Corporate Parenting Panel

Date	**Friday 19 October 2018**
Time	**9.30 am**
Venue	**Committee Room 2 - County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 28 September 2018 (Pages 3 - 8)
4. Declarations of Interest
5. Weekly Looked After Children Numbers - Update from Head of Children's Social Care (Pages 9 - 14)

Theme: Adoption

6. Adoption Service and Adoption Panel Annual Report 2017/18 - Report of Strategic Manager, Looked After and Permanence (Pages 15 - 34)
7. Early Permanence Strategy - Report of Strategic Manager, Looked After and Permanence (Pages 35 - 68)
8. Update from Investing in Children
9. Recommendations from Health Needs Assessment of Looked After Children - Update from Public Health Strategic Manager (Pages 69 - 168)
10. Development session with adopters
11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.
12. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information.

Part B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

13. Regulation 44 Visits: Summary Report - Report of Head of Children's Social Care (Pages 169 - 198)
14. Corporate Parenting Panel Work Programme - Update from Senior Partnership Officer (Pages 199 - 202)
15. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
11 October 2018

To: **The Members of the Corporate Parenting Panel**

Councillor P Brookes (Chairman)
Councillor H Smith (Vice-Chair)

Councillors B Bainbridge, H Bennett, J Carr, J Charlton, J Considine, P Crathorne, G Darkes, J Grant, I Jewell, M McKeon, J Makepeace, O Milburn, C Potts, A Reed, G Richardson, A Savory, E Scott, M Simmons and C Wilson

Co-opted Members
C Baines
M Baister
N Harrison
K Myers
W Taylor
J Wilson

Contact: Jill Parker **Tel: 03000 269 711**

Durham County Council

At a meeting of the **Corporate Parenting Panel** held in **Committee Room 2, County Hall, Durham** on **Friday 28 September 2018** at **9.30 am**

Present:

Councillor P Brookes in the Chair

Panel Members:
Councillors B Bainbridge, J Carr, J Considine, G Darkes, I Jewell, M McKeon, J Makepeace, O Milburn, C Potts, A Reed, E Scott, M Simmons and C Wilson

Co-opted Members:
N Harrison and W Taylor

Also in attendance:
Kelsey Clayton - Legal Services Manager
Lindsey Herring – Commissioning Policy and Planning Officer (presenting item 7)
Clive Horton – Deputy Head, Virtual School
Trish Lambert – Senior Practitioner
Laura Malone – Strategy Team Leader (presenting item 8)
Selwyn Morgans - Manager, Aycliffe Secure Centre
Karen Robb - Strategic Manager for Looked After Children and Permanence
Ellie Seed – Senior Project Worker, Investing in Children
Jayne Watson - Senior Partnership Officer

Observer:
Chris Baines, Head Teacher, Howden le Wear Primary School

The Chair welcomed care leavers and young people from the Children in Care Council who were in attendance to participate in the discussion on the care leavers' key lines of enquiry.

1. Apologies

Apologies for absence were received from Councillors J Charlton, P Crathorne, J Grant, G Richardson, H Smith and from co-opted member M Baister. Officers Helen Fergusson, Head of Children's Social Care and Christine Stonehouse, Head of the Virtual School also submitted their apologies.

2. Substitute Members

No substitute members were in attendance.

3. Minutes

With the addition of Councillor M Simmons' name to the list of apologies received, the minutes of the meeting held on Friday 20 July 2018 were confirmed as a correct record and signed by the Chair.

The following matters arising were reported by the Senior Partnership Officer:

- **Item 3 –** It was reported that the JTAI Inspection report into children living with domestic abuse was published on 24 August. The JTAI outcome letter can be found at the following link*:* https://files.api.beta.ofsted.gov.uk/v1/file/50015171

  Chris Baines, Head Teacher of Howden le Wear Primary School was welcomed to the meeting as an observer, with a view to joining the Panel as a co-opted member for primary education, replacing R.Edwards.

4. Declarations of Interest

There were no declarations of interest.

5. Weekly Looked After Children Numbers

Karen Robb, Strategic Manager for Looked After Children and Permanence presented the weekly looked after children numbers (for copy of report see file of minutes). It was reported that the number of looked after children at week ended 21 September was 824.

The Chair advised that the Corporate Parenting Panel Annual Report was presented to the full Council meeting on 19 September, and, during his presentation at that meeting, the Chair commented on the challenge posed by the increasing number of looked after children.

Resolved

That the report be noted.

6. Care Leavers Annual Report 2017-2018

The Strategic Manager for Looked After Children and Permanence presented the Care Leavers' Annual Report and delivered a presentation (for copy of report and presentation see file of minutes).

The Chair commented that it was pleasing to note that, following intervention from the Director of Children and Young People's Services, there is now a regional agreement that care leavers residing in the North East are exempt from Council Tax.

Councillor Jewell referred to the number of children in the care system with learning difficulties and asked what support is available to them when leaving care. The Strategic Manager for Looked After Children and Permanence, replied that pathway planning begins at 15 years of age to ensure that levels of support are identified well in advance. The Deputy Head of the Virtual School, Clive Horton, informed the Panel that approximately one quarter of looked after children have education health plans and the same percentage have special education support plans, which is just below the national average.

A restructure of the Virtual School team means that there will be access to a wider team, with a new casework team linking the Virtual School with the special educational needs teams.

Councillor Makepeace asked for more information as to how care leavers are treated as a priority group. Trish Lambert, Senior Practitioner, replied that this is a similar process to when people identify as having a disability, therefore when care leavers meet the criteria for posts within the Council they are guaranteed an interview. As a result, a number of young people are currently employed by Service Direct.

Ellie Seed of Investing in Children added that one of the issues raised by the young people within the Children in Care Council (CiCC) is that young people in conventional families often benefit from being offered opportunities within family businesses and this opportunity is not available to children in care. The Chair responded that this has been considered by the Council, and, as a result the Council, as a corporate parent, is now actively assisting young people within the care system to gain employment and training with the Council, thus providing them with an opportunity to 'join the family business'.

Councillor Bainbridge asked how many of these young people have been employed by the Council over the past 12 months. Trish Lambert, Senior Practitioner, replied that 5 young people have secured a 12 months' contract and 2 young people have a 3 months' contract with Service Direct, and, approximately 8 young people have been provided with work experience through the 'Teenagers 2 Work' programme.

Councillor McKeon referred to problems of low paid, low quality apprenticeships and asked whether guidance is provided to young people in the care system about their choices. Ellie Seed of Investing in Children responded that the Children in Care Council is aware that this is an issue and guidance is provided to the young people on this and on the financial support available to them.

In response to a question in relation to the downward trend in the percentage of care leavers aged 17-21 years in education and employment and training, the Strategic Manager for Looked After Children and Permanence replied that in recent months there had been a lack of resources and an increase in the number of young people with complex needs. However, there is confidence that this will improve in the near future with new resources available at the Old Manse and Headley Court.

Councillor Scott advised that the Council is able to influence the planning process in an effort to increase the number of apprentices by including a clause in contracts which requires developers to employ apprentices.

The Strategic Manager for Looked After Children and Permanence added that the Chief Executive, Corporate Management Team and Heads of Service are committed to providing opportunities for every care leaver in the 'family firm' In addition to this, the Corporate Management Team have discussed the possibility of including a section in the implications appendix of all committee reports relating to care leavers which would ensure that implications for care leavers are considered. It was agreed that Cllr McKeon would raise this with Cllr Gunn, Portfolio Holder for Children and Young People's Services.

Resolved

That the report be noted.

7. Quarter 1 2018/19 Performance

The Panel considered a report of the Corporate Equality and Strategy Manager and a presentation delivered by Laura Malone, Strategy Team Leader which provided an overview of performance for Quarter 1 (for copy of report and presentation see file of minutes).

Councillor Considine referred to the dip in performance on placement stability for the first quarter of the year and asked for an explanation. The Strategic Manager for Looked After Children and Permanence explained that there had been several emergency placements, and when a young person comes into care in this way, rather than a planned way they automatically have two placements. A number of young people in long term care also have very complex specialist needs, particularly in relation to mental health. The Edge of Care provision is being introduced which should help with placement stability, and good progress has been made in the recruitment of foster carers, however, there is more work to be done.

Councillor McKeon asked if tracking information was available on the number of care leavers who become fathers. The Strategic Manager for Looked After Children and Permanence replied that this issue has been discussed in the Care Leavers' Steering Group, however, tracking this type of information proves difficult. The Panel agreed that this is a matter that they would like to look at, in more detail, moving forward.

Resolved

That the report be noted.

8. Sufficiency and Commissioning Strategy for Looked After Children and Care Leavers 2018-21 Objectives

The Panel considered a report and presentation delivered by Lindsey Herring, Commissioning, Planning and Policy Officer which provided a summary of the key findings and objectives outlined in the Sufficiency Strategy (for copy of report and presentation see file of minutes).

Councillor Potts confirmed that the Children and Young People's Overview and Scrutiny Committee plan to undertake a review of the accommodation available for looked after children in County Durham and it was agreed that it would be useful to involve the Commissioning team in this piece of work.

Cllr Jewell asked if budget constraints had impacted on the training provided for foster carers, and asked if some foster carers or adopters would be approved with additional training. The Strategic Manager for Looked After Children and Permanence advised that all foster carers including those from independent fostering agencies receive significant training, and have input into training sessions from young people from the CICC. She added that in January 2019 an update will be provided to the Corporate Parenting Panel on the establishment of a Regional Adoption Agency, which will work with the voluntary sector to increase capacity.

Resolved

That the report be noted.

9. Update from Investing in Children

The following update was provided by Investing in Children:

- Young people from the CiCC have provided the Virtual School with their views on personal education plans.

- Work is taking place with the voluntary sector on an arts project.

- A Fun Day will be held on 26 October at the Sjovoll Centre and members of the Corporate Parenting Panel have been invited to attend (members must sign up through the Eventbrite link). The day will include a recruitment drive for new members of the CiCC.

- Young people regularly assist in the training of foster carers and, at the most recent session, a group of young people facilitated the training, without any assistance from the adults. The session went very well and received excellent feedback.

- Young people have provided training for students at Newcastle University on the social work course.

- Young people attended a foster care consultation event.

- Care Leavers' Week takes place from 22 October. Corporate Parenting Panel members were encouraged to attend the joint meeting with the Children in Care Council which will be held on 23 October.

- To coincide with Care Leavers' Week, the Children in Care Council is hoping to install a display in the Durham Room about children in care.

- Members were encouraged to take part in the Care Leavers' Challenge during Care Leavers' Week. This requires participants to live on a budget of £57.90 a week, to raise awareness of the difficulties care leavers face on a daily basis.

- A big lottery application has been lodged for funding for a care leaver traineeship.

10. Local Safeguarding Children Board Annual Report 2017/18 and Young People's Annual Report 2017/18

The Panel noted the Durham Local Safeguarding Children Board (LSCB) Annual Report 2017/18 and the Young People's Annual Report 2017/18, for information (for copy of reports see file of minutes).

11. Any other business

The Chair reported that Framwellgate Moor Children's home was awarded a 'good' grading at a recent Ofsted inspection.

Selwyn Morgans, Manager of Aycliffe Secure Centre referred to the recent triennial inspection at the centre which focused on licensing regulations. He reported that the inspection was very positive with 'good' in all areas and an 'outstanding' in management and leadership. The Manager commented that this was testament to the hard work and dedication of the staff. Part of the inspection included political oversight and the Manager thanked the Corporate Parenting Panel for their role.

The Panel congratulated all those involved and it was agreed that letters of congratulations will be sent in due course.

The Panel then held a short discussion session with care leavers and young people from the Children in Care Council on the following key lines of enquiry for care leavers:

- How do we show children in our care that we have high aspirations for them?
- What do we know about our care leavers, both existing and coming up?
- What are care leavers telling us?
- How are we preparing care leavers to live independently?
- Are we being good corporate parents to care leavers?

A note was taken of the discussion.

12. Exclusion of the public

Resolved

That under Section 100(a)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely discussion of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

13. Regulation 44 visits: summary report

The Panel noted the report of the Head of Children's Social Care which provided a summary of the Regulation 44 visit action plans and responsive repairs for July and August 2018 (for copy of report see file of minutes).

Resolved

That the report be noted.

Corporate Parenting Panel

19 October 2018

Weekly Looked After Children numbers

Report of Helen Fergusson, Head of Children's Social Care, Durham County Council

Purpose of Report

1 The purpose of this report is to provide members of the Corporate Parenting Panel with additional detail and further breakdown of the weekly Looked After Children numbers.

Background

2 Members of the Corporate Parenting Panel have historically received an update on the number of Looked After Children, that was current at the 'point in time' of each Corporate Parenting Panel meeting.

3 At the April 2018 Corporate Parenting Panel meeting, members agreed to continue to receive a breakdown of the following information to highlight fluctuations in LAC numbers throughout the month. This information is taken from the weekly LAC updates which are produced by the Children and Young People's Services Systems and Data Team and circulated to relevant Durham County Council Strategic Managers and Officers:

- Looked After Children numbers by age group and length of time in care
- Weekly Looked After Children numbers for the previous year.

Recommendations

4 Members of the Corporate Parenting Panel are recommended to:

- Review the report and weekly Looked After Children information, noting the lag due to papers deadlines (5th October 2018 is the latest information available at the time of the report being written).

Contact: Jayne Watson, Senior Partnership Officer, Transformation and Partnerships, Durham County Council. Tel: 03000 268371
Email: Jayne.watson@durham.gov.uk

Appendix 1: Implications

Finance – No implications

Staffing – No implications

Risk – No implications

Equality and diversity/Public Sector Equality Duty - No implications

Accommodation - No implications

Crime and disorder - No implications

Human rights - No implications

Consultation - No implications

Procurement - No implications

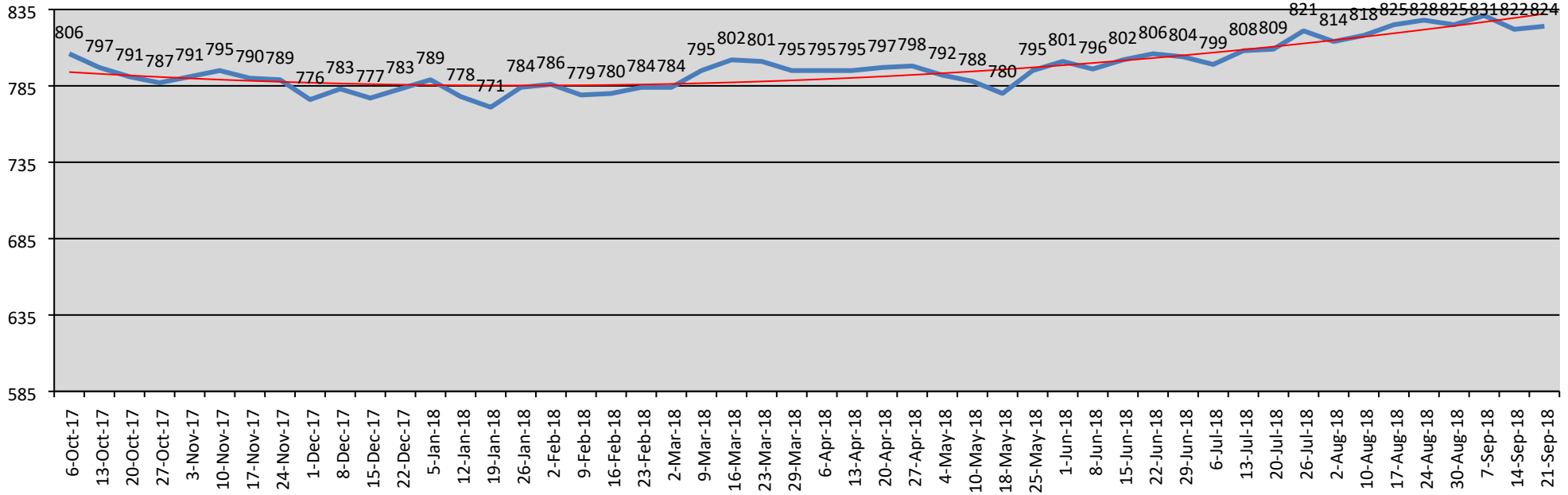
Disability Issues - No implications

Legal Implications - No implications

21st September 2018

Overall the number of LAC has Increased by 2 compared to last Friday from 822 to 824

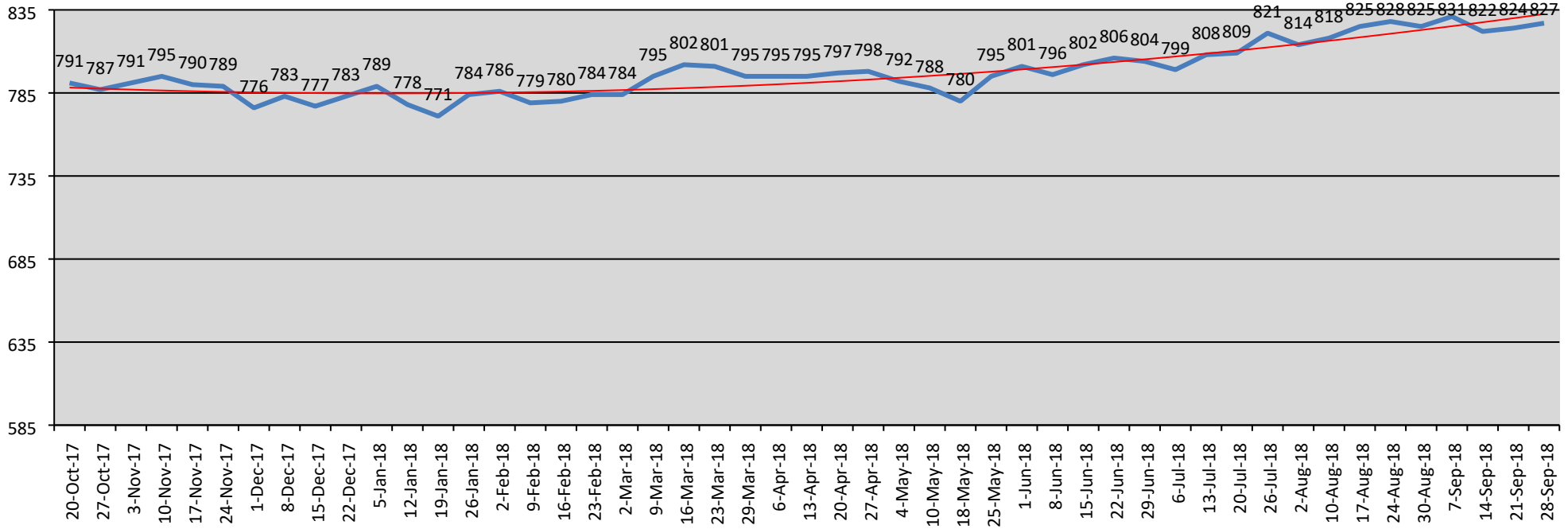
Age Group	Length of Time Looked After					Total
	(a) Under 6 months	(b) 6-12 months	(c) 1-2yrs	(d) 2-5yrs	(e) 5+ yrs	
(a) Under 1yr	48	34				82
(b) 1-4yrs	42	27	56	23		148
(c) 5-9yrs	37	21	34	58	23	173
(d) 10-15yrs	33	16	34	80	145	308
(e) 16-17yrs	9	8	9	30	57	113
Grand Total	169	106	133	191	225	824(+2)



28th September 2018

Overall the number of LAC has Increased by 3 compared to last Friday from 824 to 827

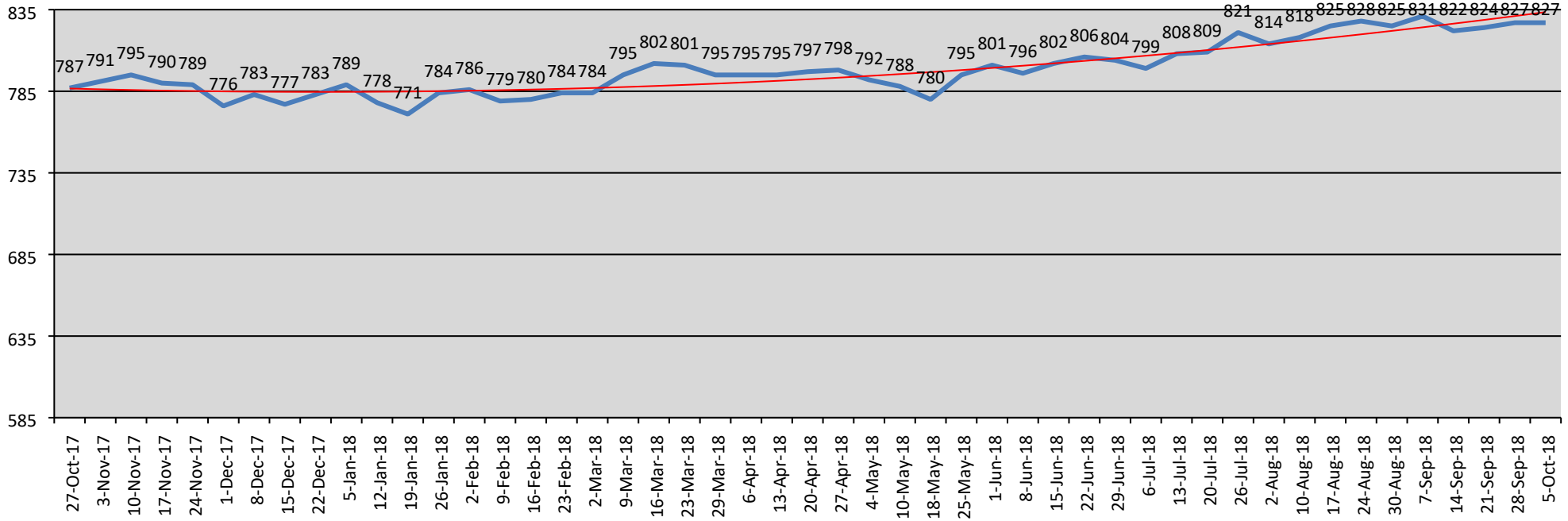
Age Group	Length of Time Looked After					Total
	(a) Under 6 months	(b) 6-12 months	(c) 1-2yrs	(d) 2-5yrs	(e) 5+ yrs	
(a) Under 1yr	46	36				82
(b) 1-4yrs	42	25	59	24		149
(c) 5-9yrs	33	24	34	59	23	173
(d) 10-15yrs	32	18	33	81	143	308
(e) 16-17yrs	10	8	9	29	59	115
Grand Total	163	111	135	193	225	827(+3)



5th October 2018

Overall the number of LAC has stayed the same at 827 from last Friday

Age Group	Length of Time Looked After					Total
	(a) Under 6 months	(b) 6-12 months	(c) 1-2yrs	(d) 2-5yrs	(e) 5+ yrs	
(a) Under 1yr	48	35				83
(b) 1-4yrs	44	25	58	22		149
(c) 5-9yrs	29	24	34	61	23	171
(d) 10-15yrs	33	18	34	80	143	308
(e) 16-17yrs	10	8	9	29	60	116
Grand Total	164	110	135	192	226	827(+3)



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Corporate Parenting Panel

19 October 2018

Adoption Service and Adoption Panel Annual Report 2018/18

Report of Karen Robb, Strategic Manager, Looked After Children and Permanence

Purpose of the Report

1 This report presents Corporate Parenting Panel with an executive summary of the Adoption Service and Adoption Panel Report 2017/18

Background

2 The Adoption and Children Act 2002 (the Act) is the principal piece of legislation governing adoption in England and Wales. It has been in force since 30 December 2005, and has been amended by other legislation since then. The Act provides the framework for implementing plans for adoption, with much of the detail set out in subsequent regulations and statutory guidance.

3 The Adoption Service has continued to focus on achieving the best outcomes for children and to prevent delay in achieving permanence for a child with a plan of adoption. The Adoption Service has aimed to make and sustain stable adoption placements and to ensure that the lifelong needs of those affected by adoption are met.

4 The Annual Report outlines the work of the Adoption Service during 2017/18, together with the activity of the Adoption Panels. It also outlines the future challenges and priorities of the service to meet the needs of the increased number of Looked After Children.

Key Achievements and Developments

5 There has been a reduction in the number of approved adopters both nationally and within Durham which has made it more difficult for the Adoption Services to find matched placements for children. This has also resulted in a higher number of children being placed with Adopters who are Out of County.

6 The Adoption Service have achieved the following in 2017/18:

(a) There has been a reduction in the interest in adoption over the last 12 months. Despite this reduction the Service has approved 24 adoptive families during 2017/18, which is a slightly reduced number form 28 in 2016/17. This has reflected a significant reduction in the number of

enquiries to be adopters during the year and the majority wishing to adopt children without complex needs in order to become parents.

(b) Children's needs have been very well supported and assessed by the Full Circle Service, which is a therapeutic service that is offered to all children looked after. They also contribute to adoption training and will offer consultations and advice to all adopters on every child prior to matching panel at both linking and matching. This service was highlighted as a strength by Ofsted in the 2016 Inspection.

(c) The Adoption Service reviewed its Recruitment and Marketing Strategy to focus on the need to recruit sufficient adopters to support the fostering to adopt approach (where adopters are also approved as Foster Carers prior to the Placement order). This is important development with the increase in numbers of looked after children and the large number of children under the age of 5.

(d) The number of looked after children in Durham who were approved for adoption has remained relatively high this year (61 children) with the number of children placed for Adoption increasing from 42 in 2016/17 to 47 in 2017/18. This is reflective of the increase in the total number of looked after children during this period.

(e) The Adoption Support Fund has been available to access funds for therapeutic support for adopted children and their families. During 2017-18, the Full Circle Service has claimed £98,776.38 (32 children/families) with a further £31,825.96 being claimed following assessment of the post adoption support needs of children from outside therapeutic organisation.

(f) Post Adoption Support Services have been reviewed and re-designed to provide a more effective, efficient and responsive service and to underpin the Durham Adoption Support Passport which sets out the offer to those affected by Adoption.

(g) A Range of family fun day events have been organised by the Adoption Service to provide adopted children and their parents the opportunity to meet with other children and families. Feedback from the events has been very positive.

(h) A Governance Board was established with Partners to lead the Regionalisation of Adoption Services through to the establishment of the Service in Autumn 2019.

Priorities for 2018-19

7 The Adoption Service have set the following priorities for 2018-19:

(a) To work with partners to develop the regionalised adoption services by Autumn 2019 with the aim of consolidating resources and reducing delay for children with a plan of adoption.

(b) To target recruitment and assessment of adopters so that in-house resources are available locally and within the region for children who need adoption placements.

(c) To embed Fostering to Adopt as an approach and to ensure that there is early care planning to ensure early permanence is achieved wherever possible

(d) To continue to deliver Family Finding Services through dedicated workers to provide placement choice and avoid unnecessary delays in placing children in new families.

(e) To provide timely, efficient and high quality post adoption support utilising the Adoption Support Fund to ensure that placement stability is maximised.

Recommendations

8 Members of the Corporate Parenting Panel are recommended to:

(a) Note the content of this report;

(b) Receive the Annual Report of the Adoption Service and Adoption Panel Report 2017/18, attached as Appendix 2

Contact:	**Carmel Murray, Operations Manager Adoption and Permanence**
Email:	**carmel.murray@durham.gov.uk Tel: 03000 268359**

Appendix 1: Implications

Finance – Not applicable

Staffing – Not applicable

Risk – The number of Looked After Children remains at historically high levels and has increased significantly from 2015

Equality and Diversity / Public Sector Equality Duty – The Annual Reports and Plans identify the actions to safeguard the needs of vulnerable children and young people

Accommodation – Not applicable

Crime and Disorder – Not applicable

Human Rights– Not applicable

Consultation – Not applicable

Procurement – Not applicable

Disability Issues – The services provided to children with a disability are a consideration within all of the annual report

Legal Implications – The Annual Report has been prepared in line with statutory requirements.

Durham County Council

Adoption Service

Annual Report of the Adoption Service and Adoption Panel Report
1 April 2017 – 31 March 2018

Table of Contents

1. Introduction

The Adoption Service continues to focus on achieving the best outcomes for children and to prevent delay in achieving permanence for the child with a plan of adoption and children remain the focus and the centre of the service in all areas.

The information presented in this report relates to the activity within Durham County

Council's Adoption Service and the activity of the two Adoption Panels.

The report will consider performance during the reporting period from 1 April 2017 to 31 March 2018 and will highlight

- Key activities and achievements of the Adoption Service and Adoption Panels
- Significant changes in adoption practice in England and Wales
- Strategic Priorities for 2017-2018

2. Vision, Values and Aims of Durham Adoption Team

The Adoption Service's vision, values and aims are:

- Our core value is that the child is at the centre of all our work and we want the best for Looked After Children, as if they were our own.

We seek to:

- Be the best, most approachable, most responsive, most professional and most supportive Adoption Service in the region.
- Be the highest quality Adoption Service that people choose.
- Value and celebrate the diversity, differences and background of our potential adopters.
- Be respectful, flexible, honest, responsive and transparent in the manner we work with prospective adopters, children and young people, and professionals from within the service and multi-agencies.
- Be a highly skilled and experienced team, with excellent mix of knowledge, skills and abilities, seeking continual improvement in everything we do.
- Promote and provide a robust post adoption support service for all affected by adoption.
- Maximise use of technology and social media to enable us to be competitive in the changing face of adoption work and to improve our effectiveness and efficiency.

3. Regionalisation of Adoption Services

The Regionalisation of adoption services became a statutory requirement in 2020 and is intended to develop joint services with a clear sense of responsibility and accountability for recruiting more adopters, to speed up the matching of children, thereby reducing the amount of time children wait for families and to provide a consistent good quality range of post adoption services.

The DFE have approved the proposal for Durham County Council Adoption Service, Cumbria County Council Adoption Service and Sunderland, now 'Together for Children' registered as a Voluntary Adoption Agency (VAA), along with the 4 existing voluntary agencies of After Adoption, Barnardos, ARC and DFW Adoption to establish the RAA to be known as Coast to Coast. This will be a new organization providing all adoption services.

A Project Manager has recently been appointed to progress this Coast to Coast Regional Adoption Agency (RAA).

A governance Board is now established to work through the Project to establish the new organization by Autumn 2019.

4. Fostering For Adoption

The focus of this approach is to reduce placement moves for children, primarily small babies and infants to be placed with adopters who are also approved as foster carers prior to the granting of a Placement Order. These carers need to be resilient enough to manage the complex task of fostering the child throughout Care Proceedings, with the child being 'placed for adoption' only following the granting of the Placement Order. This enables the child to build attachments with their permanent carers from an early age and aims to reduce the risks of attachment issues. This places the risk firmly on the adopters and their family, as a court may not agree to the plan of adoption for the child and may decide to return the child to the care of birth family.

