse for reporting purposes. We are confident that children in the court team have plans in place.

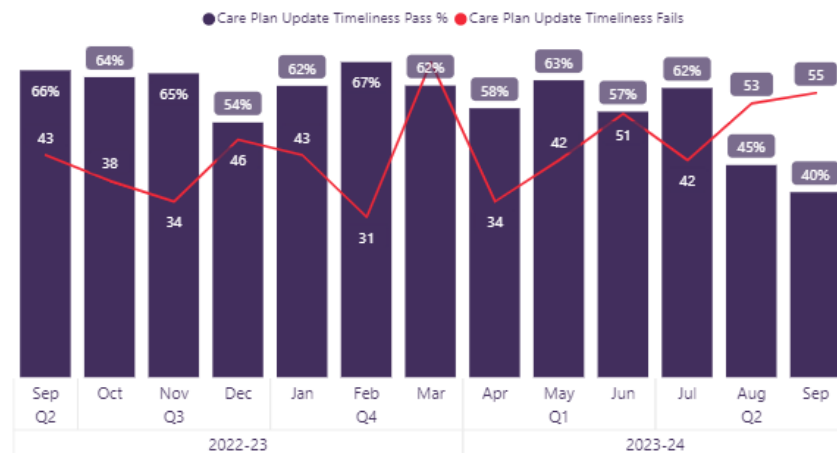
CaYPIC Care Plans Updated Within 10 Working Days

Performance Comment:

The percentage of Care plans updated within 10 working days is 40% for September with 55 fails, this is a reduction from 45% (53 fails) recorded in August. The majority of records have no care plan update recorded on Eclipse since the Review Meeting, four children have care plans updated more than 10 working days after a review, the average length of time taken to update these records is 21 days.

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Care Plan Updated Within 10 Working Days % (Reviews taken place in month)



Service Comment: Performance in this area has significantly dipped over the summer and has not increased as expected. Whilst timeliness has significantly dipped the majority of children do have an updated plan within 6 months aka since the last Review Meeting. Team managers are aware of this and a reminder has been shared with all teams about completing plans within 10 working days of the Review Meeting. This will continue to be monitored and followed up at Team and Service level.

Number of CaYPIC Missing Incidents by Month

Performance Comment:

Within the last 12 months, the number of missing incidents has been sporadic, peaking at 66 with 16 individuals in October 2022.

In September 2023 there were 20 missing incidents which is a reduction compared to 22 in August, however the number of individuals has increased from 7 to 10 this month. All Children reported missing in September were aged between 13 and 16 years.

In September, of the 20 incidents 12 were missing from foster care, 3 from Parental or family homes, 1 from a children's home and 4 were reported missing from 'other' locations.

5 missing incidents relate to children and young people missing for between 2 and 6 days (25%), 9 were missing for 1 day (45%) and 6 were missing for less than 24 hours (30%).

Number of CaYPIC Missing Incidents by Month



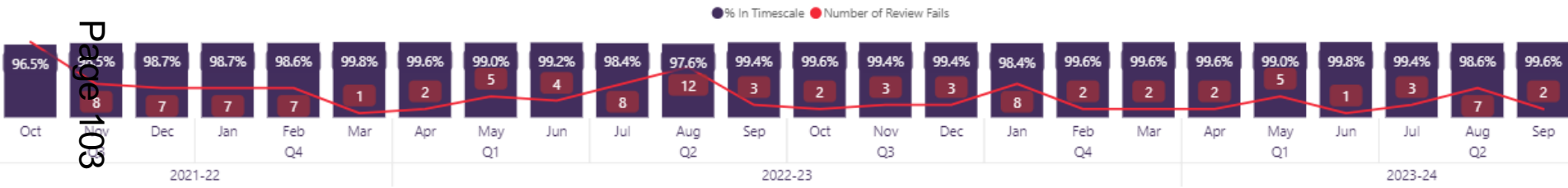
Service Comment: Although the number of missing children has increased the number of missing episodes has decreased, the team(s) are aware of who the children are and there are actions recorded within the children's care plans to prevent future missing episodes.

CaYPIC Reviews In Timescale

Performance Comment:

The percentage of CaYPIC reviews within timescale has been consistently above 98% for the past 12-months, with 99.6% recorded within timescale in September relating to just two fails recorded; both of which have since been uploaded to Eclipse (during October 2023).

% of CaYPIC with a review in timescale (Month End Snapshots)



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Service Comment: This is consistently good practice and shows that we ensure children’s care plans are reviewed and remain in their best interests with the independent oversight of their Independent Reviewing Officer.

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