



## **Corporate Parenting Panel**

**Date**      **Friday 31 March 2023**

**Time**     **9.30 am**

**Venue**    **Committee Room 2, County Hall, Durham**

---

### **Business**

#### **Part A**

##### **Items which are open to the press and public**

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 17 February 2023 (Pages 3 - 10)
4. Declarations of Interest
5. Number of Children Looked After and Care Leavers - Verbal Update from the Head of Children's Social Care
6. Ofsted Updates - Verbal Update from the Head of Children's Social Care
7. Proud Moments - Verbal Update from the Strategic Manager
8. Children in Care Council Update - Presentation by the young people from the Children in Care Council (Pages 11 - 14)
9. Performance Report Quarter 3 - Report and presentation by the Corporate Equality and Strategy Manager (Pages 15 - 32)
10. Health Update (including Mental Health)
  - a) NHS - Report and presentation by the Designated Nurse for Children in Care (Pages 33 - 74)
  - b) Full Circle Annual Report 2021-22 - Report and presentation by the Full Circle Team Manager (Pages 75 - 106)
11. Language Update - Verbal Update from the Head of Children's Social Care
12. Protected Characteristics Update - Verbal Update from the Head of Children's Social Care

13. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration.
14. 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)**

15. Regulation 44 visits and Regulatory Body Ratings of Durham County Council's Children's Residential Homes - Joint Report of the Head of Early Help, Inclusion and Vulnerable Children and the Head of Children's Social Care (Pages 107 - 116)
16. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration.

**Helen Lynch**

Head of Legal and Democratic Services

County Hall  
Durham  
23 March 2023

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

Councillor M Simmons (Chair)  
Councillor M Walton (Vice-Chair)

Councillors R Adcock-Forster, C Bell, J Charlton, I Cochrane, B Coult, S Deinali, J Griffiths, O Gunn, T Henderson, C Hunt, B Kellett, J Miller, A Reed, I Roberts, K Robson, K Rooney, A Sterling, S Townsend and C Varty

#### **Co-opted Members**

J Bell, C Brown, J Gamble, S Neale, W Taylor and R Woods  
Young persons representative of the Children in Care Council

---

**Contact: Jill Hogg**

**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 17 February 2023** at **9.30 am**

**Present:**

**Councillor M Simmons (Chair)**

**Members of the Panel:**

Councillors M Walton (Vice-Chair), R Adcock-Forster, J Charlton, B Coult, S Deinali, O Gunn, C Hunt, B Kellett, J Miller, A Reed, K Rooney, A Sterling, S Townsend and C Varty.

**Co-opted Members:**

J Bell, J Gamble, Luke, S Neale and W Taylor

**Also Present:**

Laura Counce – Service Manager for Children and Young People  
Sharon Davey – Strategic Manager for Looked After and Permanence  
Rachel Harris – Service Improvement Manager  
Lindsey Herring – Project Manager, CYPS Accommodation  
Rob Johnson – Project Manager, Investing in Children  
Lee Peacock – Participation and Engagement Officer  
Martyn Stenton – Head of Early Help, Inclusion and Vulnerable Children  
Melanie Stubbs – Head of the Virtual School  
Emma Todd – Senior Marketing Officer  
Sharon Walker – Lawyer  
Jayne Watson – Senior Partnerships Officer

**1 Apologies for Absence**

Apologies for absence were received from Councillors Cochrane, Griffiths and Henderson, from Co-opted Members Billie-Leigh and R Woods and from officers R Farnham and J Henderson.

**2 Substitute Members**

No substitute members were in attendance.

**3 Minutes**

The minutes of the meeting held on 27 January 2023 were agreed as a correct record and signed by the Chair.

The following matters arising were reported:

- following the previous discussion under proud moments, the Head of Children's Social Care is considering ways to thank young people for their contributions and to celebrate their achievements;
- the 'Ask for Angela' campaign and the request from the young people to have care experience adopted as a protected characteristic have been added to the work programme;
- the discussion on the employment opportunities available through Durham County Council was followed up with the Children in Care Council and the young people said they would welcome early discussions with practitioners regarding the opportunities available.

#### **4 Declarations of interest**

There were no declarations of interest.

#### **5 Number of Children Looked After and Care Leavers**

Martyn Stenton, Head of Early Help, Inclusion and Vulnerable Children informed the Panel that the total number of children looked after stood at 1,048 which included 36 young people placed for adoption, 30 unaccompanied asylum seeking young people (UASC) and 292 care leavers.

#### **6 Ofsted Updates**

The Head of Early Help, Inclusion and Vulnerable Children updated the Panel in relation to recent Ofsted visits.

#### **7 Proud Moments**

This month's proud moment was reported by Rachel Harris, Service Improvement Manager who had met a young person who had previously been in the care of Durham County Council and who was now working as a Young Person's Advisor with plans to train as a Social Worker. She reported how well the the young person was progressing and how the young person spoke very positively of their care experience.

The Panel discussed whether there was more the Council could do in order to promote all the good work being done throughout the care community. Officers highlighted that achievements are celebrated though events such as Care Day and World Social Work Day and they are also included in the Corporate Parenting Panel annual reports.

The Senior Partnerships Officer informed the Panel that a strategy to transform children's social care had been published for consultation, in light of the Independent Review of Children's Social Care.

The Council will produce a coordinated response and progress updates will be brought to future Corporate Parenting Panel meetings.

The Panel asked that the link to the consultation be circulated to all elected members.

## **8 Children in Care Council Update**

Luke delivered a presentation on Care Day which celebrates care experienced children and young people. Luke informed the Panel of some of the activities that would take place at the event, including an ideas area for young people to share their views on how to continue to improve the future for young people in care. The Panel also considered a letter from Investing in Children which sought support for a campaign highlighting the findings from the Independent Review of Children's Social Care (for copy of presentation and letter see file of minutes).

A short film to promote the campaign was shown, entitled 'Don't Forget Us!' Billie Leigh was involved in developing the script for the film. The film raises awareness of the issues facing children in care and requests viewers to challenge negative attitudes and to lobby local MPs to prioritise the rights of children in care. The Children in Care Council requested the Panel's support to promote the film and to show the film in public areas of Council buildings. They also requested that consideration be given to showing the film at Lumiere 2023. Emma Todd, Senior Marketing Officer, agreed that a meeting should be arranged, outside of the Panel meeting, to discuss the various options available to promote the campaign.

Members discussed that the film should be shown in all schools and that it should be promoted as widely as possible within communities, ensuring that it reaches the smaller and more rural towns and villages. It was also agreed that the film should be shown at a meeting of the Children and Young People's Overview and Scrutiny Committee.

The Panel discussed alternative routes into social work and the view was expressed that there may be many people who have the attributes to be a good Social Worker however their lack of a degree level education may be preventing them from coming forward.

In response to an observation from the Panel on the frequency of Social Worker change, officers highlighted that the issue is reviewed through regular performance monitoring. The Strategic Manager for Looked After and Permanence explained that, following a restructure of the service in 2022, a change of Social Worker is no longer required when a young person reaches the age of 16.

The Strategic Manager emphasised that many changes are often planned and positive changes. In response to a question from the Panel as to how young people are engaged when change occurs, the Strategic Manager stated that tools such as the Signs of Safety practice model 'Words and Pictures' can be used to help to explain each step of a young person's journey. Officers commented that further information on planned and unplanned changes and alternative routes into social work could be provided at a future panel meeting.

During the discussion, the Panel also acknowledged the value that kinship carers bring to the service.

In response to the request from the young people to raise awareness through MPs, the Chair informed the Panel that a letter would be sent to local MPs on behalf of the Corporate Parenting Panel.

## **9 Participation and Engagement, Safeguarding and Professional Practice Service, Children's Social Care**

Rachel Harris, Service Improvement Manager and Lee Peacock, Participation and Engagement Officer presented the Participation and Engagement, Safeguarding and Professional Practice Service report (for copy of report see file of minutes).

The Service Improvement Manager explained that participation and engagement ensures young people and their families are involved in the development of the service and this approach enables practitioners to see matters from a service user's perspective. Information was provided on actions to strengthen the voices of children and young people, including the Mind of My Own app. The Panel noted that the Ofsted inspection in May 2022 highlighted the use of family feedback which is of benefit to inform practice. Audits show significant improvements have been achieved with regard to the use of language and the 'Language that Cares' guidance continues to be used in staff training and practice. The Service Improvement Manager referred to the value of the support provided by a care experienced youth support apprentice who works alongside the Participation and Engagement Officer.

The Panel noted that the participation and engagement work supports the work of the Children in Care Council and this is reciprocated by the Children in Care Council through their involvement in various consultation, training and participation groups.

The Service Improvement Manager outlined key priority areas for the future which include analysing learning from young people and their carers to identify suggested actions.

Work had commenced on improving access to personal records, following conversations with the young people and, in response to discussions at Corporate Parenting Panel meetings, plans are in place to develop a poetry book. Further work will be undertaken to support those young people who live outside the county, to ensure their voices are heard and plans are progressing to establish a care experienced scrutiny group, to further influence developments within children's social care.

The Panel welcomed the plans for the poetry book and requested that the book should be made available to all schools in due course.

In response to a question as to how the voices of children with special educational needs are captured, officers highlighted that they have a dedicated participation and engagement group and direct work is carried out by specialists within the Children with Disabilities team who have a range of tools at their disposal to capture the views of non-verbal children. The Participation and Engagement Officer added that he carries out work alongside the Children with Disabilities team to enhance the participation and engagement work. In addition, practitioners are offered 'Theraplay' training to better understand how to support relationships through play-based activities.

In response to a comment from the Panel as to how the service measures the success of the Mind of My Own app, the Service Improvement Manager pointed out the app is one of many communication tools, in addition to the direct work conducted by practitioners. She acknowledged that take-up of the app could be improved and that the situation was being monitored. She highlighted advantages of the app include that information from the app enables themes to be established and the app provides young people with the opportunity to write directly in their file.

Councillor Hunt requested an update on the work of the Adolescent Sexual Exploitation Team (ASET) and officers clarified the area is the remit of the Children and Young People's Overview and Scrutiny Committee, however information which had previously been presented to the Corporate Parenting Panel in respect of the ASET work would be recirculated to Councillor Hunt.

**Resolved:**

That the content of the report be noted.

## **10 Sufficiency and Commissioning Strategy for Children Looked After and Care Leavers 2022-24**

Lindsey Herring, Project Manager, presented the new Sufficiency and Commissioning Strategy for children looked after and care leavers. The Panel received a report and presentation which outlined the strategic approach to securing sufficient accommodation (for copy of report and presentation see file of minutes).

The Panel noted the increased demand on councils to meet their sufficiency duty was highlighted in the Independent Review of Children's Social Care. The Project Manager explained that the increasing number of children in care, including older teenagers and unaccompanied asylum seeking young people posed additional challenges for the service and had led to an increase in placement moves and the use of external residential provision.

The Project Manager outlined the strategy's six overarching objectives which include increasing the number of in-house foster carers and adopters, developing the children's home and accommodation offer, improving the offer for unaccompanied asylum seeking young people (UASCs) and the short breaks offer for disabled children and their families. The report provided details of the work undertaken in collaboration with Investing in Children to ensure the young people play a role in shaping the services which have a direct impact upon them.

Referring to the objective to reduce the waiting times for UASCs, the Panel heard that Durham had received a larger proportion of unaccompanied asylum seeking young people than neighbouring authorities which had led to delays in the initial stages, however, the situation had resolved and there was confidence that Durham is well placed to receive these young people in a timely manner in the future. The Panel commented on the lack of information provided in the report on kinship care and the Project Manager agreed to take the comment back to the service for more detail on this to be included in future reports.

In response to a question from the Panel on the number of young people currently in unregulated provision, the Project Manager replied that, at present, there are 6 young people under the age of 16 in unregulated provision and the length of time that a young person typically spends in this type of provision varies according to individual needs. The Panel heard that unregulated provision is subject to weekly review meetings to ensure regular management oversight of all unregulated placements. Recognising that there is an increasing number of young people who benefit from smaller settings, Durham is currently developing its offer in respect of smaller children's homes and work is in progress to register two emergency children's homes in the near future.



In response to a comment from a Member who raised concern that the report stated it is usual for young people to move at least once whilst in care, officers clarified that a number of young people are supported to return home and this requires adjustment on behalf of the young person and their family, which may not be successful initially. Moves such as these may impact the figures. A clear plan is in place in terms of action moving forward in this area and additional support is being developed for wrap-around care arrangements.

The Panel asked whether any befriending arrangements were in place to help to welcome unaccompanied asylum seeking young people (UASC). The Strategic Manager explained that work was underway to establish a dedicated team for UASC and she highlighted social inclusion opportunities through work with Investors in Children, the voluntary and community sector and access to Independent Visitors. In addition, the Mind of My Own app enables the young people to communicate with practitioners in their language, which is then translated. A Member pointed out that the culturally diverse nature of Universities may also provide social inclusion opportunities. Officers commented that further information on the services provided for UASC, including information on the number of UASC who had taken advantage of the Independent Visitor Service, could be provided at a future meeting.