Fostering for Adoption (F2A) is a key strategic priority and key area of improvement for the adoption service and the wider CYPS teams including the Pre Birth Team and this practice will continue to be embedded into the service. Fostering for Adoption continues to be discussed with all prospective adopters during training and assessment. There has been little interest in this form of adoption historically, prospective adopters often feel unable to take the risk of a court deciding to return the child to their birth family. Despite this, this area continues to be pursued by the Looked After Children and Permanence Service and will be promoted more actively during information and assessment processes over the next year.

F2A is a key component of the Early Permanence strategy to reduce placement moves for children and is to be considered by the child's social workers at the earliest opportunity.

The adoption service have placed 3 children under F2A arrangements during 2017 – 2018 and these have been extremely successful.

The Adoption team will now receive early alert notifications from the Public Law Outline (PLO) Panel, so that Fostering for Adoption is considered at a much earlier point in the care planning process. This aims to increase early planning, increase

placement stability, reduce the number of moves for children and ultimately achieve permanence as early as possible.

5. Roles and Responsibilities within CYPS

- The Heads of Service during 2017 – 18 were Carole Payne & Helen Fergusson.
- Karen Robb, Strategic Manager for Looked After Children and Permanence Services continued to serve as the Agency Decision Maker (ADM) for adoption.
- Mark Gurney, Strategic Manager for Child Protection and Disability, served as ADM in the absence of Karen Robb.
- In March 2017 Chris Bell was appointed as Operations Manager for Fostering, Adoption and Full Circle.

6. Structure of the Adoption Service

The service consists of:

One Team Manager, three Senior Practitioners, three F/T Social Workers and three P/T Social Workers. The service is supported by two business support staff, one of which is the Adoption Panel Administrator.

The team has three key lead areas:

Family Finding for Children

Recruitment and Assessment of adoption and F2A carers

Post Adoption Support of Services

A review of the team structure will take place June/July 2018.

7. Adoption Service and Adoption Panels' Activities and Achievements

- There were 19 Adoption Panel meetings during the period 1st April 2017 to 31st March 2018.
- Stella Chambers continued to serve as Adoption Panel Administrator, until December 2017 when she took early retirement. Dianne Main commenced in post in March 2018.
- The Adoption Panels' Independent Chairs are Mary Greenwood and Barbara Brelsford. They are suitably experienced to chair the panels and also the Agency Medical Advisor, Elected Members and Independent Panel Members demonstrate continued contribution to the training and preparation courses for prospective adopters.
- Annual Adoption Panel Training took place in 2017. This was joint training with Panel Members, the Adoption Service and LAC Permanence Team in attendance.

- The Adoption Service reviewed its targeted Recruitment and Marketing Strategy for 2015-2018 to focus on the need to recruit sufficient adopters to meet need and to focus on F2A covers. This is significantly important with the increase in numbers of looked after children and the large number of children under the age of 5.

- Durham County Council continues to provide high quality post adoption support services to adopters and adopted children. This includes Full Circle and the therapeutic input from Dr Joyce Powell, Consultant Clinical Psychologist, and other members of the Full Circle Therapeutic Team. They contribute to adoption training and will offer consultations and advise to all adopters on every child prior to matching panel at both linking and matching. This is a recognised area of best practice.

- The adoption service continues to work in an integrated manner with the LAC and Permanence Team. This is an area of strength in the service ensuring best practice in adoption for children and their new families.

Table 1: *Initial Enquiry*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Initial Contact	11	7	10	17	13	17	16	12	12	15	16	11	104 (175)
Attendees at Information Events	3	2	3	6	4	6	2	4	5	2	7	5	30 (48)
Number of Enquiry Forms	7	3	6	6	8	7	8	5	8	10	5	5	51 (88)
Initial Visits	6	4	2	1	1	7	4	4	0	3	5	3	40 (28)
ROI Accepted	2	3	2	6	1	1	2	2	1	3	1	4	28 (29)
Training	0	0	0	8	0	3	0	6	0	6	0	1	24 (28)

**Previous year figures (2016 – 17) in brackets.*

The table demonstrates a consistent number of enquiries and an increase in the number of initial visits undertaken. The period when compared with the previous 12 months of enquiry forms, initial visits and ROI's accepted, with only 28 people attending training and assessments. We changed the team structure in order to provide a better service experience (i.e. not asking too many questions by phone prior to a visit). However whilst this may have increased service user experience this has not led to an increase in ROI's being accepted.

There has been a steady interest in adoption over the last 12 months. The targeted Recruitment and Marketing Strategy has continued but has not achieved an increased interest from prospective adopters to apply to adopt with Durham County Council. The service continues to advertise continually on Durham's website and

Facebook page as well as more broadly in the community. There has also been ongoing advertising for both fostering and adoption on Durham County Council's pool cars and buses. Staff also attended the recent Bishop Auckland Food Festival, Sedgefield Show and Durham Pride Event where the Adoption Service was promoted and staff were in attendance to give information and advice for people who may have an interest in adopting.

The Adoption Leadership Board confirms that the experience of Durham is not unusual in the local or national context. The number of children with complex needs has increased and the reduction in the availability of approved adopters. This has resulted in fewer suitable families when utilising the additional national resources on Linkmaker and/or the Adoption Register.

The Local Authority's recruitment strategy for adopters is now based on an analysis of annual adoptive parent data so recruitment is more targeted. This includes, age, profession, income, types of children placed, numbers of children placed, postcode areas.

The service attracts a large number of enquiries. All prospective adopters who apply to the service are well prepared and trained to a good standard. This training is currently being refreshed to ensure that it is inclusive to all potential adoptive families, reflects current practices and presents a realistic and balanced perspective on both positive and challenging aspects of adoption as part of the developing RAA the preparation training is being done jointly with Together for Children (formerly Sunderland Adoption Service. Adopters confirm that they are positive about the communication they had received following their initial enquiry, subsequent assessment visits, and training and support from the service and this remains a priority.

A) Prospective Adopter Assessments:

Durham County Council's Adoption Service aimed to recruit and approve sufficient families of prospective adopters during 2017/2018 to meet the needs of Durham children with a plan of adoption/ a total of 24 adoptive families were approved in the year. The reasons for this reduction in performance compared to the previous year due to a reduction in the numbers of enquiries from prospective adopters. In addition, the majority wished to adopt a child without complex needs in order to become parents.

A greater emphasis has been placed on ensuring that recruitment is targeted to the specific needs of children who require adoption, which it is hoped will improve performance in the 2018 - 2019.

Table 2: *Number of Prospective Adopters Approved*

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Approvals	2	1	2	1	5	0	1	4	2	1	3	3	24
0-1 months	0	0	0	0	1	0	0	0	0	0	0	0	1
1-3 months	0	0	0	0	0	0	0	0	0	0	0	0	0
3-6 months	1	1	1	0	4	0	1	2	1	1	1	3	16
6-12 months	1	0	1	1	0	0	0	1	1	0	1	0	6
12 months +	0	0	0	0	0	0	0	1	0	0	1	0	2
2016/17	0	4	2	4	5	1	4	4	3	3	4	1	35

This Table shows the length of time between the Registration of Interest received and the Agency Decision Maker (ADM) approval of prospective adopters as suitable to adopt. This demonstrates that the majority of adopter assessments took 3-6 months which is within the government requirement. Where timescales have extended this has been due to a range of different reasons including;

- Medical concerns
- Applicants delay in providing information
- Applicants choosing to take a 6 month break between Stage 1 and Stage 2
- Applicants not making themselves available for assessment
- Disclosure and Barring Service (OBS) delays.

B) Inter-Agency Placements of children with DCC adopters

One Durham County Council approved adoptive family was matched with children from Sunderland generating income to the Local Authority. All other approved adopters have been matched with Durham Children.

C) Children Approved for Adoption

Table 3: *Number of Children Approved for Adoption by Agency Decision Maker*

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	2	6	1	8	6	8	4	5	7	4	5	5	61
2016/17	0	5	6	5	9	6	8	2	5	7	3	9	65
2015/16	10	1	10	6	3	5	3	0	5	2	6	2	53
2014/15	6	0	9	2	2	1	2	5	1	6	7	5	46
2013/14	11	6	14	4	7	5	7	4	4	2	3	0	67
2012/13	8	7	12	2	7	1	9	4	0	6	9	2	67

The number of looked after children in Durham approved for adoption has remained relatively high this year. This is reflective of the increase in the total number of looked after children during this period.

Table 4: *Children with a plan of adoption whose plans have changed.*

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	0	1	0	0	0	0	0	1	2	0	0	3	7

In the year 2017/2018 the ADM has agreed to change the plan from adoption for 7 children to permanence through foster care. This has been due to the children's complex needs, some of which were not apparent at the point of the original decision and also the Court has not agreed a Placement Order but a care order with a plan of permanence in foster care.

D) Children Placed for Adoption

Table 5: *Number of Children Placed for Adoption April 2017 – March 2018*

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
DCC	1	4	1	4	2	0	1	3	4	4	3	5	**32**
DCC- Foster Carer Adoption	0	0	0	0	0	0	0	0	0	1	0	1	**2**
Voluntary Adoption	0	0	0	2	2	0	1	0	0	0	0	0	**5**
Other Local Authorities	1	0	0	1	1	0	0	0	0	0	0	1	**4**
Total	2	4	1	7	5	0	2	3	4	5	3	7	**43**
2015/16	1	3	5	6	6	6	11	2	4	2	6	1	**53**
2016/17													

Key: DCC – Durham County Council, VAA – Voluntary Adoption Agency, OLA – Other Local Authority, FC – Foster Carer

The Number of children placed for adoption in 2017/2018 was 43. This has remained at a similar level to the previous year .

The adoption service has increased its use of VAA placements primarily as a result of the lack of available adopters within Durham, particularly those who could consider a child with complex needs. The adoption service remain committed to placing children with their new families at the earliest service opportunity rather than to wait for an in house placement if non are available.

E) Number of Children Placed for Adoption Awaiting Adoption Orders

There are 32 children in total who are currently placed for adoption and awaiting an adoption order.

F) Children who are waiting subject to Placement Order and how long they have waited (those 6 months plus).

There were 16 children who had a Placement Order and were waiting for a match with adopters at the end of 2017/2018. 7 of these children's plans are to change and reports are due to go to ADM in respect of these and these children will be found foster carers to care for them permanently. A further 4 had links and were due to go to matching panel and the remaining 5 children have links which were actively being explored.

G) Non agency adoptions (step parent adoptions)

These are completed by a single dedicated member of the team. During 2017-18 twelve applications were accepted, out of these, 8 are no longer progressing due to changes within the families concerned ,2 applicants have fallen pregnant meaning their assessment is currently on hold.

H) Interagency Placements:

Table 7: *Number of Interagency Placements*

An Interagency Placement is where adopters are approved for another Local Authority of Voluntary Adoption Agency.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	2	1	1	0	4	0	2	3	0	1	1	0	15

Number	Interagency/Agency
2	After Adoption
1	Northumberland
1	South Tyneside
2	Middleborough
2	Hull

Out of 42 looked after children placed for adoption in the year 2017/2018 15 were placements were inter-agency. This is a relatively high number and is reflective of the fact that number of adopters recruited by the local authority has continued to be relatively low. On one occasion the interagency placement was due to a sibling already having been adopted.

I) Foster to Adopt

There have been 3 foster to adopt placements in the year 2017/2018. These have all been successful for the children. This is an area of high strategic priority for 2018 – 2019 and future years as part of the Early Permanence Strategy to reduce delay and drift in childrens carers.

8. Post Adoption Support:

It is acknowledged that children placed for adoption and their families often require additional support over the period of their childhood. Durham has the provision of support from The Full Circle Therapeutic Service, which provides bespoke

therapeutic interventions to children and their families. This service and it is a strong element in our recruitment and support offer to prospective adopters and is highly commended by them. .

Adoption support systems and processes have been reviewed and re-designed to provide a more effective, efficient and responsive service for all those affected by adoption. This underpins the implementation of Durham Adoption Support Passport. Adopters and their families are informed at the time of the match that they have a right to request an assessment of their adoption support needs throughout the life time journey of their adoption experiences until their child reaches the age of majority at 18.

Adoption support needs are evaluated during adopter assessment, match and of any child(ren) placement order to achieve positive outcomes and where required additional support from a wide range of services is available:

- Dedicated Looked After / Adoption Nurses, Life Story Co-ordinator, Full Circle Therapeutic Service and Medical Adviser all contribute to provide excellent support to adopters and professionals in addressing any health issues.

- Informal “buddy” support from approved adopters for newly approved adopters and those who need “friendly” support and advice.

- The Virtual School Service offers a wide range of support, advice and guidance to adopters and professionals with regard to educational issues. Use of Pupil Premium Plus continues to be promoted.

- Out of hours support is available for adopters through the Durham County Council Emergency Duty Team (EDT) when required.

- A dedicated Consultant Clinical Child Psychologist from The Full Circle provided 42 consultations to adopters during April 17-March 18. This consultation and support to adopters helps them to understand the impact of trauma and neglect upon children’s behaviour and relationships as well as thinking about the children and young people’s developmental, emotional and mental health issues and concerns and promoted placement stability. This is especially important during matching.

- The Adoption Support Fund has been available to access funds for therapeutic 2017 – 18 support for adopted children and their families. For the period Full Circle has claimed £98,776.38 (32 children/families) with a further £31,825.96 being claimed following assessment of children’s post adoption support needs from outside therapeutic organisation. This is required when children are placed outside of the NE Region.

9. Additional Adoption Support Events:

- Two family fun day events are organised each year by the Adoption Service in July and December. These are well attended and received, and give adopted children and their parents the opportunity to meet with other children and families. Feedback from the everts is very positive.

- The Service Level Agreement for providing post adoption support to birth parents, adoptive families, their children and young people is provided by After

Adoption since April 2017 following a competitive process. Early indications are that After Adoption has a better understanding of the tasks involved in supporting adoptive families which will ultimately lead to an improved offer.

- Family and Friends of Adoption events take place 6 times a year and are facilitated by Life Story Co-ordinator. These events are well received by the friends and families of prospective adopters and the feedback received is positive.

10. Family Finding for children with Care Plan of Adoption

The reduction of approved adopters both nationally and within Durham has increased the tasks of Family Finding on a more National basis. This has resulted in a higher number of children being Out of County.

It has been possible to link harder to place children in a timely manner due to two focused workers in this area.

This has also been assisted by working in Partnership with our Regional Coast to Coast partners in both the voluntarily and Local authority. Further our Family Finding events with the Coast to Coast Alliance are planned in 2018/2019.

The improvement in timeliness for identifying placements for all children and those harder to place children has been commented upon positively by the Looked After Children Permanence Team with whom we work in close partnership.

11. Birth Records Counselling:

When a child reaches the age of 18 they can apply to view their birth records and make an application to Durham County Council and are supported to do so. Records are sought and the adopted person is supported to view them either by an experienced member of the team or After Adoption. Last year a total of 23 people received birth records counselling.

12. Adoption Support Statistics April 17-March 18:

27 Enquiries for Access to Adoption Information by Adopted Adults

24 Referrals to Parents & Children (PAC) UK-After Adoption.

62 Requests for an Assessment of Post-Adoption Support Needs

18 requests were received for post adoption support via Full Circle.

62 referrals to Adoption Support Fund

The number of children receiving adoption financial support and allowance remains high. At the end of March 2018 112 children's families were in receipt of an adoption allowance. Twenty three new allowances were agreed in 2017-18.

13. Contact Plans and 'The Post Box' Service

A total of 588 adoptive families, birth mothers, birth fathers, birth maternal grandparents, paternal grandparents and significant others receive the exchange of

indirect contact annually making a total of 1,500 separate indirect contact episodes. This increases with every child matched.

The provision of adoption support in maintaining indirect contact plans between adopters, adopted children and birth family members has increased in the last 5 years and can be complex and resource intensive. This reflects the increase in the number of children placed for adoption.

The opportunities presented by social networking sites such as Facebook also present considerable challenges in adoption placements as this has become a mechanism for informal tracing or unsolicited child/parent contact occurring. This continues to cause significant distress to adopters and the dangers of this are highlighted within the preparation to adopt training and post adoption support training.

14. Life Story Work

Training and consultation has continued to be the main focus of Life Story Work and there are ongoing developments in both these areas including the voice of the child preparation Training and Fostering This has included the production of a piece of film work with an adopted child in Durham.

Recent developments have also included the setting up of a supported peer group for adopters. The Adopters Voice is in its early stages of development.

Application for Investing in Children status for the Adoption Service has been submitted and the evidence that has been provided includes the film of young people talking about adoption and their experiences, discussion with a birth child regarding their involvement during their families Preparation to Adopt and the update of the Children's Guide to Adoption. We are also planning to include the voice of the child to the Adoption Service Facebook page.

Further development within life story work has been the regular and consistent Life Appreciation Days for children being placed for adoption. This is especially important for older children and sibling group placements. During 2017 – 18 the adoption service have hosted 6 which has provided an opportunity to work more closely with birth family members which been a positive experience for children and will support the information held in their life story into later life. It has also enabled positive relationships between birth family members and adoptive families to develop.

15. Key Priorities 2018/19

The Adoption Service "Statement of Purpose" sets out the aims and objectives of the team.

The main priorities of The Adoption Service will continue to focus on:

- To work toward the development of and contribute to and support the plan to regionalise adoption services in order to consolidate resources and reduce delay for children with a plan of adoption. This will present both opportunities and challenges for the Adoption Service in the future. Regionalised Adoption Service, the Coast 2 Coast Alliance. This will be fully operational by Autumn 2019.

- Recruitment and Assessment of adopters will be prioritized and targeted in order that in-house resources are available locally and within the region for children who need adoption placements. This will be directly linked to the needs of children with a plan of adoption.

- Fostering to Adopt to become more embedded in the information and assessment processes and to raise awareness of this within early care planning to ensure early permanence is achieved wherever possible

- Family Finding will continue to be proactive and provided by 3 dedicated workers to provide placement choice and avoid unnecessary delays in placing children in new families. This ensures every child with a plan of adoption to have the greatest opportunity to be matched with an adoptive family who can meet their needs throughout their lives as soon as possible.

- Timely, efficient and high quality post adoption support to be provided, utilising The Adoption Support Fund to ensure that placement stability is maximised.

- The priority of the Adoption Service is to make and sustain stable adoption placements and to ensure that the lifelong needs of those affected by adoption are met.

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Corporate Parenting Panel

19 October 2018

Early Permanence Strategy

Report of Karen Robb, Strategic Manager, Looked After Children and Permanence, Durham County Council

Purpose of the Report

1 This report presents Corporate Parenting Panel with an overview of the Children and Young People's Services Early Permanence Planning Strategy 2018-20, which is attached as Appendix 2.

Background

2 The primary focus of permanency planning is to prevent children drifting within looked after arrangements and provides an underpinning framework for all social work with children, young people and their families.

3 Durham County Council, is committed as a corporate parent, and works diligently to find permanent, safe homes for children in care, which meet their specific needs, in a timely manner.

4 The care provided involves giving children security, stability and love through their childhood and beyond to ensure they achieve the best possible outcomes.

Permanency Planning

5 Permanence is the long term plan for the child's upbringing and provides an underpinning framework for all social work with children and their families, ranging from family support through to adoption. It ensures a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging.

6 Details of the principles that underpin permanency for a child or young person are provided in section 3 of the strategy (Appendix 2).

7 There are a number of commitments Durham County Council will strive to deliver, including timely assessments, clear plans and the opportunity for the 'voice of the child' to be included in the plans to ensure their views and feelings are captured. Further details of the commitments are provided in section 4 of the strategy (Appendix 2).

8 Section 5 of the strategy (Appendix 2) outlines 5 key areas which permanency planning must include.

9 Where it is safe to do so, Durham County Council will always look to provide high quality support and intervention to enable children to remain living with their family. Where this is not possible, there are various options to consider, including:

- Reunification/Staying at Home
- Placements with Family and Friends Carers
- Early Permanence Placements / Fostering for Adoption
- Special Guardianship (SGO)
- Child Arrangements Orders (LAD)
- Permanence in Foster Care and in Long Term Foster Care
- Long Term Residential Care
- Adoption

A summary of each permanence option and information about the available support, financial assistance and available legal orders regarding each option are provided in section 6 of the strategy (Appendix 2).

10 The strategy also alludes to good practice guidance and issues for consideration when undertaking permanency planning.

Recommendations

11 Members of the Corporate Parenting Panel are recommended to:

(a) Note the content of this report;

(b) Receive the Early Permanence Planning Strategy 2018-20, attached as Appendix 2

Contact: **Karen Robb, Strategic Manager, Durham County Council**
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Appendix 1: Implications

Finance – The financial implications are significant and have impacted on the LAC budget.

Staffing – Not applicable

Risk – The number of Looked After Children remains at historically high levels and has increased significantly from 2015

Equality and Diversity / Public Sector Equality Duty – The strategy aims to safeguard vulnerable children and young people

Accommodation – Not applicable

Crime and Disorder – Not applicable

Human Rights– Not applicable

Consultation – Not applicable

Procurement – Not applicable

Disability Issues – The services provided to children with a disability are a consideration across all LAC services

Legal Implications – The Early Permanence Planning Strategy has been prepared in line with statutory requirements.

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Durham County Council

Children and Young People's Services

Early Permanence Planning Strategy 2018/20

Contents

Legal Framework

Refer to the Children Act 1989

Guidance and Regulations Volume 2: Care Planning, Placement and Review 2015

1. Permanence Policy Statement

Durham County Council defines “Permanency” as a framework of emotional, physical and legal conditions that give a child/young person a sense of commitment, security, and continuity of care throughout their childhood and beyond.

Permanence planning is based on the philosophy that every child has the right to a permanent, safe, stable and loving home, preferably with his or her own family.

Permanence does not necessarily mean a placement outside of the family and Durham County Council commit to ensuring that all family options have been fully explored before any consideration of a placement outside of the immediate or extended family or network would begin.

The question **"How are the child's permanence needs being met?"** must be at the core of all social work practice with families. This will ensure the needs of the child or young person for a loving, safe, stable home is at the centre of all practitioners thinking and any intervention at all times.

The primary focus of permanency planning is to prevent children drifting within looked after arrangements and provides an underpinning framework for all social work with children, young people and their families.

Durham County Council, is committed as a corporate parent for looked after children and young people and will work diligently to find permanent, safe homes for children in care that meet their specific needs, in a timely manner. The best possible care involves giving children security, stability and love through their childhood and beyond to ensure the best outcomes as they become adults.

2. Definition

Permanence is the long term plan for the child’s upbringing and provides an underpinning framework for all social work with children and their families from family support through to adoption. It ensures a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging.

3. Principles

There are a number of principles that underpin permanency for a child or young person. The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging. It is also important to remember that older children and young people also need to achieve permanence in their lives although they may not wish (for a variety of reasons) to be in a foster home or to be adopted. For example, they may prefer to live in a children’s home where they can also achieve a sense of security and

belonging. Residential Care is a positive option for some young people and should not be viewed as a “last resort”.

Durham County Council will always look to provide high quality support and intervention to children and families to enable children to remain living with their family where it is safe to do so, where this is not possible for the child, the following factors will be considered when planning for the child:

- **Family solutions:** If it is not possible for the child to be cared for by her/his birth parents then options within the extended network of family and friends will be considered as a priority; All families will be given the option of a Family Group Conference;
- **Security**: A feeling of security and being loved as a member of a permanent family or care setting;
- **Stability**: The child expects the placement to continue and be stable;
- **Voice**: The child’s wishes and feelings along with her/his age and understanding must be taken into account in planning for permanence;
- **Identity:** To be consistent with or fully able to support her/his ethnicity, language, religion and culture. Note that due consideration no longer has to be given to a child’s religious persuasion, racial origin and cultural and linguistic background when matching a child with any prospective carers it is about what the carers can offer the child;
- **Life story**: The child accepts her/his birth family and history and her/his parents are encouraged and supported to provide information about themselves and about the child’s birth and early life;
- **Family and friends**: The child is a member of an ‘extended family’ and part of a wider long term network of family and friends. The carers should nurture and promote the child’s ability to build long term friendships and relationships with their peers and other adults;
- **Contact**: The child has positive on-going contact with parent(s), family and friends where appropriate. The purpose of the contact should be clearly defined in the child’s plan and meet the child’s needs;
- **Siblings:** children will be placed together whenever possible unless the individual assessed needs of children indicate that children’s needs will be better met placed separately;
- **Learning:** Stability in educational provision and training; and carers have high aspirations for what they wish the child to achieve;
- **Self-confidence**: Positive engagement in sports, hobbies and interests in order to promote their resilience and build self-confidence;
- **Independence**: The child is assisted and supported into independence when s/he chooses and this is safe and appropriate;

- **Staying Put and Staying Close:** the child feels a sense of belonging to their carers as (s)he moves into adolescence and adulthood; belonging does not end at the age of 18 years;
- **Timeliness:** Decision-making must be within the child's time scales in order to prevent drift and delay;
- **Twin track or parallel planning:** including Fostering to Adopt (F2A), may provide a means to securing permanence at an early stage for some children;
- **Early planning**: A child's permanence plan should be established at the four month review and recorded in the LAR Decisions;
- **Review:** where a child remains looked after in care then care planning should be subject to continuous assessment and review with effective management oversight.

4. Delivering Permanence

The service will strive to deliver the commitments outlined in this policy by providing the following:

- High quality and timely assessments of a child's needs;
- Any assessment of the child/young person's experience will always refer to the factors outlined in the principles as outlined above. This will help to ensure appropriate planning and the focus of practice to best help the child/young person achieve as strong a sense of permanence as possible;
- Clear plans; with identifiable outcomes, service provision and actions to meet those needs;
- Multi-agency commitment and effective joint working processes to ensure that the services necessary to support children in permanent family placements and /or prevent their breakdown are prioritised and delivered;
- Where there are concerns that a child may not be able to remain with their birth parents without statutory intervention a family group conference will be held at the earliest opportunity to fully explore the options for the child to remain safely within the extended family and friends network;
- Robust case reviewing arrangements for the early identification of the need for permanent arrangements and to prevent drift;
- The opportunity for the voice of the child to be heard and evidenced in the plan and to include their views and feelings;

Depending on the age of the child they will be given some choice re placement options as far as is possible particularly to ensure they can maintain school placements and their friendships. This is referenced within CYPS The Promise to looked after children and care leavers which outlines the commitments to young people by the Council.

- Effective communication pathways to ensure that family, carers and other individuals that the child considers to be an important part of their life are able to express their needs and feelings and are aware of the plans for the child and their role in these plans where appropriate;
- Policies and services that support all children placed within the range of permanence options;
- A Permanence Planning Meeting will consider all plans for permanence prior to the four month review to detail the final care plan. This meeting will be chaired by a Team Manager and attended by all members of the Care Team. It will consider all assessments to agree the formulation of the permanence care plan. (See appendix 3). This is particularly important where there are complex issues e.g. a sibling group and/or where children and young people have complex and challenging needs.

5. Permanence Planning must include the following:

- A timetable for introducing the child to the placement that ensures that both child and carers have a mutual understanding and commitment to the move;
- If the plan is for a residential placement, the desired aims, objectives and outcomes of the placements must be clarified;
- Plans for Life Story Work and more specific therapeutic work to take place during the planning for the placement before and after the child has moved into placement and throughout the child's childhood if they remain in a permanent or long term placement whether this is residential or a family placement; Life Story work is not a one off event and must be undertaken when it is an appropriate time for the child and information collated by social workers from the commencement of any alternative arrangement (see Life Story Policy)
- Arrangements for contact, if appropriate, that are based on the needs of the child and with the priority of achieving stability and permanence in their lives. (See Contact Policy)

6. Permanence Options

There are various options to consider in care planning for permanence for a looked after child or young person. Achieving each type of permanence will present different challenges for all parties.

It will depend upon:

- The capacity of the parents/carer to understand and meet the needs of the child;
- The quality of attachment the child experiences with their parent/carer;

- The quality of the intervention and support provided by professionals working with the child and their family;
- The level of cooperation of all involved in the permanence planning.

Consideration needs to be given to the degree of control granted to the caregiver and the degree in which parental responsibility is apportioned or delegated. The options also affect the support and the type of support carers can expect from Durham County Council in the longer term.

6.1 Reunification/Staying at Home

6.2 Placements with Family and Friends Carers

6.3 Early Permanence Placements / Fostering for Adoption

6.4 Special Guardianship (SGO)

6.5 Child Arrangements Orders (LAD)

6.6 Permanence in Foster Care & in Long Term Foster Care

6.7 Long Term Residential Care

6.8 Adoption

The permanence options are provided on the Permanence Options Table. (See Appendix 1.)

The following provides a summary of each permanence option and information about the relevant support, financial support and available legal orders regarding each option.

6.1 Reunification/Staying at Home The Children Act 1989 Guidance and Regulations Volume 2: Care Planning and Placement & Care Review (2015)

a. Staying at home offers the best chance of stability for children and efforts in working with the parent(s) and family about care arrangements for the child are the first line of approach as long as there is no risk of significant harm to the child(ren);

b. Where a child cannot remain safely at home and intervention is necessary which means that the child(ren) is received into care then the focus of family work should be on reunification where this is safe to do so;

c. For reunification to be successful a number of factors are relevant to achieve a safe and appropriate return of children home:

Any plan to rehabilitate the child to the birth parents or other family members will be pursued with some urgency to minimise the length of the separation of child and parents / carers but only where it is safe to do so.

- Thorough multi-agency assessments;
- Good support identified from extended network of family and/or friends including the use of a **Family Group Conference**;
- Clear written expectations have been set for the parent(s) to meet before the child could return home and within what timescales;
- The views of the child/young person are central and social workers must ensure they are involved and spoken to throughout any period of change
- Problems which led to the admission to care have been addressed;
- Return to other parent or parent has a new partner who makes a difference;
- Appropriate support plan is in place and any specialist support has been provided and parents engage with this;
- There is good preparation of parent(s) and child(ren), including life story work;
- Good monitoring of the child(ren) before and after return.
- Appropriate Senior Manager approval to any reunification or placement with parents and family or friends

d. If a child is subject to care proceedings and the assessment work indicates that reunification should be attempted, then:

- Wherever possible, time within the care proceedings should be used for this;
- Placement with Parent regulations (see separate **Placements with Parents Policy and Procedure**) should be used to support placement at home with parent(s) if subject to interim or final Care Orders. Any such arrangement must ensure the required written Senior Management approval in accordance with the procedure even where an arrangement is court directed. This approval must be sought prior to the arrangement or if court directed as soon as possible.
- If, at the final hearing in the care proceedings, it is proposed that the plan for permanency should be for the child(ren) to live with a parent or parents then proportionate use of the court orders available should be used, including use of supervision order or no order where safe and appropriate to do to so;
- Arrangements are in place to provide multi-agency support to the parent(s) and child(ren) through a clear and appropriate support plan;
- As part of a step down approach the plan and support should be reviewed and chaired by the Team Manager for at least a 3 month period;
- The **CAFCASS** officer and the **Independent Reviewing Officer** should be kept informed at all key points about planning for the child or any changes / significant events.

e. It will be necessary to ensure that there is Twin Track or **Parallel Planning** alongside efforts in reunification so that alternatives for care, e.g. possible

solutions provided through the Family Group Conference or alternative placement options are also considered and clear contingency plans are in place ;

f. For reunification with parents, if there is already a **Care Order**, the plan may involve discharging the Care Order if it is appropriate to do so and consideration of whether a Supervision Order is required.

