

Oxfordshire Annual Corporate Parenting Report 2022-2023



'Working together to help children and young people and families to thrive'

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1.FOREWARD

This report reflects on the work that has been undertaken with and on behalf of, Oxfordshires “Children we Care For” over the last 12 months, particularly in relation to the sufficiency of local care provisions for children. The report also outlines key corporate parenting services that support children we care for and aims to highlight some of the work that has taken place, the successes, and next steps.

As corporate parents we must take every opportunity to champion our children, support them to thrive and to celebrate their achievements. It is our responsibility and duty as corporate parents to treat children in care and care leavers as we would our own and to provide them with opportunities to develop and remove barriers.

Guardians for Us plays an essential role in ensuring that we fulfil our corporate parenting duties, bringing together a wide membership and, above all, giving voice and influence on our children in care and care experienced young people. We have been made aware of the lived experiences of young Care Leavers who have struggled to find appropriate housing. We have also heard about carers who have gone above and beyond to support our children reconnecting with their birth families and enjoyed several face-to-face events where our young people have been able to come together to just have fun. From cook offs to sailing and dancing events, there has been something for all. We have also carried on with holding virtual ‘getting to know you’ sessions where our young people living away from Oxfordshire can continue to feel part of the Oxfordshire community.

We continue to experience the impact of the rise in cost of living and providers being impacted by the increase in spending. Over 2022/2023 we saw a significant challenge financially on the impact in spending across children’s services with the cost of care arrangements being a fundamental factor where we have supported children with extremely high and complex needs.

1.1 An introduction to Corporate Parenting

The government introduced clear corporate parenting principles that require all departments within a local authority, including staff, elected members and partner agencies, to recognise their role as a corporate. In Oxfordshire County Council we follow these key principles:

- **To promote and aid our children and young people to have high aspirations and seek to secure the best outcomes.**
- **To act in the best interests and promote the physical and mental health and emotional well-being, of our children and young people.**
- **To encourage our children and young people to express their views, wishes and feelings through active engagement with the panel.**

- **To listen, consider and act upon the views, wishes and feelings of our children and young people.**
- **To support our children and young people to find out about, gain access to, and make the best use of a full range of services which enable our children and young people to feel fully supported, achieve their full potential, and fulfil their needs. .**
- **For our children and young people to be safe, and to have stability in their home lives, relationships and education or work; and to prepare our children and young people for adulthood and moving towards independence.**
- **Children and young people we care for and young people leaving care should never be disadvantaged when compared with the support that all children or young people receive.**

Our Corporate Parenting services are overseen by the Deputy Directors for Safeguarding and Social Care. The service now comprises of five key service areas: Oxfordshire Fostering Service, Thames Valley Adoption, Residential and Edge of Care services, Care Leavers 18+ Service and our Unaccompanied young people.

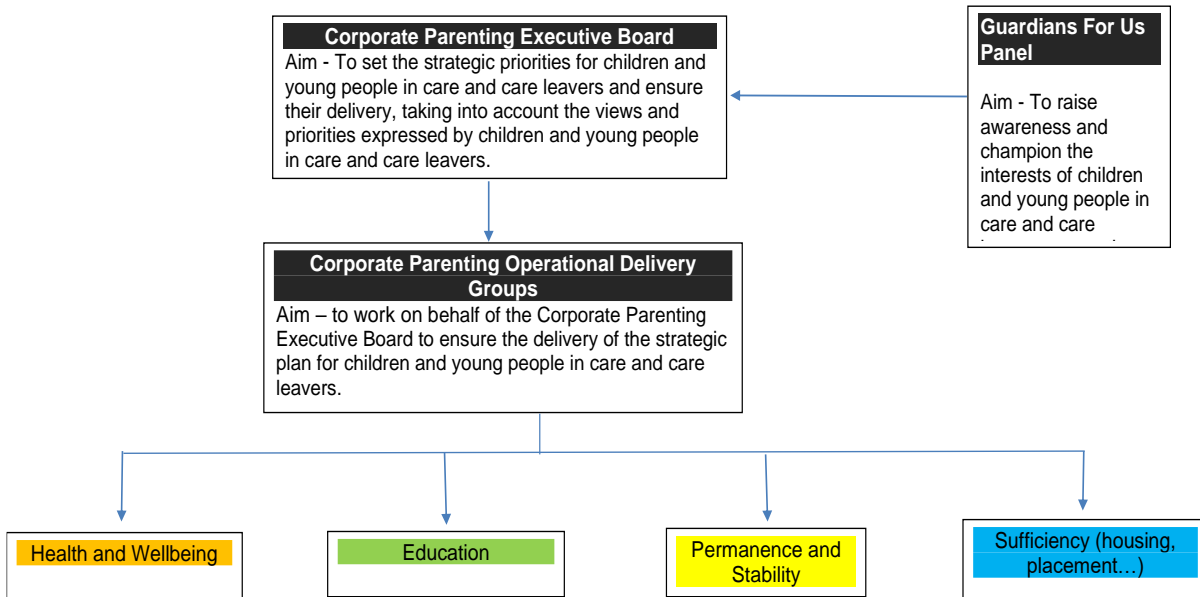
The Children's Placement Brokerage service continues to sit within our strategic commissioning services in Adults' Social Care. The virtual school sits under Education services. Children We care for health services sit within Oxford Health and all continue to maintain and have strong links with corporate parenting services within children's social care. Our participation service for Children in Care Council sits under the Virtual School which allows it to have close connections to all children we care for.

Over 2022/2023 the services have reported into the Guardians for Us Panel who met us 4 times a year. All our meetings now take place outside of school hours to give our Children in Care Council every opportunity to attend. We changed the format of the agenda to a more item specific agenda to elicit a stronger impact on outcome and actions .The intention was to hear more formally from our children and young people by way of recorded interviews which would help set the scene and focus members on the true lived experiences of the children we care for .

The diagram below show how the Guardians for us panel sits within the corporate parenting committee.

Overall Aim

To promote good outcomes for children and young people in care and care leavers in the way that any good parent would, and champion the interests of children and young people in care and care leavers across the Council and with partner agencies.



1.2 Children in Care Council

Update from our Children in Care Council:

During Covid we had regular online meetings which were fun, interactive, and built our membership up, because we could reach out to children out of county. The first thing we wanted to do when we could meet face to face was a 'bake off.' So, in March we held a bake off at Oxford City Farm, made wonderful cakes and chatted about how things were going for them post covid.

We followed this up with a meeting at Oxford Sailing Club; then our major sailing trip was back on the table. We took 15 children and one experienced care leaver sailing for 7 days, where they had to cook, clean and team build all gaining a sailing qualification.

We then embarked on a 3-month project with the Mandela Theatre to make a film about being in care 'Breaking the Shell'. 4 short powerful and emotive stories about life in care. This was launched at the UPP cinema in Cowley and is being used for training purposes with OSCB (Oxfordshire Safeguarding Children's Board), IRO's, School Nurses and social care teams.

We then wanted to chat to children about staying safe and their health; so, held a Halloween event, where 20 pumpkins were carved, pumpkin soup made with two workshops. Here CiCC members decided they wanted to make a mural to counteract the bullying and stigma they received about being in care.

Finally, we ended the year with our annual festive meal at Hill End, our first one in 3 years, where we showed a PowerPoint of our annual achievements, gave awards to services who helped children in care and care leavers and celebrated our Chairs of CiCC.

Ambassadors for CiCC have created a tick list for a care leaver moving into independence, so they can manage and understand living alone, helped create a welcome pack for children coming into care, held meetings with children out of county and fed into the LGBTQ+ forum and many other pieces of work throughout the year.

To cap a wonderful year off, CiCC and Breaking the Shell film were shortlisted for 'Project of the Year' in Oxfordshire Youth Awards, with Summer being shortlisted for Activist of the year and one of our young people being nominated for a Pride of Oxfordshire award.

So, a hugely successful year for CiCC, new children on board, an amazing family atmosphere created and meaningful discussions which help us improve services to children we are cooperate parents for. Next year, we want to add a celebration and award ceremony to celebrate the successes of all our children in care and those leaving care.

Our Children in Care Council say:

I have autism and sometimes its hard for me to understand but I feel comfortable in this space

the people I call family I met through CICC

CICC gives me a chance to vent and be listened to

"Life has been a struggle until I came to Care to Dance. I expressed myself and became trusting to the staff. Learning new skills and being able to work as a team made me a brighter person. They have supported me at my worst, thank you for inspiring me to my best! Thank you for making me a better human." Young Person



"The best aspects are the social interaction within a safe group wanting to learn new skills helping with interpersonal skills and helping with concentration. This also helped them to accept and feel positive". Carer

2. CORPORATE PARENTING SERVICES

2.1 Residential and Edge of Care Services (REoC)

Across our Residential and Edge of Care Services we provide accommodation for up to 18 children and young people aged 12 - 17 across 3 homes. We have 2 assessment homes for short term assessment work (Glebelands and The Oaks), and 1 longer term residential home (The Moors).

The focus of Glebelands and The Oaks is a whole family approach to the assessment of the child who is living in the assessment home whilst engaging with multi-agency professionals to enable a thorough and robust assessment to inform their future care planning options. Following an assessment at Glebelands or The Oaks children transition to a range of provisions including reunification home to parents with a package of support, foster care, long term residential homes and semi-independent living.

The focus of The Moors is to provide longer term care for children whose care plan suggests reunification home in the short term is not in their best interests. Children in their teenage years are supported and encouraged to develop independent skills appropriate to their abilities to enable move on into semi/ independent living.

Across the 2 assessment homes the average occupancy levels have been 71% (last year 48%) and 61% (last year 60%) over the past year. The minimum target levels are set at 66%, to account for matching children's needs against others living in the homes and supporting shared care arrangements where a child lives between the home and their own home whilst support and guidance is given to the child's family to enable them to return home. Shared care is a key intervention to prevent family breakdown and children coming into care. At times both homes have fallen under the 66% target staffing challenges and matching the complex needs of new children against those already living in the homes. Contributed to this.

The occupancy level within the longer-term children's home has been 81% (last year 62%) against a minimum target of 66%. This year The Moors have consistently remained in excess of the minimum target set two years ago despite staffing challenges. In the last year, the children living at The Moors have been boys due to matching the complex needs of new young people set against those already living in the home.

In the last 12 months all 3 homes have been through graded Ofsted inspections. Despite the extraordinary times they have gone through all 3 homes were graded 'good' which is an impressive achievement.

All the homes have continued to benefit from the support of the REoC clinical team and recruitment is underway for the vacant REoC clinician post. Psychological consultations and reflective supervision are a valuable part of a monthly offer across all homes.

In addition to the day-to-day residential provision staff from Glebelands and The Oaks provided a community offer for children aged 12-17 years old.

- We use a whole family approach through relationship-based interventions to support with the de-escalation of challenges within the family home and wider community. This often includes priority behaviour management and upskilling parents with specific techniques regarding teenage behaviours.
- The basis of our work is through Non-violent resistance (NVR) techniques. NVR addresses violent, destructive and harmful behaviours in children and adolescents. NVR can help parents and carers overcome their sense of helplessness. It can help develop a support network that will stop violent and destructive behaviours both in and out of the home.
- We engage with families who are experiencing challenges regarding exploitation, escalating negative behaviours; violence, drug/ alcohol misuse, causing them to potentially be at risk of family breakdown/ adoption breakdown in the home.

The community offer was depleted during the pandemic and was integrated into the service during 2022/2023 in recognition of the value it provided to prevent children on the edge of care becoming Children We Care For. In 2023 a review of the service will be conducted to establish whether the all the work carried out with families was appropriate and well placed within this service area. With the development of a Strengthening Families service within the Family Solutions service a review of the terms of reference around this work will be conducted.

REoC Top priorities for 2023/2024

- Creating consistency in the implementation of policy and procedure across the 3 children's homes
- Relaunching the Planned community intervention offer for Glebelands and The Oaks complimenting the work of the strengthening families Service.
- Creating a REoC Manual and intranet pages to raise our profile
- To collaborate with colleagues across social care, housing, commissioning, and HR under a project management plan to bring on board 2 solo homes and 2 further 4 bed children's homes by April 2025 in addition to bringing on board a 4 bed children's home in Aston by April 2024.
- Embed children's panels into staff recruitment processes

2.2 Young Person's Supported Accommodation (YPSA)

The YPSA is a commissioned service which offers supported living for our 16- 24yr young people. It was launched as a service in October 2020 and serves to move away from supporting young people leaving care in larger foyer type accommodation to smaller 2,3,4 bed houses.

The vision is that every child and young person in Oxfordshire should have access to:

- a full range of housing services
- the opportunity for a decent and affordable home suitable to their needs.

Vulnerable young people - or young people at risk of homelessness - are provided with high quality accommodation while being supported to develop their independent living skills, find employment, education, or training.

The service is an intervention lasting up to 2 years which includes a plan to help young people meet their long-term needs. The service has been developed with professionals, organisations and young people who have experience of supported housing services.

The YPSA service is co-commissioned in partnership with city and district councils.

The YPSA service objectives are that young people are:

- in accommodation suitable for their needs
- supported to maintain their accommodation
- able to feel safe
- engaged in education, employment, and training
- supported to live healthier lives
- equipped with the skills necessary to live independently so they can move on with their lives in a planned way without becoming homeless
- supported to prevent being homeless
- supported to build positive relationships and links to their local communities and family members if it is safe to do so.

We as a local authority are responsible for the YPSA 16-17 inhouse service which offers a variety of provisions for our young people.