**Resolved:**

That the report be noted.

## **11 Such other business**

Members were reminded of the Care Day event taking place on Saturday 18 February 2023 at Framwellgate School. An invite had also been circulated for a Care Leavers' event at County Hall on Wednesday 22<sup>nd</sup> February which would feature a display of artwork produced by young people.

## **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 item of business on the grounds that it involves the likely discussion of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

### **13 Regulation 44 Visits and Regulatory Body Ratings of Children's Residential Homes**

The Service Manager for Children and Young People presented the monthly update on Regulation 44 visits and regulatory body ratings (for copy of report, see file of minutes).

#### **Resolved:**

That the report be noted.

# Presentation by Luke, CiCC CPP representative and Robert Johnson, Investing in Children



## Durham Children in Care Council (CiCC) –March 2022

### CICC Care Day 2023 Highlights

- CiCC care day was developed by several CICC members to promote children, young people and the care community positively.
- 134 people turned up to the event. Thanks to everyone from across DCC care community for attending.
- The 'idea space' was a huge success, with lots of brilliant feedback from everyone who attended.
- Workshops were facilitated by the young people.
- Harvey, a CICC member who has only recently been involved with the CICC played the saxophone in front of everyone to start care day off, he did absolutely brilliant.

Promoting the Rights of Children and Young People



- Everyone who attended participated in the raffle, which was created to give away young peoples art work from the art stops project.
- The auction was a huge success. A bench that was handmade by a CICC member sold for £125 and the art work created by a young woman from the art café who is care leaver was sold for £75.



## Some of the feedback

*"Thanks for a great day, it's good to hear about the positive things that go ahead, would love to see even more talks and to help with fun events.*

*Enjoyed every minute!"*

*"Great to meet with people and discuss issues and ideas to move forward. Fantastic young people"*

*"Met new people who are like me, heard some different views of being in care"*

*"Amazing, thank you! Makes me want to do better and better for all children!"*

**The CPP Ask is that the *ideas generated from Care Day are discussed at the CICC/CPP joint meeting in April to consider progressing some of them further***

This page is intentionally left blank

**Corporate Parenting Panel**

**31 March 2023**

**Performance Update**



---

**Report of Stephen Tracey, Corporate Equality and Strategy Manager, Durham County Council**

**Electoral division(s) affected:**

None.

**Purpose of the Report**

- 1 The purpose of the presentation is to provide the Corporate Parenting Panel with an overview of performance in relation to children looked after and care leavers.

**Executive summary**

- 2 The Corporate Equality and Strategy Manager will deliver a presentation at the meeting giving an overview of performance.

**Recommendation**

- 3 Members of the Corporate Parenting Panel are asked to note information contained within the presentation and comment accordingly.

## **Background**

- 4 A quarterly performance management framework is presented to Corporate Parenting Panel which is structured around the Local Government Association's Key Lines of Enquiry for Corporate Parenting Panel members.

## **Conclusion**

- 5 Members of the Corporate Parenting Panel will be sighted on performance in relation to children looked after and care leavers and will have an opportunity to discuss performance at the meeting.

## **Other useful documents**

- Quarterly Performance Scorecard

## **Author**

Stephen Tracey

Tel: 03000 268 029



---

## **Appendix 1: Implications**

---

### **Legal Implications**

We have a statutory duty to comply with all duties in relation to the children and young people who are in the care of DCC

### **Finance**

N/A

### **Consultation**

N/A

### **Equality and Diversity / Public Sector Equality Duty**

N/A

### **Climate Change**

N/A

### **Human Rights**

N/A

### **Crime and Disorder**

N/A

### **Staffing**

N/A

### **Accommodation**

N/A

### **Risk**

N/A

### **Procurement**

N/A

This page is intentionally left blank

# Children in our Care

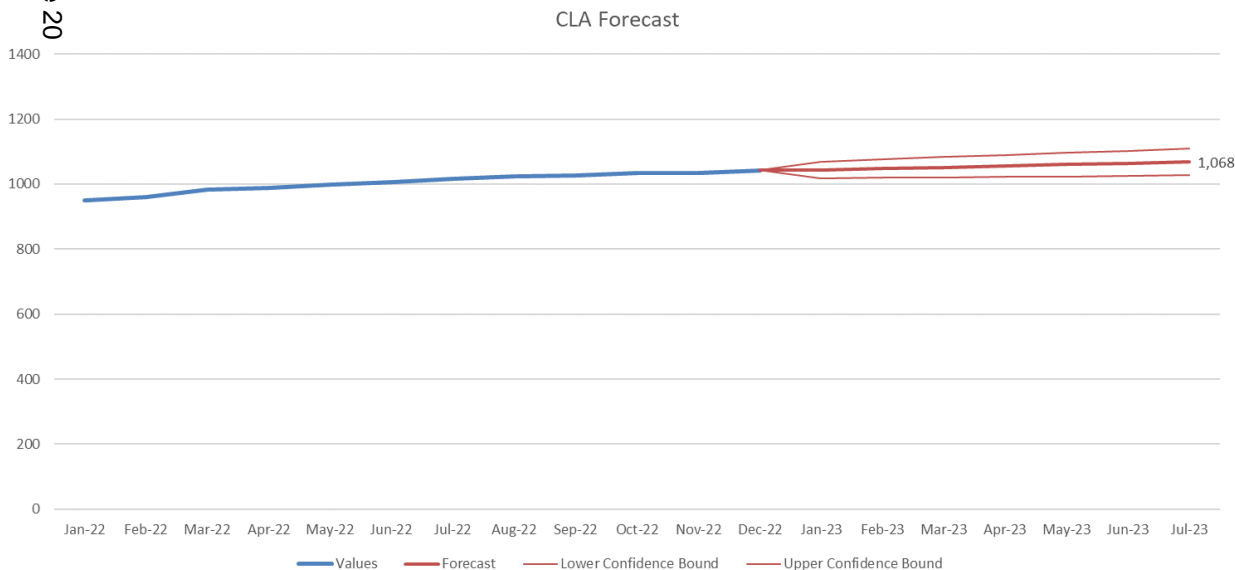
Children Looked After Strategic Partnership

Q3 2022-23



# Children in Care: 1,042

Page 20



Increase in overall number of CiC but rate remains below regional and statistical neighbour average (4<sup>th</sup> lowest in North East)

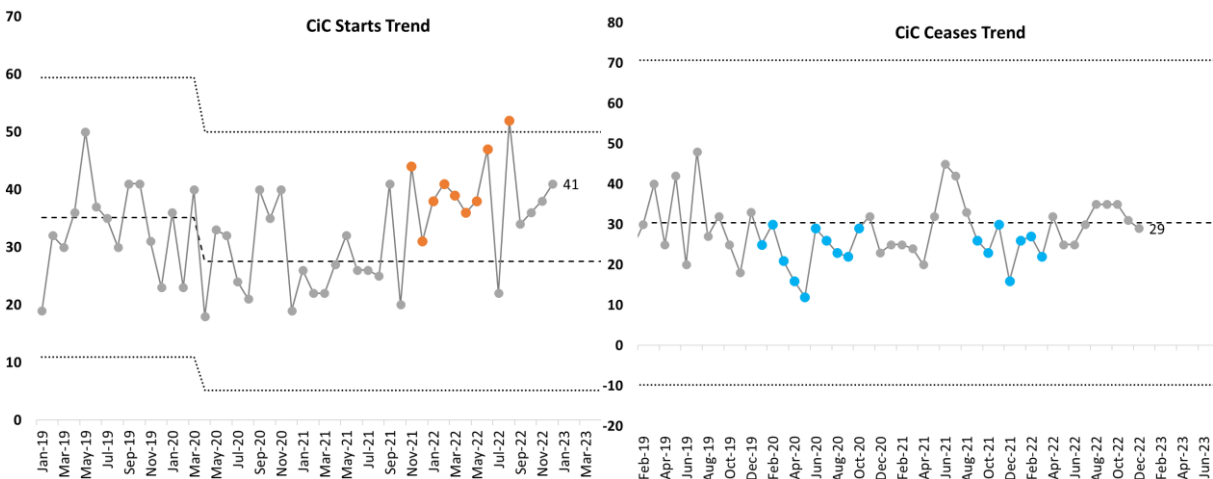
A third of children have been in care for less than 12 months whilst over a quarter have been in care for over 5 years

LoT in care	Under 6 Months	6-12 Months	1-2 Years	2-5 Years	5 Years+
No.	191	130	161	282	278
%	18%	12%	15%	27%	27%

## 34 Unaccompanied Asylum Seeking Children

This will increase as UASC move to Durham through the National Transfer Scheme

Reducing u1 CiC starts as % of all CiC starts  
Increase in age 1-4 and 10-15 starts  
Increase in 13-15yr olds in care



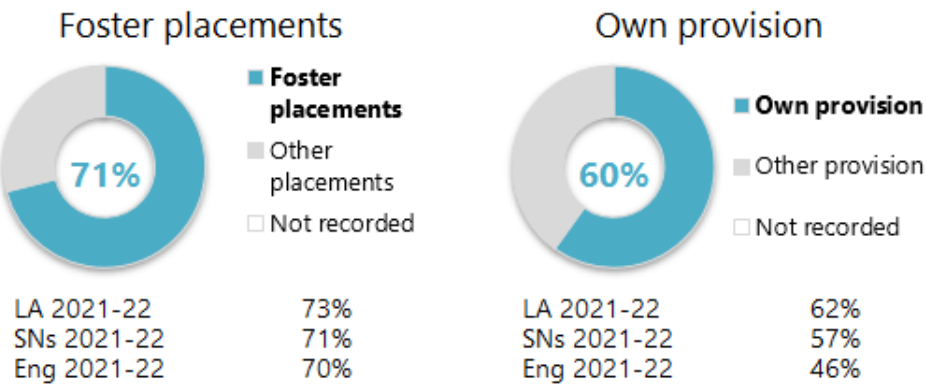
341 children became a child in care  
277 children left care in Apr-Dec 22



55% of Social Workers in our Children in Care and Care Leavers Teams had fewer than 25 cases, none had 30+

# Placements and Placement Stability

CLA placements by type and provision



Placement type (open CLA)	Own LA	Private	Other	Total
Foster placement	554	147	40	741
Placed for adoption	26	0	21	47
Placed with parents	0	0	72	72
Independent living	17	26	15	58
Residential employment	0	0	0	0
Residential accommodation	0	0	0	0
Secure Children's Homes	3	2	0	5
Children's Homes	25	79	5	109
Residential Care Home	0	0	0	0
NHS/Health Trust	0	0	1	1
Family Centre	0	3	0	3
Young Offender Institution	0	0	1	1
Residential school	0	0	0	0
Other placements	0	5	1	6
Temporary placement	0	0	0	0
Total placements	625	262	156	1043

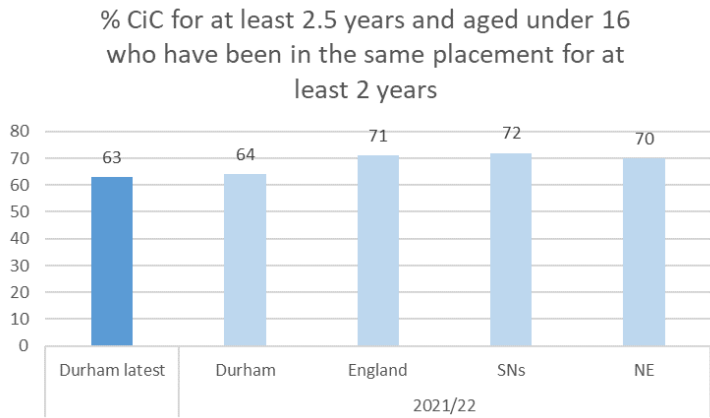
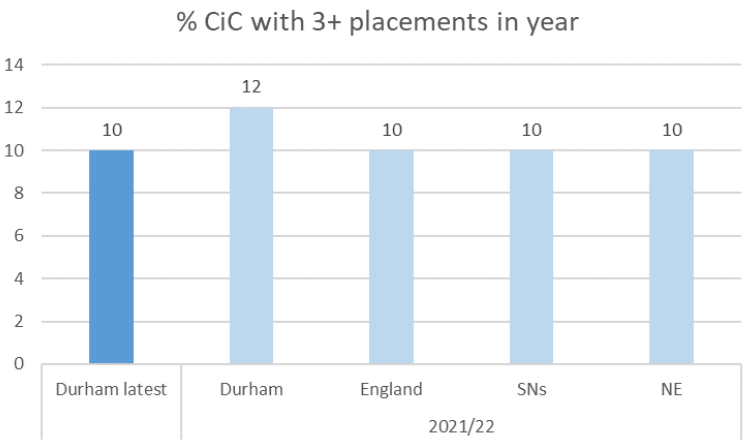
A higher proportion of children in Durham are placed in foster placements and in in-house provision than in our benchmarks. Both have also increased from 2020/21