Support available to enable this permanence option:

- A clearly written support plan including support from within the family - this is multi-agency support identified through a Child in Need plan;
- Durham County Council has the discretion to provide support on a one-off or regular basis under Section 17 Children Act 1989 - **Children in Need** of support.

Available legal orders to support this permanence option:

- Supervision Order;
- Child Arrangement Orders.

6.2 Placements with Family and Friends Carers see Family and Friends Procedures and Special Guardianship Procedures

When a child cannot safely return to their birth parents then every effort must be made to seek a placement with relatives or friends. It is very important to establish at the earliest possible stage of a child coming into care which relatives or friends might be available to care for the child, in order to avoid delays in planning for permanence.

Routes to permanence for children placed with family and friends carers need to be considered at the earliest possible stage to avoid unnecessary moves for a child. The use of Genograms to assist the family identify possible cares must be used as part of any assessment.

A **Family Group Conference** should always take place prior to a child entering care as best practice unless there is an immediate risk of harm to the child/young person.

Children and young people can have increased commitment from family and friends carers in providing stability and have an enhanced opportunity to develop their identity Good quality assessments of family and friends carers need to be completed in order to assess the quality of the care to be provided as this leads to better outcomes for children.

Placements need to be well supported as family and friends carers may be older, have poorer health and have to manage difficult relationships within the family as a result of caring for the child/young person.

If children are not able to return to their birth families, ideally their placement within the extended family or with friends would be supported by a **Child Arrangements**

Order or a **Special Guardianship Order** or through adoption. It would be unusual for children to remain on Care orders when placed safely with relatives and for the carers to remain therefore as formal family and friends foster carers.

Contact within family and friends arrangements can often be more complex and this needs to be addressed in the Care Plan. Often a **Supervision Order** may assist family and friends carers in feeling supported during the first year of a placement, rather than the child remaining on a care order.

Support available to enable this permanence option:

- A clear support plan including support from within the extended family network;
- A range of multi-agency support as outlined in the **Family and Friends Policy and Procedure**;
- Durham County Council has the discretion to provide support on a one-off or regular basis under section 17 Children Act 1989 - **Child in Need** support.

Available legal orders to support this permanence option:

- Child Arrangements Order**;**
- Special Guardianship Order**;**
- Supervision Order**;**
- Adoption Order.

6.3 Early Permanence Placements / Fostering for Adoption

The Children and Families Act 2014 imposes a **duty** to consider placements with carers who are approved as both adopters and foster carers - see **Fostering to Adoption Procedure**.

Fostering to Adopt placements enable the child to remain in one placement where they can develop strong attachments with primary carers whilst care proceedings are progressing. It is anticipated to reduce placement moves for the child in adoption processes.

Foster to Adopt carers will be specifically recruited assessed and approved for this role. They will require a level of resilience and will be supported throughout this process by the dedicated Fostering/Adoption social worker.

A Fostering to Adopt placement must be considered where consideration is being made for an unborn child or infant to be separated from birth parents and where all assessments have ruled out a return to family members. These cases will primarily be within the Pre Birth Team but may also be within the Families First Teams.

This discussion should take place at the Legal Panels and legal advice sought. Birth parents of the child will need to be informed and IRO and Cafcass consulted.

F2A placements will be appropriate where the local authority believes there will be a high likelihood of a plan of adoption being the final determination. It is not appropriate for all cases.

6.4 Special Guardianship (SGO)

Special Guardianship provides an alternative legal status for children, and provides greater security than long term fostering, but without the absolute legal severance from the birth family that stems from an Adoption Order. It is a legal route to permanence for children for whom adoption is not appropriate and in general are remaining within the extended family network of family and friends.

The Special Guardian will have parental responsibility for the child and may exercise this to the exclusion of all others with parental responsibility, apart from another Special Guardian. There are exceptions to the decisions a Special Guardian can make, for instance they cannot change the child's surname or take them out of the country without the permission of the court or the agreement of all of the people with parental responsibility. The birth parents also retain the right to consent or not to adoption by the Special Guardian.

Special Guardians may be supported, including financially, by the local authority and will have the right to request an assessment for support services at any time after the Order is made. See **Special Guardianship Order Procedure** for detailed procedures. The level and extent of support needed should be established by undertaking a formal assessment at the point of the completion of the Schedule 21 court report (see **Special Guardianship Orders Procedure**).

The complexity of these arrangements regarding contact and support needs require close attention to detail to ensure that special guardians are equipped to meet the on-going needs of the children or young person and are well supported to do so.

Support available to enable this permanence option:

- A clear multi-agency support plan;
- See **Special Guardianship Orders Procedure** for the range of support available, including financial support.

Available legal orders to support this permanence option:

- Special Guardianship Order**;**
- Supervision Order**;** A supervision order may be made by the court if there are concerns regarding ongoing support and services. A robust and clear support plan for an SGO will negate the need for this.
- Section 8 Orders**.**

6.5 Child Arrangements Orders

Child Arrangements Orders were introduced in April 2014 by the Children and Families Act 2014 (which amended section 8 Children Act 1989). They replace **Contact Orders** and **Residence Orders**.

A Child Arrangements Order is a court order regulating arrangements relating to any of the following:

a. With whom a child is to live, spend time or otherwise have contact; and

b. When a child is to live, spend time or otherwise have contact with any person.

The 'residence' aspects of a Child Arrangements Order (i.e. with whom a child is to live/when a child is to live with any person) can last until the child reaches 18 years unless discharged earlier by the Court or by the making of a **Care Order**.

The ‘contact’ aspects of a Child Arrangements Order (with whom and when a child is to spend time with or otherwise have contact with) cease to have effect when the child reaches 16 years, unless the court is satisfied that the circumstances of the case are exceptional.

A person named in the order as a person with whom the child is to live, will have **Parental Responsibility** for the child while the order remains in force. Where a person is named in the order as a person with whom the child is to spend time or otherwise have contact, but is not named in the order as a person with whom the child is to live, the court may provide in the order for that person to have Parental Responsibility for the child while the order remains in force.

Child Arrangements Orders are private law orders, and cannot be made in favour of a local authority. Where a child is the subject of a Care Order, there is a general duty on the local authority to promote contact between the child and the parents. A Contact Order can be made under section 34 of the Children Act 1989 requiring the local authority to allow the child to have contact with a named person.

A court which is considering making, varying or discharging a Child Arrangements Orders, including making any directions or conditions which may be attached to such an order, must have regard to the paramountcy principle, the ‘no order’ principle and the welfare checklist under the Children Act 1989.

Interim Child Arrangements Orders can be made where a child would otherwise have to be placed with strangers, a placement with family or friends/Connected Persons may be identified as a preferred option and the carers may be encouraged and supported to apply for a Child Arrangements Orders where this will be in the best interests of the child.

The holder of a Child Arrangements Order does not have the right to consent to the child's adoption nor to appoint a guardian; in addition, he/she may not change the child's name nor arrange for the child's emigration without the consent of all those with Parental Responsibility or the leave of the court.

Whilst support may continue for as long as the Child Arrangements Order remains in force, the aim will be to make arrangements which are self-sustaining in the long run.

As was the case with Contact and Residence Orders, any person can apply for a Child Arrangements Order. The following can apply for a Child Arrangements Order without needing the leave of the court. In addition, any person who is not automatically entitled to apply for a Child Arrangements Order may seek leave of the court to do so:

- Any parent (whether or not they have Parental Responsibility for the child), guardian or special guardian of the child;
- Any person named, in a Child Arrangements Order that is in force with respect to the child, as a person with whom the child is to live;
- Any party to a marriage (whether or not subsisting) in relation to whom the child is a child of the family - this allows step-parents (including those in a civil partnership) and former step-parents who fulfil this criteria to apply as of right;
- Any person with whom the child has lived for a period of at least three years - this period need not be continuous but must not have begun more than five years before, or ended more than three months before, the making of the application; or
- Any person:
    - Who has the consent of each of the persons in named in a Child Arrangements Order as a person with whom the child is to live;
    - In any case where there is an existing order for care in force, has the consent of each person in who favour the order was made;
    - In any case where the child is in the care of a local authority, who has the consent of that authority;
    - In whose favour a Child Arrangements Order has been made in relation to the ‘contact’ aspects and who has been awarded Parental Responsibility by the court (i.e. they would be able to apply for a Child Arrangements Order in relation to the ‘residence’ aspects);
    - In any other case, has the consent of everyone with parental responsibility for the child.
- A local authority foster parent is entitled to apply for a child arrangements order relating to whom the child is to live, and/or when the child is to live any person, if the child has lived with him for a period of at least one year immediately preceding the application;
- A relative of a child is entitled to apply for a child arrangements order relating to whom the child is to live, and/or when the child is to live any person, if the child has lived with the relative for a period of at least one year immediately preceding the application. (A relative is a child's grandparent, brother, sister, uncle or aunt (by full or half blood), or by marriage or civil partnership).

A Child Arrangements Order specifying with whom the child is to live has the following advantages:

a. It gives Parental Responsibility to the carer whilst maintaining the parents' Parental Responsibility;

b. The child will no longer be Looked After and there need be no social work involvement, therefore, unless this is identified as necessary;

c. There is no review process;

d. The child will not be Looked After and so less stigma is attached to the placement.

A Child Arrangements Order has the following disadvantages:

a. It is less secure than Adoption or Special Guardianship in that an application can be made to revoke the Order. However, the Court making the order can be asked to attach a condition refusing a parent's right to seek revocation without leave of the court;

b. Post Order support is available dependant on the needs of the child (see Special Guardianship Policy & Procedure 2018)

c. There is no professional reviewing of the arrangements after the Order unless a new application to court is made, for example by the parents for contact or revocation. (NB New applications to court may be expensive to defend, and the carers would have to bear the cost if not entitled to assistance with legal costs).

6.6 Permanence in Foster Care & Long Term Foster Care

For those children and young people who remain looked after an important route to permanence is long term foster care or permanent foster care.

This will be where a child who requires a permanent foster placement and a matching and selection process follows a similar process to that of adoption. This will mainly be for children and young people under the age of 13 who require a family to claim them and bring them up as a member of their own family.

For older children, a long term foster placement will be where a short term placement is then deemed suitable to meet the needs of the child until they reach 18 or beyond or they may return to their birth family. This is particularly appropriate for these children who have strong links to their birth family and network and where “permanence” outside of the family is not required in the strongest sense.

Permanence and Long Term foster care has the following advantages as a Permanence Plan:

- The Local Authority retains a role in negotiating issues between the birth family and the child.

- The child / young person and the foster cares are provided with continued support in a family placement that is continually reviewed to ensure that child's needs are met.
- It maintains legal links to the birth family who can still play a part in the child's life and any decision making around a child / young person's care.

Permanence in foster care has the following disadvantages of a Permanence Plan:

- The foster carers do not have parental responsibility for the child.
- Continued social work involvement
- Regular looked after reviews which may be seen as intrusive to the placement in some instances.
- The child / young person remains a looked after child, which may be seen as a stigma in some situations.
- The child / young person is not a legal member of the family. If difficulties arise there may be less willingness to persevere or resolve issues.

Support available to enable this permanence option:

- A clear plan of support should be outlined in the child / young person's care plan. This should be reviewed regularly at Looked After Reviews and Care Team Meetings.
- The foster carer has an allocated supervising social worker form the Fostering Service and will have access to a range of training and support.
- Weekly financial support to meet the costs of caring for the child / young person, including a Professional Fee in accordance with Fostering Skills level.
- For those children and young people placed with Independent Foster Care Placements (IFA) the costs and support to the child / young person's placement are agreed between the IFA and Durham County Council. Available legal orders to support this permanence option:

    - Care Order
    - Section 20 with parental agreement to a Care Plan of Long Term Foster Care.

6.7 Long Term Residential Care

For some children and young people living with a foster family does not work and some children's needs cannot be effectively met within a family.

Their behaviour may be too challenging or complex and they may have experienced a number family arrangements including foster placement breakdowns before they are placed within a residential setting.

The focus of residential provision should be to aim to return the child / young person to a family environment but if this is not likely to be successful residential care can be a positive and successful option for a small number of young people.

Residential provision in Durham is of high quality and the outcomes for young people are good. Residential care can provide a therapeutic environment for some young people to enable them to receive the level of intense support they need to address difficult issues and return them to family arrangements.

6.8 Adoption

See **Adoption Policy and Procedure** for more detailed procedures.

In many cases where a child cannot safely be cared for by their birth parents the permanence plan is that of adoption. Durham Children and Young People's Service is committed to adoption as a legal and emotional permanence option which can be considered for all children.

Research strongly supports adoption as a primary consideration and as a main factor contributing to the stability of children and which promotes good outcomes.

Adoption transfers Parental Responsibility for the child from the birth parents and others who had Parental Responsibility, including the local authority, permanently and solely to the adopter(s). The child is deemed to be the child of the adopter(s) as if he or she had been born to them and the child takes on the surname of the adoptive parent.

The child's birth certificate is changed following the making of an adoption order to an adoption certificate showing the adopter(s) to be the child's parent(s). A child who is not already a citizen of the UK acquires British citizenship if adopted in the UK by a citizen of the UK.

This legal status applies into adulthood and is therefore a lifelong legal commitment, unlike any other legal permanence options.

Adoption has lifelong implications for all involved and a comprehensive adoption support service will be provided in partnership with other agencies. Adopters may be supported, including financially, by the local authority and will have the right to request an assessment for support services at any time after the Order is made. See **Adoption Support Procedures** for detailed procedures.

The expectation is that contact is maintained with siblings placed separately and some form of contact will be maintained with the birth family throughout the child's life depending on the circumstances. Research indicates that openness in adoption is key in adoptive placements and offers continuity when contact is not possible.

The service is committed to preventing delay for children and supports fostering for adoption where appropriate in order to prevent delay for the child. Family finding should begin as soon as adoption is under consideration, subject to the required legal permissions and following the making of a **Placement Order**. For children who may be more difficult to place the Adoption Service will commence looking at all available possibilities to reduce unnecessary delay for the child.

Support available to enable this permanence option:

- A clear adoption support plan;
- See **Adoption Support Procedure** for the range of support available, including financial support.

Available legal orders to support this permanence option:

- Adoption Order**.**

7. Contact with Birth Family Members and Others

Contact must always be for the benefit of the child and not the parent or other relatives. Plans for contact must be included in any permanence plan.

Contact may take place with birth parents, siblings and other people who help the child maintain and enhance their identity.

See **Contact Policy and Procedure**.

8. Permanence Outcomes and Twin Track or Parallel Planning

The emphasis on early consideration of permanency plans and avoidance of drift has led to the development of twin track or parallel planning for children, where efforts are made to rehabilitate but the necessary information is gathered ready to put in place an alternative plan e.g. adoption, if this fails. Social workers are expected to work to this model; working towards a child's return home where appropriate, whilst at the same time developing an alternative Permanence Plan, within strictly limited timescales.

Where children's cases are before the court in **Care Proceedings**, the Court require twin track or parallel planning to be reflected in the **Care Plan** - see **Care and Supervision Proceedings and the Public Law Outline (PLO) Procedure**.

See also **Fostering to Adoption Procedure**.

9. Good Practice Guidance

The following practice guidance is not exhaustive.

9.1 Supporting reunification with birth or extended family

- The importance of clearly communicating to the family what needs to happen to enable the child to return home, and within what timescales;
- The importance of exploring family ties and long term relationships with family, school and community;
- The use of **Family Group Conferences** as an effective way of facilitating both the above.

9.2 Identifying the best permanence option

The permanency planning process, informed by multi-agency contributions, will identify which permanence option is most likely to meet the needs of the individual child, taking account of his/her wishes and feelings.

Issues to consider:

- The assessment process must ask how stability for this child will be achieved;
- Long term stability means the sense of a permanent home with the same family or group of people, as part of the same community and culture, and with long-term continuity of relationships and identity;
- Short or medium term stability or continuity will be important for children who are going to stay in care for a brief period before going home and for children who are going to need new permanent arrangements. The quality of a child's attachments and life will be detrimentally affected by uncertainties, separations from what /who is known and changes of school and placement;
- Educational experiences, links with extended family, hobbies and friendships and support to carers, contribute to guarding against disruption and placement breakdown;
- The importance of carefully listening to what children want from the placement, helping the relationship between carer and child to build, making thorough plans around contact with family, providing vigorous support during crisis times and taking a sufficiently flexible attitude to adoption by carers;
- The older a child is, the less likely it is that the child will secure a permanent family through adoption or permanence in foster care;
- The larger the family group of children, the harder it is to secure a single placement that will meet all the needs of all the children;
- Where a child has had several placement moves, within the family or within any looked after arrangements;
- These detailed considerations in relation to permanency options must be the subject of discussion within the Permanence Planning Meeting Chaired by the Team Manager prior to the final care plan being ratified;
- It is important that the needs of each child are specifically considered and assessed.

9.3 Twin Track or Parallel Planning

Social workers are encouraged to consider working to this model; working towards a child's return home whilst at the same time developing an alternative Permanence Plan, within strictly limited timescales.

Where children's cases are before the court in **Care Proceedings**, the Court require twin track planning to be reflected in the **Care Plan** - see also **Care and Supervision Proceedings and the Public Law Outline**.

See also **Fostering to Adoption Procedure**.

9.4 Placement/Contact with Siblings - Issues to Consider

Wherever it is in the best interests of each individual child, siblings should be placed together. Being able to live with brothers and sisters where they are also Looked After is an important protective factor for many Looked After children. Positive sibling relationships provide support both in childhood and adulthood and can be particularly valuable during changes in a young person's life, such as leaving care.

A number of factors however, can mitigate against achieving the positive placement of brothers and sisters together – they may have entered care at different times and/or they may have very different needs related to past experiences, current emotional and behavioural development and age, especially where there are significant age differences. There may be practical difficulties in accommodating large sibling groups together. In some circumstances a child may have been abused by a brother or sister. An understanding of family functioning and family history, providing appropriate support to all parties, as well as listening to the wishes and feelings of children, are therefore key to informing these judgements.

There are often some practical steps that can be taken to overcome some of the more logistical reasons for being unable to place sibling groups together. Where siblings placed together in foster care may be separated when one turns 18, consideration should be given to whether **Staying Put** arrangements may be beneficial for all the children involved.

There will, however, always be circumstances in which it is not possible to place siblings together and children should be supported to understand why they cannot live with their siblings. A sibling assessment must be undertaken to inform appropriate decision making which can be explained to children and young people. In these circumstances where it is in the best interests of each individual child, sibling contact should be promoted and maintained.

If it is likely that brothers and sisters who are not able to be placed together at the start of a care episode will remain Looked After for the medium to long term, arrangements should be made as part of each child's Care Plan which will enable brothers and sisters to live together, taking into account the other factors.

Where the plan is for adoption, in order to reduce delay, an early decision should be taken as to whether it is in the best interests of each child to be placed together or separately, and the impact on each child of that decision. The decision should be based on a balanced assessment of the individual needs of each child in the group, and the likely or possible consequences of each option on each child. Factors that may need to be considered will include: the nature of the sibling group (do the siblings know each other/ how are they related); whether the children have formed an attachment; the health needs of each child; and each child's view (noting that a child's views and perceptions will change over time).

9.5 Direct contact with birth family members and others

Contact must always be for the benefit of the child, not the parents or other relatives.

See **Contact Policy**

It may serve one or all of the following functions:

- To maintain a child's identity. Consolidating the new with the old;
- To provide reassurance for the child;
- To provide an ongoing source of information for the child;
- To give the child continuing permission to live with the adoptive family;
- To minimise the sense of loss;
- To assist with the process of tracing;
- To give the adopters a secure sense of the right to parent. This will make the parenting task easier.

Direct contact will generally work best if all parties accept/agree to:

i. The plan for permanence;

ii. The parental role of the permanent carers;

iii. The benefit of contact;

iv. The adoptive parents being present.

Direct contact is not likely to be successful in situations where a parent:

- Disagrees with the plan for permanence;
- Does not accept the parental role of the permanent carer and their own minimal role with the child;
- Has proved to be unreliable in their commitment to contact in the past;
- Has not got a significant attachment with the child.

The wishes of the child to join a new family without direct contact, must be considered and given considerable weight at any age.

If direct contact is a part of the Permanence Plan, a formal agreement setting out how contact will take place, who with, where and how frequently must be negotiated before placement, and reviewed regularly throughout the child's life.

9.6 Indirect contact with birth family members and others

We do not all share the same sense of family - it means different things to different people. It helps when children are helped to understand to whom they are related, especially if they have complicated family trees including half-brothers or sisters living in different places. Identity is built on solid information.

Wherever possible, indirect contact between the child and his or her new family with people from the past should be facilitated:

a. To leave open channels of communication in case more contact is in the child's interests in the future;

b. To provide information (preferably two-way) to help the child maintain and enhance their identity and to provide the birth relative with some comfort in knowing of the child's progress.

Indirect contact must be negotiated prior to placement, and all parties should be asked to enter into an agreement with one another about the form and frequency that the contact will take. Renegotiations of the contact should only take place if the child's needs warrant it.

All parties to the agreement will need to accept that as the child becomes older and is informed more fully about the arrangements for indirect contact, the child will have a view regarding its continuation. No contact arrangements can be promised to remain unaltered during the child's childhood. Those involved need to accept that contact may cease if it is no longer in the child's interests. Alternatively, an older child may need to change to direct contact.

9.7 Clearly communicating the Permanence Plan

- Developing an age appropriate way to communicate the plan to the child which includes words and pictures, photos, video, profiles of foster carers and family books;
- Communicating a Permanence Plan effectively involves setting it out clearly and concisely as part of the Care Plan, in a way that acts as a useful reference to all involved during the Review process;
- Good quality Care Plans set out clear, concise statements about intended outcomes;
- Make timescales clear.

9.8 Legal routes to permanence

For younger children unable to be returned home where adoption is the plan, a **Care Order** and **Placement Order** are likely to be necessary unless parents are clearly relinquishing the child and are in agreement with the plan.

For children for whom adoption is not appropriate, each case will need to be considered on its merits. The decision between Special Guardianship Order, Child Arrangements Order and Permanence through fostering or Long Term Fostering under a Care Order will depend on the individual needs of the child set alongside the advantages and disadvantages of each legal route. Timely legal advice must be sought to explore the options for that child and all plans ratified at a Looked After Review Chaired by the child's Independent Reviewing Officer.

Appendix 1

PERMANENCE OPTIONS FOR CHILDREN OF DIFFERENT AGES

The table below may be of use to understand permanence planning for different ages of children and young people when relatives are and are not available.

This should be used as a **GUIDE ONLY** to support your judgement, decision and gathering.

AGE UNDER 7 YEARS		**AGE 7 – 10 YEARS**		**AGE 11 YEARS+**	
No kinship care arrangements available	**Kinship care arrangements are available**	**No kinship care arrangements available**	**Kinship care arrangements are available**	**No kinship care arrangements available**	**Kinship care arrangements are available**
	Family Group Conference must be arranged in these situations		**Family Group Conference must be arranged in these situations**		**Family Group Conference must be arranged in these situations**
Permanency Plan includes Twin Track or Parallel Planning until it is clear that return to birth family is not possible					
Adoption Long Term Fostering (needs Head of Service approval if child is under five)	Formal Approved Kinship Foster Care • Special Guardianship Order • Child Arrangements Order • Care Order – possibility of mover to SGO/RO Where the child is 0 – 3 years, if at the end of the legal process if carer is not able to consider SGO/RO then the adoption route must be followed.	Adoption Long Term Fostering Special Guardianship (with existing foster carer)	Formal Approved Kinship Foster Care • Care Order – possibility of move to SGO./RO • Special Guardianship Order • Child Arrangements Order	Long Term Fostering Special Guardianship (with existing foster carer)	Formal Approved Kinship Foster Care • Special Guardianship Order • Child Arrangements Order • Care Order – possibility of mover to SGO/RO

Appendix 2

	PRIVATE FOSTERING	KINSHIP CARE (informal)	KINSHIP CARE (formal foster care)	UNRELATED FOSTER CARE (and residential care)	CHILD ARRANGEMENTS ORDER	SPECIAL GUARDIANSHIP ORDER (SGO)	ADOPTION
Route into the caring arrangements	This is a private arrangement whereby the child is being cared for, for 28 days or more (or the intention is that the arrangement will last for 28 days or more), by anyone who does not have parental responsibility, and who is not a close relative. Close relative means grandparent, brother, sister, uncle or aunt (by full blood, half blood or by marriage or civil partnership) or a step parent. This child is not a looked after child.	The relative has chosen to take on the care of the child and this is an arrangement between the parent(s) and the extended family or friend. The Family member or friend does not have parental responsibility, and the arrangement was not made by the local authority. The child is not a looked after child Relative may perceive the parents to be unable to care for the child Or the parents may be dead or otherwise not available (e.g. in prison) Or there may be an agreement between relatives due to difficult family circumstances.	The child has been placed with the relative or friend by the local authority, because the person who had been caring for the child was deemed not to be providing suitable care. The child is a looked after child and so the local authority must approve the relative or friend as a local authority foster carer. The child may be accommodated voluntarily with the agreement of the parents or may be subject to a Care Order, Interim Care Order or Emergency Protection Order	The child is a looked after child being accommodated by the local authority under Section 20 Children's Act 1989 or because the child is subject to a care order; but has been placed with a foster carer by the local authority. Alternatively the local authority may choose to place a child into residential care where this is considered to meet the child's assessed needs.	(a) The child may be at risk of becoming 'looked after' and a friend or relative applies for an order, or (b) The child may have been 'looked after' and their foster carer or other relative/friend applies for an order (c) In some circumstances, application can be made without the support of the parents or the local authority. Relatives may apply for an order after the child has lived with them for one year or given leave of the court to apply for SGO. Or there can be benign reasons, e.g. after parent' death and in line with a prior agreement with the birth parents and the carer.		Looked after children; the LA may decide that the child should be placed for adoption. They can only do so with the consent of the birth parent or by making an application for a placement order made by a court. A foster carer can apply for an adoption order after one year of caring for the child. Other informal carers could apply for an adoption order if the child has lived with them for a period of 3 years or with leave of the court.
Contact	Private arrangement with birth parent or person with PR	Private arrangement with birth parents or person with PR	As set out in the care plan with details of frequency and supervision clarified. We have a duty to promote contact with the child's family.		Private agreement Or as defined by the court or discretion of the person with PR.	Agreed as part of SGO or at discretion of the SG with PR. May be subject to a Section 8 Contact Order	As agreed as part of the adoption order. Legally at the discretion of the adopter.

	PRIVATE FOSTERING	KINSHIP CARE (informal)	KINSHIP CARE (formal foster care)	UNRELATED FOSTER CARE (and residential care)	CHILD ARRANGEMENTS ORDER	SPECIAL GUARDIANSHIP ORDER (SGO)	ADOPTION
Parental Responsibility (PR)	Remains with birth parents	Remains with birth parents but the person who cares for the child may do what is reasonable to safeguard or promote the child's welfare and has delegated responsibility unless alternative legal orders are in place e.g. Special Guardianship, Adoption or Child Arrangement Orders.	Remains with birth parents if the child is accommodated under Section 20 CA, or if the child is subject to a care order or emergency protection order, the local authority shares parental responsibility and determines the extent to which it make to delegated to others.		Shared by parents and holder of Child Arrangements Order.	PR shared with parents and anyone else with parental responsibility for the child. The special guardian may exercise parental responsibility to the exclusions of all others with PR, a part from another special guardian. Limitations include taking child out of the country or changing the child's name.	Transfer to adopters and legal relationship with birth parents and siblings is severed.
Approved Basis	The arrangement is assessed by LA, but the carer is not 'approved' as a local authority foster carer. The arrangement may be prohibited if assessed by the local authority as unsuitable.	None	Approved as local authority foster carers in accordance with Fostering Services Regulations. (If the child is looked after, carers must be approved as foster carers even if close relative). This includes temporary approval if the child needs to be placed in an immediate or urgent circumstance		Appointed by court following application	Appointed by court following application from the applicant. LA must investigate the matter and prepare a report for the court dealing with the suitability of the applicant to be a special guardian.	Adoption agency assesses and approves prospective adopters, court makes placement order regarding specific child following ADM approval If the child is not a Looked After child then notice of intention to adopt must be given to the LA who then carry out an assessment
Duration	Subject to discretion of person with PR and readiness of private foster carer	Subject to discretion of person with PR	So long as placement remains in line with the child's care plan as determined by LA or the making of an alternative order (unless Section 20 when parents have the right to move the child from care).		Age 18	Age 18 unless varied or discharged by the court before the child reaches 18 years	Permanent lifelong relationship which severs any legal ties with the birth parents and family

	PRIVATE FOSTERING	KINSHIP CARE (informal)	KINSHIP CARE (formal foster care)	UNRELATED FOSTER CARE (and residential care)	CHILD ARRANGEMENTS ORDER	SPECIAL GUARDIANSHIP ORDER (SGO)	ADOPTION
Placement Supervision	It is not a placement, but there are statutory visits to the child by social worker (minimum 6 weekly in first year then 12 weekly)	None	Statutory visits to the child by social worker and supervision of foster carers by supervising social worker.		None	None	When a child is placed for adoption by the LA, the placement is supervised and there are statutory reviews. Once the adoption order is made, none Post adoption support will be provided if necessary but after 3 years will become the responsibility of the place of residence which may not be the LA who placed the child.
Support Services	Provision of advice and support as determined necessary by the LA, which may assess the child as a child in need, with a child in need plan, and provide services/support for child/family under Section 17 Children Act 1989	No entitlement but the LA may assess the child as a child in need, with a child in need plan, and provide services/support for child/family under Section 17 Children Act 1989.	Support to meet the child's needs including health plan and personal education plan (PEP); Training and practical support to foster carers in accordance with the Fostering Services Regulations. National Minimum Standards and Children's Workforce Development Council standards. Young persons may be entitled to leaving care support services, Statutory social work. Placement support to meet the child's identified need.		No entitlement (But LA has discretion to provide services/support for child/family under Section 17 Children Act 1989)	If child was looked after prior to making the SGO. LA must assess for need with special guardianship support service. Young person may be entitled to leaving care support services if was a looked after child prior to making of the SGO.	Entitlement to assessment for adoption support services, which may be provided at discretion of LA in accordance with Regulations and National Minimum Standards. Three year rule applies where for first three years, it is the placing authority who is applicable and after first three years it is the local authority in which the child resides.
Review of Placement	It is not a placement, but the LA may do formal reviews in addition to on-going assessment during visits.	None	Statutory reviews of the child's care plan (minimum 6 monthly) and annual reviews of local authority foster carers' approval.		None	None	See above

	PRIVATE FOSTERING	KINSHIP CARE (informal)	KINSHIP CARE (formal foster care)	UNRELATED FOSTER CARE (and residential care)	CHILD ARRANGEMENTS ORDER	SPECIAL GUARDIANSHIP ORDER (SGO)	ADOPTION
Financial support - entitlement	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Financial responsibility to maintain the child remains with holders of PR	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Financial responsibility to maintain the child remains with holders of PR. Guardian's Allowance payable if both parents have died, or the only surviving parent cannot be found or serving 2 years or more prison sentence	Child benefit or other universally available for children is not payable. Weekly allowance to meet the costs of caring for the child. This should meet at least the national minimum rate set by the Department for Education.		Can claim child benefit and any other universally available benefits for children if not being paid to the parent.	Can claim child benefit and any other universally available benefits for children if not being paid to the parent.	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Entitlement to assessment for financial support (part of adoption support) if child looked after prior to order. Some children will be eligible for an adoption allowance which is means tested and subject to approval by the ADM. Any allowances are reviewed after a 2 year period
Financial Support – discretionary	LA discretion to make one-off or regular payments under Section 17 Children Action 1989	LA discretion to make one-off or regular payments under Section 17 Children Action 1989	Fees are payable under the payment for skills model.		LA has discretion to pay child arrangements order allowance – usually if child was previously fostered by the carers, or exceptionally if making Child Arrangements Order prevents child becoming looked after. Any allowance reviewed annually at a minimum	Entitled to an assessment for financial support under the Special Guardianship Regulations 2005 if child looked after prior to order and meets the criteria in the regulations. Subject to assessment as above and for former foster carers can include an element of remuneration, Discretionary regular or one off payments. Any allowances reviewed annually at a minimum.	Subject to assessment, one off payments or regular adoption allowance may be paid.