Shared accommodation for 16/17-year-olds with up to four young people living together. Currently there are 20 houses within this provision supporting 45 young people, 23 of which are Unaccompanied young people. We currently have 22 Oxfordshire Children in the service. The service also offers 4 emergency beds for young people presenting as homeless in our community houses.

Unaccompanied young people welcome assessment houses (shared accommodation with up to four newly arriving unaccompanied young people living together for up to four months. After four months, young people will move into service package 1.

Move On Homes (intensive 24 hour staffed support for up to nine months). This provision supports 8 young people across 2 four bed homes where there is 24hr access to support staff.

Supported accommodation for our unaccompanied young people at Matthew Wigglesworth House and Abingdon Foyer supporting 32 young people. The service offers 24-hour support, comprised of YPSA support staff waking night staff with security on site from 08.00pm – 08.00am. They have

a dedicated staff team and team manager who work alongside UCYP statutory team.

The service works closely with Response who provide the housing stock and TVP who assess the homes in respects to contextual safeguarding to ensure young people are not housed in high-risk areas of the county.

There have been some Challenges over the past year.

- Building up the housing stock to meet need we are currently (80 contracted) we are 15 rooms short and ensuring properties are maintained to a good standard of repair.
- Supporting young people to move out of the service into the 18 plus provisions due to capacity issues with other parts of the service.
- The rise in our unaccompanied young people population and managing their needs against Oxfordshire born young people.
- Ensuring young people access the service under the right legal framework i.e. section 17 or section 20.
- Supporting those young people at risk of drug exploitation.
- Maintain staff sufficiency and resilience.
- The level of nervousness by professionals around placing young people within provisions which do not have 24hr staff oversight.
- Emergency bed placements are exceeding the 2-week period

Our successes have been.

- High and rising number of young people in employment and training – latest figures (City 24) 22 are EET. South (7) 2 EET North (15) 12 EET.
- The ability to support young people with complex needs taking into consideration risks and how these can be mitigated through taking a multi-agency approach to risk management. The YPSA is not a risk averse service and will develop creative plans to support our most vulnerable children and statutory field work teams.
- Developing trusting working relationships with young people to support them to take responsibility and accountability for their actions.
- Developing relationships with colleagues in the community including the problem-solving team within TVP, the Children we Care for Health Nurse and Virtual School.
- The use of psychologist support to help formulate support plans for young people, support referrals to specialist mental health provisions and offer one to one consultation.
- Positive working relationships between support staff and young people.
- Developing as 24hr response service for young people across the service. Due to adding a runner On-Call service from the hours of 10pm – 08.30am.

- Supporting young people to return home when there has been a family breakdown leading to the need for emergency accommodation through mediation work.

Feedback from our young people is strong; -

I just want to thank you and all of the YPHA team for their tireless support over the Christmas holiday...it sounds like it has been full on.

I just wanted to tell you how amazing you have been in putting the protections in place for MH. I am really impressed with your work on the risk assessments on this and how immediate your response has been. As it says in the subject heading, You are Fab!

Key priorities for 2023/2024;

- Strengthening the quality assurance oversight of the service by working to become a registered provision with Ofsted under the Supported Accommodation (England) regulations and quality Standards 2023.
- Implementing the Annex, A document into the referral requirements to ensure all young people entering the service are assessed as in need of support and not care.
- Re-evaluating the E-bed offer, currently in main bed provisions in the community this has proven to unsettle our main stay young people and a more wrap around support is required for children that come into our service under an emergency.
- Developing the opportunity for group work using facilities at Matthew Wigglesworth House.
- Continue discussions with commissioning colleagues to review sufficiency of provisions including opportunities to offer additional 24hr staffed provisions to safeguard young people unable to manage their own front doors.

2.3 The Clinical Team

The Clinical Team has continued to offer clinical support, consultation, and training across Early Help, Family Solutions Plus, the REoC Services (including our children's and assessment homes) as well as the Young People's Supported Accommodation Service.

The clinical team delivered 5908 sessions (up from 4821.5 sessions on previous financial year); 583 interventions (up from 406 interventions on previous financial year); 280 children /young people on our caseload (up from 129 on the last financial year), 125 families were supported by direct therapeutic intervention by a clinician from the team (similar number to previously); 1093 consultations offered to social workers/staff (up from 870 last financial year), 352 reflective practice sessions offered to teams (up from 305 on the last financial year) and 231 staff have received training from one of the 22 different training options offered by The Clinical Team.

Outcomes:

Consultations:

Outcome measures used to assess the impact of Consultations, have shown the following outcomes: 77% of staff attending have reported increased knowledge of the family; 80% increased confidence in the ability to work with the child/yp/family; 88% increased motivation to work with the child/YP/Family; 85% have reported and increased understanding of what is happening with the child/YP/family.

NVR (Non-Violent Resistance Approach) Parents groups

NVR parent groups have shown significant impact on child-parent violence reduction. 88% of parents attending the group have improved their parental capacity to deal with aggressive behaviours and have reported that children's aggressive behaviour has declined. The remaining 12% have been able to stabilise and no one attending the group has seen decline in presentation or parental capacity. This has shown to have direct impact in preventing children coming into care. 30% were discharged from Children Social Care, another 30% stepped down and the remainder group has been stabilised. No child of the parents who have attended the NVR group in the last 18 months have come into care

Reunification in its first year of operation the Family Connections and Reunification pathway has supported more children returning home than expected through the initial pilot. The evidence base states that returning 6 children home justifies a dedicated service. We have been able to support the return of 11 children home. We have also seen great benefits in using the **Risk Classification Tool** and this could be adapted into a tool for Permanency planning.

Child Developmental Residential Model

The Clinical Team designed a bespoke Neuro-sequential developmental model for residential settings which is being implemented at the Moors. Since using this model, we have seen very low incidents of behaviours which were challenging and no incidents of restraints. Occupancy has been increased and sustained.

Cognitive and functional assessments to aid rapid response and ensure the children being supported by REoC can be well understood, the Clinical team has

conducted cognitive assessments in children/Young People in REoC speeding access to CAMHS (Child and Adolescent Mental Health Services).

Riverside

The Riverside Centre for Outdoor Learning, part of Oxfordshire County Council (OCC) moved from the Residential and Edge of Care (REoC) service to the OCC Clinical team in December 2021.

Key Priorities for 23/24

- Continued recruitment of vacant posts to ensure Team can continue to meet demand of expanding REoC service.
- Develop tighter collaborative working with CAMHS to ensure joint offer of psychologist and psychiatrist support is transparent and dynamic when supporting children with complex mental health needs.
- Work across services to support children to access appropriate CAMHS provisions out of county.
- Extend offer to support partner agencies in developing clinical formulations where access to psychological services is restricted.

2.4 ATTACH

ATTACH offers highly specialised psychological assessment, formulation and therapeutic intervention for young people and families in need (children we care for, adopted children and those in SGO (Special Guardianship Orders) families).

ATTACH have 4 key strands of work.

	<p>Provision of specialist psychological assessment, formulation and intervention for young people and families in need (children we care for, adopted children and those in SGO families).</p> <p>Consultation to colleagues within social care, education and health.</p> <p>Training within and outside of the organisation</p> <p>Strategic development Offering a psychological perspective in collaboration with colleagues to develop services within areas of need.</p>
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During the last financial year, we received 213 referrals (for consultations, direct work, Together and Apart assessments and group work), began work with 113 new families and ran 5 therapeutic groups for 54 individuals.

“This support...was a lifeline for me”

“high quality intervention which has been the mainstay of our support”

Of the children we ended work with 35% were adopted, 33% were CWCF in foster care, 8% in Kinship care, 21% were under a Special Guardianship Order and 3% were in leaving care arrangements. The modal age for those we ended work with was 6 to 10 years (39%), followed by 11 – 15 years (37.3%).

Consultation and training

Core to the ethos of ATTACH is the importance of sharing knowledge and skills with colleagues, developing psychological skills whilst providing reflective space to build resilience and positive mental health.

In practice this meant training offered to **926** professionals across education, health, and social care alongside **159** consultations offered to our colleagues. Consultation focuses on psychological formulation, the development of understanding and skills, risk management, systemic working, and social worker well-being. The team is constantly responding to feedback from the wider system, this year developing and delivering training on Secondary Post Traumatic Stress for social workers, alongside a skills workshop for CAMHS staff.

Received feedback highlighted that 100% of social workers said that the consultation met their needs and was a good use of their time, leaving them feeling more confident and better equipped with resources.

“a great combination of professional expertise, compassion and understanding” I am helped to see different perspectives. This is beneficial to all children I work with, not just the children discussed directly”

Outcomes

Quantitative feedback demonstrated statistically significant change across all domains within the “Thinking About Your Child” questionnaire. There was positive change across.

- Parental skills and understanding
- Parent-child relationship
- Child responsiveness to care
- Family Stability

64% of parents reported a reduction of at least 1 point in Total Strengths and Difficulties Questionnaire scores.

Qualitative feedback was positive, with almost all respondents reporting positive feedback on their experience of the service. Families said that they;

- Felt listened to and were not judged
- Had a space for their child to open up and explore their past
- Had a positive impact on relationships with their child

- Gained a deeper understanding of their child's needs and how to respond to these

“She offers suggestions in a clear, positive and realistic manner. She is so experienced and knowledgeable, and the meetings always felt supportive and uplifting as well as productive”

“Excellent to get a deeper insight into how early trauma is affecting [Child]’s behaviour, and the ways to then unpick the situations. Very beneficial support.”

“I wanted to say a very big thank you for helping to get me back on track. I think I had lost my way just a bit but after our conversations I feel I know where I am going again.

Priorities for 2023/2024

1. Continued focus on improving outcome measures ensuring that interventions are underpinned/evaluated with robust data.
2. A continued focus on innovative ways of meeting demand given current resources.
3. To develop, implement and evaluate a brief consultation model for short term foster carers.
4. To expand nature and delivery of educational psychology training through the virtual school. To play a key role in the implementation of trauma informed relational practice across Oxfordshire schools.
5. The development and implementation of Sibling Together and Apart assessment training across the department.

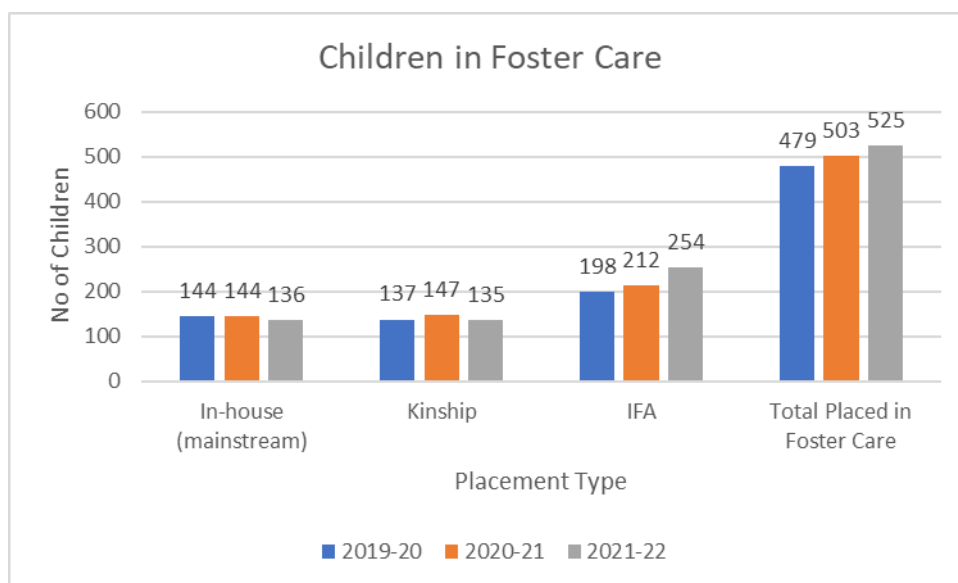
2.5. Oxfordshire Fostering Service

At the end of March 2022, we had a total of 245 carer households fully approved:

	Number of carers
Short and long term	138
Relief and/or short break only	30
Mockingbird hub carers	3
Family and Friend carers (fully approved)	77
Total carers with full approval:	245
Family and Friends carers (temporary approval)	20
Total	265

Children in Foster Care

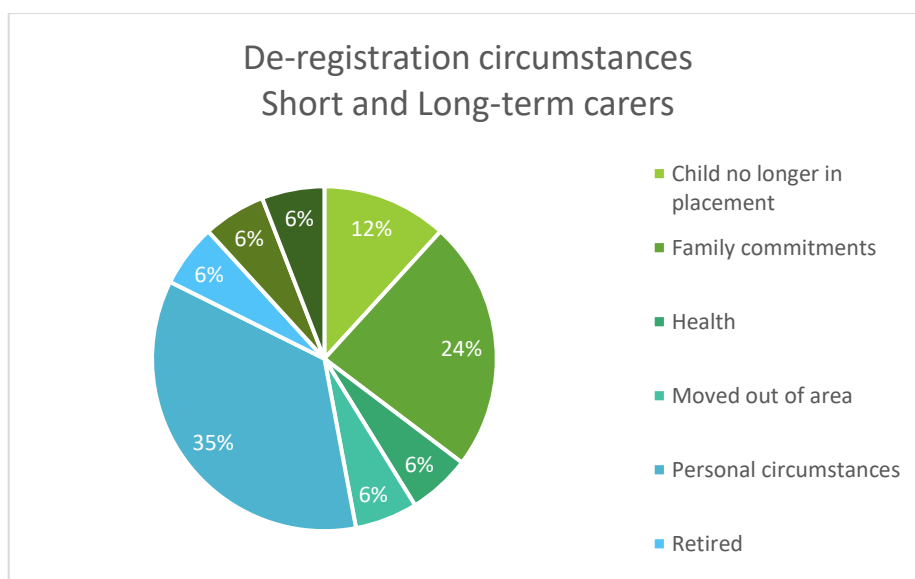
At 31/03/2022 there were 525 children placed in foster carer:



Between 2013 and 2019 the number of children in care rose by 88% in Oxfordshire and we have been unable to meet this demand in-house. Our objective is to increase capacity to increase the proportion of children placed with in-house carers to 60% within 3 years and to 67% in five years. Independent fostering agency (IFA) placements are more costly and usually out of county.