16% increase in Children in Care from 2019/20 - highest increase in 14-17 year olds

Placement Stability remains an ongoing area of focus – This has improved but is currently worse than /same as 2021/22 benchmarks

Over 100 children with 3+ placements inc. 6 with 7+ and fewer CiC in long-term placements

CiC at date	2019/20		2022/23 YTD	
	No.	%	No.	%
0	79	9%	57	5%
1	46	5%	53	5%
2	48	5%	46	4%
3	34	4%	41	4%
4	34	4%	41	4%
5	34	4%	37	4%
6	39	4%	41	4%
7	35	4%	40	4%
8	57	6%	51	5%
9	35	4%	60	6%
10	49	5%	44	4%
11	59	7%	59	6%
12	58	6%	56	5%
13	62	7%	57	5%
14	59	7%	85	8%
15	54	6%	86	8%
16	57	6%	92	9%
17	63	7%	96	9%



# Missing Children

Page 22

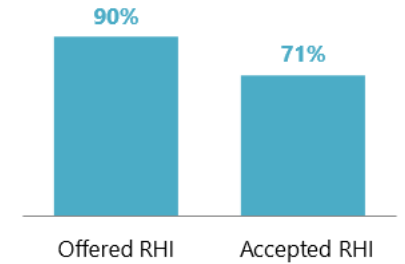
177 of 1214 looked after children had a missing incident in the last 12 months

	Latest data	LA 21-22	SNs 21-22	Eng 21-22
Number of all CLA with a missing incident	177 of 1214	129		
Percentage of all CLA with a missing incident	15%	10%	10%	11%
Total number of missing incidents for all CLA	1684	892		
Average number of incidents per CLA who went missing	9.5	6.9	6.6	6.3

## Missing incidents - return home interviews

	Latest data	
Missing children offered return interview	160 of 177	90%
Missing children not offered return interview	1 of 177	1%
Missing children return interview offer not recorded	13 of 177	7%
Missing children where return interview was n/a	3 of 177	2%

	Latest data	
Missing children accepted return interview	113 of 160	71%
Missing children not accepted return interview	43 of 160	27%
Missing children return interview acceptance not recorded	4 of 160	3%



122  
children

769  
missing  
episodes

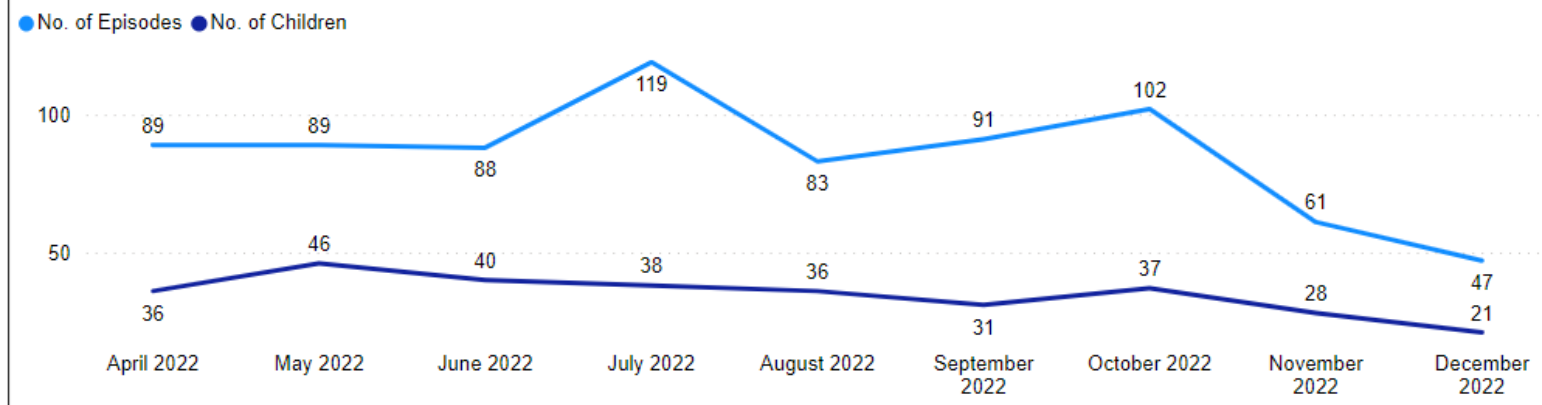
## Return to Home Interviews

764  
Offered

545  
Accepted

541  
Completed

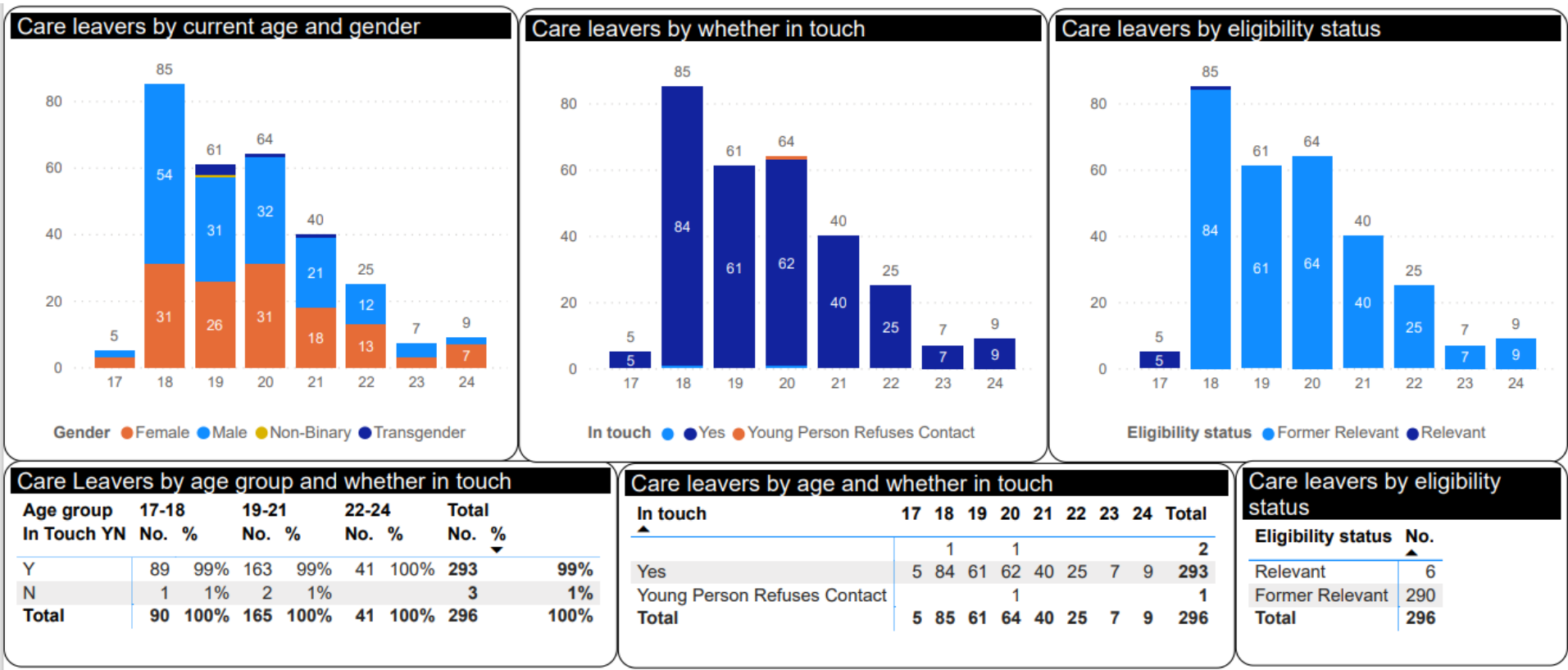
## Missing Episodes and Children by Month and Week



Following easing of lockdown restrictions we saw an increase in children reported missing

# Care Leavers

## 255 Care Leavers aged 17-21

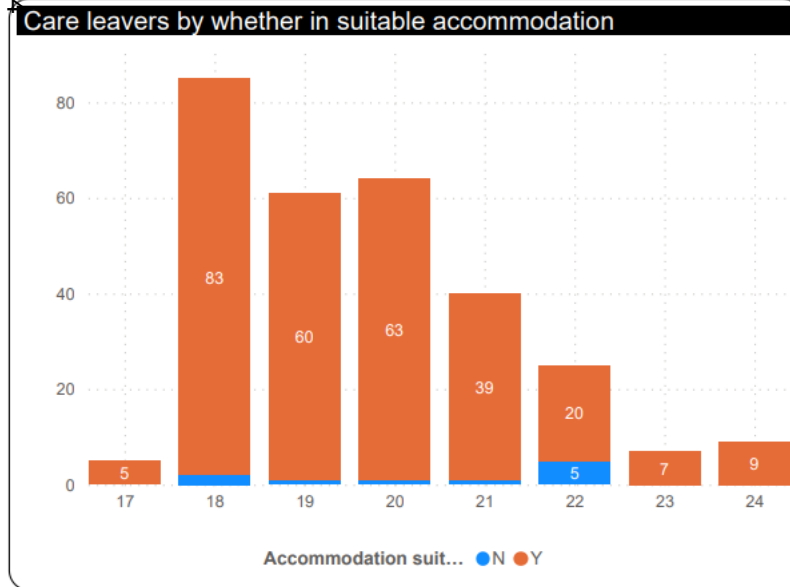


17 of our care leavers are recorded as being unaccompanied asylum seekers (UASC) and 16 are male aged 17-23, 1 female.

Currently have 160 YPS team monitoring open cases in addition to the 255 aged 17-21. Work on data recording is ongoing to ensure accuracy and has improved in touch information

# Care Leavers – suitable accommodation

Page 24



**Care leavers by whether in suitable accommodation and age group**

Age group	17-18		19-21		22-24		Total	
Accommodation suitable	No.	%	No.	%	No.	%	No.	%
Y	88	98%	162	98%	36	88%	286	97%
N	2	2%	3	2%	5	12%	10	3%
<b>Total</b>	<b>90</b>	<b>100%</b>	<b>165</b>	<b>100%</b>	<b>41</b>	<b>100%</b>	<b>296</b>	<b>100%</b>

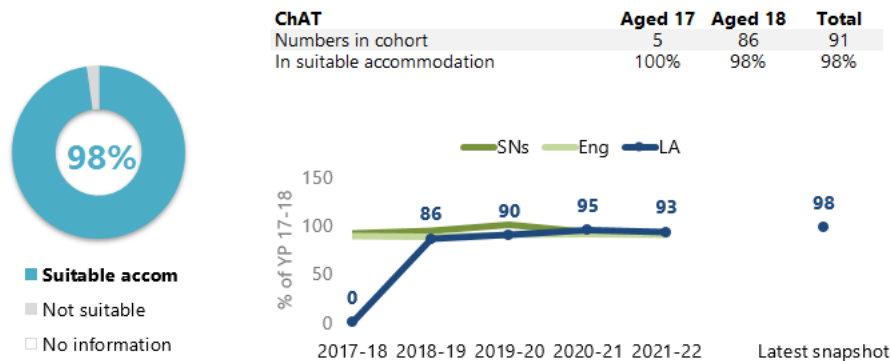
**Care leavers in unsuitable accommodation by age and type**

Accommodation code	18	19	20	21	22	Total
S - No fixed abode / homeless	1					1
X - In custody	1	1	1	1	5	9
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>10</b>

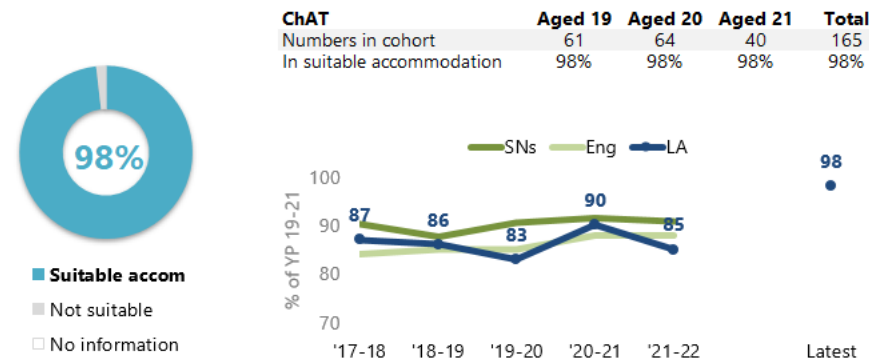
The proportion of care leavers in suitable accommodation aged 17-18 is 98% and for ages 19-21 is also 98%