	PRIVATE FOSTERING	KINSHIP CARE (informal)	KINSHIP CARE (formal foster care)	UNRELATED FOSTER CARE (and residential care)	CHILD ARRANGEMENTS ORDER	SPECIAL GUARDIANSHIP ORDER (SGO)	ADOPTION
Financial support - entitlement	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Financial responsibility to maintain the child remains with holders of PR	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Financial responsibility to maintain the child remains with holders of PR. Guardian's Allowance payable if both parents have died, or the only surviving parent cannot be found or serving 2 years or more prison sentence	Child benefit or other universally available for children is not payable. Weekly allowance to meet the costs of caring for the child. This should meet at least the national minimum rate set by the Department for Education.		Can claim child benefit and any other universally available benefits for children if not being paid to the parent.	Can claim child benefit and any other universally available benefits for children if not being paid to the parent.	Can claim child benefit and any other universally available benefits for children if not being paid to the parent. Entitlement to assessment for financial support (part of adoption support) if child looked after prior to order. Some children will be eligible for an adoption allowance which is means tested and subject to approval by the ADM. Any allowances are reviewed after a 2 year period
Financial Support – discretionary	LA discretion to make one-off or regular payments under Section 17 Children Action 1989	LA discretion to make one-off or regular payments under Section 17 Children Action 1989	Fees are payable under the payment for skills model.		LA has discretion to pay child arrangements order allowance – usually if child was previously fostered by the carers, or exceptionally if making Child Arrangements Order prevents child becoming looked after. Any allowance reviewed annually at a minimum	Entitled to an assessment for financial support under the Special Guardianship Regulations 2005 if child looked after prior to order and meets the criteria in the regulations. Subject to assessment as above and for former foster carers can include an element of remuneration, Discretionary regular or one off payments. Any allowances reviewed annually at a minimum.	Subject to assessment, one off payments or regular adoption allowance may be paid.

Appendix 3

Early Permanence Strategy
Permanence Planning Meeting
Guidance Notes

The purpose of the Permanence Planning Meeting (PPM) is to ensure a clear work plan is agreed for any child where a plan of permanence outside of the family is being considered.

The meeting is to ensure that children's needs are fully explored and appropriate decisions reached to optimise their placement options. Where any specialist assessments have been commissioned, in relation to children or their parents as part of any care proceedings this will be considered as part of the meeting to inform the Care Plan.

The meeting will be chaired by the Team Manager and will be minuted and shared with parties as outlined in the agenda. Any decisions must be recorded on the childs electronic case record by the Team Manager.

The notes will become part of the submission to the ADM where a Care Plan of Adoption is to be considered.

These minutes may be required as part of the evidence bundle in Care Proceedings. It is particularly important for those children who may be deemed more difficult to place that these meetings are properly arranged and where evidence of decision making in formulating the final plan. These will be :

- Sibling groups
- Children with more complex needs
- Children who have experienced significant abuse and neglect and who may have additional needs, developmental delay and attachment issues
- Children who have experienced a number of placement moves both within the family network and in foster care
- Children who have a disability

AGENDA

- Name of child(ren)
- DOB
- Legal status
- Placement details
- Social worker
- Team
- Legal advisor – minutes
- Guardian ad Litem (if applicable) – for minutes
- IRO – for minutes
- Full Circle/Child Psychologist

Purpose of the meeting

- To agree the work plan, to obtain the views of the child/ren identifying any assessments that are required and agree timescales
- To ensure a genogram has been undertaken and all family and friends have been explored
- The meeting will discuss the individual needs of the child(ren), sibling relationships, placement considerations and contact plans
- The meeting will specify contact plans for all children including where they are living in separate arrangements
- To finalise a Care Plan of Permanence either permanence in foster care, residential care or adoption and to outline reasons
- Further Review date

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Corporate Parenting Panel

19 October 2018

Looked After Children and Care Leavers Health Needs Assessment

Report of Amanda Healy, Director of Public Health, Durham County Council

Purpose of the Report

1 This report is to present the Corporate Parenting Panel (CPP) with the final draft, key findings and proposed recommendations from the Looked After Children (LAC) and Care Leavers (CL) Health Needs Assessment (HNA).

2 The Public Health Strategic Plan outlines a need to prioritise vulnerable groups. The completion of the LAC and CL HNA ensures that these corporate commitments are progressed.

Background

3 In 2017/18 around 800 children and young people have been cared for in county Durham; 1 in 3 children who enter care are under 1 years, 4 out of 5 come into care due to abuse or neglect and 2 out of 3 children and young people are placed in foster care. Durham County Council has seen a 53% increase in the number of LAC between 2011 and 2018.

4 For 2016 and 2017, the rate of children in full time looked after care in County Durham is significantly higher than England and lower than the north east.

5 Looked after children (LAC) and care leavers (CL) are a vulnerable sub-group of the population. Most children enter care often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests LAC and CL experience poorer health outcomes which can persist into adulthood.

6 Research tells us that LAC and CL are more likely to have been affected by Adverse Childhood Experiences (ACE's). ACE's are described as traumatic and/or stressful events that occur during childhood and adolescence. Adversities can include experiences of neglect, violence and/or abuse, the loss of contact with a sibling or care giver. Evidence suggests that emotionally distressing, difficult and traumatic situations will have a long lasting impact on children and young people's development, health and lifestyle.

7 As a corporate parent, local authorities should have the same high aspirations for the children they look after as any parent and should ensure looked after children and young people have the care and support they need in order to be healthy, happy and reach their full potential. Supporting those leaving care to successfully

transition into adulthood is also of key importance to ensure they are well prepared for adulthood, with support now provided for care leavers up to the age of 25 years.

8 In order to provide some level of understanding of the LAC and CL cohort, it was agreed that the following four areas would make up the scope of the HNA:

- Mental health and emotional wellbeing
- Risk taking behaviours
- Speech language and communication needs alongside special educational needs and disability;
- Wider determinants for care leavers

Governance

9 The County Durham Looked After Children Strategic Partnership provided oversight and held overall responsibility for the HNA. Task and finish groups were established within each of the four priority areas as appropriate.

10 The HNA had three key processes for gathering relevant information. A literature review was conducted to understand, from published evidence, the burden of physical and mental health problems and health risk-taking behaviours among LAC and CL. Secondly, local data was also gathered to identify what local intelligence was available to identify needs and health service use across County Durham. Lastly, stakeholder engagement was conducted with LAC and CL and with carers and professionals who work with them in County Durham.

HNA Key Findings

11 LAC and CL have a range of needs that can impact on their overall health and wellbeing. Key findings are summarised from various national and local evidence and data.

12 Key findings of the HNA are summarised in the LAC and CL HNA Executive Summary (Appendix 2) and outlined in full in the LAC and CL HNA (Appendix 3).

13 These key findings have been used to inform the recommendations.

HNA Recommendations for action

14 Key recommendations for County Durham can be collated into four key themes:

- Leaderships and Partnerships
- Strategic
- Operational, Prevention and Early Help
- Data Intelligence

15 Key recommendations are summarised in the LAC and CL HNA Executive Summary (Appendix 2) and outlined in full in the LAC and CL HNA (Appendix 3).

Next Steps

16 This HNA will support the development and commissioning intentions of health services, in respect of looked after children and care leavers from 2018 onwards.

17 As most health and wellbeing needs are inter-related, solutions to address the identified needs and recommendations must take a multi-agency approach and will require meaningful engagement of commissioners and providers.

18 Targeting those young people at most risk cannot be undertaken in isolation and requires a commitment from partner agencies to create a greater impact on reducing the health inequalities and improve the outcomes for young people.

Recommendations

19 Members of the Corporate Parenting Panel are requested to:

a) Consider the findings and recommendations of the HNA
b) Note the recommendations will be developed into a multi-agency plan by the Looked After Children and Care Leavers Strategic Partnership.

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Appendix 1: Implications

Finance
Additional funding or the re profiling of current budgets may be required to implement the recommendations from the HNA. It is anticipated that partners work cohesively through a systems approach co-commission services effectively and efficiently to deliver better outcomes for LAC and CL

Staffing
A review of some staffing groups may be required following the recommended review of a identified pathways

Risk

Equality and Diversity / Public Sector Equality Duty
Would ensure vulnerable LAC and CL are better supported and health inequalities are reduced.

Accommodation
No implications.

Crime and Disorder
No implications

Human Rights
No implications.

Consultation
Consultations undertaken with young people and key stakeholders

Procurement
No implications.

Disability Issues
No implications.

Legal Implications
No implications

Looked after Children and Care Leavers

Health Needs Assessment

Executive Summary

September 2018

Acknowledgments

The HNA was made possible thanks to the valuable contributions from a range of organisations involved in supporting Looked after Children and Care Leavers in County Durham. Thanks are also extended to those individuals who took time to engage with stakeholder consultations, including social workers, residential care workers, foster carers and young people themselves.

We would like to give specific thanks to:

- Gill O'Neill, Deputy Director of Public Health DCC
- Rachel Perry, Public Health Registrar
- Karen Robb, Strategic Manager, Looked After and Permanence DCC
- Carole Gill, Operations Manager, Looked After and Care Leavers DCC
- Michelle Baldwin, Public Health Strategic Manager DCC
- Katie Dunstan-Smith, Public Health Intelligence Specialist DCC
- Dr Kirsty Yates, Designated Doctor LAC, CCG
- Marie Baister, Designated Safeguarding Nurse, CCG
- Donna Sweet, Head of Service CAMHS, TEWV
- Nicola Harmer, Clinical Lead CAMHS, TEWV
- Emma Anderson, Locality Manager 0-19 service, HDFT
- Eleanor Seed, Investing in Children
- Helen Riddell, Public Health Advanced Practitioner, DCC
- Mark Smith, Strategic Manager, Commissioning, DCC

Executive Summary

Looked-after children (LAC) and care leavers (CL) are a vulnerable sub-group of the population. Most children enter care often following a range of Adverse Childhood Experiences (ACE's), often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests LAC and CL experience poorer health outcomes which can persist into adulthood.

In 2017/18 around 800 children and young people have been cared for, 1 in 3 children who enter care are under 1 years, 4 out of 5 come into care due to abuse or neglect and 2 out of 3 children and young people are placed in foster care. Durham County Council has seen a 53% increase in the number of LAC between 2011 and 2018.

As a corporate parent, local authorities should have the same high aspirations for the children they look after as any parent and should ensure looked-after children and young people have the care and support they need in order to be healthy, happy and reach their full potential. Supporting those leaving care to successfully transition into adulthood is also of key importance to ensure they are well prepared for adulthood, with support now provided for care leavers up to the age of 25 years.

The HNA had three key processes for gathering relevant information. A literature review was conducted to understand, from published evidence, the burden of physical and mental health problems and health risk-taking behaviours among LAC and CL. Secondly, local data was also gathered to identify what local intelligence was available to identify needs and health service use across County Durham. Lastly, stakeholder engagement was conducted with LAC and CL and with carers and professionals who work with them in County Durham.

In order to provide focus to the HNA, four priority areas were selected:

HNA Priority Areas:

1. **Mental health and emotional wellbeing**
2. **"Risk-taking behaviours" – including smoking, substance misuse, sexual health and teenage conceptions**
3. **Speech, language and communication needs (SLCN) and Special Educational Needs and Disability (SEND)**
4. **Wider determinants of health for care leavers: e.g. education, employment and training; accommodation and financial management**

Summary and Key Statistics of the HNA findings

LAC and CL have a range of needs that affect their overall wellbeing. Key findings are summarised from various national and local evidence and data.

Priority Area 1: Mental Health and Emotional Wellbeing

Understanding that pre-care experiences of abuse or neglect are categorised as an ACE, as is the act of going into care itself. For this reason, all LAC and CL should be considered to be at-risk.

- National evidence suggests that around half of all LAC have a diagnosable mental health disorder and/or behavioural conduct disorders, which is significantly higher than their non-looked after peers.

Local evidence highlights that mental health pathways for LAC and CL in County Durham, are not robust and can be difficult to navigate. The Strengths and Difficulties Questionnaire (SDQ)[1] process in County Durham does not routinely share total scores for LAC with key stakeholders including the Virtual Head, or are they used to inform wider health assessments.

- The proportion of LAC in County Durham whose SDQ score is "of concern" is higher than North East and England averages (35% in 2017/18 compared to 32% North East and 29% England), and this trend is consistent over time.

[1] The SDQ is an internationally validated brief behavioural screening questionnaire for 4-16 year olds.

It is acknowledged that accessing CAHMS services is an issue locally and nationally. Current pathways to support the mental health and emotional wellbeing of LAC and CL typically focus on moderate to high level need through specialist support services, if a young person does not meet the eligibility criteria for either CAMHS or Full Circle, referrers are often unsure of what steps to take next. Uncertainties around pathways can create delays for those LAC and CL who require support leading to increased, inappropriate use of urgent and emergency services, such as mental health crisis and liaison services and accident and emergency services

- There are a number of young people requiring emergency support on repeated occasions.
- Young people report the process of leaving care and transitioning into adult services due to a reported increase in young people feeling socially isolated.

Entry into care data is collated as part of the Initial Health Assessment (IHA). As this data is combined for both County Durham and Darlington it is not possible to determine the health needs for this cohort of children and young people.

Priority Area 2: Risk-taking Behaviours

Emerging evidence indicates that ACE's can increase the risk of a young person engaging in risky behaviours, such as substance misuse and having an unplanned teenage pregnancy. The study highlighted that:

- LAC were much more likely than their peers to smoke, take illicit drugs and engage in sexual activity that could leave them vulnerable to developing sexually-transmitted infections and unintended pregnancies.
- Risk-taking behaviours were also more likely to cluster in the LAC population where young people were four times more likely than children living in private households to smoke, drink alcohol and take drugs (8% compared with 2%)
- LAC are more likely to become sexually active at a younger age and have a higher number of sexual partners than their non-looked after peers
- It is estimated that in County Durham 12% of children and young people in drug and alcohol treatment services are in care. This is comparable to the national average
- Evidence suggests that around 20-50% of 16-19 year old females with a history of being in care become mothers.

- It was noted that in County Durham, a high proportion of female care leavers aged 17-21 years in County Durham are pregnant or mothers (around 40%).

A small scale, local review of CL in County Durham who are pregnant or mothers identified some potential common themes; these included:

- placement instability,
- entering care at a later age
- Previous involvement with mental health and/or substance misuse services.

These findings should be reviewed with caution due to the small sample and lack of comparable data.

Initial Health Assessment (IHA)[2] and Review Health Assessment (RHA)[3] include an assessment of risk-taking behaviours; the transfer of RHA by Harrogate Foundation Trust (HFDT) to electronic recording should allow for much improved collation and understanding of local intelligence.

Professionals and carers working with LAC and CL felt able to support young people who approached them in relation to sexual health, however felt that their knowledge was not always as up to date as possible.

Priority Area 3: Speech, Language and Communication Needs (SLCN) and Special Educational Needs and Disability (SEND)

Failure to identify SLC skills and address needs can lead to a range of negative outcomes in relation to health and wellbeing, educational attainment, future employment prospects and participation in society. Limited evidence that does exist indicates that needs are often under-identified meaning that LAC are less likely to be receiving therapeutic intervention.

- Around two-thirds of LAC have identified SEND. When considering a breakdown of SEND by need, a higher proportion of LAC have needs associated with “social, emotional and mental health” compared to non-looked after peers

No prevalence data exists within County Durham. IHA and RHA, completed by clinicians with expertise in developmental paediatrics, include reference to SLCN. Collecting data electronically should in time improve understanding of prevalence, although no specific screening tool is currently used as a standard practice.

[2] IHA is a holistic health assessment on entering into care. The IHA is a statutory requirement that must be completed within 20 working days of becoming looked after

[3] RHA should be completed once every 6 months for 0 – 5 years, annually for children aged over 5 years

A review of speech and language therapy undertaken in County Durham estimated the prevalence of needs across three key priority areas. The review recommended that a focus on early identification was required, including an improved training offer for foster carers highlighting the importance of communication rich environments

Specialist support provided to LAC with SEND was highlighted as an area of good practice in the most recent OFSTED SEND inspection of County Durham which was published in January 2018. The Virtual School commission a bespoke set of services to support LAC with SEND, including educational psychology and speech and language therapy (SLT). These services can provide valuable support to those LAC who access them, however they can often be a delay in accessing support.

Priority Area 4: Wider Determinants of Health (Care Leavers)

There are a variety of factors that influence the health and wellbeing of young people leaving care that have been taken into consideration as part of the HNA:

Education, Employment and Training

Nationally CL can often experience difficulties in moving into further education, employment and training:

- Around 40% of CL in England are not in education, employment or training (NEET) compared to around 13% of 19-24 year olds in the general population
- Only around 6% of CL move into higher education compared to 27% of their peers aged 18

County Durham has a lower proportion of CL who are NEET compared the North East and England average

- 29% of CL in County Durham are NEET
- Data relating to NEET figures of the general population aged 17-21 years is unavailable; therefore we are unable to determine how CL destination information compares to the general population

Positive examples of partnership working exist, the multi-agency Care Leavers Steering Group continue to identify gaps in provision

Accommodation

In April 2018 the government introduced revised statutory guidance in line with the Homeless Reduction Act 2017. Despite local authority statutory duties to support CL into suitable accommodation, evidence suggest that around one-third of care leavers experience homelessness at some stage after leaving care.

Significant work has been done to improve the accommodation offer across County Durham, particularly for those with moderate-high level needs. Accommodation is provided by a range of providers and there is currently limited information available on accommodation outcomes and user experiences

Welfare Rights and Managing Finances Independently

CL are identified as being over-represented in the number of benefit sanctions suggesting they are less well equipped to navigate the welfare system.

Durham County Council fund a dedicated Welfare Rights Officer specifically for CL, this post is in its infancy therefore limited quantifiable data is available; early indications show that the post holder is supporting a high number of young people, with a range of more complex needs specifically around the impact of Universal Credit

Some support and training is offered within County Durham to ensure CL are financially independent, although it is noted that the training offer could be improved

Additional Information

Durham County Council has seen a 53% increase in the number of looked after children between 2011 (520) and 2018 (795).

Published data is available up to 2017. For 2016 and 2017, the rate of children in full time looked after care in County Durham is significantly higher than England and lower than the North East. Provisional data for 2018 shows that the number and rate of looked after children has dropped slightly; 795 children and young people looked after and a rate of 79 per 10,000.

Within County Durham there is geographical variation in the number of children and young people becoming looked after. Between 2014/15 and 2016/17 just one 1,000 children and

young people became looked after. Table 1 shows the where they were living prior to becoming looked after.

Table 1: Number and proportion of children becoming looked after by Clinical Commissioning Group (CCG) and commissioning localities, 0-17 years, 2014/15-2016/17. Source: CYPS DCC.

	2014/15 – 2016/17		
	Number of children becoming looked after	%	Rate per 10,000
North Durham CCG	***341***	***36***	***34.4***
Derwentside	164	17.3	36.1
Chester-le-Street	78	8.2	40.3
Durham	99	10.5	28.8
Durham Dales, Easington and Sedgefield (DDES) CCG	***605***	***64***	***45.7***
Durham Dales	140	14.8	37.9
East Durham	298	31.5	58.2
Sedgefield	167	17.7	37.8
County Durham	***946***	***100***	***40.9***

Between 2014/15 and 2016/17 the majority of children and young people becoming looked after had been resident in DDES CCG (64%) and almost a third had been living in East Durham (31.5%). As a rate per 10,000 population the rate in DDES CCG is over 10 per 10,000 higher than North Durham CCG; 45.7 per 10,000 compared to 34.4 per 10,000. The rate in East Durham of 58.2 per 10,000 is twice as high as the rate in Durham 28.8 per 10,000.

Recommendations

HNA Recommendations for action

Key recommendations for County Durham can be collated into four key themes:

- Leaderships and Partnerships
- Strategic
- Operational, Prevention and Early Help
- Data Intelligence

Leadership and Partnerships

Recommendations for leadership and partnership developments include:

- Ensure that there is a clear lead for the health and wellbeing of LAC and CL within each appropriate agency to provide strategic oversight, drive forward recommendations from the HNA and act as an advocate for LAC and CL within their organisation.
- Ensure that the designated lead for the health and wellbeing of LAC and CL within each agency provides regular updates and is appropriately challenged by multi-agency partners, for example the LAC Strategic Partnership Group

Strategic

Recommendations for strategic developments include:

- Development of a holistic, patient centred pathway for mental health, that provides a graded response to need is linked to ACE's and considers the impact of social isolation on CL
- A review of the Strengthens and Difficulty Questionnaire process and how this can be developed as part of a patient centred pathway for mental health is required in order to better understand the needs of LAC in county Durham.
- Ensure that all services are developed and designed 'through the eyes of the child' and that methods to routinely capture the voice of LAC and CL are developed and implemented
- Develop work in line with findings from the recent review of Speech, Language and Communication needs in County Durham to ensure that LAC and CL are appropriately supported

Operational, Prevention and Early Help

Recommendations for operational, prevention and early help include:

- Improve identification of SLCN through IHA and RHA
- Adaptation of the Clear Cut Communication screening tool developed by CDYOS to support the detection of SLCN and embedded across Children and Young People's Services to support the identification of LAC with SLC difficulties
- Ensure that all LAC and CL have access to high quality relationship and sex education (RSE)
- All LAC and CL have access to appropriate sexual health services including appropriate contraception
- Development of a training offer for professionals and carers that considers the following:
    a) ACE's and trauma based approach
    b) Mental Health First Aid for LAC/CL at risk of self-harm and suicide
    c) Risk taking behaviours
    d) The importance of providing communication rich households
    e) The importance of SLC development in the early years

Data Intelligence

Recommendations for data improvement include:

- Development of a health dashboard to better understand and monitor LAC and CL health and wellbeing and support the identification of emerging local themes and trends
- Development work with CDDFT and HDFT to ensure that the data collated through the IHA and RHA are specific to County Durham and can be incorporated into the health dashboard
- To ensure that SDQ scores are revisited with LAC and CL as part of a wider assessment of mental health needs and better utilised to track population trends over time
- Identify a solution to improve the identification of all LAC and CL who are teenage parents, with a particular focus on fathers; reviewing the age range of the data set

to ensure that that the data collated is comparable to the general teenage population

- It was agreed that LAC who are accommodated outside of County Durham would remain out of scope of this HNA, however it is recognised that a further review into the health needs of this cohort may be required to better understand their needs

Next Steps

This Health Needs Assessment will support the development and commissioning intentions of health services, in respect of looked after children and care leavers from 2018 onwards.

As most health and wellbeing needs are inter-related, solutions to address the identified needs and recommendations must take a multi-agency approach and will require meaningful engagement of commissioners and providers

Health Needs Assessment for Looked After Children and Care Leavers

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Date: July 2018

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Acknowledgments

The HNA was made possible thanks to the valuable contributions from a range of organisations involved in supporting Looked After Children and Care Leavers in County Durham. Thanks are also extended to those individuals who took time to engage with stakeholder consultations, including social workers, residential care workers, foster carers and young people themselves.

We would like to give specific thanks to:

- Gill O'Neill, Deputy Director of Public Health DCC
- Rachel Perry, Public Health Registrar
- Karen Robb, Strategic Manager, Looked After and Permanence DCC
- Carole Gill, Operations Manager, Looked After and Care Leavers DCC
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- Dr Kirsty Yates, Designated Doctor LAC, CCG
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Executive Summary

Looked-after children (LAC) and care leavers (CL) are a vulnerable sub-group of the population. Most children enter care often following a range of Adverse Childhood Experiences (ACE's), often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests LAC and CL experience poorer health outcomes which can persist into adulthood.

In 2017/18 around 800 children and young people have been cared for, 1 in 3 children who enter care are under 1 years, 4 out of 5 come into care due to abuse or neglect and 2 out of 3 children and young people are placed in foster care. Durham County Council has seen a 53% increase in the number of LAC between 2011 and 2018.

As a corporate parent, local authorities should have the same high aspirations for the children they look after as any parent and should ensure looked-after children and young people have the care and support they need in order to be healthy, happy and reach their full potential. Supporting those leaving care to successfully transition into adulthood is also of key importance to ensure they are well prepared for adulthood, with support now provided for care leavers up to the age of 25 years.

The HNA had three key processes for gathering relevant information. A literature review was conducted to understand, from published evidence, the burden of physical and mental health problems and health risk-taking behaviours among LAC and CL. Secondly, local data was also gathered to identify what local intelligence was available to identify needs and health service use across County Durham. Lastly, stakeholder engagement was conducted with LAC and CL and with carers and professionals who work with them in County Durham.

In order to provide focus to the HNA, four priority areas were selected:

HNA Priority Areas:

1. **Mental health and emotional wellbeing**
2. **"Risk-taking behaviours" – including smoking, substance misuse, sexual health and teenage conceptions**
3. **Speech, language and communication needs (SLCN) and Special Educational Needs and Disability (SEND)**
4. **Wider determinants of health for care leavers: e.g. education, employment and training; accommodation and financial management**

The HNA commenced in February 2018, produced draft recommendations in July 2018 and completed in August 2018.

Summary of the HNA findings

Understanding health and wellbeing of LAC and CL population:

LAC and CL have a range of needs that can impact on their overall health and wellbeing. Key findings are summarised from various national and local evidence and data. Further details and data sources are all noted within the body of this document.

Priority Area: Mental Health and Emotional Wellbeing

National

- Evidence indicates that ACE's can have a long term effect on mental wellbeing and life satisfaction. Pre-care experiences of abuse or neglect are categorised as an ACE, as is the act of going into care itself. For this reason, all LAC and CL should be considered to be at-risk.
- Around half of all LAC have a diagnosable mental health disorder and/or behavioural conduct disorders, which is significantly higher than their non-looked after peers.
- Studies indicate that placement stability has a positive impact on mental health and emotional wellbeing
- Difficulties in accessing appropriate support for child and adolescent mental health services (CAMHS) has been persistently highlighted as a key area for improvement
- Recent studies estimate that each unsupported experience of care costs £22,415 per person more than a supported alternative

Local

- Local evidence highlights that mental health pathways for LAC and CL in County Durham are not robust and are difficult to navigate
- The Strengths and Difficulties Questionnaire process in County Durham does not routinely share total scores for LAC with key stakholders including the Virtual Head, or are they used to inform wider health assessments

- The proportion of LAC in County Durham whose SDQ score is “of concern” is higher than North East and England averages (35% in 2017/18 compared to 32% North East and 29% England), and this trend is consistent over time.
- It is acknowledged that CAHMS services provided locally experience many of the operational pressures reflected in national trends
- Current pathways to support the mental health and emotional wellbeing of LAC and CL typically focus on moderate to high level need through specialist support services provided by CAMHS and Full Circle.
- If a young person does not meet the eligibility criteria for either CAMHS or Full Circle, referrers are often unsure of what steps to take next.
- Uncertainties around pathways can create delays for those LAC and CL who require support. Leading to increased, inappropriate use of urgent and emergency services, such as mental health crisis and liaison services and accident and emergency services
- There are a number of young people requiring emergency support on repeated occasions.
- Concerns were raised in relation to the timely and appropriate support for young people leaving care and transitioning into adult services due to a reported increase in young people feeling socially isolated.
- Positive feedback was received from stakeholders regarding the training provided by Full Circle, with a recognition that additional training particularly focusing on supporting young people and self-harm and suicide would enhance this.
- Entry into care data is collated as part of the Initial Health Assessment (IHA). As this data is combined for both County Durham and Darlington it is not possible to determine the health needs for this cohort of children and young people, further work with County Durham and Darlington Foundation Trust (CDDFT) is required to develop these data sets.

Priority Area: Risk-taking Behaviours

National

- Emerging evidence indicates that ACE's can increase the risk of a young person engaging in risky behaviours, such as substance misuse and having an unplanned teenage pregnancy
- The most recent study highlighted that LAC were much more likely than their peers to smoke, take illicit drugs and engage in sexual activity that could leave them vulnerable to developing sexually-transmitted infections and unintended pregnancies.
- Risk-taking behaviours were also more likely to cluster in the LAC population where young people were four times more likely than children living in private households to smoke, drink alcohol and take drugs (8% compared with 2%)
- LAC are more likely to become sexually active at a younger age and have a higher number of sexual partners than their non-looked after peers
- Evidence suggests that around 20-50% of 16-19 year old females with a history of being in care become mothers.