Deregistration of foster carers

In 2021/22, 13 short/long term carers were deregistered who were actively fostering in the previous year, prior to their resignation and we lost 19 placements.



The main contributor to carer resignations was a change in carers personal circumstances. The main reason was change in carer/family health or bereavement. On a positive note, one foster carer became a special guardian for 3 siblings, a positive outcome for these children. We had no carers moving to independent fostering agencies during the year. We continue to offer an exit interview for every carer.

Recruitment of new carers

Our aim during the year was to increase our net foster placements by 20. We increased the number of new placements by 29 (including additional placements offered by existing carers), however, we lost 19 placements through carer resignations. Our net increase was 10, an improvement on last year's previous net gain of 4 placements. This demonstrates that retention is equally important as our recruitment.

Our website has been improved so that it is visually more pleasing, and the key information is more accessible.

Our Skills to Foster training returned to face-to-face sessions with the removal of Covid restrictions.

We have maintained our dedicated recruitment team so that we can respond quickly to enquiries and take assessments through as quickly as possible..

Support and Supervision of foster carers (includes Family & Friend carers)

The support and supervision of foster carers by their supervising social worker is a significant factor in retaining foster carers. Additional support is available to carers via support groups, ATTACH (clinical psychology support) and via a family support worker attached to OTFC.

We have 3 Mockingbird hubs (one currently for adopters) which provide community events, support, and relief care to the 8/9 carers in each hub. The children have the opportunity to meet and make friends with other children in foster care. We have not been able to identify another hub carer during the year and this work is ongoing.

The Oxfordshire Foster Care Association (charity) is run by OCC approved foster carers. They are going from strength to strength identifying funding streams to support their work. This organisation continues to offer our foster carers tickets to sport events, discounts to attractions, training, activity packs and ideas, a birth children's group and host the annual Fostering Forum. The OFCA have their own website and they use this to promote events discounts and to feedback and communicate with foster carers.

Other areas of support:

- Relief care if appropriate
- Training programme including on-line courses
- Discount programme
- Membership of Fostering Network
- Fostering picnic and appreciation events
- Support groups
- Long Service awards

Family and Friends (kinship) carers

In 2021/2022 79 Family and Friends carers were temporarily approved as foster carers an increase of 11 from previous year. From these 38 Family and Friends carers were fully approved a decrease of 8 from the previous year.

Many Family and Friends carers go on to care for children under Special Guardianship Orders (numbers to be confirmed as this data needs to be audited).

We have dedicated teams across the county to assess family and friends' carers. As part of the fostering review, we incorporated an additional post to improve the timeliness of assessments. At our year end on 31 March 2022, 93% of assessments were completed that year within regulatory timescales, which is a significant improvement on previous years.

Oxfordshire Therapeutic Foster Care (OTFC)

We have continued to maintain the target of at least 8 children on the programme at any one time. This is a combination of placements with our OTFC trained foster carers and provision of wrap around support to other placements.

OTFC - Enhanced fostering programme

This programme is intended to support children who step across from residential settings to foster carer. Two of our existing carers have joined the programme and we have met our recruitment objectives year to date. We aim to have 6 carers in total on the programme by 2026/27.

Big Brother, Big Sister Volunteers

This charity volunteer programme is managed under OTFC, and part funded by OCC the service continues to offer support to young people who are Children We care For and Children in Need to support them in engaging in positive activities in the community.

Staying Put

Staying Put is an arrangement whereby young people reaching the age of 18 can remain with their foster carer until the age of 21. This arrangement falls outside of fostering regulations and the foster carer becomes the young person's landlord.

On 31 March 2022 we had 14 children supported under Staying Put with in-house carers.

Supported Lodgings

The Supported Lodging Scheme offers placements for a young person aged 16+ to live in a family setting. The carer provides guidance and develops the child's practical skills and knowledge to enable them to live more independently in the future.

On 31 March 2022 we had 7 children with supported lodging carers (same figure as previous years) Five carers did not want to offer placements during the pandemic

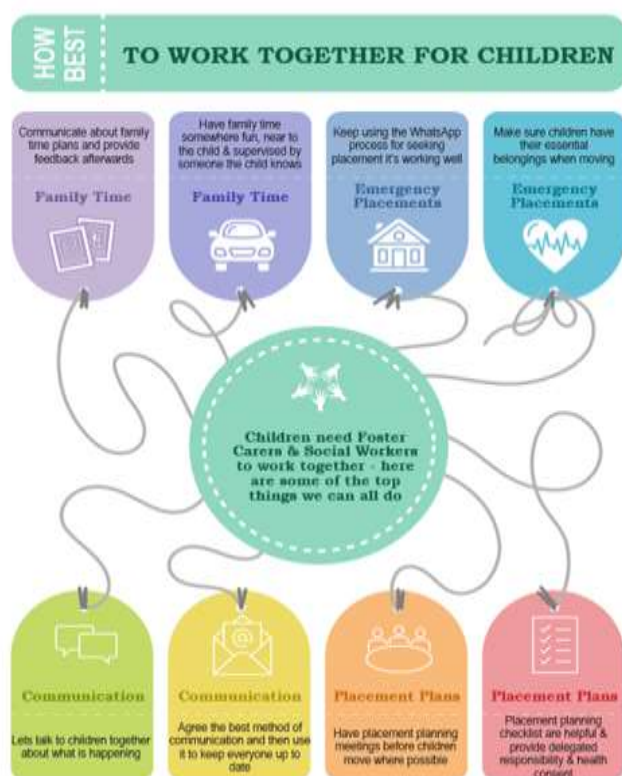
(2020-21) and have now stepped down from this role altogether. We continue to try and recruit carers in this area.

Private Fostering

The Fostering Service also assesses and monitors the suitability of Private Fostering arrangements. The carer or parent must notify the local authority if children under the age of 16 (18 if the child is disabled) is living away with someone who is not a close relative (who does not have parental responsibility or an alternative order) for periods in excess of 28 days. A separate report has been provided for this area of work.

Achieving permanence through long-term fostering

During 2022-2023, 20 carer households were presented to panel to formally link the children under long-term fostering arrangements.



Fostering Service Plans 2023-24

To continue our focus on recruitment of new carers to meet demand and utilise all our in-house placements effectively.

1. To continue to develop our targeted digital marketing and engage with SESLIP regional recruitment programme.
2. Review the terms of reference for the Recruitment and Retention Board to build in a more focussed approach on retention and stronger link with Comms and Marketing on working through refreshed fostering market strategy.
3. Recruit carer coordinators for the vacant post (casual employment)

Continue to support a step-down service to support children and young people stepping down to foster carer from residential wherever possible

2.6 Adopt Thames Valley

ATV (Adoption Thames Valley) is responsible for the adoption functions of Bracknell Forest, Oxfordshire, Reading, Windsor and Maidenhead, Swindon, West Berkshire, and Wokingham.

The main priorities of Adopt Thames Valley are:

- The recruitment, assessment, training and support of prospective and approved adopters at all stages of the adoption process;
- Family finding for children in the care of partner LAs (local authorities) who require placement for adoption (including those requiring early permanence);
- The provision of support services to all prospective and legal adopters living in the region who are entitled to receive adoption support services.
- Services to non-agency adopters living within the region who are seeking to adopt a child via a notified adoption, e.g. stepparents wishing to adopt their stepchild(ren).
- Services to adults living within the region who are seeking to adopt a child from abroad via an inter-country arrangement.

Adoption performance 2021/22:

- The number of Placement Orders made was **71**. This compares to **72** Placement Orders during the same period last year.
- ATV has matched **88** children with Adopters during the past year. This includes **55** single children; **5** sibling groups of 3; **9** sibling groups of 2; **11** children with mixed ethnicity and **18** children over 5 years.
- Of the **88** ATV children matched this year, **57** children (**65%**) were matched with ATV Adopters. Of the remaining children, **6** (**7%**) were matched with other LAs/RAA Adopters and **25** (**28%**) were matched with VAA Adopters.
- ATV has placed **83** children during the same period.
- **12** early permanence placements were made– this is a reduction on last year when **22** Early Permanence Placements were achieved.
- In the past year **5** children’s adoption placements disrupted prior to the making of an Adoption Order. In 2020/21 the number of disruptions was **8**.
- **72** children have been adopted across the region compared to **62** in 2020/21 and **100** in 2019/20
- On 31/03/2022, **33** children were on Placement Orders, a **21%** decrease compared to **42** at the same time last year. Of these 33 children only **13** did not have a potential match.

- **74** new adopter households were approved compared to **65** in 2020/21 (14% increase)
- **29(39%)** of Adopters approved in 2021/22 were willing to consider early permanence and **23 (31%)** were willing to consider siblings.
- ATV had **54** adopter assessments in progress on 31/03/2022.
- **30** adoption orders were made in respect of children subject to non-agency adoption applications

Improvement Initiatives:

- Oxfordshire achieved the Quality Mark for Early Permanence in May 2022. The feedback noted that ATV *'showed noteworthy and strong evidence contained for each of the descriptors of the Early Permanence Quality Mark. The documentary evidence was supported by three case studies providing evidence of reflective and sensitive practice for example with relinquishing birth parent. There was evidence to show the processes and practice protocols in place across the RAA'*.
- ATV continues to run regular Adoption Play days twice a year. Play Days have been successful in achieving matches for children. In the past two years ATV has received Dfe funding to run pan regional Play Days to include children from other RAAs. The Primary purpose of a Play Day is to give the opportunity for children with a plan of adoption and prospective adopters to meet in a relaxing and child friendly environment that has a focus on a range of activities that both can engage in together. It is an opportunity for prospective families to respond directly to children and hopefully enhance the chances of finding families for those children who may otherwise miss the opportunity of being adopted. Adopters who have attended a Play Day have said that it made their adoption journey seem real and that it also helped to dispel some of their preconceived ideas of what children in care would be like. Some found themselves seriously thinking about children they may never have considered if they had not had the opportunity to meet them. The most recent adoption play day took place on the 6th November 2022. Two ATV managers were asked to attend a national conference earlier this year to share details of ATV Play Days and the benefits of running these days locally.
- A Children's Guide to Adoption has been produced with positive feedback and work is now underway on an early permanence book for children with funding obtained from the DfE.



SEN (Special Educational Needs) show attended recently by ATV staff with our Children's Guides to Adoption.

- In 2021/22 ATV received positive feedback following two independent mystery shopping exercises undertaken nationally.
- ATV has recently piloted a specialist Buddy scheme for early permanence carers supported by external (DfE) funding
- ATV is currently making a film on early permanence featuring those with lived experience of early permanence to be used for training purposes. Funding for this was awarded by the DfE
- ATV continues to be represented on the national adoption recruitment steering group and national working groups for Early Permanence & Matching

Challenges:

- There has been a significant drop in best interest decisions during the past year and the number of Placement orders remains low compared to pre pandemic levels.
- ATV has placed more children externally this year due to a higher number of sibling groups including 5 sibling groups of three. However, this has meant that 33 children who were part of a sibling group were placed for adoption together.
- The increased pool of adopters has provided increased placement choice but some of these adopters are waiting longer for a match as there is still a shortage of adopters for some children from priority groups.
- The increase in waiting adopters means that ATV staff spend more time supporting these adopters.
- Demand for Adoption and Special Guardianship support remains high resulting in some families having to wait for a service.

Permanence Support Team

Permanence support for eligible families across ATV continues to be provided by the Permanence Support Test (PST), a multi-professional team with a wide range of knowledge and skills including, systemic practice, therapeutic life story work, Theraplay, nonviolent resistance, attachment and therapeutic parenting approaches.

The team's remit continues to include young people beyond the age of 18 years old. The Adoption Support Fund currently extends to include adopted and SGO children who were previously LAC up to the age of 21 years, and up to 25 years for SEN children. Work continues to extend into adulthood with adults affected by adoption and birth relatives.

ATV managers were invited to attend a national conference on Adoption Support to share details of ATV's Helpdesk with staff from other RAA's. ATV is currently in the process of seeking funding to establish a multi-disciplinary team with a view to becoming a Centre of Excellence for adoption and Special Guardianship support.

Compliments

There has been a marked increase in compliments and reduction in complaints during 2021/2022 and this is an indication of the hard work and determination of the whole team to improve service for children and families in need of permanence support. The impact on the team is there is a renewed feeling of optimism and pride in their work, and this has been transformative for practice.

Feedback from an adopter:

"You have been amazing, so supportive and there have been weeks when your calm

Feedback from a Special Guardian

"Thanks for all your help and support - it was totally invaluable as we got settled as a family and you will be missed!"

Feedback from an adoptive family:

"We have also been very well supported by X, she was able to offer practical and physical support when we were in crisis and at a point where our family could have easily been disrupted and entered into adoption breakdown. By having the support and understanding of a person who has so much knowledge about how

trauma affects children and families and again who knows us very well has been so valuable to us as a family.