Above benchmarks

Accommodation suitability of 17-18 year olds

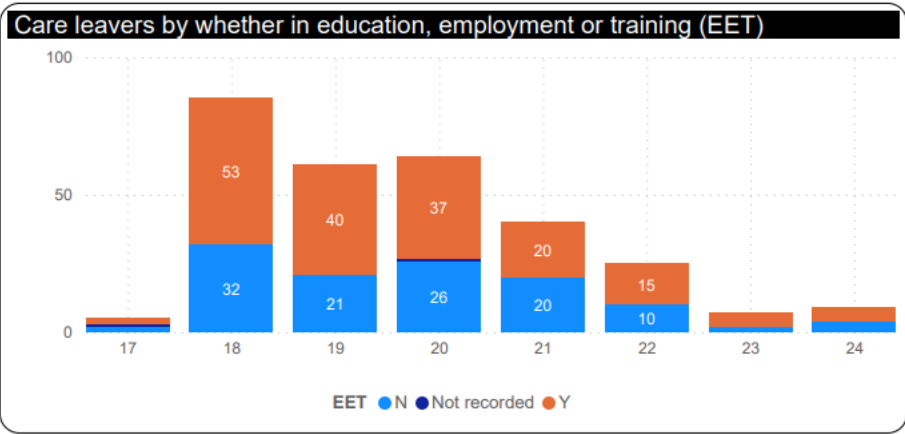


Accommodation suitability of 19-21 year olds





# Care Leavers - Education, Employment or Training



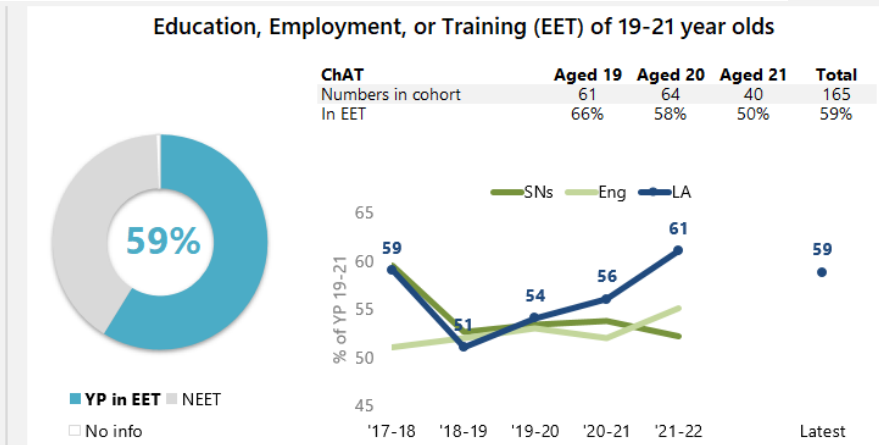
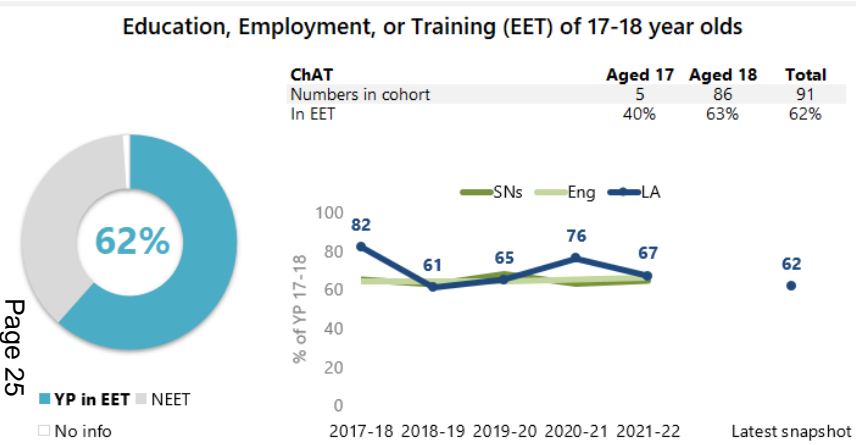
Age group	17-18		19-21		22-24		Total	
EET	No.	%	No.	%	No.	%	No.	%
Y	55	61%	97	59%	25	61%	177	60%
Not recorded	1	1%	1	1%			2	1%
N	34	38%	67	41%	16	39%	117	40%
Total	90	100%	165	100%	41	100%	296	100%

The proportion of care leavers in Education, Employment or Training aged 17-18 is 62% which is below benchmarks and has reduced from 67% in 2021/22.

Care leavers not in education, employment or training (NEET) by main education, employment or training (EET) activity

Main EET activity	17	18	19	20	21	22	23	24	Total
G6 - Young person not in education, employment or training due to pregnancy or parenting	3	2	2	4	3	1			15
G5 - Young person not in education, employment or training: other circumstances	2	23	8	8	6	3			50
G4 - Young person not in education, employment or training because of illness or disability	6	11	16	10	4	2	3		52
Total	2	32	21	26	20	10	2	4	117

For those aged 19-21 this is 59%; above benchmarks (2021/22 National: 55%, Stat Neighbour: 52%)



This page is intentionally left blank

## County Durham Corporate Parenting Panel: Performance Management Framework

What are the characteristics of our cohort of children in care and care leavers?

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>Q3 2022/23</i>	<i>England</i>	<i>North East</i>
Rate of CLA per 10,000 u18 population [Number]	82.9 [833]	90 [914]	93 [949]	96 [982]	<b>102.2</b> <b>[1042]</b>	70 (2021/22)	110 (2021/22)
Age and length of time in care					See presentation	N/A	N/A
CLA Placement breakdown					See presentation	N/A	N/A
Percentage of CLA placed over 20 miles (outside LA boundary)	7%	10%	9%	10%	<b>13%</b> <b>[133/1041]</b>	16% (2021/22)	<b>10%</b> <b>(2021/22)</b>
Number of children placed for adoption	25	75	39	38	<b>42</b>	N/A	N/A
Percentage of CLA who are unaccompanied asylum seeking children [Number] u18	0.4% [3]	0.1% [1/914]	0.1% [1/949]	2% [16/982]	<b>3%</b> <b>[34/1042]</b>	7% (2021/22)	2% (2020/21)
Social worker caseloads					See presentation	N/A	N/A

Page 28  
Do our partner agencies understand their role in supporting us as corporate parents?

Measure	2018/19	2019/20	2020/21	2021/22	Q3 2022/23	England	North East
Percentage of CLA with a missing incident during the year	5.0%	5.5%	7.0%	9.9%	15% [177/1214]	11% (2021/22)	11% (2021/22)
Percentage of children on Child Exploitation and Vulnerability Tracker that were CLA^					37% [61/167]		
Strengths & Difficulties Questionnaire - Average score	NND	13.6	14.0	14	Reported annually	13.8 (2021/22)	14.3 (2021/22)
Percentage of looked after children aged 10 and above convicted or subject to a Youth Caution or Youth Conditional Caution during the year [number of children]*	4.6% [17]	3% [11]	3% [11]	3% [12]	3% [17]	2% (2021/22)	2% (2021/22)

How are we giving children and young people the chance to express their views, wishes and feelings? How do we know those are being acted on?

Measure	2018/19	2019/20	2020/21 [Provisional]	2021/22	Q3 2022/23	England	North East
Number of CLA accessing an independent visitor			16	69 (59 CDYJS, 10 AFC) 15 waiting for match	46 (44 CDYJS, 2 NEPACS)		

### Are we providing stable environments for children in our care?

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>Q3 2022/23</i>	<i>England</i>	<i>North East</i>
Percentage of CLA with 3 or more placements during the year	10.7% [90 of 840]	7.6% [70 / 922]	8% [73]	12.4% [122 / 985]	<b>10%</b> <b>[109]</b>	10% (2021/22)	10% (2021/22)
Percentage of CLA continuously for 2.5 years or more aged under 16 who were living in the same placement for at least 2 years	63.9% [195 of 305]	59.8 [ 201 / 336]	67% [225]	65.8% [244 / 371]	<b>63%</b> <b>[252]</b>	<b>71%</b> <b>(2021/22)</b>	<b>70%</b> <b>(2021/22)</b>
Average number of days between a child entering care and moving in with its adoptive family, adjusted for foster carer adoptions (A10) [Last 12 months]	430 [2015-18]	428 [2016-19]	439 [2018-2021]	466	<b>428</b>	454 (Q1 2022/23)	N/A
Average time between an LA receiving court authority to place a child and the LA deciding on a match to an adoptive family (A2) [Last 12 months]	NND	192 [2016-19]	178 [2018-2021]	144	<b>134</b>	184 (Q1 2022/23)	N/A
Percentage of children adopted from care (as % of total children leaving care) [number of children adopted shown in brackets]	12.3 [39 of 316]	16% [55 / 352]	18% [54 / 304]	19% [65]	<b>14%</b> <b>[38/277]</b>	10% (2021/22)	13% (2021/22)
Number of Mainstream Foster Carers (Approved in period YTD)	26	12	21	29	<b>11</b>	N/A	N/A
Number of Friends and Family Foster Carers (Approved in period YTD)	52	91	145	121	<b>56</b>	N/A	N/A
Number of Adopters (Approved in period YTD)	22	25	47	40	<b>TBC</b>	N/A	N/A

## What are we doing to look after the health and wellbeing of children in our care?

<b>Measure</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>Q3 2022/23</b>	<b>England</b>	<b>North East</b>
Initial Health Assessments completed within 20 working days of the child becoming looked after	63%	73%	73%	59%	<b>TBC</b>	N/A	N/A
CLA with the required number of health assessments	91%	94%	91%	93%	<b>89%</b>	89% (2021/22)	<b>92%</b> (2021/22)
CLA who have had a dental check	85.5%	87%	41%	85%	<b>70%</b>	70% (2021/22)	<b>72%</b> (2021/22)
CLA whose immunisations were up-to-date	99.3%	99.0%	90.0%	90.9%	<b>Reported annually</b>	85% (2021/22)	86% (2021/22)
CLA whose development assessments were up to date (CLA 12+ months and aged 5 or younger at 31 March)	95.0%	97.0%	83.0%	98.9%	<b>Reported annually</b>	89% (2021/22)	95% (2021/22)
% CLA identified as having a substance misuse problem in the year	1.9%	2.0%	Data Error	0.9%	<b>Reported annually</b>	3% (2021/22)	3% (2021/22)
Percentage of new presentations to drug and alcohol treatment during period who were CLA [Number] YTD	10% [18 of 185]	10% [21 of 216]	TBC	17% [27/149]	<b>Data not available</b>	44% (2020/21)	33% (2020/21)
Care leavers aged 17-21 who are pregnant or mothers (as a % of female care leavers)		26.3% [25/95]		29% [32/111]	<b>21%</b> <b>[25/121]</b>	N/A	N/A
Care leavers aged 17-25 who are pregnant or mothers (as a % of female care leavers)				30% [39/132]	<b>24%</b> <b>[34/139]</b>	N/A	N/A

## What are outcomes like for our care leavers?

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>Q3 2022/23</i>	<i>England</i>	<i>North East</i>
Percentage of care leavers age 18-21 who have stayed with their foster carer	N/A	N/A	N/A	21% [50]	<b>18%</b> <b>[45]</b>		
Percentage of care leavers aged 17-18 in education, employment or training (EET)	63.9% [53 of 83]	65% [ 55 / 84 ]	76% [ 59 / 78]	66% [55 / 83]	<b>61%</b> <b>[55 / 90]</b>	<b>66%</b> <b>(2021/22)</b>	<b>67%</b> <b>(2021/22)</b>
Percentage of care leavers aged 17-18 in suitable accommodation	96.4% [80 of 83]	90% [ 76 / 84 ]	95% [74 / 78]	93% [76 / 82]	<b>98%</b> <b>[88 / 90]</b>	90% (2021/22)	93% (2021/22)
Percentage of care leavers aged 17-18 in higher education	0% [0]	0% [0]	0% [0 / 78]	6% [5 / 83]	<b>1%</b> <b>[1/90]</b>	<b>4%</b> <b>(2021/22)</b>	<b>3%</b> <b>(2021/22)</b>
Percentage of care leavers aged 19-21 in education, employment or training (EET)	54.0% [87 of 161]	54% [ 94 / 175 ]	56% [110 / 197]	61% [129 / 213]	<b>59%</b> <b>[97/165]</b>	55% (2021/22)	52% (2021/22)
Percentage of care leavers aged 19-21 in suitable accommodation	94.4% [152 of 161]	83% [ 144 / 174 ]	90% [177 / 196]	85% [186 / 218]	<b>98%</b> <b>[162 / 165]</b>	88% (2021/22)	90% (2021/22)
Percentage of care leavers aged 19-21 in higher education	8.7% [14 of 161]	9% [16 / 175 ]	6% [11 / 197]	8% [18 / 213]	<b>16%</b> <b>[26 / 165]</b>	7% (2021/22)	7% (2021/22)

This page is intentionally left blank



**Corporate Parenting Panel**

**31 March 2023**

**Annual Health Report**



---

**Report of Designated Nurse for Children in Care, County Durham Clinical Commissioning Group<sup>i</sup>**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is to introduce County Durham Clinical Commissioning Group (CDCCG) Annual Report for Children in Care covering the period of 2021–2022. The report outlines the activity that has been undertaken in NHS County Durham Clinical Commissioning Group (CCG), as well as the challenges faced during the year in the work to support children in care and those care experienced.
- 2 The CDCCG Annual Report for 2021-2022 is attached as appendix 2.