Local

- A high proportion of female care leavers aged 17-21 years in County Durham are pregnant or mothers (around 40%). This appears to be a rising trend.
- A small scale, local review of CL in County Durham who are pregnant or mothers identified some potential common themes; including previous placement instability, entered care at a later age and had current or previous involvement with mental health and/or substance misuse services. These findings should be reviewed with caution due to the small sample and lack of comparable data.
- Initial Health Assessment (IHA) and Review Health Assessment (RHA) include an assessment of risk-taking behaviours; the transfer of RHA by Harrogate Foundation Trust (HFDT) to electronic recording should allow for much improved collation and understanding of local intelligence.
- Professionals and carers working with LAC and CL felt able to support young people who approached them in relation to sexual health, however felt that their knowledge was not always as up to date as possible.

- It is estimated that in County Durham 12% of children and young people in drug and alcohol treatment services are in care. This is comparable to the national average

Priority Area: Speech, Language and Communication Needs (SLCN) and Special Educational Needs and Disability (SEND)

National

- Failure to identify SLC skills and address needs can lead to a range of negative outcomes in relation to health and wellbeing, educational attainment, future employment prospects and participation in society.
- Limited evidence that does exist indicates that needs are often under-identified meaning that LAC are less likely to be receiving therapeutic intervention.
- Around two-thirds of LAC have identified SEND. When considering a breakdown of SEND by need, a higher proportion of LAC have needs associated with “social, emotional and mental health” compared to non-looked after peers

Local

- No prevalence data exists within County Durham. IHA and RHA, completed by clinicians with expertise in developmental paediatrics, include reference to SLCN. Collecting data electronically should in time improve understanding of prevalence, although no specific screening tool is currently used as a standard practice
- A review of speech and language therapy undertaken in County Durham estimated the prevalence of needs across three key priority areas, this included the importance of foster carers providing communication rich environments
- Specialist support provided to LAC with SEND was highlighted as an area of good practice in the most recent OFSTED SEND inspection of County Durham which was published in January 2018.

- Virtual School commission a bespoke set of services to support LAC with SEND, including educational psychology and speech and language therapy (SLT). Whilst still developing, evidence shows that these services can provide valuable support to those LAC who access them.

Priority Area: Wider Determinants of Health (Care Leavers)

There are a variety of factors that influence the health and wellbeing of young people leaving care that have been taken into consideration as part of the HNA:

Education, Employment and Training

National

- CL can often experience difficulties in moving into further education, employment and training
- Around 40% of CL in England are not in education, employment or training (NEET) compared to around 13% of 19-24 year olds in the general population
- Only around 6% of CL move into higher education compared to 27% of their peers aged 18
- There is limited evidence on the long-term outcomes of CL however one study observed that at the age of 30, 7.1% of participants with a history of care were unemployed compared to just 3.1% of those who had never been in care

Local

- County Durham has a lower proportion of CL who are NEET compared the North East and England average (29.3% compared to around 40% in the NE and England).
- Data relating to NEET figures of the general population aged 17-21 years is unavailable; therefore we are unable to determine how CL destination information compares to the general population
- Positive examples of partnership working exist, the multi-agency Care Leavers Steering Group continue to identify gaps in provision

Accommodation

National

- In April 2018 the government introduced revised statutory guidance in line with the Homeless Reduction Act 2017
- Despite local authority statutory duties to support CL into suitable accommodation, evidence suggest that around one-third of care leavers experience homelessness at some stage after leaving care

Local

- Significant work has been done to improve the accommodation offer across County Durham, particularly for those with moderate-high level needs.
- Accommodation is provided by a range of providers and there is currently limited information available on accommodation outcomes and user experiences

Welfare Rights and Managing Finances Independently

National

- CL are identified as being over-represented in the number of benefit sanctions suggesting they are less well equipped to navigate the welfare system

Local

- Durham County Council fund a dedicated Welfare Rights Officer specifically for CL, this post is in its infancy therefore limited quantifiable data is available; early indications show that the post holder is supporting a high number of young people, with a range of more complex needs specifically around the impact of Universal Credit
- Some support and training is offered within County Durham to ensure CL are financially independent, although it is noted that the training offer could be improved

Social Isolation

National

- A CL is surrounded by a range of carers and professionals during their time in care. Some evidence suggests that young people leaving care will experience social isolation

Local

- Stakeholders consulted during the course of the HNA likened the transition into leaving care as “falling off a cliff edge” for some young people, even if up to the point of leaving care they had craved independence.

Health Passports

National

- National guidance mandates Health Passports should be offered to all CL to support them in their future clinical care

Local

- Numbers of health passports issued in County Durham are low and some stakeholders reported delays in the process

Recommendations

A summary of key recommendations for County Durham can be collated into the following key themes:

1. Leadership and Partnerships
2. Strategic
3. Operational
4. Prevention and Early Help
5. Data and Intelligence

Leadership and Partnerships

1. Ensure that there is a clear lead for the health and wellbeing of LAC and CL within each appropriate agency to provide strategic oversight, drive forward recommendations from the HNA and act as an advocate for LAC and CL within their organisation.
2. Ensure that the designated lead for the health and wellbeing of LAC and CL within each agency provides regular updates and is appropriately challenged by multi-agency partners, for example the LAC Strategic Partnership Group

Strategic

1. Development of a holistic, patient centred pathway for mental health, that provides a graded response to need is linked to ACE's and considers the impact of social isolation on CL
2. A review of the Strengthens and Difficulty Questionnaire process and how this can be developed as part of a patient centred pathway for mental health is required in order to better understand the needs of LAC in county Durham.
3. Ensure that all services are developed and designed 'through the eyes of the child' and that methods to routinely capture the voice of LAC and CL are developed and implemented
4. Develop work in line with findings from the recent review of Speech, Language and Communication needs in County Durham to ensure that LAC and CL are appropriately supported

Operational, **Prevention and Early Help**

1. Improve identification of SLCN through IHA and RHA
2. Adaptation of the Clear Cut Communication screening tool developed by CDYOS to support the detection of SLCN and embedded across Children and Young People's Services to support the identification of LAC with SLC difficulties
3. Ensure that all LAC and CL have access to high quality relationship and sex education (RSE)
4. All LAC and CL have access to appropriate sexual health services including appropriate contraception

5. Development of a training offer for professionals and carers that considers the following:

    - ACE's and trauma based approach
    - Mental Health First Aid for LAC/CL at risk of self-harm and suicide
    - Risk taking behaviours
    - The importance of providing communication rich households
    - The importance of SLC development in the early years

Data and Intelligence

1. Development of a health dashboard to better understand and monitor LAC and CL health and wellbeing and support the identification of emerging local themes and trends
2. Development work with CDDFT and HDFT to ensure that the data collated through the IHA and RHA are specific to County Durham and can be incorporated into the health dashboard
3. To ensure that SDQ scores are revisited with LAC and CL as part of a wider assessment of mental health needs and better utilised to track population trends over time
4. Identify a solution to improve the identification of all LAC and CL who are teenage parents, with a particular focus on fathers; reviewing the age range of the data set to ensure that that the data collated is comparable to the general teenage population
5. It was agreed that LAC who are accommodated outside of County Durham would remain out of scope of this HNA, however it is recognised that a further review into the health needs of this cohort may be required to better understand their needs

Next Steps

- This Health Needs Assessment will support the development and commissioning intentions of health services, in respect of looked after children and care leavers from 2018 onwards.

- As most health and wellbeing needs are inter-related, solutions to address the identified needs and recommendations must take a multi-agency approach and will require meaningful engagement of commissioners and providers

The County Durham Looked-After-Children Strategic Partnership Group provided oversight and held overall responsibility for the HNA. Small task and finish groups were established within each of the four priority areas as appropriate.

Chapter 1: Introduction

Purpose of the Health Needs Assessment

The evidence from this Health Needs Assessment (HNA) is essential to ensure strategic alignment of service planning and delivery. This will ensure effective and efficient services are delivered to support young people who are looked after children (LAC) or Care Leavers (CL) with their health needs and reduce the health inequalities where they exist. A clearer understanding of the health needs is required to be able to best offer support and services that meet the needs of young people.

There is a clear commitment from the LAC and CL strategic partnerships and the Corporate Parenting Panel, to improve the health and wellbeing outcomes for young people who are LAC or CL across County Durham. This HNA highlights the need to develop a well-co-ordinated and strategic approach that is systematic in its application of interventions which are proportionate to the identified level of need. Partners are keen to work collaboratively with better identification and use of resources to achieve a more integrated approach focussed on improving health and wellbeing support to young people.

Health Inequalities for Looked After Children and Care Leavers

Looked-after-children (LAC) and care leavers (CL) are a vulnerable sub-group of the wider population of children and young people. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.

Research tells us that LAC and CL are more likely to have been affected by Adverse Childhood Experiences (ACE's). ACE's are described as traumatic and/or stressful events that occur during childhood and adolescence. Adversities can include experiences of neglect, violence and/or abuse, the loss of contact with a sibling or care giver. Evidence suggests that emotionally distressing, difficult and traumatic situations will have a long lasting impact on children and young people's development, health and lifestyle.

National evidence suggests that around half of all LAC have a diagnosable mental health disorder (Department for Education and Department for Health, 2015; Meltzer, et al., 2003), which is significantly higher than their non-looked after peers. Prevalence is particularly high in behavioural and conduct disorders (Scott, et al., 2013)

Delays in identifying and meeting the health and wellbeing needs of LAC and CL can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy, healthy and dignified lives as adults.

Looking after and protecting children and young people from harm is one of the most important jobs that a Local Authority can do. Where a child cannot remain safely at home for whatever reason and comes into the care of the Local Authority and becomes 'Looked After' the council becomes the 'corporate parent' for that child.

Durham County Council is committed to being the best parent it can be for our Looked after Children and Care Leavers.

As a corporate parent, it is therefore important to understand the key health needs of LAC/CL and assess how those needs are currently being met by services across the local system to ensure LAC and CL are receiving appropriate care and support.

A Health Needs Assessment (HNA) offers a comprehensive and systematic format to assess the health needs of a defined population. A HNA will be conducted which focuses specifically on the health and wellbeing needs of LAC and CL living in County Durham to assess current need and current service provision. It will conclude by providing a set of recommendations for multi-agency partners involved in the care of this cohort of children and young people.

Methodology

Various methods were used to collect the information held within this HNA including

- **Quantitative analysis**
  Quantitative analysis of national and local data relevant to children and young people who are looked after and/or care leavers, Durham County Council (DCC), Children's Services, health and a range of other data sources.

Due to the variation in data sources and data quality, caution must be noted in comparing national and local data.

- **Qualitative consultations**
  Consultation events and focus groups were held with young people, parents/carers and professionals who are engaged in supporting looked after children and/or care leavers from across County Durham.

Chapter 2: Context

Literature review

Academic databases

A literature search was performed with the aim of identifying, from peer-reviewed literature, the burden of physical and mental health problems and health risk-taking behaviours among LAC and CL.

Four academic databases were searched: MEDLINE, PsychInfo, Web of Science and Scopus. Inclusion criteria included any primary research (experimental, observational, descriptive and qualitative) conducted in the UK and Ireland. This decision was taken given noted variation across international care systems. Some data from international studies – that was referenced in included UK and Ireland studies – has been quoted, primarily where data was lacking or not available for the UK and Ireland. Appendix 1 outlines the search strategy used in MEDLINE which was adapted for other databases.

Grey literature

Grey literature refers to material which is not commercially published and can include, for example, reports produced by government, industry and third-sector organisations. Searches were performed on the UK government website (www.gov.uk) and third-sector organisations that worked with LAC and CL, for example Barnados and The Children's Society. Sources of information are listed in Appendix 1.

National Policy and Guidance Overview

Local authorities have a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

In 2015, the NHS England published statutory guidance on "Promoting the health and wellbeing of looked-after-children" (Department for Education and Department for Health, 2015). The guidance outlines joint responsibilities for local authorities,

clinical commissioning groups and NHS England. Key areas of the guidance are highlighted in Table 1:

Table 1: Key areas of "Promoting the health and wellbeing of looked-after children" (Department for Education and Department for Health, 2015)

- **Responsibilities – the guidance outlines key responsibilities for planning and commissioning health services. This includes the role of the Designated Doctor and Nurse who have an important strategic role in promoting the health and welfare of looked-after-children**
- **Information sharing - ensure there are effective arrangements in place to share information about a child's health.**
- **Health assessments and planning - local authorities are responsible for ensuring that a health assessment of physical, emotional and mental health needs take place on entry to care and at regular intervals to support effective health planning**
- **Mental health services – including targeted and dedicated support for mental health (e.g. through Child and Adolescent Mental Health Services (CAMHS) should be commissioned to support this well-established area of need**
- **Special Educational Needs (SEN) – acknowledging that around two-thirds of looked-after-children have SEN there is a responsibility to ensure needs are identified and met, for example through following requirements set out in the *Special educational needs and disability code of practice: 0-25 years* (Department for Education and Department for Health, 2015)**
- **Role of health and non-health professionals in promoting and supporting health – including the role of social workers, primary care teams, Virtual School Heads and Independent Reviewing Officers (IROs)**
- **Engagement – ensuring the voice of looked-after-children is taken into account in the commissioning and delivery of services**
- **Transitions – ensuring transition arrangements are in place for children who cease to be looked after so that their health need continues to be met whether they are returning home, being adopted or making the transition to adulthood.**

Building on previous guidance, the Children and Social Work Act (2017) sets out corporate parenting principles for local authorities with regards to LAC and CL (HM Government, 2017). It includes an extension of responsibilities relating to care leavers, including extending the provision of Personal Advisors up to the age of 25 years old to all care leavers (not just those in full-time education) and delivering the Local Offer. By March 2019, all local authorities must publish a Local Offer for care leavers to provide information about services available to support them in preparing for adulthood and independent living, including services relating to health and well-being, relationships, education and training, employment, accommodation and participation in society.

Mental Health and Emotional Wellbeing

Summary points

- **National evidence suggests that around half of all LAC have a diagnosable mental health disorder (Department for Education and Department for Health, 2015; Meltzer, et al., 2003), which is significantly higher than their non-looked after peers. Prevalence is particularly high in behavioural and conduct disorders (Scott, et al., 2013).**
- **There is an increasing body of evidence about the short and long-term impact of adverse childhood experiences (ACEs), including increased risk of poor mental wellbeing and life satisfaction. Pre-care experiences of abuse or neglect are categorised as an ACE, as is the act of going into care itself (Fonagy, 2018). For this reason, all LAC and CL should be considered to be at-risk.**

Estimating the prevalence of mental health disorders in looked after children and care leavers

Looked After Children

It is estimated that around half of LAC have a diagnosable mental health disorder (Department for Education and Department for Health, 2015; Meltzer, et al., 2003). Numerous academic studies have attempted to estimate the burden of mental health disorders in looked after children however there is often considerable variation in results. Variation in findings is largely due to differences between the studies, for example variation in age ranges of young people assessed, placement types (e.g. kinship/foster/residential care), diagnostic criteria applied and differences in care systems between countries.

Furthermore, the last large-scale prevalence study published in England was in 2003, almost 15 years ago (Meltzer, et al., 2003). This was raised as an issue by the Education Select Committee in 2016 who noted that an up-to-date study was planned for publication in 2018 (House of Commons Education Committee, 2016).

Despite these limitations, it is clear that children and young people in care experience a high burden of mental ill health. Table 2 is adapted from a 2013 Health Needs Assessment conducted in Scotland which pooled results of commonly observed mental health problems in the LAC population from 11 relevant studies (Scott, et al., 2013).

Table 2: Point prevalence rates for mental health problems for LAC (Scott, et al., 2013)

Mental Health Problem	Prevalence rate in identified studies
One or more mental health problems	25-72%
Behaviour problems, unspecified	2-61%
Conduct disorder	2-50%
Adjustment disorder (including Post-Traumatic Stress Disorder)	0.5-29%
Attention Deficit Disorder	10-21%
Mood disorder (including depression, dysthymia, bipolar affective disorder)	2-15%
Anxiety	3-12%
Attachment disorder	3-17%
Oppositional defiant disorder	4-12%
Intentional self-harm	7-10%

Socioeconomic deprivation is a well-established risk factor for mental health disorders in children and young people. Ford et al (2007) compared the prevalence of mental health disorders in LAC and those living in private households and found that British children looked after by the local authority had a higher prevalence of both psychosocial adversity and psychiatric disorder than the most socio-economically disadvantaged children living in private households (Ford, et al., 2007). This finding suggests that other factors exist among LAC, in addition to socioeconomic deprivation, which increases their risk of developing a mental health disorder.

Care Leavers

Most published studies identified during the literature review focus on children currently in care, rather than care leavers. This is in part due to a lack of routinely collected information on long-term outcomes for care leavers (Cameron, et al., 2018). A report from Barnados in 2017 titled “Neglected Minds” highlighted concerns about unidentified and unmet mental health needs among care leavers (ref). In a case audit of 274 care leavers, a mental health need was identified in 46% (125/274) cases and 1 in 4 had experienced a mental health crisis since leaving care (Smith, 2017).

Sex and age

As previously noted, a large-scale prevalence study into LAC health needs in England was conducted in 2003 by Meltzer and colleagues (Meltzer, et al., 2003). In

this study it was observed that the prevalence of mental health disorders in looked after children and adolescents was higher among boys compared to girls (49% overall –v- 39% overall), however this gap narrowed as children aged and there was no difference in prevalence for 16-17 year olds (both around 40%).

Older children were more likely to have generalised and other anxiety disorders, post-traumatic stress disorder (PTSD), depression and conduct disorder whereas younger children were more likely to have oppositional defiant disorder, hyperkinetic disorder and separation anxiety disorder (Ford, et al., 2007).

Girls were more likely to be diagnosed with PTSD and emotional disorders and boys were more likely to be diagnosed with hyperkinetic and conduct disorders (Meltzer, et al., 2003).

Adverse Childhood Experience (ACE's)

It is not surprising that the circumstances that lead a child into care can have long-lasting effects on mental health and emotional wellbeing. Physical abuse, sexual abuse and neglect, for example, have repeatedly been shown to increase risks of behavioural problems, mental health disorders and suicide (Gilbert, et al., 2009).

There is an increasing body of evidence about the short and long-term impact of adverse childhood experiences (ACEs), including increased risk of poor mental wellbeing and life satisfaction. Pre-care experiences of abuse or neglect are categorised as an ACE, as is the act of going into care itself (Fonagy, 2018). For this reason, all LAC and CL should be considered to be at-risk in respect of developing mental health disorders. This evidence suggests a proactive and holistic approach to emotional wellbeing.

Placement Setting and Stability

The prevalence of psychiatric disorders is noted to be particularly high among those living in residential care (Meltzer, et al., 2003). Often looked after children are placed in residential care for specific reasons, e.g. emotional or behavioural difficulties, which may explain this finding.

Meltzer et al (2003) also observed that there was a gradient in the prevalence of mental health disorders according to time spent in current placements, with those who had spent the least time in their current placement having the highest proportion

of mental health disorders. This suggests that placement stability is a protective factor for mental health. This finding should also be viewed with caution because a significant mental health disorder may impact on the stability of a placement.

Transitions

Transitions can represent a significant upheaval in a young person's life, for example changing placements, leaving care or moving from child to adult services, which may trigger or exacerbate existing mental health disorders (Stein & Dumaret, 2011).

Genetics

The role of genetics may be a contentious one when thinking about LAC, however Woolgar (2013) notes that there is a well-established body of evidence for a genetic contribution some mental health disorders, e.g. depression, psychosis and severe anxiety disorders (Woolgar, 2013). These genetic influences cannot, however, be considered in isolation and should be viewed alongside environmental and social influences.

Understanding the emotional and behavioural needs of LAC children and young people is important. In England, it is a government requirement to use the Strengths and Difficulties Questionnaire (SDQ) to assess the wellbeing of LAC. The SDQ is an internationally validated brief behavioural screening questionnaire for 4-16 year olds. It exists in three parts: one for the carer, another for the child's teacher and a third part for the child. The Department for Education requires local authorities to provide SDQ data to be completed for looked-after children by their main carer (foster carer or residential care worker) only, this is usually facilitated by the LAC social worker. National good practice states that the SDQ should be completed well in advance of any health assessment so that the completed SDQ can meaningfully inform the wider assessment. Information in the completed questionnaires is collected by the local authority and the child's total difficulties score is worked out and available to inform the child's health assessment. This should help the social worker and health professionals to decide whether to triangulate the scores with an SDQ completed by the child's teacher and (if the child is in the relevant age bracket) the child, and whether the child needs to be referred for further diagnostic assessment of their mental health (Department of Education Statutory Guidance 2015).

SDQ scores form part of local authorities routine performance monitoring reports in England, suggesting these scores are used as a proxy measure for the mental health and emotional wellbeing of looked after children.

In addition, the NSPCC report in 2015, "*Achieving emotional wellbeing for Looked After Children"* reported that a high SDQ score indicating severe emotional and behavioural difficulties appeared to increase the risk of instability on placements, in turn having a detrimental impact on LAC achieving good outcomes.

The Rees Report, published in 2015, whilst recognising that the SDQ data has limitations, still concluded it to be a good predictor of outcomes for LAC. As with the Rees Report, wider evidence supports the use of the SDQ as a screening tool (Goodman & Goodman, 2012), whilst cautioning about its limitations. A 2016 report from the Education Select Committee highlighted that the SDQ was just a starting point, and should be accompanied by a full mental health assessment as part of initial and review health assessments (House of Commons Education Committee, 2016).

Meeting needs

Access

A qualitative study by York and Jones (2016) explored the views of foster carers around mental health services (York & Jones, 2017). Although this was a small study, foster carers identified that issues tended to arise not in identifying need but rather once a looked after child was "in the system", e.g. waiting times or transitions (York & Jones, 2017). The complex and often fragmented nature of services reflects wider concerns about systems designed to meet the mental health needs of children and young people in England (Care Quality Commission, 2017).

In its 2017 "Neglected Minds" report, Barnados found that almost two-thirds of care leavers identified (65%) were not receiving any formal support from statutory services (Smith, 2017).

Transitions for those leaving care

Within the UK context, issues surrounding the transition from children to adult mental health services is frequently highlighted as a concern (House of Commons Education Committee, 2016). The Children's Society highlighted

> *"The period of transition for many children can be characterised by confusion, a lack of coordination and participation. It is known that mental health needs become more acute as children progress through adolescent years and when they leave care. Yet it is then that the access to services becomes more difficult"*

Care leavers often struggle to access support from adult services due to their typically higher thresholds for access that are required (HM Government, 2016). Personal advisors who support care leavers often have heavy caseloads and whilst heavily skilled and experienced, often do not have the specialist training required to identify mental health needs.

The Care Leavers Strategy encourages commissioners of mental health services to think of innovative solutions to transitions for care leavers with mental health needs (HM Government, 2013). Whilst it is not felt appropriate to mandate that CAMHS services are available to care leavers up to the age of 25 (as some care leavers may benefit from accessing adult services), examples from areas that have extended access are highlighted. As an example, Birmingham have extended CAMHS services up to age of 25 years and in Sheffield a Community Psychiatric Nurse from the CAMHS service is available for consultations for care leavers to help them gain access to adult mental health teams and to provide one-to-one support (HM Government, 2016).

Cost-effectiveness

Identification and provision of appropriate support for the mental health of looked after children and care leavers is the right thing to do to support young people to live a dignified life. There is also a cost to a lack of intervention, with a study by Loughborough University and the NSPCC estimating that for each unsupported experience of care costs £22,415 per person more than a supported alternative (House of Commons Education Committee, 2016).

Risk-Taking Behaviours

Summary

- **Emerging evidence indicates that adverse childhood experiences can increase the risk of a young person engaging in risky behaviours, such as substance misuse and having an unplanned teenage pregnancy**
- **LAC and CL are much more likely than their peers to smoke, take illicit drugs and engage in sexual activity that could leave them vulnerable to developing sexually-transmitted infections and unintended pregnancies (Meltzer, et al., 2003).**
- **Whilst it is acknowledged that teenage pregnancy can have positive effects for some young parents, it is important that any decisions are planned and taken from an informed perspective**

Sexual Health and Conceptions

Whilst research in this area is limited, there is a small body of evidence which indicates that LAC and CL are more likely to engage in risky sexual behaviours and become a teenage parent than their non-looked-after peers.

Prevalence of risky sexual behaviours

In the latest large-scale England prevalence study by Meltzer et al (2003), it was observed that around a third (31%) of LAC had had sexual intercourse (after excluding children with a history of rape or sexual abuse). Over half (55%) of young people reported that the last time they had sex they did not use contraception, with the highest proportion in younger age groups (74% of 11-15 year olds reported having had unprotected sex). Children with a mental health disorder were more likely than those without a disorder to have had unprotected sex the last time they had sexual intercourse (Meltzer, et al., 2003).

Around 20-50% of 16-19 year old females with a history of care will become a mother compared to 5% of the general population. Young people in care or with a history of care are also more likely to carry their child to term rather than terminate the pregnancy (Meltzer, et al., 2003).

The evidence points towards a range of explanations for these findings:

Risk factors

There are well-established risk factors linked to teenage pregnancy including socioeconomic deprivation, an “unhappy childhood”, “low expectations for the

future", learning difficulties and being NEET (not in education, employment or training). A history of abuse and neglect as well as child sexual exploitation are further risk factors. These risk factors tend to be more prevalent among children in care (or with a history of care) compared to their non-looked-after peers (Meltzer, et al., 2003).

There are also links to other risk-taking behaviours, for example having unprotected sex under the influence of drugs and alcohol (Dale, et al., 2010; Carpenter, et al., 2001; Meltzer, et al., 2003).

Studies have also identified that LAC are more likely to engage in risky sexual behaviours that could in turn lead to sexually transmitted infections and teenage pregnancy, for example becoming sexually active at a younger age and having a higher number of sexual partners than non-looked-after peers (Carpenter, et al., 2001).

"Knowledge deficit" gap

Children in care are less likely to receive meaningful relationship and sex education (RSE) from parents or carers than their peers (Meltzer, et al., 2003). Evidence suggests that RSE appears to be more effective when coming from a trusted person, which may be lacking for a child in care (Fallon & Broadhurst, 2015). It is also felt this may explain lower rates of teenage pregnancy among children living in foster care compared to residential care (Lyons, et al., 2016).

A young person in care may also not receive effective RSE in school if, for example, they are subject to frequent placement/school moves (Fallon & Broadhurst, 2015; Lyons, et al., 2016).

Dale et al (2010) observe that this may result in a LAC or CL having a "knowledge deficit" around safe sexual behaviours, STIs and conception (Dale, et al., 2010).

"Knowledge-behaviour" gap

Dale et al (2010) also identified that LAC may also experience a "knowledge-behaviour gap", or in other words they know how to practice safe sex but didn't always feel able to apply that knowledge. The study authors observed that many of

the looked-after children they interviewed had low self-esteem which impacted on their confidence to practice safe sex (Dale, et al., 2010).

Pre-care experiences also play a significant role. Studies have reported that LAC are more likely to experience attachment issues as a result of previous abuse or neglect. Engaging in sexual activity and becoming a parent may be understood as a form of affection seeking (Dale, et al., 2010; Meltzer, et al., 2003).

Research also indicates that young people in care may also experience peer pressure to engage in sexual activity, particularly within residential settings (Fallon & Broadhurst, 2015).

Leaving care

In terms of sexual health and conception, there is limited data available on care leavers as a specific group however a US-based study observed that remaining in care beyond the age of 18 years old decreased the risk of experiencing teenage pregnancy, even after other effects had been taken into account (Dworsky & Courtney, 2010).

Right to privacy

Another emerging finding from the literature is that in the routine care process detailed information about the sexual history of a child in care is often collected and shared between multiple agencies, for example social work teams, health services and schools. An Irish study observed that the intimate details about a young person in care's private life are often shared even when there is no discernible child protection issues. Young people interviewed saw this as an invasion of their privacy and that it often deterred young people from being open and honest with the team around them for fear of professionals "being on top of you" if you reported any sexual activity (Hyde, et al., 2016).

Substance Misuse, Alcohol and Smoking

Research from the UK and beyond suggests that while risky substance use in adolescence tends to be recreational, it can lead to problematic use in later life and significantly increases the risk of mental disorders, crime and poverty in adulthood (Ward, 1998; Alderson, et al., 2017)

In the recently published NICE (National Institute for Health and Care Excellence) Quality Standard for 'Drug Misuse Prevention', LAC young people as a group that are vulnerable to drug misuse (National Institute for Health and Care Excellence, 2018). About 7% of the approximately 21,000 young people accessing specialist drug and alcohol services in the UK in 2012 self-reported that they were in care (Alderson, et al., 2017)

Risk factors

Looked-after-children have multiple risk factors for substance abuse, including parental poverty, absence of support networks, early family disruption and, in many cases, a history of abuse and neglect (Alderson, et al., 2017).

Estimated substance use

The most valid and relevant prevalence data for estimated substance use comes from the 2003 large-scale prevalence study conducted by Meltzer et al (2003) and these are reported here:

Smoking

Around one-third (32%) of young people reported being a current smoker. For those young people living in residential care, 69% reported being a current smoker which again may be partially explained by the older average age of LAC living in residential compared to other care settings.

Alcohol

A quarter of LAC aged between 11-17 years old drank alcohol at least once a month compared to 9% of those living in private households. As may be expected, older children (16-17 years) were much more likely to drink, for example over a third (34%) of 16-17 year olds surveyed reported drinking alcohol at least once or twice per week.

Children living in residential care were more likely to drink alcohol than those in foster care, although this again could reflect the greater proportion of older children living in residential care.

Drug use

The most popular illicit drug reported to be used among 11-17 years olds surveyed by Meltzer et al was cannabis, with 1 in 5 young people reporting use at some point in their lives. Recent cannabis use was higher in males compared to females and in those living in residential care compared to foster care.

Clusters

With regards to the 'clustering' of behaviours, LAC were four times more likely than children living in private households to smoke, drink alcohol and take drugs (8% compared with 2%). Children with a mental health disorder were more likely to engage in all three lifestyle behaviours than those with no mental health disorder (13% compared to 4%).

Care Leavers

Data around care leavers is more limited. A national survey of care leavers from 2003 found high levels of self-reported drug use compared to the general population with cannabis use highlighted as a specific issue (32% reported daily use). (Ward, et al., 2003)

Risky Substance Use

The SOLID study, led by Newcastle University, aims to investigate the feasibility of interventions to support LAC with risky substance use. As part of a preliminary study, data was gathered on almost 400 children in care in the North-East of England to ascertain levels of risky substance use. The CRAFFT screening tool was used as a validated measure (Alderson, et al., 2017). This study found that almost one in five (19%) of LAC were identified through screening as having risky substance use including, for example, being in a car driven by someone (including themselves) under the influence of alcohol or drugs and having gotten into trouble due to their alcohol or drug use (Alderson, et al., 2017).