She has also supported us with letterbox and facilitated this, so it works well for our family.

2.7 Leaving Care Service

In Oxfordshire, we provide services for Care Leavers. For our Children We Care For, Pathway Planning starts at the latest by 16 years of age and is undertaken by allocated social workers also delivering the Personal Advisor function, within a range of specialist teams; Family Solutions Plus, Children We Care For, Disabled Children, Unaccompanied Children and Young People and the Youth Justice and Exploitation service

The last year has seen continuing development of our aspiration to improve the quality of transitions and pathway planning with our young people. This is a responsibility shared by several linked services and teams, as well as corporate parenting partner agencies in the widest sense, and as a result, considerable cross service activity has taken place to develop stronger connections and raise the profile of this key area of work.

An area of achievement has been the development of a Preparation for Adulthood Toolkit to support practitioners to work proactively with Children We Care at the earliest possible opportunity to develop and measure the skills they need to feel confident and able to live independently when that time comes. All those supporting young people have taken responsibility for starting this work earlier and the success of this approach will depend on the proactive collaboration of foster carers, support workers, IROs, residential workers, social workers, and PAs. Our commissioning colleagues have also been part of this development to ensure alignment with our values and aims in working with providers.

The Leaving Care service continues to be a fully subscribed member of the National Leaving Care Benchmarking Forum which provides valuable training and networking opportunities. We have also been successful in bidding for 2 places to join a Relational Peer Learning Group to develop an approach to ensure relationships with care leavers living away from Oxfordshire are protected, and to maximize connections and options for them to access local resources.

From January 2023, a separate judgement about the experiences and progress of care leavers was added to the framework for the Inspection of Local Authorities Children's Services (ILACS). This will provide a welcome spotlight on the needs of our care leaver population and places added emphasis on the role of Corporate Parenting Partners to contribute to and oversee the delivery of the leaving care Local Offer.

Key priorities 2023/2023.

- continuation of positive relationships, reduction of isolation, loneliness, and emotional distress

- maximisation of EET opportunities leading to rewarding jobs, training, and study.
- Prevention of care leaver homelessness and the expansion of a range of accommodation options throughout early adulthood.
- Relationships, emotional and mental wellbeing

Our social workers and PAs continue to work proactively to keep in touch with their care leavers, championing their needs and supporting them to succeed.

The successful Activities Programme running in the countywide Leaving Care team has continued to provide opportunities for fun and socialisation as well as the ability to share key messages and information. A beach trip has been a recent highlight and care leaver parents have continued to enjoy meeting up at local soft play venues, benefiting from PA support and advice as well as connection with their peers going through similar experiences.

This strand of the activities programme has tied in with a committed multi-agency Care Leavers Parenting group which has taken a partnership approach to developing an electronic parenting signposting resource, shared understanding about care leaver needs and the role of a PA, endorsed and agreed the “Think Family” and strengths-based approach we need as corporate parenting and grandparents, and taken the first steps towards a Corporate Parents Care Leaver Champion Programme.

An exciting pilot project with our partner National Youth Advocacy Service is also due to begin where 8 care leavers have been selected to become part of the Side-by-Side befriending project with the aim of building strong relationships, resilience and reducing isolation.

Positive working relationships have also continued with our Children in Care Council, and our partnership with Oxfordshire Care Leavers Association, a Community Interest Led organisation set up by Oxfordshire care leavers, has also been strengthened.

These links provide valuable opportunities to connect with our care leavers, to join in with activities and events, hear from care leavers themselves about their experiences and aspirations, and work with them on co-production activities.

A specific area of focus for the service now is to lead on the development of constructive relationships with adult mental health services, commissioners, and providers.

Key priorities 2023/2024.

- share understanding of care leaver needs and related gaps in services,
- develop knowledge of corporate parenting responsibilities,
- build a champions approach and helpful connections,
- develop mental health protocols to prioritise and streamline care leavers’ access to mental and emotional health services when needed.

Education, Employment and Training

EET performance continues to be in line with, or better than, England averages and is gradually improving.

However, this is a key area for improvement with responsibility shared between the Virtual School, countywide EET and Leaving Care service, delivering operational and individually targeted EET plans for those with most entrenched need as well as a refreshed strategic approach to maximise the widest range of resources (including partnerships with colleges, training and apprenticeship providers and employers, the Leaving Care Local Offer and Care Leaver Covenant).

OCLA have been actively supported by the Virtual School and Leaving Care service to provide EET drop in, a careers fair and work experience through their Business Champions Programme. This has been productive and exciting, and OCC will continue to support and develop these aims to improve availability and results for our care leavers.

Improving EET attainment is also an area for focus within our House Project which aims to use our newly established base in the basement of County Hall as a drop in and event space for EET to be encouraged and supported with targeted groups or individuals. This could be through support completing job or training applications or through one-to-one preparation for interview.

Building on the positives that dedicated physical space can have for young adults links with a whole service aspiration to secure suitable accommodation for group work, individual support, community resources and on-site collaboration with relevant agencies such as health colleagues, DWP (Department for Work and Pensions), employment and training providers etc.

Housing and Accommodation

This year has seen further development of productive collaborations between Children's Services, OCC Commissioners, Housing colleagues from district and city councils and the Department of Levelling Up, Housing and Communities.

Housing and accommodation sufficiency and quality continue to be a key concern and there have been great strides in the last year with green shoots of success emerging.

OCC continues to be funded for two Homelessness Prevention Posts from the Department of Levelling Up, Housing and Communities.

These posts sit within our OCC Housing team overseen by the Deputy Director for Housing and the Housing Development Officer, providing specialist advice and support to the Leaving Care service and working closely with Housing authority colleagues on strategic developments to prevent youth homelessness. Phase 1 of this work has typically concentrated on intensive crisis led operational support for individual care leavers and advice for PAs, with Phase 2 due to expand strategically into earlier preventive activity targeting planning with under 18s.

This year has seen:

- agreement between housing authorities and OCC on a Joint Housing Protocol to prevent care leaver homelessness
- oversight of the Joint Housing Strategic Group move to the countywide Homelessness Directors group
- collaboration with commissioners to clarify care leaver supported accommodation needs for the future leading to a more flexible an all-age commissioning framework due to go live November 2023.
- collaboration with Quality and Improvement team to maximise YPSA contract delivery to meet need
- development of proposals for a Corporate Rent Guarantor Scheme
- work to educate and engage Elected Members/Corporate Parenting Panel in finding solutions to prevent care leaver homelessness
- DLUHC (Department for Levelling Up, Housing and Communities) Delivery Plan moving into Phase 2.

Economic context for care leavers

Care Leavers are now a priority group in the Resident Support Scheme: [Oxfordshire Residents Support Scheme | Oxfordshire County Council](#). This year payments were made towards the costs of increased support charges by commissioned providers. Further opportunities to maximise this fund will be explored.

The Leaving Care Service has worked hard to form a productive working relationship with the Department for Work and Pensions by sharing information and needs to agree exceptions and priorities which acknowledge care leaver vulnerabilities. The service is currently reviewing and updating our joint protocol. Ambitions now include widening the protocol to include other teams to ensure it covers the breadth of young people who fall under leaving care duties, such as young people with disabilities and 16/17-year-olds who can claim benefits, also adding nominated representatives from CWCF, UCYP and CWD (Children with Disabilities) teams so the protocol applies across the whole cohort seamlessly, considering additional needs.

Leaving Care Local Offer

This statutory requirement has been refreshed this year, and endorsed by OCLA, who are currently producing a young person friendly booklet.

2.8 Unaccompanied Children and Young People (UCYP) and National Transfer Scheme

Children's Services have continued to welcome spontaneous arrivals of asylum-seeking unaccompanied children and young people from several countries, as well as those mandated into our care under the terms of the National Transfer Scheme (NTS).

The NTS threshold number for Oxfordshire continues to be 0.1% of our child population which represents 148 children.

At 24.07.23, we have in our care 95 unaccompanied children and 174 young adults (18-25 years old) who are now our care leavers, and for whom we hold a statutory duty until aged 25 years.

Our new arrivals who are aged 16 or 17 years old, have continued to be provided with support and accommodation within our internal YPSA service, while their social workers undertake a full assessment of their needs and implement their care plans. Our young people complete a highly valued 4-week Orientation Programme as their first step into education before moving to a school or college place.

Children aged 16 or under are cared for by foster carers from Independent Fostering Agencies, typically out of area. Currently 75% of our children are cared for by IFA carers. An action to prioritise recruitment of local OCC carers will be included in the proposed OCC Fostering Marketing Strategy.

Local carers for our unaccompanied children will bring a range of benefits:

- Greater stability for the future by building a local connection recognised by Housing Authorities. Currently when children living out of county turn 18, they have not built up a local connection in that area and need to consider a move to Oxfordshire where they may never have visited.
- The benefits of being closer to known Oxfordshire connections, networks, and services as well as allocated workers. Our UCYP team have strong relationships with local agencies such as Asylum Welcome and Refugee Resource.

2.9 The House Project

The National House Project is a Charitable Incorporated Organisation, established in August 2018 as part of a Department for Education (DfE) Innovation Programme.

Following the refresh of the project noted in last year's report, the project is currently full and has made impressive accomplishments in the form of a physical "Base" in County Hall (a fidelity element of the national project) and a pilot "affordable house" to test out how to overcome the barriers for working young people to afford supported accommodation. Our House Project residents helped re-decorate and repair the house developing essential independent living skills along the way.

Our young people benefit in a range of ways (education, training, sense of belonging) from the approach of the project and the flexible "forever" support it offers, including an enhanced psychological offer to staff to fully understand and respond to young people's needs. The links it provides to national networks are beneficial for the council as well as the individuals who develop confidence through contributing to changing the narrative about young people in care and wider service design. Young People living within the project provide key contributions to recruitment of staff and development of the offer.

Key priorities

- The government's reforms for inspection of supported accommodation will impact the delivery of the House Project who are currently working with other in-house provider services to prepare for this change.

Care Leaver Performance Data

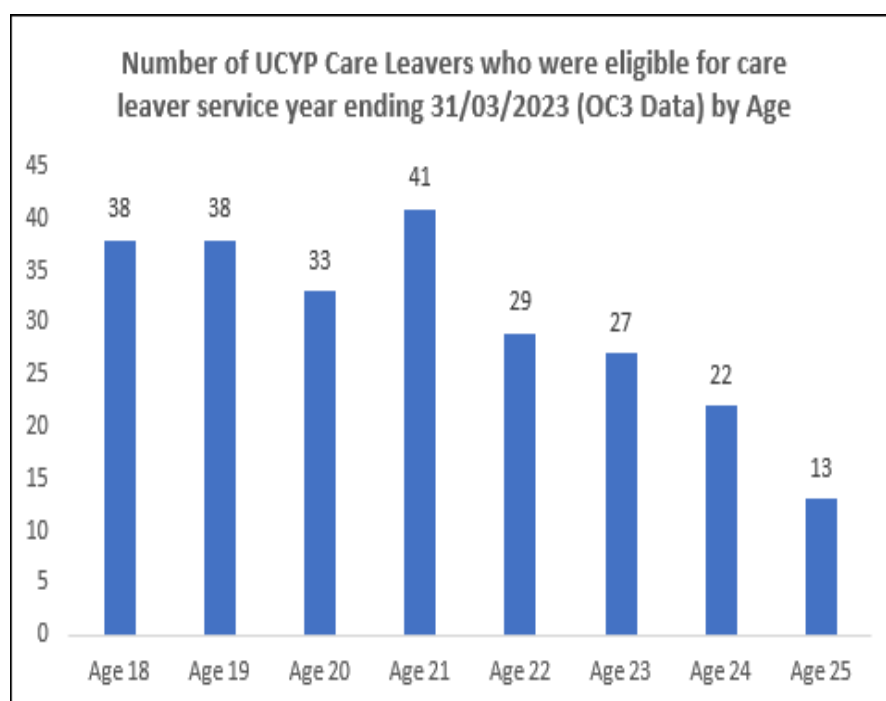
Improving methods of data collection, reporting and analysis to enhance management oversight and inform service delivery planning has been a focus for the service this year.



Care Leavers

	Eng 21/22	SN 21/22	SE 21/22	Oxfordshire 21/22	Oxfordshire 22/22	Oxfordshire May 23
In touch	92.5%	93.8%	89.7%	92.7%	94.2%	94.2%
EET	58.0%	63.1%	59.2%	60.5%	65.2%	65.2%
Suitable accommodation	88.5%	89.8%	86.0%	91.8%	89.5%	89.5%

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Key Priorities: 2023/24

1. Continue operational and strategic planning to improve Key Performance Indicators (EET, accommodation and in touch).
2. Ensure care leaver information is readily available, understood, and accessible to workforce, partnership, and care leavers.
3. Broaden and develop Care Leaver Local Offer/Care Leaver Covenant with corporate parenting board and partners to provide enhanced opportunities and delivery of a care leaver champion model.
4. Continue to embed improved management oversight and quality assurance of practice alongside CEF colleagues.
5. Scope out and propose structure and change of approach needed for allocation of PAs from 16 years of age.
6. Extend and embed co-production, feedback, and consultation with care leavers to inform service delivery and ensure service offered is participation based and that feedback is systematically and routinely collected.
7. Continue to develop productive relationships with OCLA and CICC, ensuring care leavers are routinely part of recruitment, co-production, and consultation.
8. Move into Phase 2 of preventative homelessness prevention work pre 18 years.
9. Launch Corporate Rent Guarantor Scheme.
10. Maximise all age framework to ensure timely access to suitable accommodation on leaving care.
11. Collaborate with partners to ensuring sufficiency of adult mental health provision for care leavers to improve wellbeing and future outcomes. Introduce an operational and strategic partnership model to holistically address and reduce risks facing care leavers.
12. Embed "Think Family" practice across CSC to care leavers parents and their children, develop bespoke parenting support groups for care leavers.
13. Integrate specialist UCYP and Leaving Care Independent Reviewing Officer roles and practice with service priorities and values.
14. Embed use of Preparation for Adulthood toolkit and practice and undertake further development e.g., groupwork approaches.
15. Prepare for Ofsted full inspection and addition of separate care leaver judgement.
16. Embed improve Access to Records process and practice.
17. Incorporate requirement of proposed regulated reforms for supported accommodation in House Project.
18. Develop pool of age assessors in UCYP team and review service approach to assessment and intervention to develop best practice approach.
19. Support the fostering service to recruit more local foster carers and supported lodging hosts.
20. Explore opportunities to secure community space to offer cross agency direct work with care leavers.