**Executive summary**

- 3 The report is produced in line with duties and responsibilities outlined in statutory guidance - Promoting the Health and Wellbeing of Looked after Children which is issued to Local Authorities, NHS Clinical Commissioning Groups and NHS England under sections 10 and 11 of the Children Act 2004.

**Recommendation(s)**

- 4 Members of the Corporate Parenting Panel are required to:
  - (a) Note the contents of this report and raise any questions for discussion.

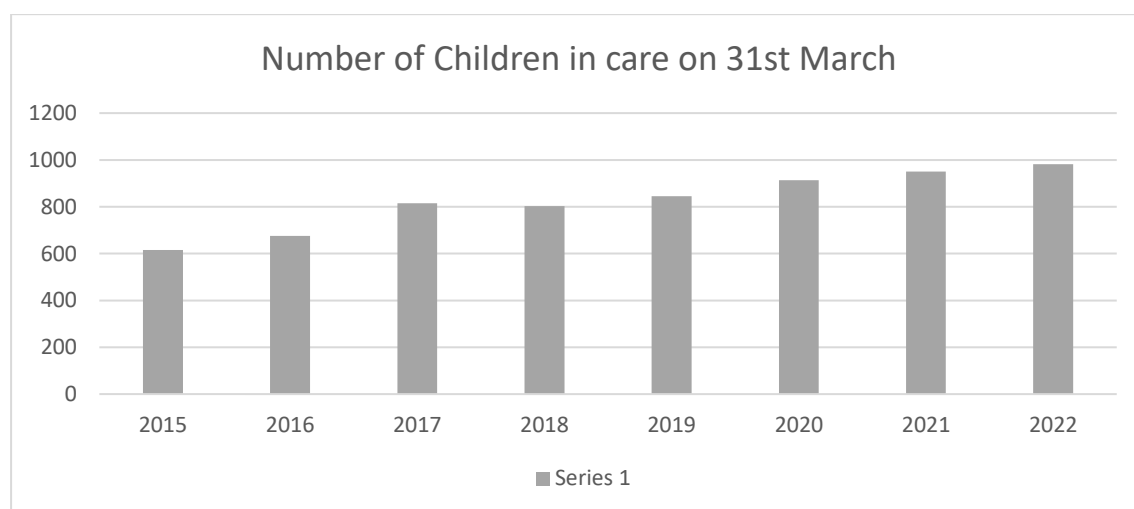
## Background

- 5 It is the responsibility of Durham County Council, County Durham CCG and commissioned health services to identify and address the unmet health needs of Children who become Looked After. The expected outcome is that all children who become Looked After and who are the responsibility of County Durham CCG will experience improved health and well-being.
- 6 Most children enter the care system as a result of abuse or neglect and although they may have many of the same health issues as their peers, the extent of these is often greater because of their adverse childhood experiences. It is known that almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting a child's emotional well-being and mental health needs can prevent them from living happy and healthy lives as adults.
- 7 Meeting the health needs of children and young people in care requires a clear focus on easy access to services. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinate care.
- 8 CCGs primarily commission health services: however, all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of children in care.
- 9 CDCCG commission:
  - (a) County Durham and Darlington NHS Foundation Trust (CDDFT) to provide:
    - (i) Medical services for Children in Care and those with a plan of adoption
    - (ii) Coordination of all health assessments
    - (iii) Review Health Assessments (RHAs) for County Durham children living out of the Local Authority boundary but within a 20 mile radius
  - (b) Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to provide:
    - (i) Child and Adolescent Mental Health Services (CAMHS) to support children and young people with mental health difficulties.
- 10 County Durham Local Authority Public Health commission Review Health Assessments for County Durham children living within the Local Authority boundary from Harrogate and District NHS Foundation Trust (HDFT) who provide the Healthy Child 0-25 Service.
- 11 Children in Care reports are presented to the Quality Committee on a bi-monthly basis to appraise the CCG of current activity and developments and

include performance reports for NHS commissioned health services against the specific Key Performance Indicators (KPIs).

- 12 CCGs are required to provide resources to support the provision of a service for children in care. The amount of resource required is clearly defined in the Looked After Children: roles and competencies of healthcare staff. The Designated Nurse for Children in Care resource was increased in 2021-2022 to 1.5 wte.
- 13 The overall number of children in care for Durham has remained above the national average per 10,000 population.

#### **Number of Durham County Children In Care 2015 – 2022**



- 14 The end of year figures provides a general overview, but consideration must be given to children who enter and leave the care system throughout the year. The total number of children cared for over each period defined above will be higher.

### **Conclusion**

- 15 The annual report provides an overview of the CiC population and outlines the performance of NHS commissioned services during 2021-2022.
- 16 The numbers of children in care within Durham have continued to increase year on year with 2021-2022 seeing further increases. Resources to deliver a quality service to this cohort of children will require continued evaluation to ensure this is not compromised.
- 17 Services to support children in care have continued to be delivered effectively despite the unprecedented challenges that arose during the Covid pandemic in 2020 and which continued throughout 2021-2022.

### **Authors**

Jo Gamble / Sarah Neale  
Designated Nurse(s) for Children in Care

---

## **Appendix 1: Implications**

---

### **Legal Implications**

The report is produced in line with duties and responsibilities outlined in statutory guidance - Promoting the Health and Wellbeing of Looked after Children which is issued to Local Authorities, NHS Clinical Commissioning Groups and NHS England under sections 10 and 11 of the Children Act 2004

### **Finance**

None.

### **Consultation**

None.

### **Equality and Diversity / Public Sector Equality Duty**

The needs of all young people are considered on an individual basis.

### **Climate Change**

None.

### **Human Rights**

All children have the right to the best possible health.

### **Crime and Disorder**

None.

### **Staffing**

Staffing information is contained in Appendix 2

### **Accommodation**

None.

### **Risk**

Non-adherence to statutory duty.

### **Procurement**

None.

---

<sup>i</sup> In 2022 County Durham CCG transitioned into the North East & North Cumbria Integrated Care Board [NENC ICB]



# Children in Care Annual Report April 2021 – March 2022



## **Foreword by the Director of Nursing**

Welcome to our annual report for children in care 2021 -2022. It outlines the activity that has been undertaken in NHS County Durham Clinical Commissioning Group (CCG), as well as the challenges we have faced during the year in our work to support children in care and those care experienced.

Our commitment to children experiencing care extends across all levels of our organisations - from our governing body members to each of our employees. A key focus for us is to improve health outcomes for children who have experienced being in care as they transition into adulthood by working together with a range of partners across the county.

Examples of how this is undertaken are within the report. However, we know there are areas where more needs to be achieved and this is reflected in our priorities for the year ahead.

Finally, we cannot present this report without referencing the unprecedented challenges currently being faced with the COVID-19 pandemic. The country was still feeling the impact of the pandemic as the financial year commenced and you will read how this has impacted on our work and how we continue to respond and adapt to the changing needs of Durham's children in care.

**Anne Greenley**

**Director of Nursing and Quality - NHS County Durham CCG**

## Contents

Executive Summary .....	4
1.Introduction and Background .....	5
2 Governance and Accountability .....	9
3 Profile of Children in Care .....	11
3.2 National Profile of Children in Care .....	11
3.3 Health Findings: .....	12
4 Ethnicity .....	12
5 Local Health Indicators .....	13
6 Overview of County Durham's Children in Care .....	14
7 Children placed in County Durham from other Local Authorities .....	16
8 Commissioning arrangements of NHS health provision for Children in Care in County Durham .....	17
8.2 County Durham and Darlington Foundation Trust (CDDFT) .....	17
8.3 Harrogate and District Foundation Trust (HDFT) .....	18
9 Statutory Health Assessments .....	18
10 Strengths and Difficulties Questionnaire .....	21
11 Mental Health Services for Children .....	22
12 Care Leavers .....	23
13 Unaccompanied Asylum - Seeking Children .....	24
14 Safeguarding Children in Care .....	24
14.1 Health Justice and Offending .....	24
15 Role of Primary Care .....	25
16 Response to the Covid-19 Pandemic .....	26
17 Somerset Ruling .....	27
18 Conclusion .....	28
19 Key Areas for Development for 2022-23 .....	29

## Executive Summary

- Welcome to the final Annual Report for NHS County Durham Clinical Commissioning Group (CDCCG)<sup>1</sup> as we move into the Integrated Care System on the 1<sup>st</sup> July 2022. The report is in relation to **Children in our Care in County Durham**. This report is authored by the CCG's Designated Nurse for Safeguarding Children due to a vacancy for the Designated Nurse for Children in Care. The Designated Nurse has a strategic role and is separate from any clinical responsibilities as detailed in the Intercollegiate Role Framework for Looked after Children (RCPCH, 2020)<sup>2</sup>.
- It is the responsibility of Durham County Council, County Durham CCG and commissioned health services to identify and address the unmet health needs of Children in Care. The expected outcome is that all Children in Care (CiC), who are the responsibility of County Durham CCG will experience improved health and well-being and have an awareness on how their long-term health needs can be addressed as they become adults.
- The purpose of the report is to provide County Durham CCG Governing Body, key partners and members of the public with:
  - an update on the planned developments identified in the previous CCGs Children who are Looked After Annual Report for 2020 – 2021
  - an overview of both the National and local population of Children in care across County Durham
  - an outline of the performance of NHS commissioned health services
  - evidence of key achievements during 2021-2022
  - recognise challenges and identify key priority areas for 2022-2023
- This annual report covers key performance activity for County Durham CCG provided by the health providers it commissions for the period from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.
- The report is produced in line with duties and responsibilities outlined in statutory guidance - Promoting the Health and Wellbeing of Looked after Children<sup>3</sup> which is issued to Local Authorities, NHS Clinical Commissioning Groups and NHS England under sections 10 and 11 of the Children Act 2004<sup>4</sup> and NICE guidance published in October 2021<sup>4a</sup>.

---

<sup>1</sup> County Durham CCG will be superseded by the Integrated Care System and Integrated Care Board from 1<sup>st</sup> July 2022

<sup>2</sup> [Looked After Children: Roles and Competencies of Healthcare Staff](#)

<sup>3</sup> [Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England \(DfE, DoH 2015\)](#)

<sup>4</sup> [Children Act 2004](#)

<sup>4a</sup> <https://www.nice.org.uk/guidance/ng205>



## 1.Introduction and Background

- 1.1 The purpose of the report is to provide County Durham CCG Governing Body, key partners and members of the public with: an update on the planned developments identified in the previous CCGs Children who are Looked After Annual Report 2020-2021; offer an overview of both the National and local population of Children in Care by County Durham Council; outline the performance of NHS commissioned health services; evidence good practice and key achievements; recognise challenges and identify key priority areas for 2022-2023. The report covers the period from 1st April 2021 to 31st March 2022.
- 1.2 Children who are Looked After are referred to in legal terms as 'Looked After Children'. In England and Wales, the term 'Looked After Children' is defined in law under the Children Act 1989<sup>5</sup>. A child is Looked After by a Local Authority if he or she is in their care or is provided with accommodation for more than 24 hours. 'Looked After Children' fall into four main groups:
- Children who are accommodated under voluntary agreement with their parents
  - Children who are the subject of a care order or interim care order
  - Children who are the subject of emergency orders for their protection
  - Children who are compulsorily accommodated; this includes children remanded to the Local Authority or subject to a criminal justice supervision order with a residence requirement /CYP who are in respite for > 75 days/year
- 1.3 The term 'Looked After Children' includes unaccompanied asylum-seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are subject to a special guardianship or residency order.
- 1.4 Feedback from Children who are Looked After often indicates that they find it hard to relate to the term 'Looked After Children' and its abbreviated form of 'LAC'. Many children and young people find it offensive to be defined in such a way, often sighting that the phrase may be misinterpreted as one that implies, they 'lack' something as individuals. Children who are Looked After also highlight that every child is 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by other carers. The remainder of this report will therefore refer to 'Children in Care' or 'CiC'; the term 'Looked After' and 'LAC' will only be used in a legislative context.
- 1.5 Most children enter the care system as a result of abuse and neglect. Although they have many of the same health issues as their peers, the potential is greater for some unmet needs because of their past adverse childhood experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting a child's emotional well-being and mental health needs can have far reaching effects

---

<sup>5</sup> [Children Act 1989](#)

on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

- 1.6 Meeting the health needs of children and young people in care requires a clear focus on easier access to services although commissioning can be complex with access to services potentially confounded by placement moves, out of area placements as some examples. In addition, we need to be assured of the competencies of the wider health services in understanding CiC which links to training and guidance for CiC.
- 1.7 This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinate care.
- 1.8 County Durham CCG can also influence health outcomes for CiC by acting as a 'Corporate Parent'. Corporate Parenting is a collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for CiC. "We want our children to be well, healthy and have good emotional and mental health". (Durham County Council Corporate Parenting Strategy)<sup>6</sup>. The Designated Nurse for Looked After Children has been an active member of the County Durham Corporate Parenting Panel.