Speech Language and Communication and Special Educational Needs

Key points

- **Speech, language and communication skills are essential in the development of skills for life and work. Failure to identify and address needs can lead to a range of negative outcomes in relation to health and wellbeing, educational attainment, future employment prospects and participation in society**
- **Prevalence of SLCN among LAC is an under-researched area. Limited evidence that does exist indicates that needs are often under-identified meaning that LAC are less likely to be receiving therapeutic intervention**
- **Nationally, around two-thirds of LAC have identified SEND (Department for Education and Department for Health, 2015). When considering a breakdown of SEND by need, a higher proportion of LAC have needs associated with "social, emotional and mental health" compared to non-looked after peers**

Speech, Language and Communication Needs (SLCN)

Speech, language and communication needs is the umbrella term most commonly used to describe a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially. Children with speech, language and communication needs may have difficulty with only one speech, language or communication skill, or with several. For example, children may have difficulties with listening and understanding or with talking or both.

The severity of children's speech, language and communication difficulties can also vary significantly from child to child due to the complex interplay of physical, neurological, sensory and environmental factors alongside each child's unique combination of strengths. This means that every child with SLC needs is unique.

In terms of causation, there may be a medical cause in some cases which affects the child's development of speech, language and communication (for example, neurological damage, hearing impairment, autism or cleft palate) or an environmental trigger such as limited exposure to language in the early years. However, in some cases there is no recognisable cause. The definition of speech, language and communication needs, therefore, encompasses children with difficulties as diverse as language delay, language disorders, additional medical and sensory needs, stammers, voice disorders, as well as those children with complex social communication needs including autism.

National School Census data provides a breakdown of the various types of special educational needs and disabilities (including speech, language and communication needs) that are prevalent across children of statutory school age, the census is limited in that it only captures the primary special educational need and/or disability of a child and does not therefore capture those children whose speech, language and communication needs co-exist alongside other conditions and/or disabilities. Where the census does identify children with speech, language and communication needs it does not provide a more detailed breakdown of the severity and/or different types of need which further limits its application for the purpose of this needs analysis.

To overcome this deficiency, this needs assessment instead makes full use of the prevalence data referenced within the Bercow Review of Services for children and Young People (0-19) with Speech, Language and Communication Needs (2008). The Bercow Review concluded that this prevalence data can be taken to broadly represent the levels of speech, language and communication needs across Local Authorities in England and provided the following three categories of need to enable commissioners to be able to differentiate between the severity of children's speech, language and communication needs across the cohort:

- Pervasive speech, language or communication needs
- Significant speech, language or communication needs
- Impoverished speech, language or communication development

Pervasive speech, language or communication needs

The Bercow Review identified that 1% of children will have severe, complex and pervasive speech, language or communication needs who will require long term specialist support, often of an intensive nature for the remainder of their lives. These children will often also have significant physical and/or sensory impairments and/or complex and life-long conditions such as cerebral palsy, deafness or severe autism and can require significant support and adaptations to be made across many aspects of their day to day lives.

Pervasive speech, language or communication needs are often present from birth. Children will typically experience difficulty articulating particular speech sounds, while some cannot make themselves understood at all. For example, the National

Children's Bureau (2012) estimate that a quarter of children with cerebral palsy are nonverbal. Similarly, a study undertaken by Bedrick (2015) identified that nearly a third of people with autism use no spoken language or only a few words.

Where a child has very limited speech or no speech at all it is anticipated that Alternative and Augmentative Communication (AAC) strategies (training re AAC needs to be referenced as a role for SALT service) will be developed to assist the child's communication. Alternative and Augmentative Communication is any form of communication other than speech and includes use of pictures, symbols, sign language and electronic aids as forms of communication.

Significant speech, language or communication needs

The Bercow Review identified 7% of children will have significant speech, language or communication needs which will not improve without specialist intervention as part of the team working with the child, including the parents/carers. Children in this category can be expected to have long term needs but their access to learning and the community can be improved with appropriate support.

These children have speech, language or communication needs which are often associated with an underlying speech, language and communication impairment or as a further need associated with other special educational needs and/or disabilities (SEND). The Communication Trust (2013) estimate that the majority of children with (SEND) will also have some degree of speech, language and communication needs.

Impoverished speech, language or communication development

The Bercow Review further highlighted that in the most deprived and disadvantaged areas of England, approximately 50% of children and young people will potentially have speech, language and communication skills that are immature or poorly developed and significantly below those expected for their age. The children's speech may be unclear, vocabulary is smaller, sentences are shorter and they may struggle to understand instructions.

Impoverished speech, language and communication development is strongly linked to environmental factors such as the child's background, the home environment and the capacity of parents/carers to promote and support language acquisition in the early years which can have a life-limiting effect (ICAN 2009; Department of Health

2009; The Communication Trust 2013). Whilst many families who experience difficulties are able to provide their children with a communication rich environment to support their development, studies consistently highlight that children from deprived and disadvantaged households remain at greater risk of experiencing impoverished speech, language and communication development than their more affluent peers (Locke et al 2002; Centre on the Developing Child 2007; Law et.al 2008; Royal College of Speech and Language Therapists 2018). Families who experience social disadvantage often have to contend with a multitude of stresses which impact upon their ability to interact with and actively cultivate their children's language acquisition. Findings suggest that not only do many children in areas of high deprivation have limited language skills, but that this seems to persist and for some children, get worse (reference needed). Studies highlight that this, in turn, frequently leads to a downward spiral of associated difficulties with broader learning, friendships, behaviour, exclusions, criminal activity, unemployment, mental health difficulties and in some instances: prison (ICAN 2007).

However, it is anticipated that the difficulties associated with children who have impoverished speech, language and communication development are transient and if they are identified early and provided with appropriate support, particularly during the early years, these children can catch up with their peers (reference needed).

The Bercow review suggested that 50% of children in 'the most deprived areas of England' are likely to have impoverished speech, language or communication development.

SLC skills are essential in the development of skills for life and work. Failure to identify and address needs can lead to a range of negative outcomes in relation to their health and wellbeing, educational attainment, future employment prospects and participation in society. Risks include:

- Mental health and emotional wellbeing needs - up to one-third of young people with SLCN will develop subsequent mental health disorders (Children's Communication Coalition, 2010)
- Education, employment and training – it has been shown that experiencing vocabulary difficulties aged 5 is significantly associated with poor literacy, mental health and poorer employment outcomes aged 34 (Blanden, 2006)

- Offending behaviour – studies have identified that around 60-90% of young people who offend have SLCN, compared to around 6% of the general population (Bryan, 2008)

Understanding the communication needs of LAC is an under-researched area, however emerging studies and reports demonstrate a significant proportion of unidentified and unmet need (RCSLT, 2018).

Children in care (or with a history of care) are often at greater risk of developing SLCN as a result of their pre-care experiences, for example experiencing trauma or neglect may have an impact on the development of a child's communication skills (RCSLT, 2018).

In North Yorkshire an integrated service for vulnerable young people (including LAC) "No Wrong Door" includes a screening and intervention arm for SLCN. Among LAC 67% of those screened had SLCN identified (increasing to 74% in looked-after males). In the vast majority of cases no previous intervention had been provided. Interventions took place through a dedicated Communication Support Worker and specialist education provision and the costs of this were partly met through use of the Pupil Premium (LAC are one of the groups of pupils who are entitled to "Pupil Premium Plus" funding which is aimed at closing the attainment gap between them and their peers) (Lushey, et al., 2017).

Evidence also indicates that LAC living in residential care experience high levels of SLCN. In a small study of 30 LAC living in residential care in Scotland, 63% were identified with SLCN and (where data was available) it was clear that 90% had not previously had needs identified or addressed, despite the intensive nature of the support they received in this care setting (McCool & Stevens, 2011).

Special Educational Needs and Disability (SEND)

Looked-after-children are significantly more likely than their peers to have SEND (Department for Education, 2018). In a UK-based review of the educational progress of LAC in England it was identified that over 70% of children who had been in care for over 12 months at Key Stage 4 had an identified SEND compared to just 15% of

those who were identified as a child “not ‘in need’ or looked-after” (O'Higgins, et al., 2015).

This review also considered which needs were identified as having the biggest impact on educational attainment. It was found that autism spectrum disorder, “social, emotional and mental health” needs, moderate and severe or multiple learning difficulties were associated with the worst Key Stage 4 outcomes. It observed that “of all children with identified SEN the children with these four particular types of need were most often also in need or in care” (O'Higgins, et al., 2015).

Children in care with SEN have poorer educational attainment than children with SEN who are not in care (Sebba, et al., 2015). This finding may be associated with other factors associated with being in care, for example education may be disrupted if a child moves placement and transitions to a new school.

Evidence also suggests this may be explained by difference in SEND type. Around half of LAC who had SEN had needs linked to “social, emotional and mental health”, which compares to 28.2% of children not in need or care (Sebba, et al., 2015). Ensuring access to specialist support, for example through specialist CAMHS services or school counselling services where appropriate, is therefore key.

Wider Determinants (Care Leavers)

Key points

- **There are a variety of factors that influence the health and wellbeing of young people leaving care, including education, employment and training, access to safe and secure accommodation and being empowered to be financially independent**
- **Around 40% of care leavers in England are not in education, employment or training (NEET)**
- **Nationally, care leavers also face considerable challenges in securing suitable accommodation.**
- **Care leavers often become financially independent at a much younger age than their non-looked after peers. Nationally they are over-represented in those receiving “benefit sanctions”.**

Education, Employment and Training

Young people leaving care can often experience difficulties in moving into further education, employment and training. Around 40% of care leavers in England are not in education, employment or training (NEET) compared to around 13% of 19-24 year

olds in the general population (Department for Education, 2017). Only around 6% of care leavers move into higher education compared to 27% of their peers aged 18 (Department for Education, 2017).

Pre-care experiences can continue to have an impact on the young person throughout their life course if they remain unaddressed (NAO, 2015). A systematic review (a rigorous review of the available evidence on a subject) by the Rees Centre at the University of Oxford found that children in care lagged behind their peers on a range of educational outcomes at all stages of learning (O'Higgins, et al., 2015) As an example, 17.5% of LAC achieved a pass in English and Mathematics GCSE compared to 58.9% of non-looked after peers (Department for Education, 2017). As highlighted previously, some of these differences are driven by the higher proportion of LAC who have identified SEN although analysis confirms that attainment at Key Stage 4 is poorer for LAC with SEN compared to non-looked after peers with SEN (Department for Education, 2017).

Young people leaving care typically become independent at a younger age than their peers, for example over half of 20-24 year olds still live with their parents (56%). Evidence suggests that a young person leaving care often needs to deal with multiple complex changes in relation to securing accommodation, employment and managing finances all at once at a more “accelerated and compressed” pace than their peers (Cameron, et al., 2018).

Care leavers are more likely to engage in risk-taking behaviours, such as substance misuse and youth offending, which can impact on their ability to stay in education, employment and training (Smith, 2017).

There is limited evidence on long-term employment outcomes for people leaving care in the UK. Data has been historically reported in England up to the age of 21 years only (the previous cut-off age for care leavers in England).

One longitudinal study was identified during the literature search. This study used data from the British Cohort Study (a longitudinal study of 17,000 participants born in 1970) to look at outcomes in participants who reported a history of care. At the age of 30, 7.1% of participants with a history of care were unemployed compared to just 3.1% of those who had never been in care (Cameron, et al., 2018). Whilst this is an

isolated study, it provides compelling evidence to suggest that barriers to the employment market persist long after a young person leaves care.

Accommodation

Securing high-quality accommodation can support a positive transition into adulthood for care leavers and local authorities have a statutory duty to support care leavers to move into secure, appropriate accommodation (HM Government, 2017).

In a 2010 survey, care leavers felt "safe, settled accommodation" related to (Barnados, 2014):

- Having **choice** about when to leave care and about accommodation options
- Being **prepared** to leave care
- Being and feeling **safe**
- Having practical and personal **support**
- Having appropriate **financial support**
- **Being involved** in services affecting them

Care leavers are at increased risk of becoming homeless. Reports suggest that around one-third of care leavers experience homelessness at some stage after leaving care, with one survey from the youth homelessness charity Centrepoint finding that 26% had "sofa surfed" and 14% had slept rough (Centrepoint, 2017).

Managing Finances Independently

As previously highlighted, care leavers often experience "accelerated and compressed transitions" to adulthood and may be required to manage finances independently at a much younger age than their peers (Cameron, et al., 2018).

They may also struggle to appropriately access the welfare support they are entitled to. As an example, care leavers appear to experience a high proportion of benefit sanctions. An investigation by the Children's Society found that from 2013-2015, nearly 4,000 benefit sanctions were applied to care leavers. Compared to the general population, a smaller proportion of care leavers appealed sanctions (16% of care leavers compared to 23% overall). Of those who did, 60% were overturned on appeal (compared to 50% overall) (Ayre, et al., 2016). These findings suggest that

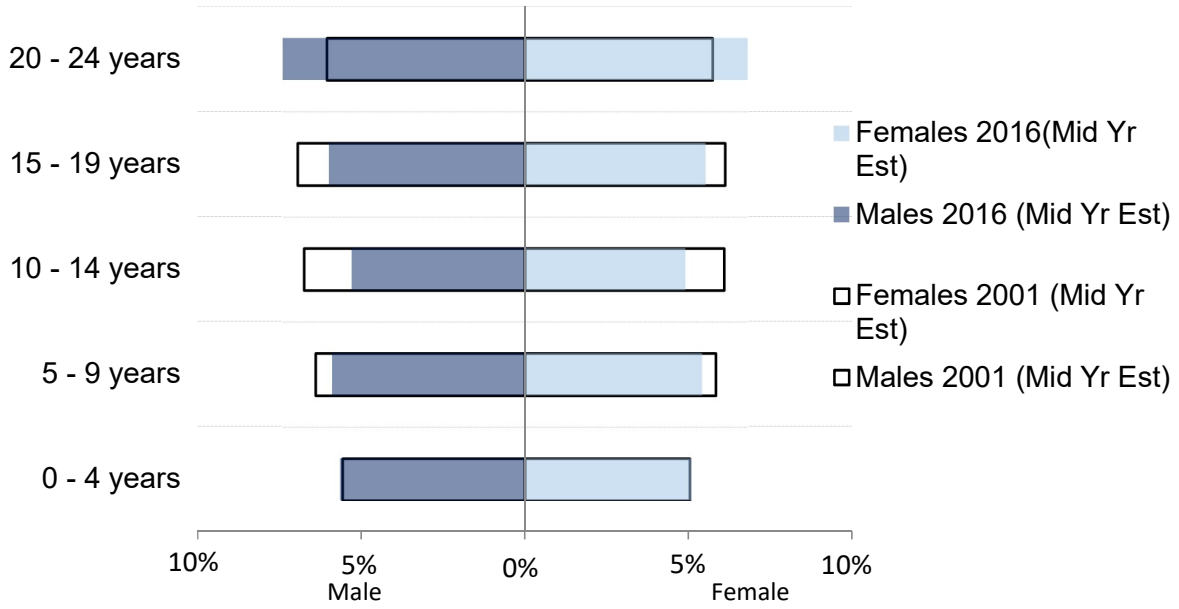
care leavers may need additional support to navigate the welfare system to appropriately access support.

Chapter 3: County Durham's Population

Age Profile

County Durham has an estimated population of 522,143 (2016, ONS). Since 2001 the population has increased by 28,400 people (5.8%). County Durham has an ageing population structure. This follows national and historical trends brought about by the post Second World War spike in births, followed by steadily decreasing birth rates until the start of the new millennium. Unlike the national trend (0-17 years) the county has seen a gradual fall in the number of its children and young people since 2001. The 2016 figure was 5.8% lower than in 2001 compared to a 5.1% increase nationally. This represents a fall of 6,200 children and young people in the county over this period.

Figure 1: Population age pyramid for County Durham 2001 to 2016, ages 0 to 24 years. Source: ONS



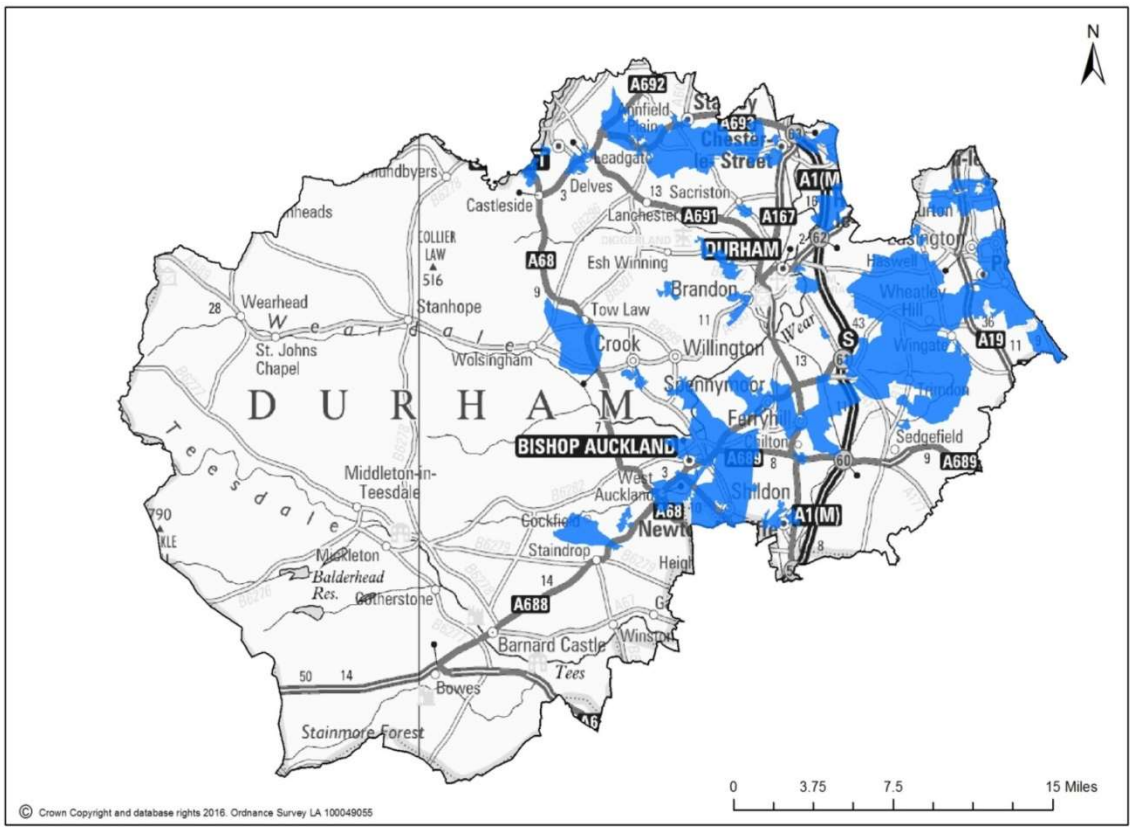
The most notable changes to the County Durham population are in the older age bands of the 0-24 population. The county's 20-24 year old population has increased while there has been a fall in the number of children aged 5 to 19 years.

Deprivation within County Durham

The health and wellbeing of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average. There is also inequality within County Durham for many measures (including life expectancy, childhood obesity and premature mortality for example). Overall, the health and wellbeing of children in County Durham is generally worse than the England average, as are the levels of child poverty.

County Durham is a large and diverse area and over 40% of our population live in relatively deprived areas (43% of County Durham's Lower Super Output Areas (LSOAs) are in the 30% most deprived nationally). The variation in County Durham is shown on the map below (figure 2).

Figure 2: Map showing County Durham's most 30% most deprived LSOAs nationally. Source: ID2015, DCLG



The more deprived an area is, the poorer health outcomes that would be expected. Overall, the health and wellbeing of children in County Durham is generally worse than the England average, as are the levels of child poverty. County Durham is the 75th most deprived local authority in England (out of 326) and as such would be expected to have lower than average health outcomes (ID2015).

Understanding the health needs of children and young people in County Durham

Child health and wellbeing in County Durham is mixed compared to the England average. Many indicators show an experience locally that is significantly worse than the England average but many of these have shown improvement over a longer time period. However, some have not. The health and well-being outcomes of an area are greatly shaped by a wide variety of social, economic and environmental factors (such as poverty, housing, ethnicity, place of residence, education and environment). It is clear that improvements in health outcomes cannot be made without action in these wider determinants. Health inequalities are disparities between population groups that are systematically associated with these socio- economic and environmental factors. Such variations in health are avoidable and unjust. There is a clear social gradient to many health outcomes.

The 2018 Child Health Profile provides an overview of child health and wellbeing in County Durham.

https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/9/gid/1938132992/pat/6/par/E12000001/ati/102/are/E06000047

The profiles are designed to help local authorities and health services improve the health and wellbeing of children and tackle health inequalities.

The profile is also available as an interactive version within PHE's Fingertips tool, where CCG profiles are available:

https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000001/ati/102/are/E06000047

Further relevant information relating to Child and Maternal Health in County Durham is available within PHE's Fingertip's tool by life course stage and theme here: https://fingertips.phe.org.uk/profile-group/child-health

Figure 3: Overview of child health, County Durham, 2018. Source: PHE, Fingertips.

Indicator	Period	County Durham		North East	England
		Count	Value	Value	Value
Infant mortality	2014-16	24	**4.6**	3.7	3.9
Child mortality rate (1-17 years)	2014-16	12	**12.8**	12.1	11.6
MMR vaccination for one dose (2 years) **<90% ≥90%**	2016/17	5,383	**97.0%**	94.9%	91.6%
Dtap / IPV / Hib vaccination (2 years) **<90% ≥90%**	2016/17	5,467	**98.6%**	97.4%	95.1%
Children in care immunisations	2017	415	**84.8%**	90.4%	84.6%
Children with a good level of development at the end of reception	2016/17	4,046	**71.9%**	70.7%	70.7%
GCSEs attainment: Attainment 8 Score	2016/17	-	**44.6%**	44.6%	44.6%
GCSEs attainment: Attainment 8 Score of children in care	2016/17	-	**31.3%**	25.9%	22.8%
16-17 year olds not in education, employment or training	2016	610	**5.6%**	5.4%	6.0%
First time entrants to the youth justice system	2016	168	**391.3**	409.8	327.1
Children in low income families (under 16 years)	2015	18,695	**21.4%**	22.0%	16.8%
Family homelessness	2016/17	101	**0.4**	0.7	1.9
Children in care	2017	815	**81**	92	62
Children killed or seriously injured (KSI) on England's roads	2014-16	22	**24.4**	23.3	17.1
Low birth weight of term babies	2016	146	**3.0%**	3.0%	2.8%
Obese children (4-5 years)	2016/17	589	**10.3%**	10.7%	9.6%
Obese children (10-11 years)	2016/17	1,211	**22.6%**	22.5%	20.0%
Children with one or more decayed, missing or filled teeth	2016/17	-	**25.8%**	23.9%	23.3%
Hospital admissions for dental caries (0-4 years)	2014/15 – 16/17	32	**112.6**	299.5	234.7
Under 18 conceptions	2016	173	**21.6**	24.6	18.8
Teenage mothers	2016/17	77	**1.5%**	1.4%	0.8%
Hospital admissions due to alcohol specific conditions – under 18s	2014/15 – 16/17	56	**56.2**	64.8	34.2
Hospital admissions due to substance misuse (15-24 years)	2014/15 – 16/17	63	**92.0**	113.2	89.8
Smoking status at time of delivery	2016/17	867	**16.7%**	16.1%	10.7%
Breastfeeding initiation	2016/17	2,924	**56.0%**	59.0%	74.5%
Breastfeeding prevalence at 6-8 weeks after birth	2016/17	1,490	**27.9%**	31.4%	44.4%
A&E attendances (0-4 years)	2016/17	24,072	**861.4**	928.5	601.8
Hospital admissions caused by injuries in children (0-14 years)	2016/17	1,453	**173.1**	146.4	101.5
Hospital admissions caused by injuries in young people (15-24 years)	2016/17	1,048	**156.4**	151.5	129.2
Hospital admissions for asthma (under 19 years)	2016/17	264	**248.0**	266.2	202.8
Hospital admissions for mental health conditions	2016/17	95	**94.7**	99.3	81.5
Hospital admissions as a result of self-harm (10-24 years)	2016/17	377	**400.8**	425.3	404.6

	worse than England
	similar to England
	better than England

Benchmarking against statistical neighbours

When looking at any health profile for County Durham, the natural comparison that is always made is how it compares against the England average. Whilst this is vital for understanding the wider picture of health and which areas are of particular concern it often shows County Durham performing significantly worse than England for most indicators. This type of comparison can be misleading as it does not consider the social or economic nature of each individual County. Benchmarking County Durham against similar local authorities gives local context enabling a more detailed look at whether local people's health is better, worse or similar to like authorities.

The following charts, compare County Durham with its Children's Services Statistical Neighbours (CSSN) family group. This group includes St. Helens, Stockton-On-Tees, Sunderland, Darlington, Gateshead, Halton, Wakefield, North Tyneside, Wigan, and Barnsley.

It is important to note that when looking at the data for each local authority there may be significant differences in population that are not taken in to account, this includes age, gender and ethnicity.

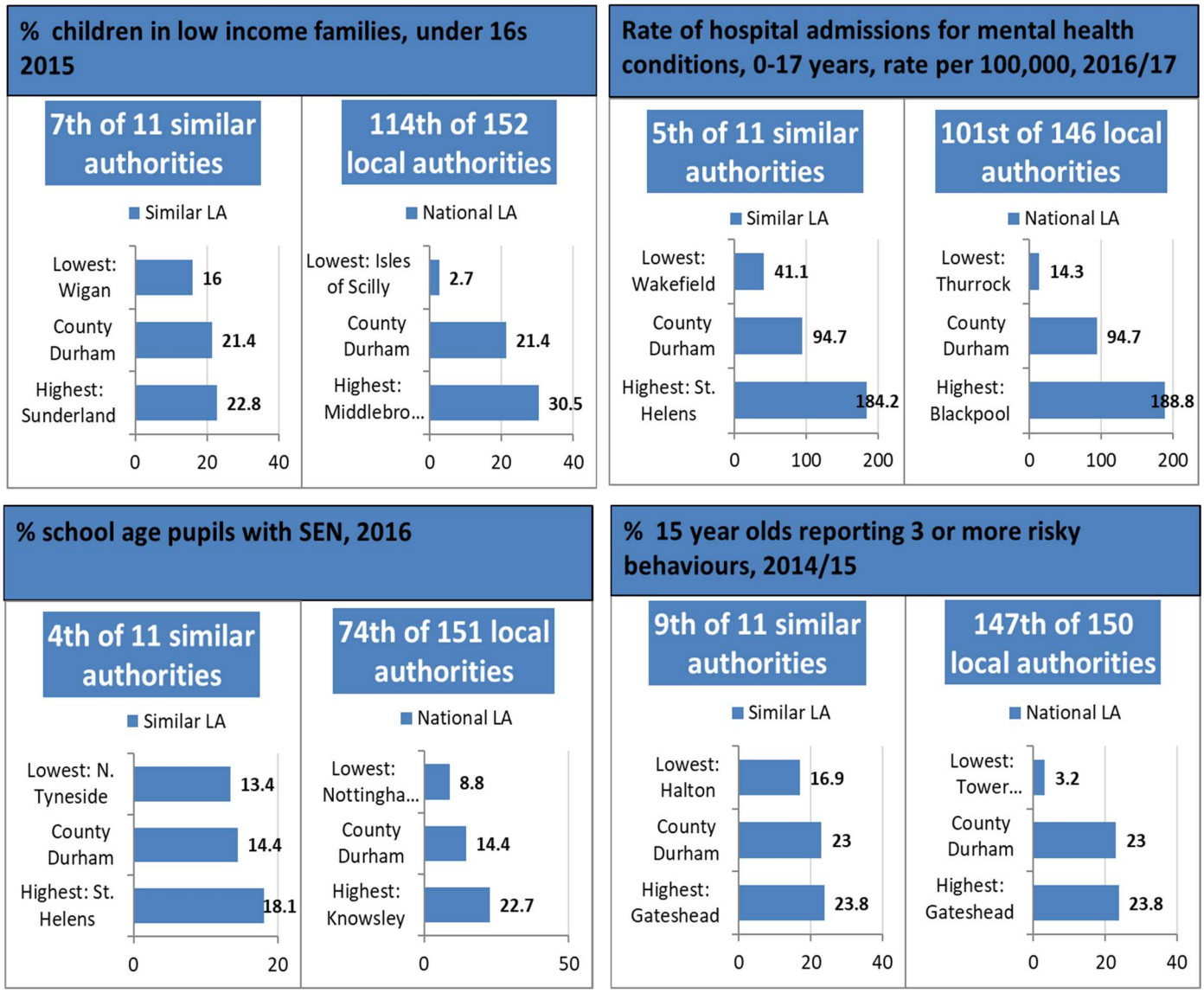
What is benchmarking?

Benchmarking is defined as a measurement of the quality of organisation's policies, procedures or strategies and their comparison with standard measurements, or similar measurements of its peers. In this case we are looking at indicators relating to health outcomes in looked after children via selected indicators from Child Health profiles and further.

Why benchmark?

The reasons for benchmarking are to determine where improvements may be needed and to consider how other local authorities achieve the higher levels. Benchmarking in this way allows comparison with 'like' areas enabling a deeper look at what the differences are and if there is a systematic way of improving them.

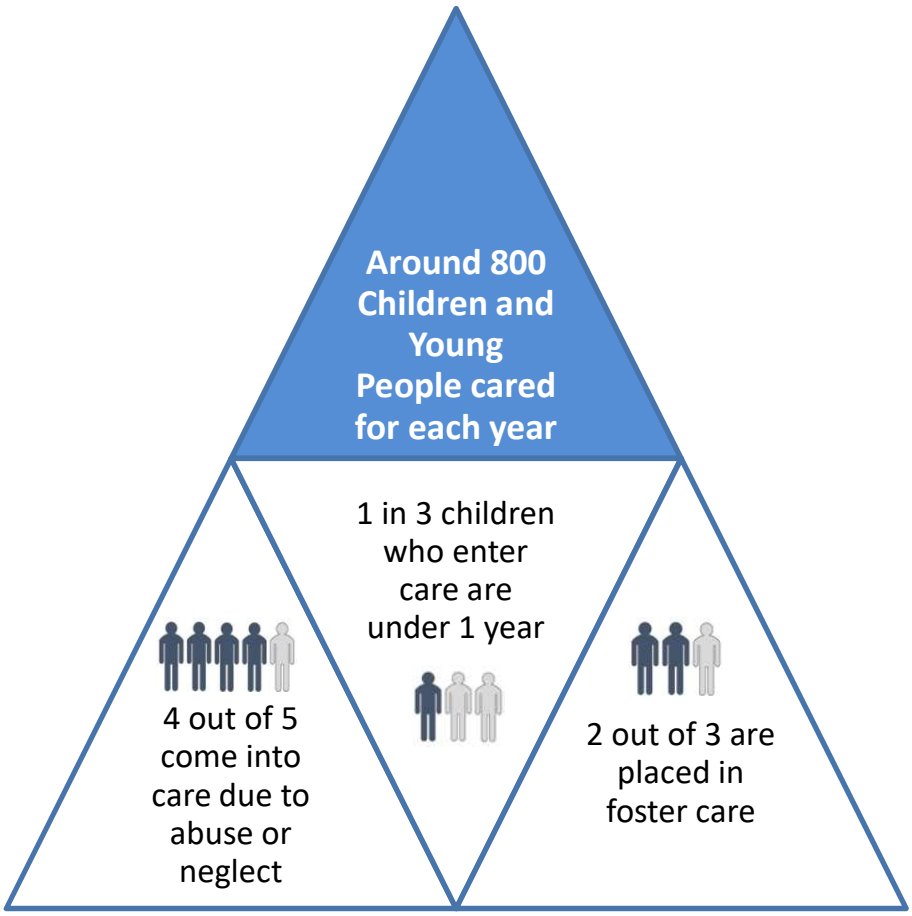
Figure 4: Various indicators related to the 4 priority areas of the HNA, County Durham compared to similar local authorities and all local authorities. Source: Fingertips, PHE



* Ranked from best to worse where 1 is best.