2.10 The Virtual School

School Vision

At the Virtual School our vision is to ensure that every Child We Care For

- has **ACCESS** to high quality provision
- is able to **ENGAGE** positively with their education
- can **EXCEL** in all aspects of their learning

We aim to do this by:

- supporting every CWCF to secure a suitable educational placement which meets their educational and pastoral needs and enables them to thrive. 16–18-year-olds and care leavers are supported to access education, training, and employment opportunities in line with their future career aspirations.
- ensuring that CWCF are able to engage positively with their education through regular attendance and that barriers are removed
- delivering of a programme of support, guidance and training to develop the capacity of schools and Further Education (FE) providers to meet the needs of vulnerable groups of children in Oxfordshire – Children We Care, Children with a Social Worker and Previously Looked After Children
- providing targeted support to children, schools, and carers to help improve their attainment and progress. By doing so we aim to narrow the gap in educational outcomes for CWCF
- creating opportunities for CWCF and Care Leavers to experience a range of cultural experiences to strengthen a sense of wellbeing and self-worth.

The Oxfordshire Virtual School Context (September 2022)

Key Stage	CWCF	Male	Female	EHCP (Education, Health and Care Plan)	K - SEN Support	Number in County	Number Out of County	CWCF in Ethnic Minority Groups
EYFS (Early Years Foundation Stage)	80	45	35	3	15	52	28	N/A

KS1	41	23	18	9	8	26	15	5
KS2	145	74	71	47	57	84	61	29
KS3	171	96	75	62	55	97	74	44
KS4	181	113	68	49	47	113	68	66
KS5+	727	457	270	163	41	528	199	N/A
Totals	1345	808	537	333	223	900	445	144
Percentages		60%	40%	25%	17%	67%	33%	27%

- 1345 children are currently being supported by the Virtual School.
- 538 children of statutory school age (years 1-11) are currently (September 2022) being supported by the Virtual School.
- There are more boys than girls in the Virtual School, 60/40
- A quarter of all children supported by the Virtual School have an EHCP and a total of 42% have some level Special Educational Needs
- Approximately two thirds of all our children reside in Oxfordshire and one third reside out of county and as such attend schools out of county.
- Just over a quarter of school age (Years 1 -11) CWCF are from minority ethnic backgrounds.

How did we do?

Priority	Evaluation of progress made
<ul style="list-style-type: none"> • Increase pupil attendance from 86.5% to 95% and reduce persistent absence in all key stages from 44.5% to 35% 	<p>Overall attendance for the reported cohort of CWCF in 2021/22 was 90.3%, representing an improvement of 3.8% on the previous year but we fell short of our stated target by 4.7% for all children.</p> <p>Attendance of primary age CWCF was 94.9%, whilst attendance of secondary age CWCF was 87.7%</p> <p>COVID related absence accounted for approximately 6% of all absence.</p> <p>The percentage of children with less than 90% attendance (persistent absence) was 26.5%, representing a significant</p>

	<p>improvement on 2020/21 when 45% of children had attendance below 90%.</p> <p>The rate of unauthorised attendance was 2.2%. This was slightly higher than in 2020/21 when it was 1.7%.</p> <p>For full details of trends in attendance for CWCF please see the relevant data table in the annex to this report.</p>
<ul style="list-style-type: none"> • Improve attainment and progress for CWCF across all key stages 	<p>In 2021/22 statutory assessments were completed across all age groups. For children in primary schools this was the first time since 2019 that statutory assessments were completed. For GCSE and A-Level students this was the first time since 2019 students were required to sit formal exams. Teacher assessments replaced formal exams in 2020 and 2021.</p> <p>Analysis of the full breadth of assessments shows some significant successes as well identifying areas of learning which have been most impacted by COVID disruption and as such require focus for our improvement activities.</p> <p>In general terms, outcomes for CWCF in the primary phase have, with a couple of exceptions, fallen on pre-COVID levels. Although figures for Looked After Children nationally have not yet been released, we are expecting a significant gap between Oxfordshire CWCF and LAC nationally.</p> <p>GCSE results – 65 CWCF sat their GCSEs in 2022. In general terms outcomes in a range of key measures had fallen slightly on 2020 and 2021 but remained well above attainment in pre-COVID years. Indeed, our GCSE results in 2022 are the highest ever achieved in years where children have sat exams!</p> <p>Post 16 – 39 CWCF completed Level 3 courses in 2022 compared with 22 last year. A total of 43 courses were completed with a pass rate of 95%. This</p>

	<p>is the highest pass rate in the last 5 years.</p> <p>Level 2 – 59 young people completed L2 courses with a total of 73 courses being completed at a pass rate of 21%. Level 2 courses are generally GCSEs retakes/Functional Skills 2 in English and Maths. GCSE retakes typically have low pass rates as they are taken by children who have previously failed them. However, as gateway qualifications for level 3 and beyond courses, they are a key area of focus and form part of our priorities going forward.</p>
<ul style="list-style-type: none"> • Increase the proportion of CWCF in years 12 and 13 who are accessing Education, Employment and Training (EET) 	<p>In August 2022, 90% of the Year 12 cohort (134 children) were deemed to be engaged in EET. This represented a 12% increase on 2021.</p> <p>89% of the Year 13 cohort (113 children) were also deemed to be in EET. This represents a 9% increase on 2021 and 22% increase on 2020.</p>

Key Priorities for 2022/23

Priority	Success Measure
<p>To ensure that all CWCF including those with EHCPs have access to a suitable educational placement in a timely manner and without undue delays.</p>	<p><i>All children requiring a school move are moved into a suitable placement within 20 days.</i></p> <p><i>Where children are not able to secure a new placement to coincide exactly with a care move, alternative educational provision is put in place immediately. Alternative provision is up to 25 hours or to the maximum the children can access.</i></p> <p><i>All 16–18-year-olds will be engaged in employment, education and/or training.</i></p>

<p>To ensure that the needs of CWCF are adequately met so that they can engage positively with their education. As a result, children and young people attend school regularly and exclusions of CWCF are minimised.</p> <p>2.1 Increase pupil attendance and reduce persistent absence across all key stages and in all types of settings.</p> <p>2.2 To ensure that no CWCF are permanently excluded from their educational settings and suspensions are significantly reduced.</p>	<p><i>School attendance rates for CWCF continue to increase until they reach 100%</i></p> <p><i>All CWCF, across all key stages and all setting types, attend school regularly</i></p> <p><i>The gap in the attendance of CWCF and non CWCF is diminished across all areas and groups.</i></p> <p><i>The number of CWCF receiving a suspension continues to decrease until they are no longer needed or used.</i></p> <p><i>No CWCF will receive 2 or more suspensions.</i></p> <p><i>No CWCF are permanently excluded.</i></p>
<p>To ensure that all CWCF can make good progress in their learning and achieve high levels of attainment across all key stages</p>	<p><i>100% of children deemed to making good or better than expected progress as recorded in their Personal Education Plans.</i></p> <p><i>The percentage of children reaching expected standards across all key stages (EYFS, Phonics, KS1 and 2, GCSEs and Post 16 qualifications shows a notable improvement and is at least in line with benchmarks set nationally and statistical neighbours.</i></p>
<p>To enhance the capacity of schools and other LA partners within Oxfordshire and beyond to better understand and meet the educational needs of our most vulnerable groups – CWCF, Children with a Social Worker and Children Previously Looked After</p>	<p><i>To meet targets for CWCF set across a range of areas including placement (school admission), attendance, exclusions and attainment and progress.</i></p>
<p>To engage CWCF in a range of cultural experiences to enhance the mental health, wellbeing, and sense of self-worth.</p>	<p><i>Improvement in children’s wellbeing in schools and demonstrated through a positive impact on SDQ scores.</i></p> <p><i>High levels of CWCF accessing opportunities being presented.</i></p>

	<p><i>Positive feedback received from children, carers, and other professionals.</i></p> <p><i>Pupil Voice increasingly informs practice across LA, in schools and beyond.</i></p>
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2.11 Health

Oxford Health NHS Foundation Trust (OHFT) is commissioned by Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) to manage the statutory health assessment process for both initial and review health assessments for Oxfordshire's CWCF. This role is undertaken by the Phoenix Team with the wider strategic overview provided by the Designated Professionals within the ICB.

This report will provide an update regarding the statutory health provision for Oxfordshire's 'Children We Care For' (CWCF) for 2022-2023, highlight current service developments and identify challenges to service delivery.

INITIAL HEALTH ASSESSMENTS (IHA)

Statutory guidance¹ requires that all children new to care have an initial health assessment (IHA) resulting in a health plan, carried out by a doctor within 20 working days of a child becoming looked after. If the child remains in the care of the local authority, the latter must make arrangements for the CWCF to have their health reviewed by a doctor, registered nurse, or midwife 6 months before the child's 5th birthday and every 12 months following their 5th birthday up to the age of 18.

Delivery of the statutory functions in 2022 to 2023 has been extremely challenging as the total numbers of children looked after by the local authority have continued to rise alongside a significant increase in the number of children entering the care of the local authority. The latter has been affected by a 170% increase in the number of unaccompanied children new to care from 37 in 2021 to 100 in 2022 with no additional funding.

Fig 1. Numbers of Unaccompanied CWCF 2021 and 2022

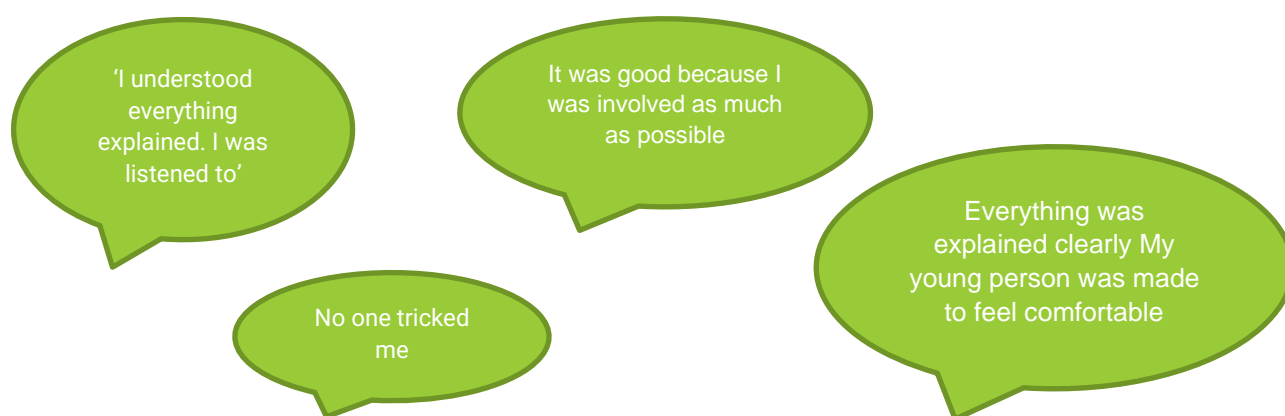
	Jan to Dec 2021	Jan to Dec 2022
Number unaccompanied children	37	100

¹ **Promoting the Health and Well-being of Looked-after Children** : DfE & DH 2015; https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

For children placed within Oxfordshire, IHAs are undertaken in the community by 2 part-time Specialty Doctors and Sessional medical staff employed by OHFT.

Children placed outside of Oxfordshire are reliant on the receiving health teams to complete their statutory health assessments and whilst there is guidance from NHS England detailing that all CWCF should be treated the same regardless of placing authority, this work is often not commissioned locally and there is a lack of capacity within teams to undertake the assessments.