---

<sup>6</sup> [Durham County Council Corporate Parenting Strategy for Children and Young People aged 0-25 years](#)

2 Table 1 - Update on Planned Developments

2021-2022 Priorities	Update
Further identify ways to ensure we include the voice of our Looked After children and young people	The Young Person originally attending the Looked After Children Health Needs Subgroup finished their apprenticeship. Awaiting confirmation from Investing In Children for another Young Person to be invited to become a member of the group.
Health Report for Corporate Parenting Panel Annually and by exception	CCG Annual Report for 2020-2021 presented to the CPP on the 25th March 2022
Development of a health dashboard for Tees, Esk and Wear Valleys Trust	A template has now been created and will be used within the Trust once ratified. This remains outstanding due to the inability to extract salient information within their current Electronic System. The Trust are awaiting the pilot and roll out of the CITO Electronic System which will be able to extract the relevant data. This is expected in September 2022.
Children in Care commissioner assurance visits to commence ensuring that actions in regard to Children in Care, following inspections, have had a sustained change to practice.	Team Commissioner Assurance Visits (CAVs) remain on hold due to the COVID Pandemic and pressures on the health system to meet the demands of the pandemic – these visits will be reinstated with the easing of restrictions and staff sickness due to COVID.
To work with GP practices to inform GPs about their responsibilities to care experienced children by progressing the Task and Finish Group gap analysis based on Children Looked After commissioning toolkit	<ul style="list-style-type: none"> <li>A training session was delivered on the 11th of June 2021 to outline to GP Safeguarding Leads on Primary Care responsibilities towards Care Experienced children with further session planned for September 2022</li> <li>Training sessions for GP Practice staff was delivered during the week of the 23rd of August 2021 outlining requirements as stipulated within the Intercollegiate Document for CiC</li> </ul> <p>The Gap Analysis although delayed due to the impact of COVID is in progress with a T &amp; F group commencing with a Practice to Pilot the Navigator</p>
Increase compliance of Primary Care GP information to inform initial and review health assessments.	Named GP liaises with individual GP practices to improve information sharing for health assessments and this remains a priority for improvement ( <b>Priority 1</b> )
The GP Template completed however requires further action to embed into primary care	The template is available and use of which has been delivered to practices via GP Safeguarding Leads training. The Named GP's will continue to support practices to fully embed through a change management process.
Continue the development of a process for health passports for those young people who are placed out of area and those requesting a passport post 18 years.	<ul style="list-style-type: none"> <li>A Pathway is now in place to ensure all children placed out of area are offered a health passport</li> <li>The GP is the point of contact for health information once adulthood has been reached</li> <li>Ongoing improvements with the provision of Requests for Health Passports from the Local Authority needs maintaining</li> </ul>
IHA Quality assurance audit to be completed	The Peer review cycle completed. IHA audit starting Summer 2022
CiC outcomes multiagency audit to be completed with the agreed focus to include Care Experienced children, access to health assessments, mental health and emotional wellbeing, to include child/Young Person's voice – did we listen? Were we accessible?	This has been delayed due to the impact of COVID but a multi-agency Task and Finish Group is established and is proceeding with this initiative to link the priority with the Durham health needs assessment for children in care – this will remain a priority for the strategic partnership for 2022 – 2023

Due to increase in under1's in Durham becoming looked after, plan a review of the pre-birth service including birth response plans and Early Help	<p>The CCG are now active members of the ;</p> <ul style="list-style-type: none"> <li>• 'Pause' Board which works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care</li> <li>• Strategic Delivery Group for Vulnerable Pre-Birth and under 1-year olds in County Durham</li> </ul>
Digital task and finish group to be established to collaborate on developing a health assessment information animation for Durham	Funding has been granted for the development of a Health Summary 'App' across the North Cumbria and North East NHS England Region which is in the early stages and will need a pilot.
Understanding the impact of COVID -19 on children in care utilising a questionnaire to identify the views of children and influence of further services provision. This will form part of the multi-agency priorities for the Strategic Partnership.	This has been delayed due to the impact of COVID but a summary report is underway which will be presented to the Children Looked After Strategic Partnership. Primary care identified that due to the shift to virtual consultations and children not being seen face to face, access to routine checks such as immunisations were paused and the mental health of all children due to the pandemic was highlighted as a concern nationally. The Designated Nurse continued to be part of the corporate parenting panel to hear and share the views of children and young people in care in County Durham.

## 2 Governance and Accountability

- 2.1** The NHS has a major role in ensuring the timely and effective delivery of health services to Children who are in Care. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies<sup>7</sup> and the Safeguarding Accountability and Assurance Framework<sup>8</sup> make clear the responsibilities of CCGs and NHS England to this vulnerable group of children.
- 2.2** County Durham CCGs accountability for the discharge of statutory responsibilities for Children who are in Care sits with the Chief Officer. Executive leadership is through the Director of Nursing and Quality who is also a member of the CCGs Governing Body.
- 2.3** Children in Care reports are presented to CDDFT's Quality Committee on a bi-monthly basis to appraise the CCG of current activity and developments and include performance reports for NHS commissioned health services against the specific Key Performance Indicators (KPIs).
- 2.4** Accountability for Designated Professionals for Children in Care is set out within the Safeguarding Accountability and Assurance Framework. Designated Professionals for CiC take a strategic and professional lead across the whole health economy providing expert advice and clinical expertise to the Clinical Commissioning Group, health providers and partner agencies by having a strategic overview on the specific health needs of the Children in Care cohort.
- 2.5** With the resignation of the current post holder in April 2022 CDCCG has successfully recruited to the role commencing June 2022. In addition, a successful bid for an increased 0.5 whole time equivalent (WTE) Designated Nurse CIC is going out to advert. This additional resource accounts for the local deprivation indices where County Durham is ranked as the 48th most deprived upper-tier local authority out of 151 nationally<sup>9</sup> as defined in the Looked After Children: roles and competencies of healthcare staff<sup>10</sup> ensuring CDCCG is compliant with the guidance for a dedicated resource for CIC.

---

<sup>7</sup> [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies DoH 2013](#)

<sup>8</sup> [Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#)

<sup>9</sup> [County Durham Insights](#)





<sup>10</sup> [Looked after Children: roles and competencies of healthcare staff Intercollegiate Document RCN, RCPCH 2020](#)

Summary of Provision for County Durham CCG Children in Care team

Role	Required provision	Current provision	Gap
<b>Designated Nurse*</b>  A minimum of 1 <b>dedicated</b> WTE designated nurse looked after children for a child population of 70,000.	The total estimated population of Durham children aged 0 – 17 is 101,468 <sup>11</sup>  Therefore, there should be 1.45 WTE dedicated Designated Nurses for Children Looked After	1 Dedicated Designated Nurse for Children Looked After WTE 1.0 – due to commence June 2022	0.45 deficit – 0.5 WTE Designated Nurse for CiC to be recruited into
Role	Required provision	Current provision	Gap
Designated Doctor  A minimum of 8 hours per week or 0.2 WTE per 400 looked after children population (excluding any operational activity such as health assessments)	The current required provision for 950 Children Looked After would be 0.475 WTE per week	The CCG currently commissions 0.55 WTE of Designated Doctor for Looked After Children (22hrs per week) for County Durham and Darlington. Currently the post is delivered by CDDFT as 8 hours per week from the Designated Doctors for County Durham and also 8 hours per week for Darlington and 4 hours by the Named Doctor for Looked After Children.	There is a small 2 hour/week gap in provision. However, the provision of a Named Doctor is a requirement of the guidance, but it is the responsibility of the acute trust to provide and fund. The provision of Designated Doctor can only realistically come from the acute provider CDDFT due to the requirements of the post, it therefore makes sense to keep the provision for County Durham and Darlington in one agreement with an SLA to assure the respective CCGs that the statutory requirements are covered. Therefore, this resource has not separated the requirements for this post into County Durham and Darlington areas.

<sup>11</sup> Office for National Statistics (ONS): Sub-national population projections (SNPPs) 2019

## 2.6 Meet the Team

<b>Alison Ferguson</b> Designated Nurse Children Looked After	<b>Heather McFarlane</b> Designated Nurse Safeguarding	<b>Karen Watson</b> Designated Nurse Safeguarding	<b>Kirsty Yates</b> Designated Doctor Children Looked After
			

## 3 Profile of Children in Care

**3.1** The demographics for CiC nationally are taken from the government's Statistical First Release (SFR)<sup>12</sup>. The SFR is based on data from the children looked after return (also known as SSDA903) collected from all Local Authorities and is usually published in December for the year ending 31st March. The data below relates to the data published in December 2021 for the year ending 31st March 2021.

### 3.2 National Profile of Children in Care

#### 3.2.1 Key Findings:

- Children looked after on 31 March 2021 increased to 80850 slight increase from the previous two years 80,080 and 78,140 – increase of 1% from the previous year. This is a rate of 67 per 10,000 children, the same as last year. In January 2022 the number of CiC was 3% higher than the same time in 2019-20.
- Children starting to be looked after decreased to, 28,440 from 30,970, last year - down 8%.
- Children ceasing to be looked after were 28,010, down 6% from 29,590, last year.
- Children in care who were adopted were 2870 down 18% from 3,440 last year. This continues the fall seen since a peak of 5,360 adoptions in 2015. This would have been impacted by court closures during lockdown and therefore delay in adoption processes.
- Of the children that are in care the highest number at 39% is the 10-15 year old's.

<sup>12</sup> <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020>



- The number of unaccompanied asylum-seeking children (UASC) was down 20% on last year. Although this had also decreased slightly the previous year, this year has seen a much steeper fall and is likely due to travel restrictions during the year.

### 3.3 Health Findings:

In general, health checks were maintained during the pandemic – most had virtual appointments with health professionals although effort was made to see children in a face to face clinic.

#### 3.3.1 Health profile

Of the 59,050 CiC on 31 March for at least 12 months in the year ending 31 March 2021, national data indicated:

Most Children in Care are up to date with their health care with:

- 86% reported as being up to date with their immunisations - down slightly from 88% last year but up from 85% in 2018. Older children are less likely to be up to date with immunisations, particularly older males. This could be influenced by the relatively large number of UASC in this category for whom immunisation history may not be known.
- 91% reported as having had their annual health assessment - up slightly on 90% last year and up from 88% in 2018
- 89% of under 5s reported as having development assessments up to date - up from 88% last year and up from 85% in 2018
- Only 40% of CiC were reported as having had their teeth checked by a dentist in the last year– a significant reduction from 86% the previous year. This is not unexpected given the difficulties faced by the whole population accessing dental care during the pandemic.
- 3% of CiC identified as having a substance misuse problem - the same as last year and down slightly from 4% in 2018.
- Substance misuse is equally common in males and females at 3%. The proportion of males identified with substance misuse has decreased from 4% last year, for females it has stayed the same. In previous years we have seen substance misuse consistently be slightly more common in males than females.
- An intervention was received for 44% of children who were identified as having a substance misuse problem, down from 45% last year and down from 46% in 2018.

## 4 Ethnicity

Data published in December 2021 identified;

- White children were less likely to be in care (74%) and more likely to be adopted (83%) compared with their share of the population of all under-18 year olds (79%)



- Black children were more likely to be in care (7%) and less likely to be adopted (2%) compared with their share of the under-18 year old population (5%)
- Asian children were less likely to be in care (4%) and less likely to be adopted (1%) compared with their share of the under-18-year-old population (10%)

**4.1** As of the 31<sup>st</sup> of March 2020 Durham's CiC were 98% white and 1% mixed ethnicity, this data is similar to that of the previous year where 97% were recorded as being of white ethnicity and 2% as mixed ethnicity. The figures of other ethnicities were too low to record.

## **5 Local Health Indicators**

**5.1** Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the Local Authority and CCGs in understanding the needs of this cohort of children to enable the commissioning of health services which focus on improving outcomes. However, a more comprehensive health needs analysis is underway and will be a key area for development during 2022-2023.

### **5.2 Dental Health**

**5.2.1** All CiC and their carers are encouraged to register with a local dentist of their choice with advice relating to oral hygiene being provided by health practitioners completing statutory health assessments. Practitioners completing the child or young person's health assessment must record the dental practice and dates of appointments attended.