Durham Data – the local picture and how we compare

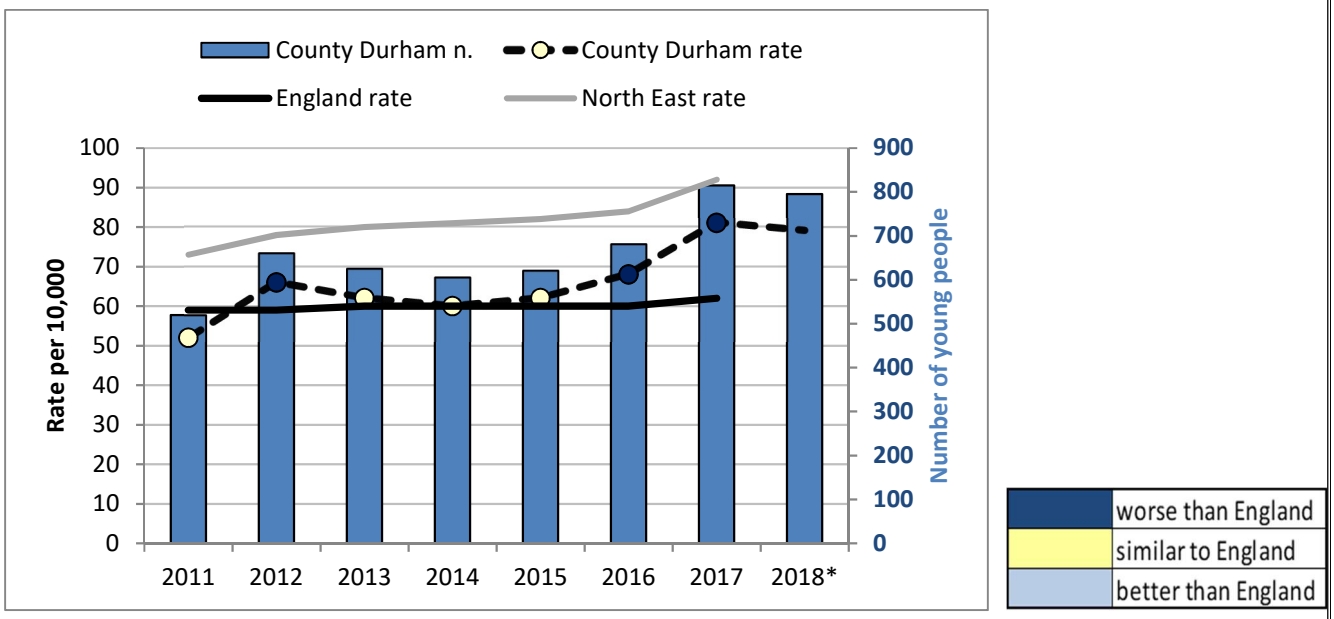
Figure 5: Overview of Looked after Children in County Durham, 2017/18, Children and Young People's Services (CYPS), Durham County Council (DCC).



Durham County Council has seen a 53% increase in the number of looked after children between 2011 (520) and 2018 (795) (figure 6).

Published data is available up to 2017. For 2016 and 2017, the rate of children in full time looked after care in County Durham is significantly higher than England and lower than the North East. Provisional data for 2018 shows that the number and rate of looked after children has dropped slightly; 795 children and young people looked after and a rate of 79 per 10,000.

Figure 6 - Rate of children looked after as at 31st March each year per 10,000 population aged under 18, 2011 – 2018. County Durham, North East and England. Source: Fingertips and CYPS DCC.



*2018 data is provisional

Within County Durham there is geographical variation in the number of children and young people becoming looked after. Between 2014/15 and 2016/17 just one 1,000 children and young people became looked after. Table 3 shows the where they were living prior to becoming looked after.

Table 3: Number and proportion of children becoming looked after by Clinical Commissioning Group (CCG) and commissioning localities, 0-17 years, 2014/15-2016/17. Source: CYPS DCC.

	2014/15 – 2016/17		
	Number of children becoming looked after	%	Rate per 10,000
North Durham CCG	***341***	***36***	***34.4***
Derwentside	164	17.3	36.1
Chester-le-Street	78	8.2	40.3
Durham	99	10.5	28.8
Durham Dales, Easington and Sedgefield (DDES) CCG	***605***	***64***	***45.7***
Durham Dales	140	14.8	37.9
East Durham	298	31.5	58.2
Sedgefield	167	17.7	37.8
County Durham	***946***	***100***	***40.9***

Between 2014/15 and 2016/17 the majority of children and young people becoming looked after had been resident in DDES CCG (64%) and almost a third had been living in East Durham (31.5%). As a rate per 10,000 population the rate in DDES CCG is over 10 per 10,000 higher than North Durham CCG; 45.7 per 10,000 compared to 34.4 per 10,000. The rate in East Durham of 58.2 per 10,000 is twice as high as the rate in Durham 28.8 per 10,000.

Chapter 4: Local Review of Data and Intelligence in County Durham

Mental Health and Emotional Wellbeing

Summary points

- **There is limited local data available to understand the prevalence of mental ill health and gauge the overall wellbeing of LAC and CL. The Strengths and Difficulties Questionnaire (SDQ) is used as a proxy measure of wellbeing and the reported proportion of LAC with a SDQ score considered to be "of concern" is higher than North East and England averages**
- **SDQ scores are not routinely used to inform health assessments, shared with young people or reviewed with other key stakeholders, for example the Virtual Head**
- **There are a number of LAC young people requiring emergency support on repeated occasions.**
- **An over-arching pathway to support the mental health and emotional wellbeing is considered to be lacking, with many referrers unsure where to turn if a young person does not meet the criteria for input from CAMHS or Full Circle.**

Strength and Difficulty Questionnaire (SDQ)

SDQ Submission

SDQ scores are requested from carers for all children and young people in County Durham aged between 4 – 17 years who have been in care for longer than 12 months. Whilst national guidance does not stipulate how the SDQ questionnaire should be implemented, Durham unlike other neighbouring LA's, utilise a postal return process.

The postal return process presents its own challenges and may impact on the volume of returns, data collated and its analysis. The response rate is often sporadic, meaning that the results may not be a true reflection of this cohort of children and young people. Results are not routinely used to inform health assessments, shared with young people or reviewed with other key stakeholders for example the Virtual Head.

Figure 8 below reports the percentage of LAC who have a SDQ score submitted with figures for North-East England and England provided for comparison.

Figure 8: Percentage of LAC for whom a SDQ score was submitted (looked after >12 months, County Durham, North East and England, 2011-2017. Source: Department for Education.

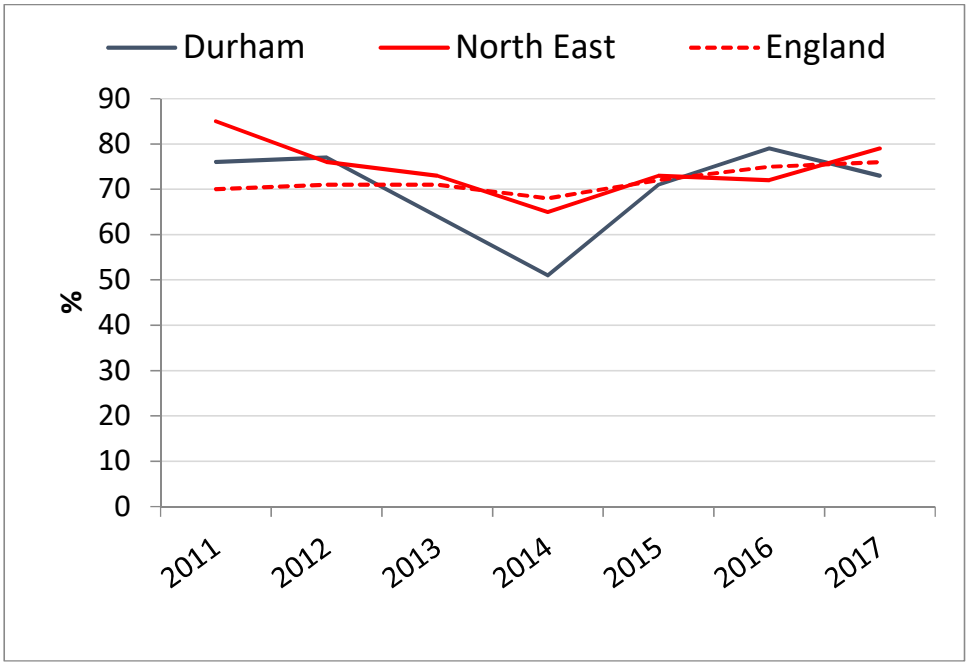


Figure 8 shows that around three-quarters of LAC have a SDQ submitted. Submissions in County Durham can often be lower than North East and England comparators.

Whilst assumptions are made by partners that the variation in response rate can be accredited to the postal return process, a review of the SDQ process is required to better understand how these scores can better influence and inform health assessments and interventions as part of a more holistic mental health pathway.

SDQ Results

In order to understand the results of SDQ scores obtained, Figure 9 shows the average total SDQ scores for County Durham compared regionally and nationally. It should be noted that the higher the score, the greater the risk of developing a mental health disorder.

Figure 9: Average difficulties score for all LAC (looked after >12 months), County Durham, North East and England, 2009-2017. Source: Department for Education.

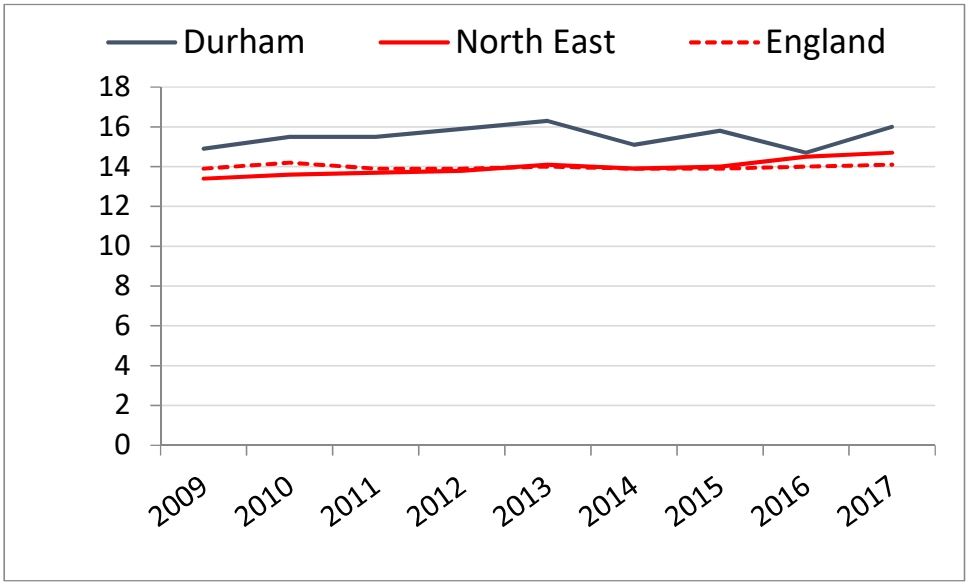
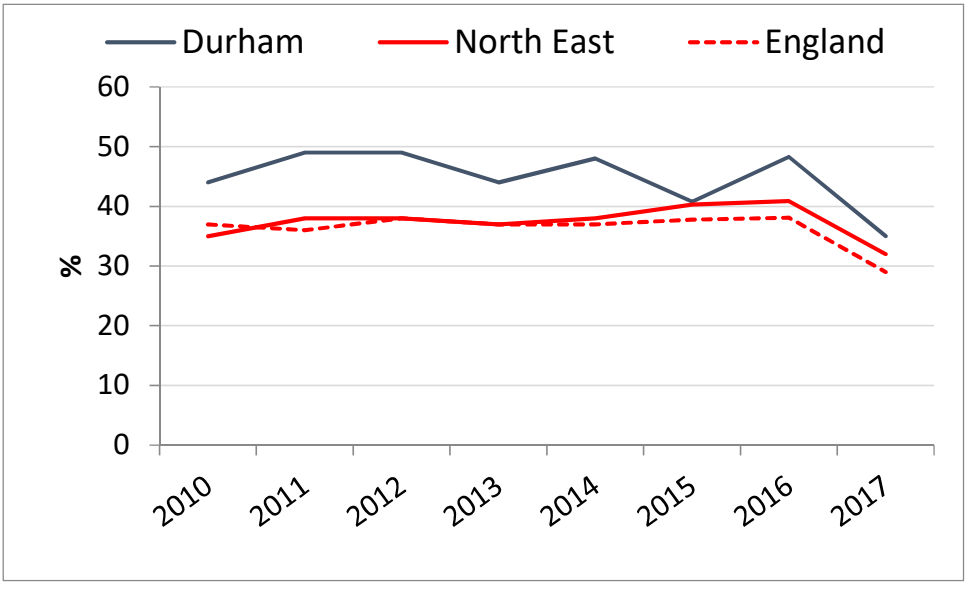


Figure 10 below shows the proportion of LAC who have a SDQ score considered to be "of concern" (>17) in Figure 9.

Figure 10: Percentage of eligible LAC with a SDQ score that is considered to be of concern (>17), County Durham, North East and England, 2010-2017. Source: Department for Education.



These results show that for those LAC who had a SDQ score submitted in 2016/17, just over a third (35%) had a SDQ score which indicated they are at a high risk of developing a mental health disorder. Whilst the proportion of young people with a SDQ score “of concern” has come down overall (and most significantly within County Durham) the results for County Durham are higher than the national England and North-East average.

Guidance suggests that specialist input, e.g. therapeutic support or consultation with CAMHS is required for young people with a total score of over 17.

The Full Circle

The Full Circle provides a post-trauma service for children and young people up to 18 years of age and/or their families and carers. The age range is extended to 25 for care leavers and those eligible for Adoption Support Fund.

The service is for children & young people who have experienced trauma as a result of abuse or neglect, where the impact of this trauma continues to affect day to day functioning and emotional wellbeing. The need for therapeutic support should be identified by professionals as part of a current plan. Eligibility criteria is as follows:

- Children and young people who are Looked After by Durham County Council and young people who are care leavers.
- Children in Need including those with a mild learning disability and children who are subject to a Child Protection Plan, provided they are now in a safe, supportive environment.
- Adopted children and children subject to a Special Guardianship Order who may be eligible for Adoption Support Funding (i.e. previously Looked After).
- Children who have suffered sexual abuse but who may not be in need of services other than therapeutic input.

Children and young people who may not be eligible for support include the following:

- Some children and young people with developmental difficulties will have their needs best met within the Child Development Centres/Paediatric teams or Learning Disability CAMHS.
- A number of young people will present with mental health difficulties where CAMHS / another mental health service may be more appropriate.

It should also be noted that the service for care leavers is limited to exploring the impact of early life experiences and helping young people to understand their history, rather than an alternative to adult mental health services.

The service plays a role in supporting the mental health and emotional wellbeing of those most vulnerable LAC and CL in County Durham, providing direct interventions for young people themselves as well as providing training and support for their carers.

In addition, Durham County Council provide funding for a Consultant Clinical Psychologist and a Clinical Nurse Specialist who are employed by Tees, Esk and Wear Valley NHS Foundation Trust to work exclusively for Full Circle.

Referrals into Full Circle

Table 4 demonstrates the number of referrals into the Full Circle team, broken down into whether referrals were for ongoing work/support or one-off consultations.

Table 4: Full Circle Referrals, County Durham, 0-25 years, 2014/15 – 2017/18. Source: Full Circle.

Year	Number of referrals	Ongoing Work		Consultations	
		No.	%	No.	%
2014-15	490	185	38%	305	62%
2015-16	527	243	46%	284	54%
2016-17	550	227	41%	323	59%
2017-18	547	207	38%	340	62%

Over the four years of data the proportionate split between ongoing work compared to consultations has remained fairly constant at 40/60.

The consultation service exists to support foster carers, prospective adopters, adoptive parents and a range of professionals and care planning teams (including social workers and residential carers). Consultations provide a reflective space in which to think about children and understand their behaviours and needs within the context of their trauma and experience. The majority of consultations are undertaken by the team's Consultant Clinical Psychologist.

The number of consultations undertaken by the Consultant Clinical Psychologist in 2017/18 are broken down by type in Table 5.

Table 5: Full Circle consultations by type, County Durham, 0-25 years, 2017/18. Source: Full Circle.

Consultation Type	Number	%
Psychological/attachment/behaviour	101	38%
Care Planning	40	15%
Pre-adoption match	30	11%
Residential	26	10%
Post adoption	23	9%
Pre-adoption advice	15	6%
Post Adoption pre order	14	5%
Pre-fostering match	10	4%
Fostering and Adoption Assessment	6	2%
Total	265	100%

A further 75 consultations were undertaken by therapeutic workers in the team. The main topics of these consultations were:

- Placement stability
- Care planning decisions
- Behavioural issues.

With regards to the 207 referrals for ongoing work, the top 10 primary reasons for referral are listed in Table 6:

Table 6: Top 10 Primary Referral Reasons for ongoing work in Full Circle, County Durham, 0-25 years, 2017/18

Primary Referral Reason	Number	%
Adoption - Post Work	27	17%

Primary Referral Reason	Number	%
Behavioural	24	15%
Attachment	21	13%
Placement Stability	19	12%
Separation/loss	17	10%
Mental Health (Young Person)	14	9%
Domestic Abuse/Violence	11	7%
Neglect	11	7%
Sexual Abuse	10	6%
Permanence Prep	9	6%
Total	163	100%

Outcomes

Child Global Assessment Scale (CGAS) are used to chart the progress made by children who receive a therapeutic service. The CGAS is undertaken on entry to the service and at case closure within the Full Circle team. Whilst the service have no defined performance targets, based on 78 follow-up scores in 2017/18:

- **87%** of children achieved an improved score after undertaking therapeutic work
- **72%** of children moved to an improved banding on the scale (e.g. from 'Severe Problems' to 'Serious Problems') showing improved scores across a range of day to day activities
- **26%** remained in the same banding

Child and Adolescent Mental Health Services (CAMHS)

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) provide specialist Child and Adolescent Mental Health Services (CAMHS) which cover County Durham. Whilst no specific pathway is in place, LAC who meet the eligibility criteria for CAMHS can access the multi-professional team where a range of treatment or therapies may be offered.

Data presented below demonstrates the number of initial assessments and face-to-face contacts TEWV conducted among LAC. It is important to acknowledge that TEWV collect data based on the clinical commissioning group (CCG) in which the young person lives, rather than local authority boundaries. There is a facility within the patient information system used by TEWV (PARIS) to 'flag' a looked-after child

and data has been extracted based on those young people who are registered to North Durham CCG or Durham Dales, Easington and Sedgefield CCG which cover County Durham boundaries who are flagged as being a LAC. Stakeholders from TEWV advise that flagging a child in the system is dependent upon the young person being identified as LAC, which may not be clear until the initial assessment has been made. Data will also include looked-after young people who reside in County Durham but who are looked-after by another local authority.

Table 7: No. of CAMHS initial assessments and face-to-face contacts with LAC in 2017/18

CCG (and sub-CCG area)	Initial Assessments	Face-to-Face Contacts
NHS North Durham CCG		
Chester-le-Street	25	479
Derwentside	68	498
Durham City	46	368
NHS North Durham CCG Total	***139***	***1345***
NHS Durham Dales, Easington and Sedgefield (DDES) CCG		
Durham Dales	*66*	*572*
Easington	*80*	*491*
Sedgefield	*63*	*472*
NHS DDES CCG Total	**209**	**1535**
Grand Total	**348**	**2880**

CAMHS also provides a crisis and liaison service for young people experiencing a mental health emergency, for example suicidal behaviour or intention or during a psychotic episode. In order to understand service use among LAC, Table 8 below shows the number of individuals patients who had contact with the Crisis team alongside the total number of attended contacts. This data shows that in 2017/18, 54 individual LAC were seen within the Crisis and Liaison team across County Durham which generated 229 contacts with the team, or, on average, 4.2 contacts per service user. This suggests that there are a number of young people requiring emergency support on repeated occasions.

Table 8 CAMHS Crisis and Liaison 2017/18 service use data for looked-after-children

Clinical Commissioning Group	Individual Patients	Total attended contacts with Crisis teams
NHS North Durham CCG	24	73
NHS Durham Dales, Easington and Sedgefield CCG	30	156
Grand Total	**54**	**229**

Feedback from Stakeholders

What worked well

There was broad consensus among those working with LAC and CL that this population often experienced high levels of need in relation to their mental health and emotional wellbeing.

Many stakeholders, including social workers and independent reviewing officers (IROs), commented that they found it useful that there were two CAMHS employees (Consultant Clinical Psychologist and Clinical Nurse Specialist) working in the Full Circle team because these team members could provide specialist advice and supported them in navigating the wider CAMHS teams. Both CAMHS and Full Circle team members commented that this arrangement supported good working relationships and understanding between the two teams.

It was also noted that over the years the Full Circle team have developed the training and support they provide to carers, in terms of both 1:1 and group support, which was felt to be a positive development.

Stakeholders, including residential workers, noted that Crisis and Liaison teams were very responsive to urgent situations where support was required.

Identifying and Monitoring of need over the long-term

As previously described, local authorities are mandated to collect SDQ scores for every looked-after child on an annual basis. In a more recent development in County Durham, SDQ scores are now shared with health teams conducting review health assessments to support these processes.

One concern raised, however, was that SDQs represent a ‘snapshot’ in time and limited analysis is currently done to monitor trends across the LAC population over time. As an example, it is not known how many young people whose SDQ score was “of concern” were still of concern when the scores are repeated 12 months later. A review by the Care Quality Commission of health services for children looked-after and safeguarding in County Durham which reported in April 2017 highlighted the need to “use the SDQ to inform the health review more meaningfully”, for example

enabling the young person to reflect on scores tracked over time (CQC, 2017). Further work is required to fully embed this into practice.

"Ownership" of young people with identified mental health and emotional wellbeing needs

In a number of consultation sessions, issues around access to support for some mental health needs was highlighted as an issue. A number of stakeholders highlighted that there were a number of young people who had a need identified who met neither the eligibility criteria for CAMHS or Full Circle. As an example, whilst some interim support can be provided to carers through Full Circle, these teams require a young person to be in a settled placement in order to access services – on the basis that in order to safely and effectively address trauma based issues the child or young person should be in a stable placement. Several stakeholders reported, however, that it can often be difficult to establish placement stability in a young person as a result of their mental health needs.

In these cases it was felt by professionals working with LAC that they were sent back to teams with limited signposting for further support. Stakeholders felt that despite the many teams and professionals involved in supporting LAC, there was at times a "lack of ownership" around the mental health needs of the young person. Some carers were also often uncertain about what alternative options may exist outside of CAMHS and Full Circle which led to a feeling among many that some young people "slipped through the net" and received a lack of support to address their needs.

Access to services

In order to access services some stakeholders, including social workers, residential carers and foster carers, commented that they often felt they needed to take an assertive and persistent to get a young person support for their mental health needs. As an example, some carers identified they felt they often needed to chase referrals and appointments in order to ensure progress was made. Professionals escalated concerns through their managers, although there was no formal escalation routes described.

Support and training for carers

A number of foster and residential carers and social workers acknowledged that Full Circle provided some useful training courses to support them in identifying and managing need. Courses are primarily aimed at supporting LAC in relation to trauma and attachment (e.g. nurturing attachment group training based on the Kim Golding 'House Model of Parenting').

Support to access Mental Health First Aid training and training to help support young people at risk of suicide or self-harm was highlighted as potential opportunities to improve the care and support these professionals were able to deliver.

Transitions

Similar to national findings from the published evidence, transitions out of care were highlighted as a period that can generate disruption for a young person. Transition planning for mental health service has been a strong focus for TEWV and they now aim to have the first conversation with young people at 17 years and 3 months so that by 17 years and 6 months an initial plan is in place. This falls in line with an organisational Commissioning for Quality and Innovation (CQUIN) indicator that 90% of 17.5 year olds have a transition plan. As part of transition planning, TEWV aim for a panel to be convened with representatives from both adult and child mental health services to support the development of an effective transition plan. Within the transition plan, a key worker should be identified.

In discussions with stakeholders there appear to be two key issues around transitions to adult services for care leavers:

Access to support

Stakeholders from TEWV explained that the CAMHS service takes a needs-based approach, looking at the individual needs of a young person and addressing these directly. For this reason, CAMHS are often reluctant to place a specific diagnosis on a young person unless certain. This individualised approach to care can provide many benefits to the young person, and avoid potentially stigmatising labels. It can, however, lead to obstacles at the point of transition to adult services. In order to be able to access many adult mental health services provided by TEWV, a diagnosed mental health condition is often a pre-requisite of eligibility criteria.

It was identified by a number of stakeholders as part of the consultation that this can create a gap in service that could lead to care leavers “slipping through the net” at a time when they might need support the most. Whilst Full Circle continue to provide services for care leavers, a number of stakeholders felt that there was a cohort of care leavers who didn’t meet the eligibility criteria for either service but who had a moderate level of need which could escalate if unaddressed. Some stakeholders referred to Talking Changes (a self-help and talking therapies service delivered in County Durham and Darlington) however advised concerns that this service was less likely to understand the specific needs of young people with a history of care and noted that in their experience a number of care leavers had struggled to engage effectively with this service (for example, some care leavers found it difficult to stick to appointed telephone consultations).

Planning/preparedness

A number of stakeholders acknowledged the complexity of transition planning and noted that in some cases it can be difficult to predict what the plan will be if there is a complex situation, for example co-existing learning difficulties. A general feeling from those involved in transition planning with a young person, for example social workers, residential carers and independent reviewing officers (IROs) felt the mental health component of transitions occurred quite late and often felt quite rushed. Compounded with the issues of access to support listed above some remarked that transitions could “feel quite chaotic” and that there could be a sudden and stark drop in support once the young person left care.

Risk Taking Behaviours

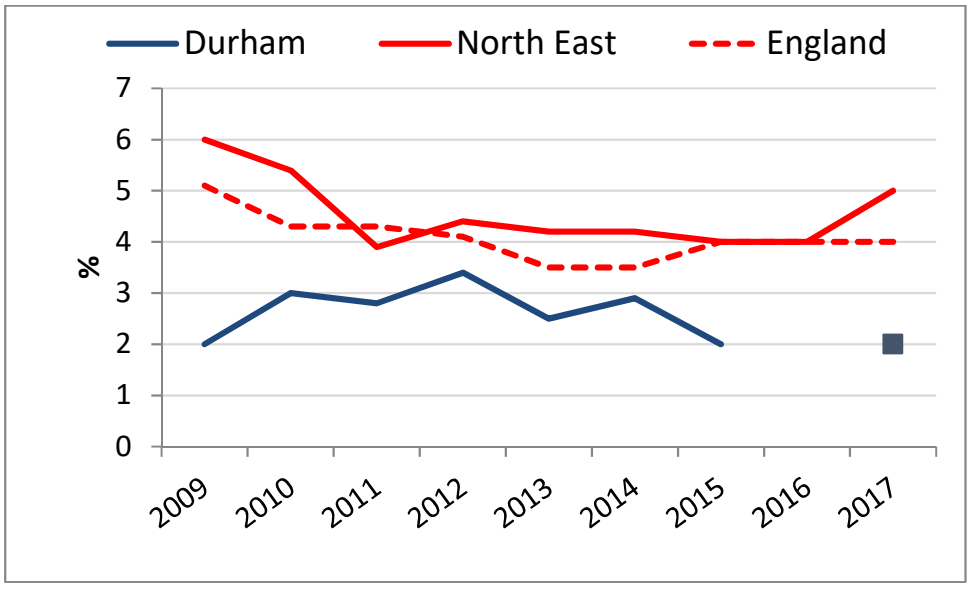
Summary points

- **Whilst it is acknowledged that teenage pregnancy can have positive effects for some young parents, it is important that any decisions are planned and taken from an informed perspective. Meaningful relationship and sex education can empower young people to have control over their lives – and this may be lacking for children in care.**
- **Evidence suggests that around 20-50% of 16-19 year old females with a history of care become mothers. This trend is observed within County Durham where a high proportion of female care leavers aged 17-21 years in County Durham are pregnant or mothers (around 40%). This appears to be a rising trend.**

Substance misuse

In County Durham a smaller proportion of LAC are identified as having substance misuse problems than regionally or nationally. This is consistent over time.

Figure 11: Percentage of LAC identified as having a substance misuse problem during the year (looked after >12 months, County Durham, North East and England, 2009-2017. Source: Department for Education.



Public Health England reported that in County Durham in 2016/17, 12% of children and young people accessing specialist substance misuse services were identified as being a looked-after child. This proportion is comparable to the England average (also 12%) (Public Health England, 2018).

Feedback from Stakeholders

A number of professionals who worked with LAC and CL felt that use of illegal substances was higher among this population compared with their peers. A number of professionals felt illicit drug use was for many LAC/CL primarily recreational, although there were some concerns that this could lead to long-term health issues.

Substance misuse services in County Durham were largely considered to be responsive to the needs of the young person. It was noted that providers of specialist substance misuse services had changed over time but, usually, staff remained consistent so carers quite often would go directly to a professional that had supported them in the past. A number of carers indicated that further clarity on the most recent change to services (in 2018) would be helpful to support them in understanding referral pathways.

Sexual Health and Conceptions

Within Children's Services, the number of care leavers who are pregnant and/or mothers is reported on a quarterly basis.

Figure 12: Percentage of female care leavers, aged 17-21, who are pregnant and/or mothers, 2017-2018. Source: Children and Young People's Services, Durham County Council.