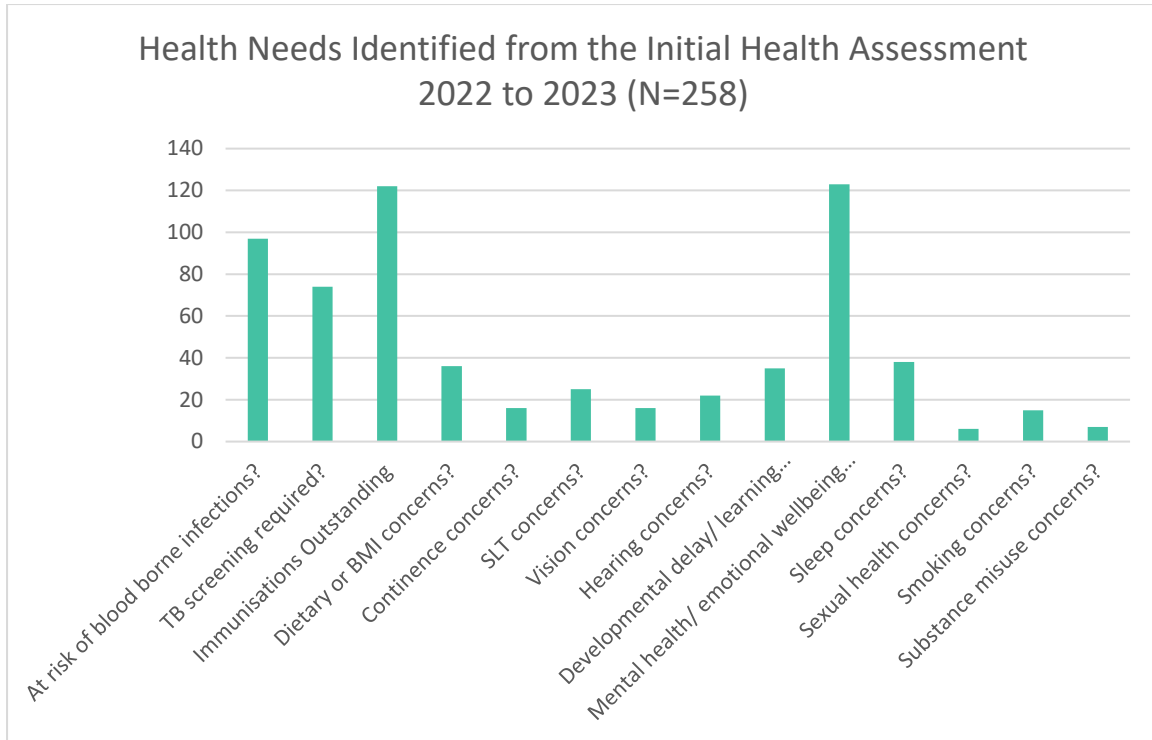
Feedback from children, young people, and carers about their experience of having an IHA is collected via the 'I want Great Care' user questionnaire commissioned by OHFT. Positive results were achieved with an average rating of 4.75 out of 5.



The purpose of the IHA is to identify unmet health needs and recommend or take the appropriate actions to improve the child's overall health and wellbeing. The health recommendations will form part of the child's overall care plan. Health actions may include the provision of specific health information and advice and referral to and liaison with other services.

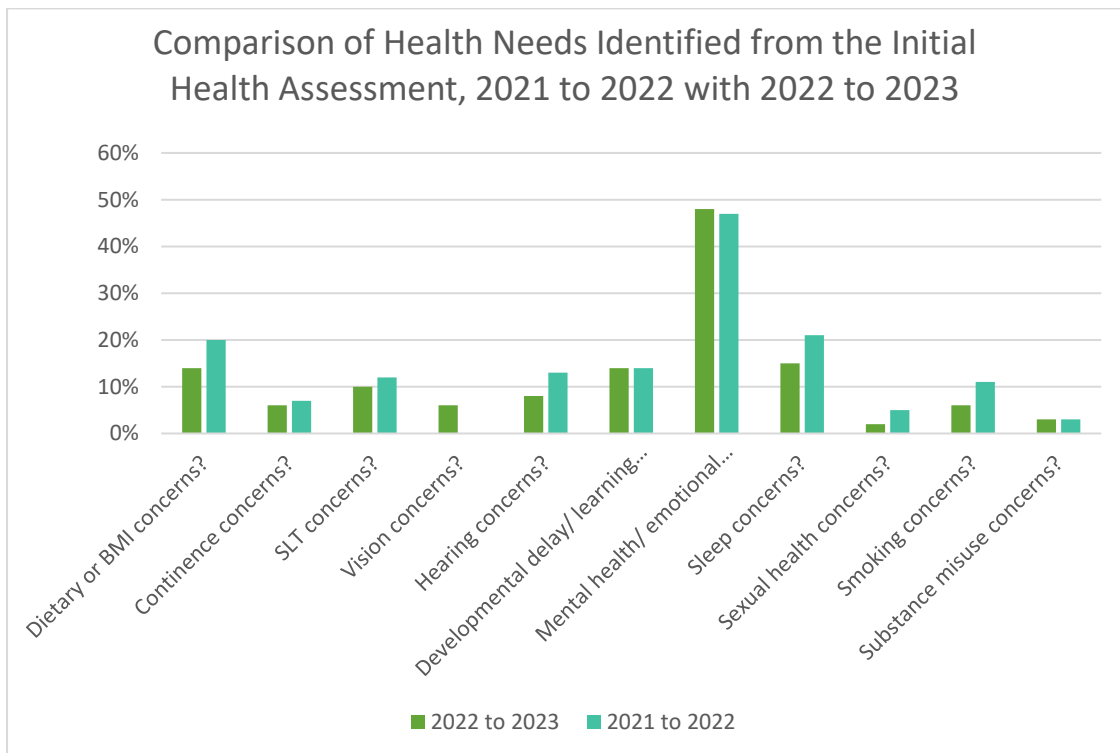
The chart below highlights the main health needs identified following the initial health assessment during 2022 -2023.

Fig 2. Identified Health Needs



These needs have remained consistent over the past 2 years with a slight reduction in the numbers of children presenting with dietary/BMI concerns and sleep difficulties.

Figure 3. Comparison of Health Needs



Initial Health Assessment Key Performance Indicators (KPIs) for 2022 to 2023

Figure 4. Initial Health Assessment Key Performance Indicators

	21/22	22/23	2023 to date
% of Children notified by LA to the Phoenix Team as new to care offered a health assessment within 20 working days	36%	8%	66%
Number of IHA offered within 20 operational days	120	28	19
Total number of children who require IHA	330	346	29

CHALLENGES

Since April 2021, the Phoenix Team has struggled to offer children who are new to care, their statutory initial health assessment (IHA) within the key performance indicator of 20 working days. This has been due to the following reasons:

1. Increase in the Numbers of Children becoming Looked After

This has led to demand consistently outstripping the availability of appointments and creating a backlog of children requiring their assessments.

The increasing overall numbers of CWCF over the past 2 years has placed an increase workload on the wider administrative and clinical staff within the Phoenix Team as well as on the Specialty Doctors for Looked After Children.

2. Shortfall in Medical Capacity

3. Capacity in Receiving Areas for Children Placed Out of Area

4. Delay in the receipt of Essential Information from Children's Social Care

OHFT require consent from an individual with parental responsibility before a health assessment can be arranged or undertaken and for the sharing of health information to inform the assessment. The child's demographic details are also required.

The delay in information sharing impacts the ability to be able to confirm an appointment until the paperwork is received, children miss potential appointment slots and there are delays in requesting IHA appointments for children placed in other areas.

Figure 5. Average time in days between request and receipt of a valid consent from Children's Social Care.

Average time from information request to receiving consent from CSC	Working Days
2022 Quarter 3	17
2022/23 Quarter 4	17

The impact of the delay in completion of the IHA is:

- There will be a delay in the identification of unmet health need for the children entering care. For example, referrals will be sent beyond the 20-working day statutory timescale.
- There will be a delay in sharing health information with health and social care colleagues so that any current assessments or interventions may not be informed by the latest health information.
- Health information from the child's initial health assessment will not be available for the child's first 'Child We Care For' review meeting and social worker actions may be missed until the child's next review, up to 3 months later.

Mitigation Actions taken by the Phoenix Team during 2022 -2023

	Actions Undertaken
Communication with Children's Social Care (CSC) and health partners	<p>Social Workers for children new to care alerted to the delays in the offer of an appointment and advised to contact the child's GP for immediate medical concerns or the Phoenix Team if they require advice prior to the IHA.</p> <p>Independent Reviewing Officers advised of delays and encouraged to contact Operational manager if concerns arise from a child's CWCF Review meeting.</p> <p>Highlighted importance to CSC of ensuring children's CWCF status is notified to their GP.</p> <p>Operational Manager attends strategy meetings for new unaccompanied children in Oxfordshire and advises on any presenting immediate health needs.</p> <p>Quarterly training updates provided for Children's Social Care staff on the statutory health processes and health needs of CWCF.</p> <p>SW guidance on the statutory health processes updated and distributed.</p>

Quality and Governance	<p>Monthly exception reporting detailing delays to ensure that there is commissioner oversight and monitoring.</p> <p>Risks highlighted on service risk register.</p> <p>IHA content and medical practice reviewed by the Designated Doctor for Looked After Children</p> <p>Bimonthly monitoring meetings with the Designated Nurse</p> <p>Ongoing capacity issues in other areas escalated to the Designated Nurse</p> <p>'Guardians For Us' Panel meetings provided with a quarterly health update</p>
Review of Health Processes	<p>IHA process and content reviewed to ensure medical time is focused on clinical activities and essential report writing</p> <p>Review of the assessment paperwork and consideration of essential content without compromising quality</p> <p>Introduction of summary letters for carers and age specific health promotion leaflets to reduce time spent explaining actions and highlighting information</p>
Service Review and Development	<p>Alternative models of delivery explored and a joint nurse/Dr assessment trialled Jan-March 2022</p> <p>Employment of an additional Sessional Medic Jan 2023</p> <p>Ongoing work with Directorate Leads re: additional funding</p> <p>Review of CWCF Service Specification with Interim Commissioning Manager</p>

REVIEW HEALTH ASSESSMENTS (RHA)

Figure 6. Key Performance Indicators (KPIs) for 2022 – 2023, Review Health Assessments

	2021 to 2022	2022 to 2023
<p>Every child under the age of 5yrs will receive a review health assessment</p> <p>Placed In County</p>	<p>86%</p> <p>82 out of 95</p>	<p>98%</p> <p>125 out of 128</p>
<p>Every child under the age of 5yrs will receive a review health assessment</p> <p>Placed out of County</p>	<p>60%</p> <p>31 out of 52</p>	<p>44%</p> <p>25 out of 57</p>

Every child under the age of 5yrs will receive a review health assessment Total	77% 113 out of 147	81% 150 out of 186
Every child over the age of 5yrs and below the age of 18yrs will receive a review health assessment annually Placed in County	92% 286 out of 310	91% 297 out of 326
Every child over the age of 5yrs and below the age of 18yrs will receive a review health assessment annually Placed Out of County	58% 142 out of 246	45% 115 out of 255
Every child over the age of 5yrs and below the age of 18yrs will receive a review health assessment annually Total	77% 428 out of 556	71% 412 out of 581

The table below highlights the main identified reason for a delay in completion of the RHA. The primary issues relating to capacity in the Out of Area Health Teams when a child is placed outside of Oxfordshire and the delay in receiving the required information from Children's Social Care.

A small percentage of children decline their health assessment, most often in the older age group and this accounts for 20 out of a total of 581 completed health assessments in the over 5 age group.

Figure 7. Leading Factors Delaying Completion of RHAs

Cause of Delay	Number Of Delayed RHA (N= 204)	% Affected
Reduced capacity out of area	52	25%
Young person declined	20	10%
Delay receiving information requested from OCC Team	42	46%

Mitigation Actions taken by the Phoenix Team during 2022-2023

Communication with Children's Social Care and health partners	<p>Weekly meeting with the Named Nurse CWCF and CSC Service Manager for CWCF to escalate delays in the receipt of the required paperwork</p> <p>Quarterly training updates provided for Children's Social Care staff on the statutory health processes and health needs of CWCF</p> <p>SW guidance on the statutory health processes updated and distributed</p>
Review of RHA Process	<p>Cohort of children due an RHA generated 8 weeks before the due dates and information cross checked on health and CSC systems. Assessments allocated to the best placed health professional and sent out at least 6 weeks in advance</p> <p>Additional information required for the completion of RHAs for children placed outside of Oxfordshire proactively sought from the child's SW to reduce delays in completion</p> <p>RHAs allocated to the Phoenix Team where there are capacity issues for children placed out of area</p> <p>Clear pathway of RHA distribution and monitoring of completion within the Health Visiting and School Nursing Teams</p>
Quality and Governance	<p>Monthly exception reporting detailing delays to ensure that there is internal and commissioner oversight and monitoring</p> <p>Risks highlighted on service risk register</p> <p>Bimonthly monitoring meetings with the Designated Nurse</p> <p>Ongoing capacity issues in other areas escalated to the Designated Nurse and the Integrated Care Board</p> <p>'Guardians For Us' Panel meetings provided with a quarterly health update</p>
Service Review and Development	<p>Ongoing work with Directorate Leads re: additional funding</p> <p>Nov 22- Review of CWCF Service Specification with Interim Commissioning Manager</p>

'CHILDREN WE CARE FOR' PLACED IN OXFORDSHIRE BY OTHER AREAS

The Phoenix Team receives regular requests to complete health assessments for children placed by other areas into Oxfordshire (hosted children). There is no difference in the timescales for the completion of assessments experienced by Hosted or Oxfordshire children.

QUALITY ASSURANCE

Audit

All health assessments that have been completed for Oxfordshire children placed out of area are reviewed against a quality assurance tool based on the framework within the 'Who Pays? Determining responsibility for payments to providers. August 2013 (NHS England, 12.08.13)' Poor practice is identified and returned to the completing area for improvements if necessary.

A recently completed audit of RHA completed by the School Health Nurse Service provided good assurance around the quality of CWCF health assessments. There were 29 questions reviewed of which 27 **(93%)** scored 80% or above.