**5.2.2** Compliance for Durham children being seen by a dentist has always been similar to the National average and was 86% during 2018-19 and 87% in 2019-20. However, during this reporting period, compliance has dropped significantly to 41% as a direct result of the restrictions imposed on face-to-face appointments during the first wave of the pandemic. The Designated Nurse for Children in Care brought this issue to the attention of Public Health England who commission dental services. Improving compliance to previous levels for dental health assessments will continue to be a key priority as children in care are classified as a vulnerable group and should be prioritised for dental reviews. Individual cases will be addressed once known. There is an opportunity to look at the new arrangements implemented across Yorkshire using the dental contacts provided within NHSE. The Designated Nurses will continue to work with Public Health England and NHSE to improve compliance. <https://dentalcheckbyone.co.uk/> (**Priority 2**)

### **5.3 Immunisations**

- 5.3.1** Research suggests that CiC often enter the system with incomplete immunisations. It is therefore a priority of the Local Authority and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by Public Health England (PHE).
- 5.3.2** Immunisation status during 2018-19 and 2019-20 was 99% which is above the National average. However, most recent data suggests that this figure has decreased to 90% during this reporting period. This may be due to the impact of the pandemic, and it is anticipated that immunisation compliance will increase following lockdown measures easing.

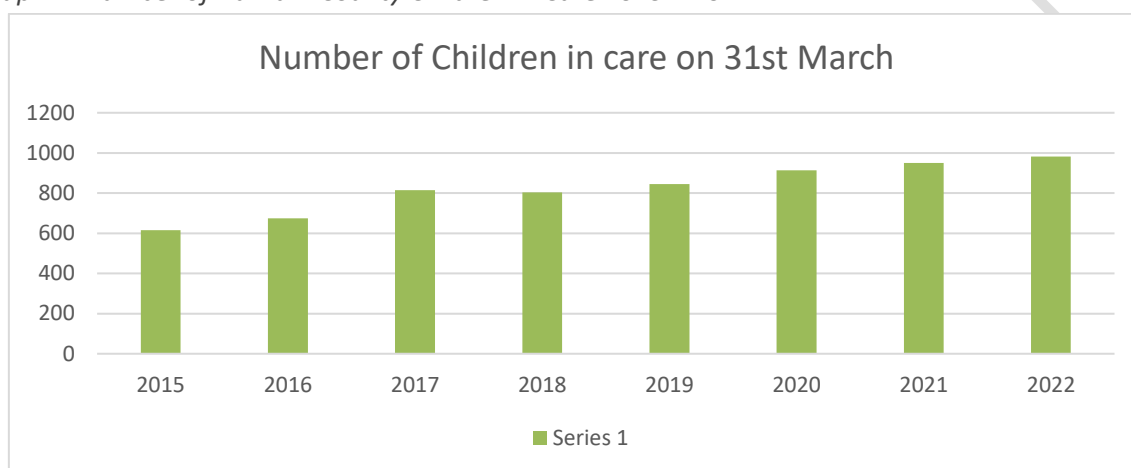
### **5.4 Health Development Checks**

- 5.4.1** Health Developments Checks are completed for all children aged under 5 years. For purposes of the SSDA903 a child is considered up to date if child health surveillance or child health promotion checks have taken place by 31st March, even if they took place later than they should have done. If a child has missed all their previous health checks except the most recent, they should still be counted as being up to date.
- 5.4.2** The provisional data for 31st March 2021 provided by Durham County Council shows 83% of under 5's was up to date with health development checks. This is a decrease on 2019-20 where 97% was achieved however is similar to the England average of 88% and the Northeast average of 86%. Health assessments for all children in care for Durham was 91% which is comparative to the England average but less than the 93% average for the North-East.

## **6 Overview of County Durham's Children in Care**

- 6.1.1** The overall number of CiC as of 31<sup>st</sup> March 2022 who had been looked after for at least 12 months in Durham is 982 – this number remains high despite the introduction of a new Edge of Care approach into County Durham which supports children and families to prevent them coming into care.
- 6.1.2** Graph 1 indicates the total number of CiC across Durham County at the end of each financial year. As of 31st March 2022, the total cohort of children in the care of Durham County Council was 982. This compares with 950 in the preceding year, 914 at the end of 2020, 845 at the end of 2019 and 803 at the end of 2018 and demonstrates the upward trend in numbers of CiC.

Graph 1: Number of Durham County Children In Care 2015 – 2022



**6.1.3** Whilst the end of year figures above provides a general overview, consideration must be given to children who may enter and leave the care system throughout the year so the total number of children cared for over each period defined above will be higher.

**6.1.4** In 2021-2022, 393 children entered care in Durham County compared to the previous year of 166 children. 356 children left care in County Durham compared to 352 the previous year. Children can cease to be Looked After by the Local Authority for a variety of reasons, including they:

- Return to birth family
- Become subject to a Special Guardianship Order (SGO) or a Residence Order, this number is increasing nationally.
- Transition to adulthood, independence and become Care Experienced
- Are adopted, although nationally the numbers of children being adopted have fallen. The recent Somerset Ruling as outlined below (section 16) may have impacted on these numbers.

## 6.2 Durham Children Placed out of County

**6.2.1** Where a Local Authority arrange accommodation for a CiC in the area of another CCG, the “originating CCG” remains the responsible CCG, and as such retains health commissioning responsibilities.

- 6.2.2** Decisions to place children outside of the originating Local Authority area often relate to placements with family members or where a child requires provision to assist in reducing risks which may be related to Child Exploitation, Missing from Home or offending behaviours. Placements may also be influenced by the availability of foster carers within the Durham Local Authority boundary. To support awareness raising of the increasing need for approved foster carers, the Designated Nurse was successful working with the Fostering Network<sup>13</sup> and CCG HR colleagues to gain a 'Fostering Friendly Employer Award' on the 23 of April 2021 with a Fostering Friendly Employer Status.
- 6.2.3** As of the 31<sup>st</sup> March 2022, 82 children in care (9%) were placed outside of County Durham's local authority boundary and over 20 miles from their home (16% in England).
- 6.2.4** When children live away from their home authority there is a risk that they do not receive the support and help that they need<sup>14</sup>.
- 6.2.5** Assurance around health needs being addressed for these CiC is pursued via the use of robust quality assurance processes including the audit of all health assessments for children placed out of the Durham area. Escalation processes are embedded between the County Durham and Darlington Foundation Trust (CDDFT) health team and the Designated Nurse for CiC if difficulties in the completion or quality of health assessments and access to health services are identified. Compliance against health assessments for this cohort of children will be discussed further in Section 9.

## **7 Children placed in County Durham from other Local Authorities**

- 7.1.1** Who Pays? Responsible Commissioner Guidance (NHS England, 2020)<sup>15</sup> states that individual CCGs have a responsibility for children and young people placed in the area who are receiving a primary care service. However, for CiC, the overall responsibility for co-ordinating the statutory health assessment remains with the originating CCG.
- 7.1.2** CiC should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.
- 7.1.3** Ensuring the needs of children from County Durham who are placed out of area are met will be a key area for development for 2022-2023 (**Priority 3**)

---

<sup>13</sup> [Fostering Network](#)

<sup>14</sup> [From a distance Looked after children living away from their home area Ofsted \(2014\)](#)

<sup>15</sup> [Who-Pays-final-24082020-v2.pdf \(england.nhs.uk\)](#)

## **8 Commissioning arrangements of NHS health provision for Children in Care in County Durham**

- 8.1.1** CCGs are the main commissioners of health services; however, all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of looked-after children<sup>16</sup>.
- 8.1.2** County Durham CCG commission the Initial Health Assessment provision from County Durham and Darlington NHS Foundation Trust (CDDFT). County Durham Local Authority Public Health commission Review Health Assessments for County Durham children living within the Local Authority boundary from Harrogate and District NHS Foundation Trust (HDFT) who provide the Healthy Child 0-25 Service.
- 8.1.3** Child and Adolescent Mental Health Services (CAMHS) are commissioned from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) with Durham County Council commissioning additional therapeutic support from Full Circle for children in care.

### **8.2 County Durham and Darlington Foundation Trust (CDDFT)**

- 8.2.1** CDDFT delivers the medical services for CiC and those with a plan of adoption. The team includes a Named Doctor for CiC, experienced Paediatricians with expertise in neurodevelopment, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for children in the County Durham area with 2 Medical Advisers for Durham. The implications of adoption medicals came under scrutiny in Somerset during 2021 / 22 which is discussed in Chapter 16.
- 8.2.2** The Medical Advisers are involved in all stages of the adoption process for children and adults. Medical Advisors also attend permanence panels and are responsible for providing medical advice considering implications of the health of the adult in caring for a child.
- 8.2.3** County Durham CCG commission CDDFT to provide the Designated Doctor for CiC function which is currently undertaken by an experienced Consultant Paediatrician in Neurodevelopmental Paediatrics who also has some provider responsibility, including CiC clinics.
- 8.2.4** The Named Nurse for CiC in addition to dedicated administrative support oversees the coordination of Review Health Assessments (RHAs) for County Durham CiC. The CiC nursing team is commissioned to deliver Review Health Assessments to County Durham children placed out of the Local

---

<sup>16</sup> [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

Authority boundary but within a 20-mile radius and to children placed within County Durham Local Authority boundary by other Local Authorities. In addition, the Named Nurse for CiC has oversight and responsibility for the management of requests for out of borough CiC health teams to deliver care, IHAs and RHAs, for County Durham children placed out of area. Quality Assurance is carried out by the named doctor for the IHA's.

### **8.3 Harrogate and District Foundation Trust (HDFT)**

- 8.3.1** HDFT 0-25 Healthy Child Service undertake Review Health Assessments for County Durham children living within the County Durham Local Authority boundary. The Trust also support children living in the Local Authority Residential Children's Homes. The compliance for HDFT's performance is monitored by Public Health commissioners with oversight by the Designated Professionals. The governance of which is reported into the Strategic Partnership for CiC.

## **9 Statutory Health Assessments**

### **9.1 Initial Health Assessments (IHAs)**

- 9.1.1** All IHAs should be completed by a registered medical practitioner which is a requirement set out in statutory guidance<sup>17</sup>. The IHA should result in a health plan, which is available to the Independent Reviewing Officer (IRO) in time for the first statutory review meeting. That case review must happen within 20 working days from when the child started to be looked after<sup>18</sup>.
- 9.1.2** To comply with the statutory 20 working day timescale, there is a reliance on strong partnership working and excellent communication pathways between the Local Authority and the commissioned CiC health team.
- 9.1.3** Timely notification is just one element of the IHA pathway to be fulfilled if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is essential.
- 9.1.4** Currently, reporting on compliance focusses on the health assessment being undertaken within 20 working days not if the health plan is returned in time for the first Looked After Review. The Local Authority are now providing the Trust with the date for the first review which gives the Trust a date 'to work to' when arranging the IHA appointment.

---

<sup>17</sup> [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

<sup>18</sup> [Regulation 33\(1\) of the Care Planning, Placement and Case Review \(England\) Regulations 2010](#)

**9.1.5** Table 2 outlines the compliance per quarter during the last 2 reporting periods and demonstrates a drop in compliance.

**9.1.6** The statutory timeframes for undertaking an initial health assessment when a child comes into care is 20 days. The requirement of the local authority to obtain consent and share the appropriate paperwork with health is 5 days. These tight timeframes are imperative in ensuring that when a child enters care an initial health assessment can be created with a paediatrician within the statutory timeframes.

Table 2: Compliance for Initial Health Assessments

Initial Health Assessments (IHAs)	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of IHAs undertaken within Statutory timeframes (within 20 working days)	84%	69%	65%	74%	57%	57%	63%	60%

**9.1.7** The compliance by County Durham and Darlington Foundation Trust on average remains above 90 % once the paperwork has been received from the local authority. Factors influencing statutory timescale has been the unexpected Covid related sickness and absence in the Paediatric Team which led to re-scheduling of clinic slots. Significant work has been undertaken by the local authority in Durham to improve the compliance with the statutory 5 day time frame. The strategic partnership for children in care will have continued oversight of this performance indicator.