	March 2017	March 2018
% (No.) female care leavers who are pregnant and/or mothers	31% (32)	36% (40)

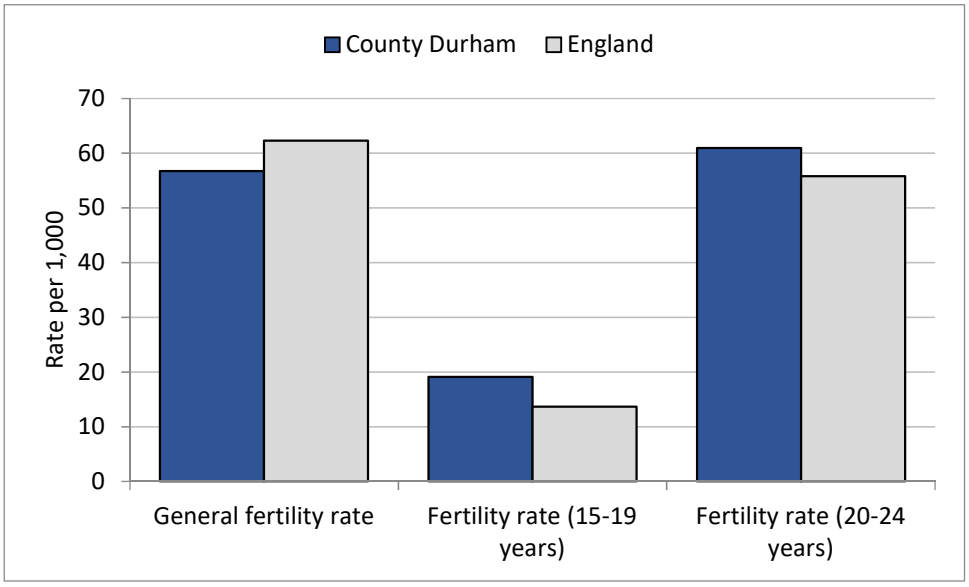
The indicator does not have any comparators to either the wider population of 17-21 year old females in County Durham or to Care Leavers in other LAs, the region or England. The indicator is a summary of three states relating to pregnancy and birth; conceptions, births and motherhood. The age category, 17-21, overlaps the age-bands used by Office of National Statistics there for it is difficult to find complement this data with that from other sources. The following gives some context.

There are around 5,300 live births to County Durham mothers each year:

- Just over 10% are to females aged between 17 and 21 years
- There were 602 births to 17-21 year olds in County Durham in 2016.

The general fertility/birth rate for County Durham females (aged 15-44 years) (figure 13) is below the England rate (57 per 1,000 compared to the England rate of 63 per 1,000). Whilst ONS does not publish the England age-specific fertility rates for 17-21 year olds, they do for 15-19 years and 20-24 years. For both of these rates County Durham in higher than England.

Figure 13: General and age-specific fertility rates comparing County Durham and England, 2016. Source: ONS and NHS Digital



In order to further investigate the seemingly high proportion of female care leavers who are pregnant or mothers a “deep dive case review” for 20 female care leavers was conducted. The case review represents 50% of the current female care leavers who are pregnant or mothers (n=40) and cases were selected at random. Case information was collated from Durham County Council’s SSID database and discussion with social work teams. Information was obtained on a range of placement factors (e.g. age at entry to care, reason for entry to care, number of placement moves within the past 24 months) and established risk factors for teenage pregnancy (e.g. previous or current issues for mental health and substance misuse disorders). Key findings from the case review are reported below:

- **Age at entry to care:** Over half (65%) of females entered care at 13 years or over, suggesting a later entry to care
- **Placement stability:** 70% had experienced 3 or more placement moves within the previous 24 months

- **Stable relationship:** Children and Young People's team record information on whether a young person is in a 'stable' relationship. Whilst it is acknowledged this could be a problematic term with numerous interpretations, 65% of females were not considered to be in a stable relationship
- **Substance misuse:** Almost half of females (45%) had experienced past issues with substance misuse problems
- **Mental health:** Over half of females (65%) had had previous or current involvement with specialist mental health services
- **Education, employment and training:** The majority (85%) of females were not currently in education, employment or training

It is important to note that the numbers contained in this review are low, and should therefore be viewed with a degree of caution. There is also a lack of comparator, i.e. we aren't able to make a comparison of how these highlighted factors compare to the wider population of female care leavers aged 17-21 years as much of the information collected in this audit is not available from the current information system (SSID). This again indicates that the results should be viewed with care.

Feedback from Stakeholders

Sexual health and conceptions

Professionals working with LAC and CL recognised that conception rates for these groups appeared high, particularly in residential settings. A number of carers and social workers reported they had C-Card training, which aims to support easy access to sexual health advice and provide free condoms to young people. Access to long-acting reversible contraception, e.g. contraceptive injections or intrauterine devices (IUDs) appeared to be less well understood.

In consultation with foster carers, there was some concern that RSE provided in schools may not be specifically focused to meet the needs of LAC. One carer raised a specific concern that failure to consider the needs and pre-care experiences of some LAC when providing RSE in schools could have an adverse impact on the young person, for example if they had been a victim of sexual abuse.

Some stakeholders commented that the focus of conceptions appears to be in female care leavers and that much less attention is paid to LAC/CL who are males. In some cases this may be recorded on SSID although this is not done routinely. It is also dependent on knowing whether a male has fathered a child which may not be disclosed.

Special Educational Needs and Speech, Language and Communication Needs

Key points

- **Locally, there is no data available to describe the impact of SLCN in the LAC or CL population. This could mean that there is unidentified – and unmet – need.**
- **SLCN support is typically provided by specialist speech and language therapists, however there may be a role for extending training and support for professionals and carers working with lack to facilitate early identification of need and support for low-level (non-specialist) needs**
- **A review of speech and language therapy has been conducted across County Durham to ensure capacity meets demand.**

Special Educational Needs

LAC are known to have high rates of SEN. In 2016, 53.4% had some level of SEN provision, slightly lower than the national rate of 57.3%.

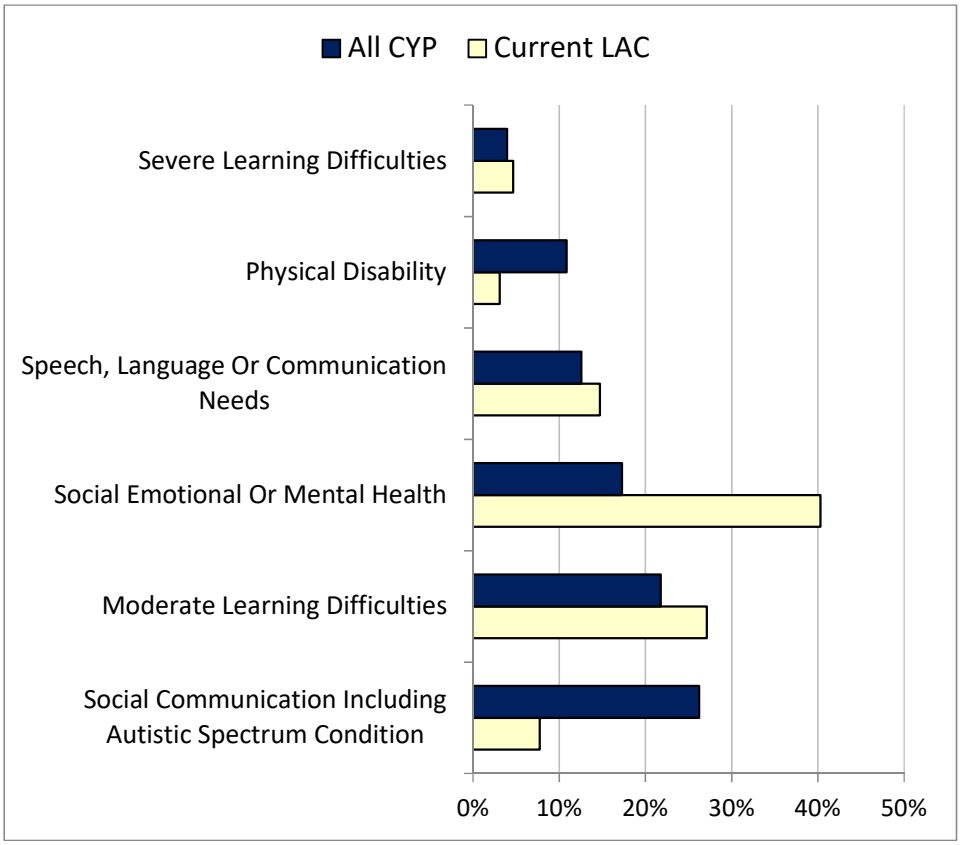
In May 2018 over 3,000 children and young people (0-25 years) in County Durham had an Education, Health and Care (EHC) Plan. These plans provide more support than is available through special educational needs (SEN) support.

In England the most common type of need for pupils with a statement or EHC plan is identified as Autistic Spectrum Disorder with over a quarter of all pupils (26.9%) in January 2017 (Department for Education, 2017) . In County Durham in May 2018, 26% of pupils with EHCP have Social Communication Including Autistic Spectrum Condition as a primary need.

The profile of need for the current cohort of looked after children in County Durham is different. Less than one in ten (8%) current LAC have Social Communication including Autistic Spectrum condition as a primary need. Two out of five (40%) looked after children with an EHC plan have Social Emotional or Mental Health as a primary need compared to less than one in five (17%) for all pupils.

For both population groups, all children and young people (CYP) and current LAC, the second most common primary need in moderate learning difficulties; One in four (22%) for all pupils and one in five (27%) for current LAC.

Table 9: Proportion of Education, health and care (EHC) plans by primary need, comparing all pupils to current looked after children, County Durham. Source: Synergy and SSID.



Prevalence of social, emotional and mental health among looked-after children

Around half of LAC have identified SEND and around one-quarter have an Education, Health and Care Plan (EHCP). It was noted that in line with national trends, a higher proportion of LAC have SEND categorised under "social, emotional and mental health" needs than non-looked after peers.

Bespoke educational psychology is commissioned by the Virtual School which can provide some support, but felt by stakeholders from the Virtual School and Educational Psychology that this could only address some, but not all, of the issues. Understanding the root cause of behaviour and linking into wider services providing mental health and emotional wellbeing support was felt to be important, as was the role of schools in identifying needs and taking appropriate action.

Increased sharing of learning and intelligence between the Virtual School and health services could improve understanding of health needs in the LAC population. The Virtual School have been co-opted as a representative on the recently-established LAC Health Needs Group which is operating across County Durham and Darlington which should help build relationships.

Role of the Virtual School

The Virtual School in County Durham promotes the education of LAC and provides support and guidance to help them achieve the best possible educational outcomes. This includes supporting LAC who have identified SEND. Specific services are commissioned to support those with increased needs, including speech and language therapy, bespoke educational psychology, school counsellors and occupational therapy. Support provided to LAC through the Virtual School was commended in the most recent joint local area SEND inspection in Durham (Ofsted and CQC, 2018) however further development work is required to ensure that children identified with SEND needs within health assessments access these services in a timely manner.

Speech, Language and Communication Needs

In line with the findings of the Barcow Review, County Durham prevalence data has been extrapolated into the following three categories to enable to identify the SLC across the cohort:

- Pervasive speech, language or communication needs
- Significant speech, language or communication needs
- Impoverished speech, language or communication development

These categories and prevalence estimates have been extrapolated to provide a greater understanding of the estimated levels of speech, language and communication difficulties across County Durham. Whilst these figures do need to be taken with a degree of caution, they continue to be acknowledged as a good starting point in relation to understanding the estimated prevalence of Speech, Language and Communication needs across a local authority area (ICAN 2009; Gascoigne (ed) 2012; The Communication Trust 2013; Royal College of Speech and Language Therapists 2018).

Pervasive speech, language or communication needs

Using the findings of the Bercow review; in County Durham numbers of children and young people with pervasive speech, language or communication needs would equate to 60 children across the County per school year or potentially 1,503 children and young people across the 0-25 age range at any one time.

Significant speech, language or communication needs

Applying the estimated national prevalence levels for young people with significant speech, language or communication needs to County Durham would equate to 420 children in County Durham per school year, or potentially 10,500 children and young people across the 0-25 age at any one time.

Impoverished speech, language or communication development

If we apply the estimated national prevalence levels for children with impoverished speech language and communication development to County Durham this would potentially equate to 920 children in County Durham per school year or 23,000 across the 0-25 age range whose speech, language and communication difficulties are not necessarily linked to long term underlying SEND.

The majority of children in care experience conditions of poverty and social disadvantage and so it would appear appropriate to propose that a significant proportion of LAC will have inevitably experienced impoverished speech, language and communication development, which are likely to have been exacerbated by attachment difficulties and any previous abuse, neglect and subsequent trauma.

It should be noted that communication difficulties are often hidden and older children in particular often develop masking techniques for these needs. It is likely that some looked after children communicate through behaviour that may result in school exclusion, anti-social and offending behaviour.

A local audit undertaken in January 2017 by the Durham Youth Offending Service carried in relation to completed AssetPlus assessments found:

- 186 AssetPlus SLCN screens were completed on 186 young people receiving a Youth Caution, Youth Conditional Caution or court conviction between 1 December 2015 - 12 January 2017

- 144 (77.4%) of the 186 had an identified speech, language, communication or neuro-disability need

When considering demand specifically from LAC, it was not possible during this HNA to ascertain the prevalence of speech, language and communication needs across the whole population. Some information is contained within Personal Education Plans (PEPs), some is collated by the Virtual School and some through IHA and RHA. The move to an electronic template for recording the outcomes of RHAs offers an opportunity to identify young people with speech, language and communication needs; In order to fully understand this.

Feedback from Stakeholders

Stakeholders working with LAC, for example social workers and Families First teams, explained that SLCN were typically identified by health visitors during early years or by schools once a young person entered education. The role of other professionals in screening and identifying needs seemed to be less well-understood.

Timely and effective access to generic speech and language therapy (SLT) was noted by a number of stakeholders to be a historic issue. It is somewhat improved by the specifically commissioned SALT from the Virtual School however this was not felt to completely address need. Some stakeholders who had referred young people for SALT highlighted issues of having to “constantly chase” referrals and follow-up appointments with the current service provider.

It is acknowledged that work is currently underway across Durham County Council to review speech, language and communication development provision to streamline pathways and ensure capacity meets demand.

Listening to the voice of the child

Stakeholders from the Virtual School identified the importance of the voice of the child in planning discussions and explained this was an area of ongoing focus to ensure views were incorporated into personal education plans.

Wider Determinants of Health (Care Leavers)

Key points

- **Around 40% of care leavers in England are not in education, employment or training (NEET), however this proportion is lower in County Durham thanks to strong partnership working (29%).**
- **Significant work is ongoing to improve the accommodation offer across County Durham, particularly for those with moderate-high level needs however there is limited information available around accommodation outcomes and user experiences.**
- **Within County Durham a Welfare Rights Officer has been recently reinstated to support care leavers to maximise the financial entitlement of young people and their carer**
- **A number of stakeholders consulted felt that care leavers were at high risk of social isolation and this may be an area that requires dedicated focus in order to support the wellbeing of care leavers and enable them to lead independent, satisfied lives**
- **The implementation of Health Passports in County Durham is acknowledged to have encountered a number of obstacles that mean the overall number issued remains low. A multi-agency task and finish group has been established to review and improve local processes.**

Figure 14 below highlights that the percentage of children leaving care over the age of 16 who remained with the LA until their 18th birthday is higher than the north east average and comparable with the national picture.

Figure 14: Percentage of children leaving care over age of 16 who remained LA until their 18th birthday, County Durham, North East and England, 2009-2017. Source: Department for Education.

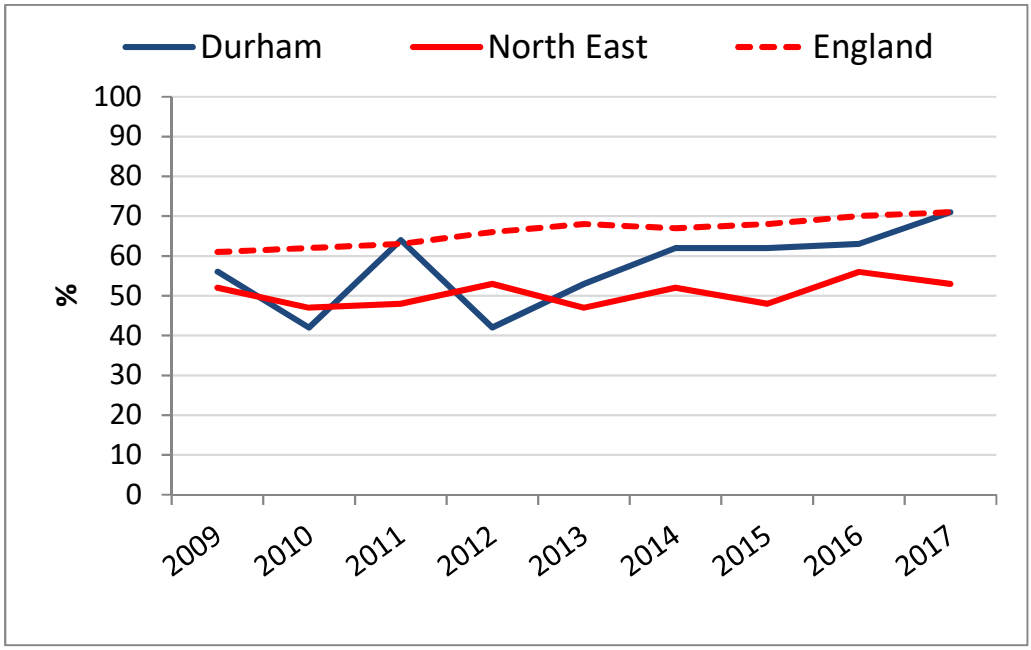
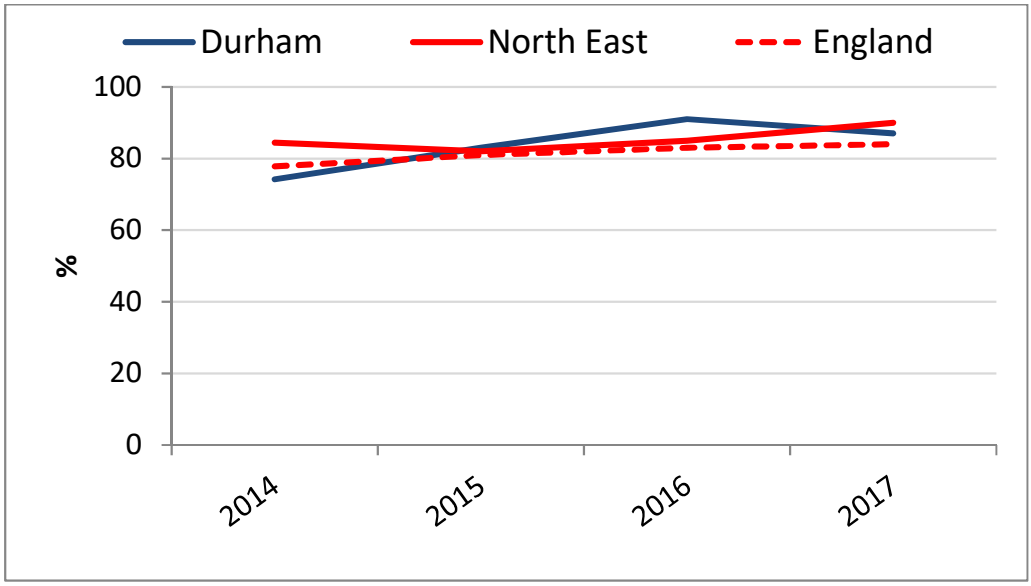


Figure 15 below identifies the percentage of CL in suitable accommodate. Rates are comparable with the north east and national figure. This has remained consistent over time.

Figure 15: Percentage of care leavers in suitable accommodation (previously looked after for at least 13 weeks after 14th birthday including some time after 16th birthday), County Durham, North East and England, 2014-2017. Source: Department for Education.



N.B Data prior to 2014 not comparable due to change in methodology

Figure 16 below shows the percentage of care leavers in higher education. County Durham are higher than the regional and national figures.

Figure 16: Percentage of care leavers in higher education (previously looked after for at least 13 weeks after 14th birthday including some time after 16th birthday), County Durham, North East and England, 2014-2017. Source: Department for Education.

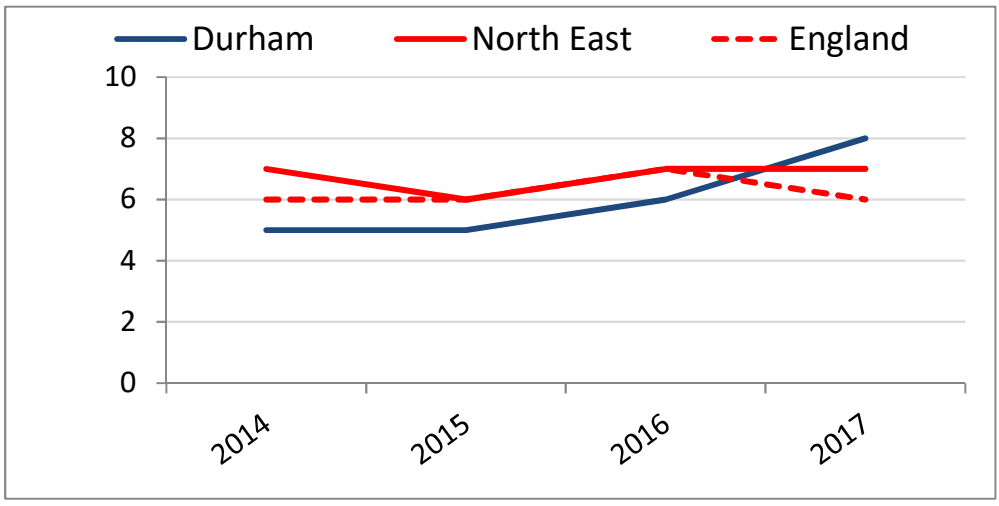
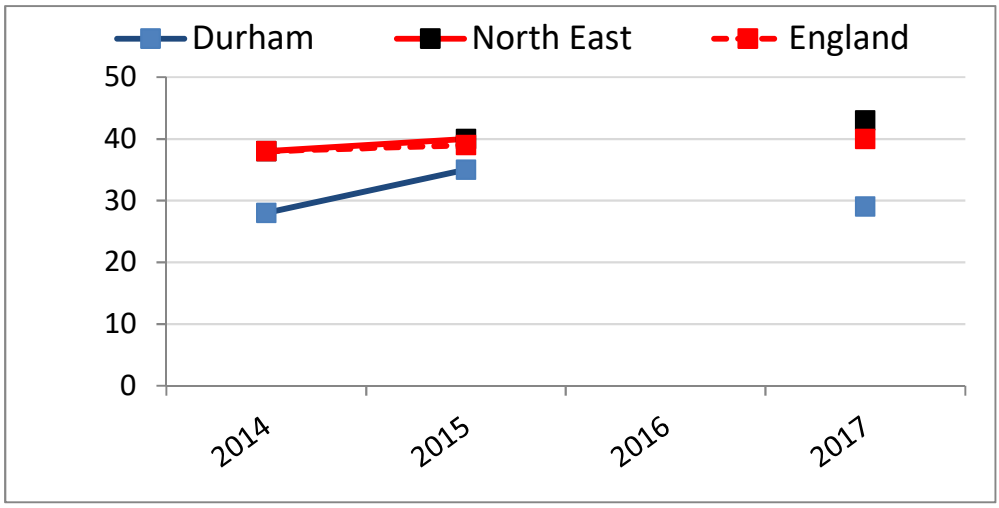


Figure 17 below shows the percentage of CL who are NEET. County Durham figures are lower than regional and national figures.

Figure 17: Percentage of care leavers not in education, training or employment (previously looked after for at least 13 weeks after 14th birthday including some time after 16th birthday), County Durham, North East and England, 2014-2017. Source: Department for Education.



Feedback from Stakeholders

Stakeholders described examples of close partnership working between Children's and Young People's Services, the Virtual School, Improving Progression of Young People's team and Durham Works to support LAC and CL in securing and maintaining EET. It was felt these strong partnerships were reflected in national performance figures for care leavers who are in EET, which is consistently higher in County Durham compared to regional and national averages.

Examples of ongoing work to increase training and employment opportunities were noted by the multi-agency Care Leavers Steering Group. Expanding access to labouring opportunities was noted as a key focus area, for example supporting young people to obtain a Construction Skills Certification Scheme (CSCS) card and increasing access to forklift driving training.

The Care Leavers Steering Group noted some concerns that funding for the Durham Works programme was due for renewal, although partners were actively seeking alternative sources of funding at the time of writing.

Some stakeholders identified that some care leavers struggled to engage in EET as a result of other circumstances in their lives, for example for those with learning difficulties, teenage parents and care leavers experiencing mental health illness.

When considering practical areas for future development, the Care Leavers Steering Group indicated that opening more opportunities for online learning may remove some of the obstacles young people face when trying to develop skills for future employment, for example for those living out of area.

Accommodation

It was noted that a significant amount of focused work had been undertaken to improve accommodation outcomes for care leavers, including the development of a Care Leavers Accommodation and Support Protocol (CLASP) and work beginning to look at how best to meet the accommodation needs of care leavers with moderate to high support needs.

Under this area it was noted that there are multiple accommodation providers and a lack of collated quality outcomes following the termination of the Accommodation Quality Assessment Framework which previously collected and reported outcome data. The voice of the young person was also not systematically collected and it was acknowledged that more could be done to ensure these views are heard and acted upon by services.

Welfare Rights and Managing Finances Independently

Some carers felt that young people leaving care often weren't as prepared as they could be to navigate the welfare system and that they had seen examples of young people being "penalised" (receiving benefit sanctions). A Welfare Rights Officer was recently reinstated to support care leavers (and their carers) in identifying and accessing appropriate support.

Being able to manage finances independently was also raised as an issue from some carers who noted that care leavers often become responsible for budgets much sooner than some of their non-looked-after peers. A range of courses are on offer to support young people, although it wasn't always clear what support was available in a joined-up way.

Social Isolation

Many stakeholders noted that one of the key issues facing young people leaving care was social isolation. After having been surrounded by carers and professionals some stakeholders likened the transition involved in leaving care as "falling off a cliff edge" for some care leavers, even if up to the point of leaving care they had craved independence. Some carers felt this had an impact on the emotional wellbeing and mental health of care leavers and that it would be helpful to have an additional focus on how this could be addressed (in a practical and meaningful way).

Health Passports

Local authority and health partners have a joint responsibility for Health Passports. In 2016 a multi-agency pathway was introduced aimed at supporting a CL's with their future clinical care by providing a concise summary of their medical history. Numbers of Health Passports in County Durham have been low and a number of stakeholders involved (including IROs and Children and Young People's Service) noted that requests had been declined or that there were significant delays. A specific task and finish group was established by the Looked-After Children Health Needs Group which identified issues including the process of LA notifications and capacity within CDDFT; CDDFT reviewed processes in July 2018 in order to address some of the issues raised.

Of the 76 passports requested since September 2017, 56 have been completed. A sample of 10% of Health Passports were peer assessed using the '*Self-Assessed Care Leaver Health Passport Quality Assurance Tool*'. All were assessed to be of a high standard with the exception of the young person's optician's name being omitted from 4 out of the 6 assessed. Out of the 6 Health passports peer assessed none of the Young People wished to have it shared in person by the LAC Nurse, all opted to have it posted.

Chapter 5: Conclusions

The process of completing the HNA highlights both the breadth and complexity of services in place to support looked-after children and care leavers and demonstrates the vast amount of work underway locally to support the health and wellbeing of these vulnerable cohorts. Areas of good practice have been highlighted, as well as a number of areas for development.

Limitations of the HNA

There are some acknowledged limitations to the HNA. Firstly, local data and intelligence was observed to be limited across each of the four priority areas. Population-level local data is important to bring together both findings from the nationally published literature and qualitative findings from stakeholder engagements. It is however anticipated that planned developments, primarily in moving to electronic templates for RHA's, will improve local intelligence in the foreseeable future.

Secondly, difficulties were observed in securing engagement from looked-after children and care leavers themselves. One of the key domains for HNA recommendations is to ensure the voice of the young person is heard as this will be essential in developing and designing services that meet their needs. Whilst it is acknowledged that LAC and CL are a hard-to-reach group it does not mean that engagement shouldn't be done. Identifying effective means of engagement is a key learning point from this work.

Next Steps

- **Report Sign-Off –** report and associated recommendations to be approved by the Integrated Steering Group for Children
- **Dissemination of findings** - Report to be disseminated across key agencies and stakeholders to share learning and recommendations
- **Development of multi-agency action plan –** Recommendations to be translated into multi-agency action plan with SMART (Specific, Measurable, Achievable, Realistic, Timely) objectives
- **Ongoing monitoring of action plan** – Looked-After Children Strategic Partnership Group to provide oversight of the action plan to ensure the

successful delivery of agreed actions and to support the overcoming of obstacles where they may arise.

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Appendix 1: Literature Review Search Strategy

- MEDLINE search strategy (conducted February 2018)

1	Looked after child*.mp.
2	Looked after young people.mp.
3	exp Foster Home Care/
4	Child* in care.mp.
5	Young people in care.mp.
6	Youth in care.mp.
7	Adolescent* in care.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
8	Juvenile in care.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
9	teen* in care.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]
10	girl* in care.mp.
11	boy* in care.mp.
12	"local authority care".tw.
13	"state care".tw.
14	((residential or foster or kinship) adj3 (care or home*) adj5 (kid* or child* or youngster or young person or young people or youth or adolescent* or teen* or girl* or boy* or juvenile*)).tw.
15	(in care adj3 (kid* or child* or youngster or young person or young people or youth or adolescent* or teen* or girl* or boy* or juvenile*)).tw.
16	(looked after adj3 (kid* or child* or youngster or young person or young people or youth or adolescent* or teen* or girl* or boy* or juvenile*)).tw.
17	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16
18	exp ADOLESCENT HEALTH/ or exp CHILD HEALTH/ or exp HEALTH/
19	exp Health Knowledge, Attitudes, Practice/ or Health Behavior/ or exp Health Status/ or exp Attitude to Health/
20	health needs assessment.mp.
21	18 or 19 or 20
22	17 and 21

Search was adapted from a previous HNA conducted by NHS Soctland (Scott, et al., 2013). MEDLINE search was (PsychInfo, Web of Science and Scopus)

- Grey literature – list of websites searched:

• UK government (gov.uk) • Barnado's (barnados.org.uk)	• The Children's Society (childrenssociety.org.uk)

• Become (becomecharity.org.uk) • Catch 22 (catch-22.org.uk) • Children's Commissioner (childrenscommissioner.gov.uk/)	• National Society for the Prevention of Cruelty to Children (NSPCC) (nspcc.org.uk) • Who Cares Scotland (whocaresscotland.org)

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