An audit of completed health recommendations following the IHA is in progress looking at the specific recommendation for blood borne infection testing for unaccompanied children. This action had previously been identified as having low rates of completion so a joint pathway between the Phoenix Team, TB Screening Clinic and the Unaccompanied Children's Team was developed in 2021.

Training

The Phoenix Team Specialist Nurses and Named Nurse for Children We Care For have provided a variety of training throughout 2022-2023.

This has included training and placement days for students on the Post Graduate Specialist Community Public Health Nurse programme, providing updates for universal services staff during locality team meetings and working alongside practitioners on a one-to-one basis to provide support and training.

Acting as a health expert and resource to our partner agencies, especially Children's Social Care is a key role for the Phoenix Team. Quarterly updates are provided around the health needs of CWCF and the statutory health requirements alongside regular updates for the Youth Justice and Exploitation service.

Priorities for 2023 TO 2024

- Continue to work with OHFT Senior Management and Commissioners within the Integrated Care Board (ICB) to secure sustainable funding for the service with appropriate levels of staffing. There are large discrepancies across the ICB with the levels of funding for the different CWCF health teams.
- Develop clear and robust links across the ICB with Named and Designated Professionals for CWCF.
- Introduce new RHA paperwork with a focus on a visual, child friendly format in partnership with CWCF.
- Joint review with CSC of the communication with the Phoenix Team and escalation process for the statutory health assessment paperwork.
- Ongoing quality audits of health assessment paperwork completed by School Health Nurses and Health Visiting Teams.
- Review and mapping of existing processes against capability provided by the introduction of a new electronic patient record system- EMIS.

2.12 Safeguarding Service – work of the Independent Reviewing Officers

The role of the Independent Reviewing Officer was established by the Adoption and Children Act 2002. S.118 (amended s.26 of the Children Act 1989) with the responsibility of reviewing placements and plans for Children We Care For. There are two separate parts to the functions of the Independent Reviewing Officer:

- The chairing of a child's review meeting.
- The ongoing monitoring of a child's care plan.

IROs have the responsibility to ensure that plans are timely, effective and achieve good outcomes for children and young people. Significant changes to a child's care plan can only be made at a child's review. The IRO must consult with the child about their care plan at each review and at any time when there is a significant change to their care plan. The primary task of the IRO is to ensure that the care plan fully reflects the child's needs; and that the actions and outcomes outlined therein are consistent with the Local Authority's legal responsibilities towards the child.

IRO's make an important contribution to the consistency of practice from all those who have a corporate responsibility for Looked After Children and Care Leavers. They have a duty to monitor planning for children and young people and to ensure that the efforts of OCC are focused on meeting their need and achieving the best possible outcomes for them. IRO's monitor the activity of OCC as a Corporate Parent, in ensuring that appropriate actions are taken to meet the child's assessed needs, and that OCC is operating in line with Care Planning Regulations. They have a responsibility to identify patterns of concern that emerge in respect of individual children and collectively, and to make Senior Leaders aware.

Service structure and staffing

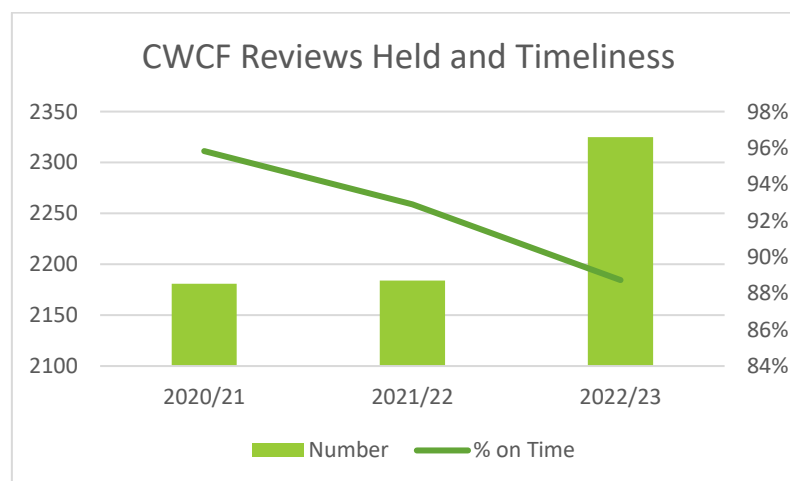
Oxfordshire has a largely stable group of Independent Reviewing Officers with the majority being in post for several years. However, long-term sickness absence and difficulty in filling vacancies with permanent staff has been a significant factor in this reporting period resulting in backfill which has had a significant impact across the service. Despite the pressures during this period the team worked well together to ensure minimal disruption for Children we care for and continued to deliver against key performance indicators (KPIs).

At the end of March 2023, the Safeguarding and Review Service had responsibility for the timely review of 1418 children and young people. 875 were noted to be CWCF for while 527 were children subject to CP Plans (Please see graphs below)



During 2023 IROs chaired 2325 CWCF reviews of which 89% were held within the required timescale. There has been a 6.6% increase in the numbers of reviews held and a 7% fall in timeliness of reviews held.

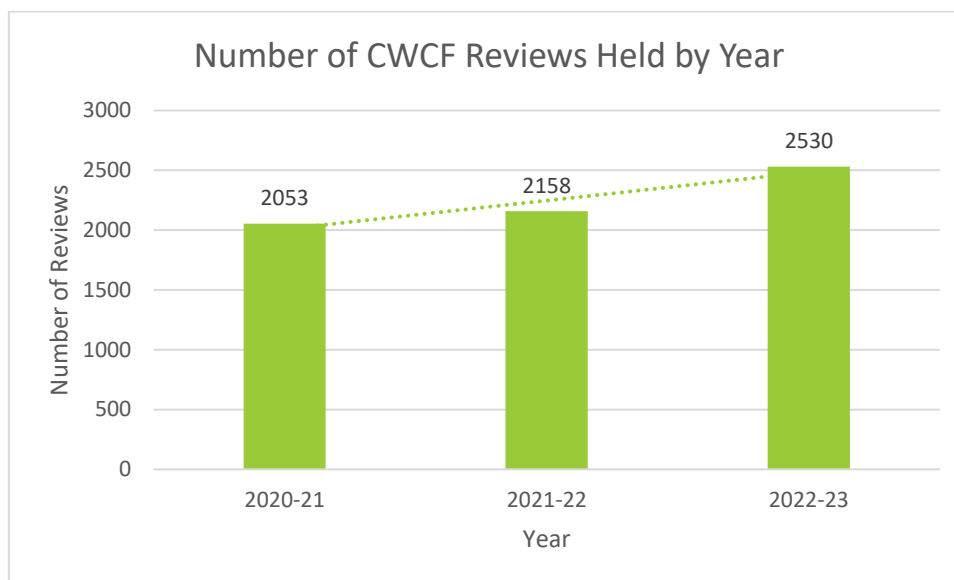
CWCF Reviews and Timeliness	Number	% on Time
2020/21	2181	96%
2021/22	2184	93%
2022/23	2325	89%



To better understand the reason for the reduction in the timeliness of reviews in this reporting period dip sampling will be undertaken as currently the management group have 2 working hypothesis. These being that:

- There has been an increase in the number of CWCF Reviews held as a series of minutes due to the increasingly complex nature of the CWCF.
- Late notifications to the service of children becoming CWCF.

The Safeguarding and Review Service completed **2530** Children We Care For Reviews between the 1st April 2022 and 31st March 2023, which has increased for the last three years.



During 2022/23 on average 211 CWCF Reviews chaired each month with a peak in May 2022 (266) and a low in August 2022 (124). This variation is largely due to availability of, children and young people, professionals, carers, and family members in holiday periods.

Voice of the child and children and young people's participation

A key responsibility for IRO's is to ensure that the child's wishes and feelings are known and that they know and understand what their Care Plan is. IRO's must also establish whether the child knows their rights and entitlements in law, for example that they can make a complaint, have a right to an advocate or apply to the court under S8 of the Children Act.

The IRO's continue to ensure that children and young people are aware of their rights and entitlements through the review process, directly with the child as well as via documentation given to the child and through the National Youth Advocacy Service (NYAS).

Participation in CWCF Reviews

During 2022/23 approximately 89% of CWCF attended their reviews.

Between April 2022 and March 2023, 1971, CWCF Reviews were held. Of the 1971 44% of the children attended their review and engaged in it throughout, while 30% of children choose not to attend their review but provided their views beforehand to be incorporated into the discussion. 5% of the cohort received the support of an advocate to contribute their review. It is concerning however

that the data indicates 189 children did not attend their review and did not send their views. This data has been shared with Senior Leaders and webinars are currently being rolled out to all practitioners regarding the merits of services such as NYAS to ensure that children understand that advocacy is available to them to support them to have a voice in their CWCF Review; 5 webinars have been planned for May 2023.

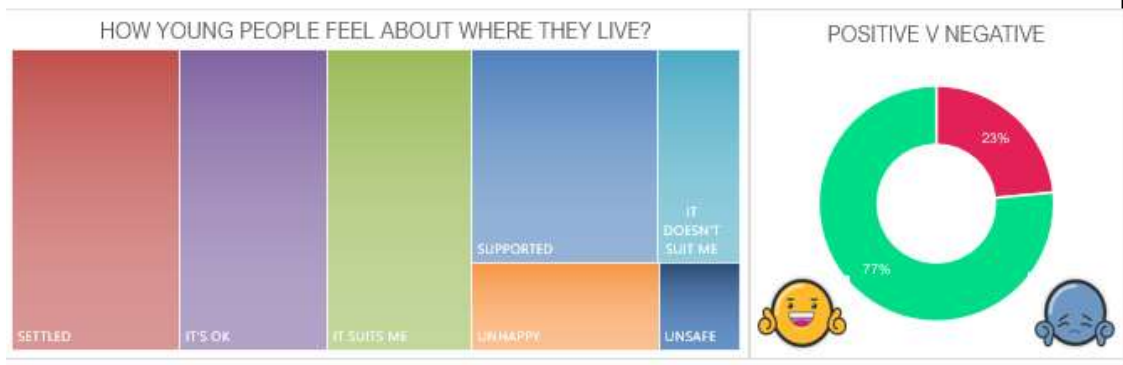
PN Code Data

PN0 Child aged under 4 at time of meeting	230
PN1 Child attended & spoke for self	860
PN2 Child attended - advocate spoke	12
PN3 Child attended - gave views non-verbally	8
PN4 Child attended without contributing	21
PN5 Child not attended, advocate briefed with views	78
PN6 Child not attended, views sent	573
PN7 Child not attended & did not send views	189
Total	1971
% Participation in Review	89%

Mind of My Own

Children and young people can let us know their wishes and feelings by using the Mind of My Own Apps. Mind of My Own is a digital way that children and young people can tell us directly in their own words, at any time, how they are feeling about what is happening in their lives and what they would like to change. We are committed to providing all of the children and young people that we support to have the opportunity to use Mind of My Own, hearing their voices, letting them know we are listening and becoming more actively involved in making and managing the plans for their care.

What children and young people told us 2022/23

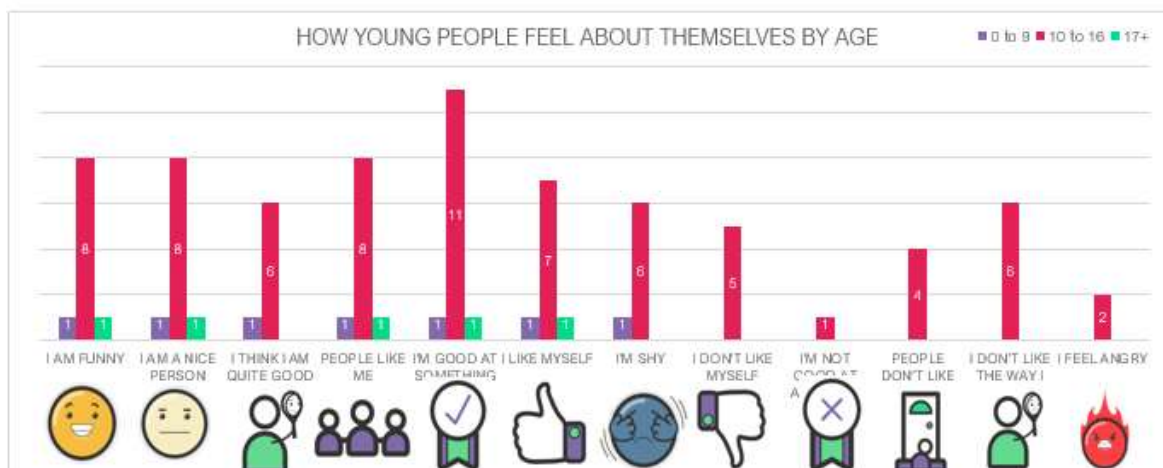


Most children and young people who chose to tell us their feelings about where they live were positive about their homes (77% positive, 23% negative). Social Workers spoke with every child who expressed a negative comment about their homes.

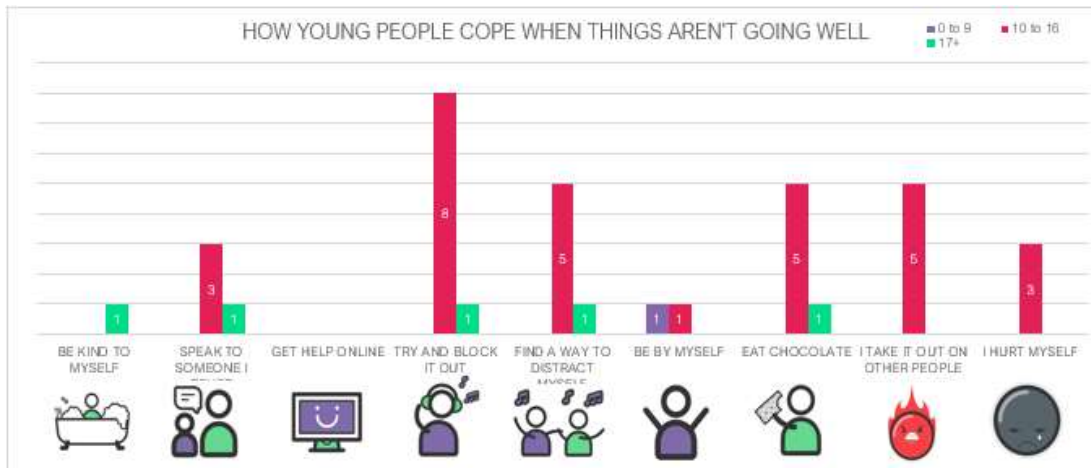
Most children who expressed a view were positive about the area in which they live.



Most children expressing a view told us that they felt positive about themselves. However, the children expressing negative views were given opportunities to talk about their feelings with their carer, Social Worker, or family if they wished.



While fewer in number, children and young people were able to share with us how they cope when they feel that things are not going well for them which, combined with other information provides key areas to explore with them.



Most children told us that they get on well with people at home (86%) but 14% of children said that they did not which was explored by their Social Workers with them.



Most children and young people told us that they get on well with their friends (80%) but 20% expressed negative views about their relationships



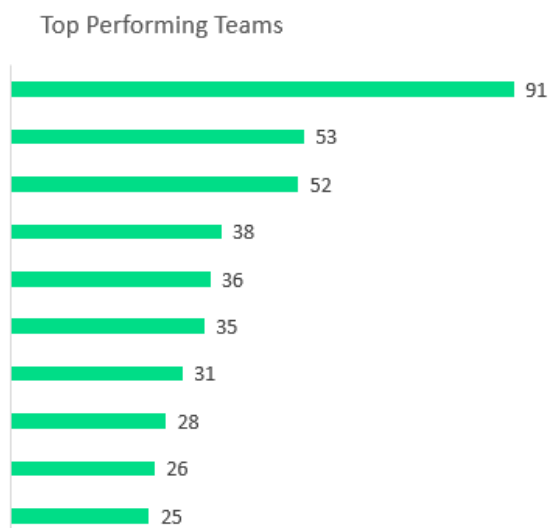
Mind of My Own provides the means for children and young people to let us know how they are feeling at any time of the day by using the One App or Express App on their mobile devices. This does not replace one to one interaction with their Social Workers but provides an opportunity to share their feelings at a time suitable to them.

Children and young people who chose to share with us how they are feeling were largely positive (72%), but some were negative (28%) which their Social Workers explored with them if the child or young person wished.



Mind of My Own Usage

Mind of My Own is potentially a powerful and enabling tool for children and young people through which they can give their unfiltered views at a time of their choosing. Use of Mind of My Own is variable across Children's services in Oxfordshire. Some practitioners use it often with their children and young people while others do not. The Mind of My Own has recently made Team and practitioner level data available which we are using to focus our work on improving take up and usage of Mind of My Own. This has included creating and publicising training offered by our group of OCC staff who offer Mind of My Own training and more recently information webinars supported by the Oxfordshire Participation lead.



The variability of Mind of My Own usage is illustrated here. There are some Teams who are not using Mind of My Own at all. These Teams will be a focus of development work in 2023/24 with the aim of improving Mind of My Usage significantly by end 2023/24 – the aspiration is for most Children We Care For to have a Mind of My Own account and to be encouraged to share their views and feelings if they wish.

IRO Service Priorities and Actions 2023/24

During 2023/24 IROs will be expected to highlight those children who choose not to attend their review meeting and establish what is needed to support them to attend.

Action: The IRO Team will continue to reconsider and explore more flexible and imaginative means of engaging children and young people in review processes leading to better quality of participation. Ways of monitoring these developments and processes will need to be refined during 2023/24 to include feedback from children and young people, their families and carers.

IRO Service will strengthen links with the Social Work teams by offering direct input via briefings, team meetings and induction for IROs, new Social Workers and Team Managers.

Work is to continue with IROs and Operational Teams to strengthen the quality of analysis of the needs of CWCF and to develop a more outcome focussed and timely approach to Care Plans and Pathway plans

Action: Following the realignment of the IRO roles into IRO and Child Protection Conference Chairs (completed end May 2023) IRO's to be individually linked to operational CWCF Teams

The move away from the dual role to single services to separate CWCF IRO service and Child Protection Conference service to be completed and embedded in 2023/24

Development sessions extended and aligned across all IRO Teams.

Action: Service specific development workshops and group supervision to be established in 2023/24 for IROs, led by QA Service Managers to take place on a monthly basis to improve the quality of practice and adherence to the practice standards building on experience of established dual role improvement sessions in 2022/23

Audit/dip sampling undertaken which informed the creation of agreed actions and further development work such as a recent workshop for IRO on pathway plans and tasking to ensure every who requires one child has a pathway plan that is timely and of good quality. Work ongoing to embed improvements.

Action: Quality assurance activity will continue with actions to address identified issues and feed in to training and learning for IROs and operational staff

Review of current processes to obtain feedback from children and young people during their CWCF Reviews has been completed. Use of Mind of My Own has increased. Further development work with IROs on the participation of children and young people in their reviews will continue. A proposal to consult children and young people during an established 'practice week' consultation and feedback week is being taken forward in 2023/24

Action: Further work to be undertaken with IROs on the participation of children and young people in their reviews with the proposed service specific practice development workshops. Proposal to consult children and young people during an established 'practice week' consultation and feedback week to be finalised and delivered 2023/24. Evaluation to be undertaken and improved model of consultation to be considered for 2024/25

Continued input and involvement in the Delivering Quality Improvement in Practice and Performance (DQIPP) process to improve the Child we Care Review service.

Increase usage of Mind of My Own across children's services with the aspiration that the majority of children and young people have a Mind of My Own Account by end March 2024

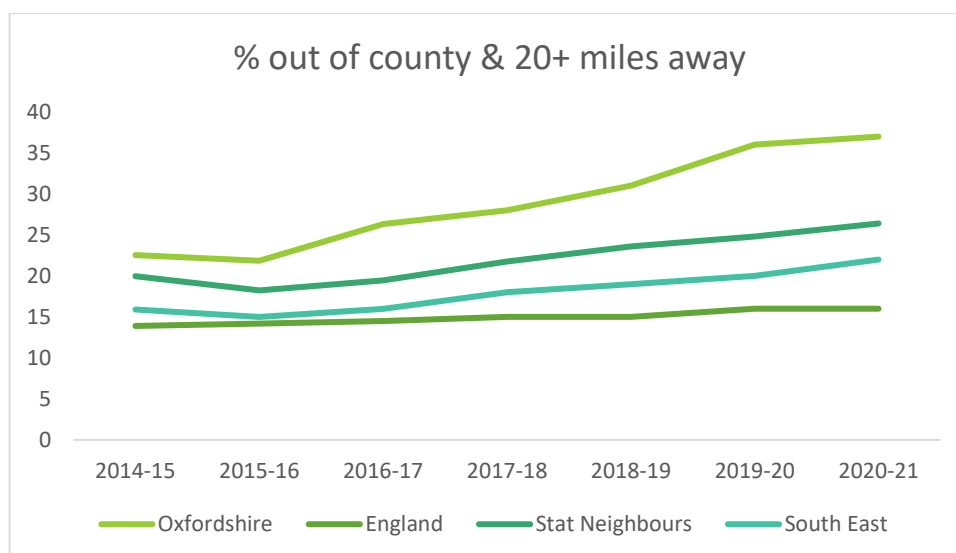
Action: Training and webinars to be provided regularly to practitioners. New data to be used to focus work to improve usage on a Team level – Team meetings/supervision/ senior management meetings. Senior Managers, Service Managers and Team Managers to take ownership of the aspiration to ensure that the majority of Children We Care For have a Mind of My Own account by end March 2024

2.13 Sufficiency of placements

Our top priority continues to be sourcing the right placement at the right time for children we care for. Nationally it is recognised that there is a real crisis in respects to placement sufficiency. This spans the whole spectrum of placement options. On average there are over 50 children nationally waiting for a welfare secure bed on any single day and supporting our more complex young people is at a crisis point nationally.

OCC are one of the highest LA's that place children more than 20 miles from their home at 37% of all placements.

Nationally only 16% of LA's place more than 20 miles away from the child's home, the South East region average is 22% of placements and our statistical neighbours place 26% of children more than 20 miles from their home.



OCC currently had 13% of the children we care for living in residential children's homes as of July 2022 (117 placements: 13 in-house and 104 external placements).

Only 15% of residential placements are purchased through the South-Central Residential Framework. Total beds available through the framework in Oxfordshire is 36 (6 homes). OCC has a block contract with providers in county totalling 31 beds. However, eight beds have been out of use due to OFSTED suspensions. 70% of external residential placements are spot purchased. Providers have reported they are leaving frameworks as the demand in the spot market is so high, they can attract a higher price. This has driven OCC's average cost of a residential placement from £4,000 per week to £4,800, which has contributed to a significant budget pressure in 2022/23. Unregistered as a proportion of total corporate parenting budget equates to 11.83%, total children's homes and other children's homes budget equates to 34.74%.

The key challenge regarding placements is the lack of in-county provision in Oxfordshire. The proportion of out-of-county placements has increased over the last five years from 22% in 2014 to 37% in 2022. There is a lack of sufficiency of skills within existing homes that are willing to meet the presenting behaviours of children with more needs.

The 2021 sufficiency strategy shows that OCC expect to require 131 children's homes beds by 2025. OCC currently place 117 children in children's homes. Therefore, there is a shortfall of 14 beds. OCC also need to reduce the number of out of county placements and bring children back to county, therefore OCC require more than 14 in county placements. The estimated requirement of approximately 30 more in county beds to the 59 already registered with OFSTED by external providers and 18 beds provided by OCC totalling 77 beds.

CEF departments are working closely with the Property department to plan resource and support the development of these schemes over the next two years. In-house resources are committed to the delivery of all four new Children's Homes and 1 Children's Home in Aston is currently under construction to replace Matfield.

Corporate Parenting Services are working closely with our commissioning colleagues to address local placement sufficiency and implement the action plan arising from the Placement Commissioning Strategy for Children We Care For 2020-25.

Key priorities 2023/2024

- Investment and development of a new 4-bed OCC children's home, due to open by April 2024 in the village of Aston.
- Support the recruitment and retention of more in house OCC foster carers through strengthening the recruitment campaign and working more closely with Oxfordshire Foster Carers Association on retention of carers.
- Implementation of a new all age housing framework with Adult Social Care to enable bespoke accommodation to be commissioned for young people to enable them to transition successfully into adulthood.
- Progress the successful application to the DFE (Department for Education) to provide 50% of capital funding for four new children's homes to include 2 x small / solo homes for 1-2 children, a home for four children who are neurodivergent and a home for four children who have dysregulated behaviour as a result of trauma, these aim to be opened by March 2025.
- Active member of South-Central Framework commissioning placements and enhanced foster care provision and residential children's homes.
- Development of in house OTFC for adolescents.
- Robust review and management of vacancies in in-house and block contract placement provision
- developing a business case to create a new regional contract for children's homes across the Thames Valley for children with complex mental health needs to compliment the new Thames Valley complex children's service with CAMHS.
- Developing a business case to increase the beds available on the Cross Regional Children's Homes contract across Oxfordshire, Buckinghamshire, Milton Keynes, and Hertfordshire.

Alongside this a revised placement monitoring framework has been implemented to ensure there is robust oversight of the quality of our commissioned services for children we care for.

2.13 What our members can do for children we care for

All our Corporate Parenting services welcome visits from elected members and ask for their ongoing support for our children and young people. We have been pleased to welcome our lead member and standing council members of the guardians for us

(corporate parenting) panel to various events and service providers over the last year. There are continued opportunities to become involved with our ambassador project and we really need your support to strengthen this work and the voice of our young people in policy and further initiatives they are able to become involved with over the coming year. Attending activity days and the panel can really help you gain an insight into the children's lived experience of being cared for by Oxfordshire and may alert you to thoughts of how you can enhance their experiences.

Members are essential in acting as champions for children we care for, to ensure their voice is heard and to help our communities consider what they can do to support them.

We really need more families in Oxfordshire coming forward to care for our children when they are unable to live within their own families and our need for more foster carers has never been greater. We ask you as our elected members to raise awareness wherever you can in order that we can fulfil our ambition to keep our children close to give them every opportunity to stay connected to their families and communities and experience positive family life.

Regarding our care leavers we need members to have a comprehensive understanding of care leavers' needs and challenges across all agencies working with children and young adults. We need our members to have a willingness and energy to become Care Leaver Champions and actively improve our Care leavers local offer through development of community connections, resources, and links. We need members to take responsibility to oversee and progress areas of focus: EET, adult mental health and housing. We need them to recognise and support to identify community spaces for group and individual work within our care leavers' communities. And proactively support a corporate commitment to deliver and embed co-produced services, participation, and feedback

Over the next year we will be implementing improved governance and oversight of the work undertaken by the Corporate Parenting Board and welcome you all becoming active members where you will become part of the body of professionals changing children's and young people's lives for ever.



Sarah Duerden

Head of Service Corporate parenting

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Data Annex
Corporate Parenting J