Table 3: Compliance for Initial Health Assessments for Children Placed Out of Area

Out of Area IHAs	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area IHAs undertaken within Statutory timeframes (within 20 working days)	0%	67%	0%	50%	0%	0%	50%	56%

Table 4: Compliance for Initial Health Assessments for Out of Area Children Placed into Durham

2021-22	Q1	Q2	Q3	Q4
Number of OOA Children placed into Durham requiring IHA by CDDFT	1	4	2	9
Number of IHAs Undertaken in Statutory Timescale	0	0	1	5
% of Initial Assessments undertaken for children placed in area within Statutory Timeframes (20 working days)	0%	0%	50%	55%

- 9.1.8** There is a clear requirement to improve IHA performance as experienced during 2020-21 and 2021-22 particularly for those children placed out of area. The compliance of out of area children placed in Durham health assessments has seen some improvement in Q4 however, these assessments are reliant on the paperwork being received from the originating authority within statutory timeframes.
- 9.1.9** A significant theme relates to delays in the necessary paperwork being received by the Trust from the Local Authority. If the child is moved in an emergency, the notifications should happen within the five working days statutory timeframes as opposed to the local agreed timeframes of 7 working days. The Designated Nurse has addressed the statutory timeframes with Local Authority colleagues to ensure a timely notification and has been continually monitored during 2022-23. This is a priority for the LA.

## **9.2 Review Health Assessments (RHAs)**

- 9.2.1** Review Health Assessments (RHAs) may be carried out by a registered nurse or registered midwife. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday.
- 9.2.2** The majority of RHAs are undertaken by Health Visitors and School Nurses depending on the age of the child. The HDFT 0-25 Healthy Child Service staff undertake RHAs for County Durham children living within the Durham Local Authority boundary. The CDDFT health team complete RHAs for Durham children placed out of the Local Authority area within a 20-mile radius and children placed within the County Durham boundary by other Local Authorities.
- 9.2.3** Due to the historic commissioning arrangements CDDFT did not provide information on the overall compliance for RHAs required for all County Durham children. This was a key area for development during 2021-22 with the outcome for overall compliance for RHAs to be included in quarterly reports and is now included in CDDFT report with quality an ongoing focus.
- 9.2.4** Table 5 outlines the compliance for RHAs undertaken by HDFT yet does not differentiate between those required on a 6 monthly or annual basis. Babies and children under the age of 5 years will have rapidly changing developmental needs and it is key to ensure these are being reviewed in a timely manner. This was a key area for development for 2021-22 which has seen some improvement in compliance and reporting. This will continue to be monitored by the Designated Professionals and will be a priority for HDFT and their public health commissioners.



Table 5 HDFT Review Health Assessment compliance

Review Health Assessments (RHA's)	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of RHA's undertaken within Statutory timeframes	84%	85%	83%	77%	81%	78%	81%	82%

**9.2.5** During 2021-22 82 children who required a Review Health Assessment were placed out of area compared to 83 children placed out of area during 2020-21.

Table 6: Review Health Assessment compliance for Children Placed Out of Area

Out of Area Review Health Assessments	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area RHAs undertaken within Statutory timeframes	60%	75%	43%	53%	23%	56%	30%	52%

**9.2.6** The CCG monitors performance against RHA compliance via Key Performance Indicators (KPIs). KPIs for completion of RHAs are based around the date the RHA is due to be completed. Therefore, if a health assessment is completed following that date it fails to achieve the KPI. All breaches against the KPI are reported to the CCG on a quarterly basis. Work will be overseen by the CiC Health Group to monitor and improve this compliance. **(Priority 4)**

## 10 Strengths and Difficulties Questionnaire

**10.1.1** Currently half of all children in care nationally meet the criteria for a possible mental health disorder, compared to one in ten children outside the care system. This can be because of their pre and post care experiences which often include attachment difficulties, trauma, and the effects of abuse on the developing brain. Understanding and meeting the emotional and behavioural needs of looked-after children is crucially important.

**10.1.2** Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. The SDQ is a short behavioural screening questionnaire for use with 4–16-year-olds. The questionnaire is used to assess children's emotional well-being and mental health and is completed by the child's carers and teachers and can be completed by children and young people themselves, (11-17 years of age). It is the identified tool within statutory guidance for assessing the emotional well-being of CiC and promoted by

Durham County Council<sup>19</sup> although nationally it is accepted to have limitations and alternatives are being explored.

**10.1.3** The Local Authority collects information contained within the completed questionnaires and calculates the child's total score and then shares this with the health team to inform the child's RHA. The RHA needs to reference any actions arising from the SDQ in relation to emotional and mental wellbeing of young people and should be included in the updated Care Plan. This all needs to be included in the Looked After Review with the oversight of the IRO and shared with the Virtual School. The Full Circle is part of Durham County Council Children's Social Care. They offer a post-trauma service for children, young people, their families and carers. This includes specialist post-adoption support via the Adoption Support Fund. Full circle are informed of all high scores.

**10.1.4** Table 7 indicates the SDQ score's for Children in Care and demonstrates that Durham is reflective of the national and regional picture.

*Table 7 Emotional and behavioural health of children looked after continuously for 12 months at 31 March for whom a Strengths and Difficulties Questionnaire (SDQ) was completed*

<b>SDQ Score</b>	<b>Durham in %</b>	<b>North East %</b>	<b>England %</b>
% Banded SDQ Score: Normal	<b>53</b>	<b>50</b>	<b>51</b>
% Banded SDQ Score: Borderline	<b>10</b>	<b>12</b>	<b>12</b>
% Banded SDQ Score: Concern	<b>37</b>	<b>38</b>	<b>37</b>

## **11 Mental Health Services for Children**

**11.1** County Durham Children and Young People Service commission a specialist integrated mental health team called 'Full Circle' that is dedicated to working with Durham CiC and Care Experienced children. The Full Circle have an important role in responding to mental health needs of children in care and adopted children. Full Circle is a social work led team, made up of Therapeutic Social Workers employed by the Local Authority, including a Consultant Clinical Psychologist and Clinical Nurse Specialist, who are employed via and have links with the local Child and Adolescent Mental Health Services (CAMHS) service within Tess, Esk and Wear Valleys NHS Foundation Trust.

**11.2** Full Circle utilise a trauma informed approach to assist placement stability by supporting the children's foster carers and adopters, social workers, residential staff, educational staff, and the child's care team to support the child's recovery from complex trauma and abuse. The Team can

<sup>19</sup> [Durham County Council SDQs Practice Guidance](#)

support children placed in neighbouring Local Authorities by working across geographical boundaries to ensure the child does not suffer as a result of being placed outside Durham Local Authority boundary. Full Circle will be the gateway to referrals to Child and Adolescent Mental Health Services (CAMHS) if then required for a child or young person in care.

**11.3** County Durham CCG also commission a range of services to support children and young people with mental health difficulties from the Tees, Esk and Wear Valleys NHS Foundation Trust's (TEWV) Child and Adolescent Mental Health Service (CAMHS). Services are delivered by a tiered approach depending on clinical presentation and need (Tier 1, Tier 2, and Tier 3) whilst NHS England commissioned Tier 4 services for those children with the highest or most complex needs which require inpatient mental health care.

**11.4** The service specification for CAMHS specifically ensures that children in care are not refused a service on the grounds of their placement being short-term or unplanned. However, although waiting times and access to services are reported through the Trust's Mental Health Dataset, reporting frameworks do not currently provide detailed information regarding the number of children in care accessing mental health support and what their specific needs are or their outcomes. This is still a key area for development as we are awaiting the implementation of a new IT system within TEWV as they are unable to easily provide data on children looked after who are accessing their service this will be addressed during 2022-23. **(Priority 5)**

**11.5** A significant challenge faced both nationally and locally is the demand on Tier 4 beds and secure settings due to the complex needs some of our children in care are experiencing. County Durham and Darlington Foundation Trust and Tees, Esk and Wear Valleys Trust continue supporting these young people until an appropriate placement is identified. The Designated Nurse for Children in Care now liaises with counterparts if placements are out of the County Durham locality to ensure partners are aware of the placement move and are aware of the child's needs and additional vulnerabilities.

## **12 Care Leavers**

**12.1** The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000<sup>20</sup> states that a Care Leaver is a sixteen- or seventeen-year-old child who has been in the care of the Local Authority for a period of thirteen weeks or more spanning their sixteenth birthday.

**12.2** CCGs must make sure arrangements are in place to ensure a smooth transition for looked-after children and care leavers whilst moving from child to adult health services.

---

<sup>20</sup> [Children \(Leaving Care\) Act 2000](#)

- 12.3** Health professionals and social workers should also ensure that there are suitable transition arrangements in place so that the child's health needs continue to be met. They should ensure that care leavers have, or know how to obtain, the information they require about their medical history and what health services, advice and support are available locally to meet their ongoing and future needs. This information is often contained within a document referred to as the 'Health Passport'. The Local Authority can request a Health Passport for each child from County Durham and Darlington Foundation Trust six months prior to the child leaving care or offered at pathway planning when the child turns 16. The monitoring of health passports will be a priority for 2022/2023. **(Priority 6)**

### **13 Unaccompanied Asylum - Seeking Children**

Unaccompanied Asylum - Seeking Children (UASC) are not distributed evenly across the country - they tend to be concentrated in local authorities that are points of entry to the country, for example Croydon (where 31% of CiC were UASC) or Kent (where 18% of CiC were UASC), however, there is a voluntary [national transfer scheme](#) in place to enable the safe transfer of unaccompanied children between local authorities across the country to help ensure that unaccompanied children have access to services and support. The publication of the National Transfer Scheme (NTS) Protocol for Unaccompanied Asylum Seeking Children in December 2021 seeks to set out guidance for the safe transfer of unaccompanied children in the UK from one local authority (the entry authority from which the unaccompanied child transfers) to another local authority, (the receiving authority). The receiving authority will become legally responsible for the child at the point of physical transfer of the child into the care of the receiving authority. UASC are generally male - 92% and generally older - only 13% were aged under 16 years, down from 20% in 2021. In 2021 there were 4070 UASC across England. Durham has more recently seen increasing numbers of children and young people seeking asylum placed within the local authority boundaries. The needs of unaccompanied asylum-seeking children will remain a health priority for 2022/2023. **(Priority 7)**

### **14 Safeguarding Children in Care**

#### **14.1 *Health Justice and Offending***

- Information on offending rates is collected for children aged 10 years or over – 40,480 children in 2021. Of these, the proportion convicted or subject to youth cautions or youth conditional cautions during the year was 2% - down from 3% in 2020 and 2019, and down from 4% in 2018. In 2021 this equates to just under 1,000 children. Numbers of children convicted may have been affected this year by court delays during the pandemic.
- Males are more likely to offend than females - 3% of males were convicted or subject to youth cautions or youth conditional cautions during the year compared to 1% of females - a similar pattern to previous years.

Understanding the need's of CiC who are compulsorily accommodated will be a priority for 2022/2023 **(Priority 8)**

## **14.2 Missing from home/care**

**14.2.1** There is often a misconception that children are deemed as 'safe' once they enter care. However, several reports<sup>21 22 23</sup> highlight that this is far from the reality. Children who are care experienced can be more vulnerable to exploitation due to being targeted by gangs either at schools or children's home settings.

**14.2.2** The strategic Child Exploitation Group (CEG) has a multiagency focus for children who are reported missing. Representatives from several key agencies attend to ensure risks are robustly discussed and a multi-agency plan is devised and reviewed accordingly. The Deputy Designated Nurse for Safeguarding Children represents the CCG at this meeting. At recent strategic partnership meeting it was agreed focus/scrutiny should be on missing and out of area children. The Designated Nurse for Safeguarding Children identified a gap for health involvement when children are reported missing from home. Following some joint work with local authority, public health and police colleagues, child health is now involved in the Missing and Exploited Episodes Reduction Meetings (MEERMs). As a significant percentage of children who are reported missing are children in care it was important to have oversight of their health needs and potential risk-taking behaviour. Notifications for children in care that are reported missing will be shared by the local authority with County Durham and Darlington Foundation Trust. This in turn will inform the review health assessments. Understanding the needs of missing children will be a priority for 2022/2023. **(Priority 9)**

## **15 Role of Primary Care**

**15.1** Primary Care providers have a pivotal role in the identification of the health needs of children and young people as they enter or leave care. GPs often have prior knowledge of the child/young person and their parent's medical histories which may impact on the child. It is very well documented that the lead health record for a looked-after child is the GP-held record. It is crucial therefore that the clinical record for a looked-after child is maintained and updated and that health records are transferred quickly if the child registers with a new GP practice, such as when he or she moves into another CCG area, leaves care, or is adopted.

**15.2** GP practices should also ensure timely access to a GP or other appropriate health professional when a looked-after child requires a consultation. Due to the impact of the pandemic, GP appointments have often been offered on a virtual basis. This may have been favoured by some young people due to

---

<sup>21</sup> [County Lines and Looked After Children Crest 2020](#)

<sup>22</sup> [Sexual and criminal exploitation of missing looked after children House of Commons 2019](#)

<sup>23</sup> [Real Voices Child sexual exploitation in Greater Manchester Coffey 2014](#)

their preference for a digital platform, however, will not be the preference of others and a blended approach to appointments continues to be promoted.

- 15.3** Practices knowing their child in care and care experienced population is key to offering timely access to appointments for future health needs and is an area for ongoing development during 2022-23. The Named GP's will continue to support practices with this development and training will be delivered in summer 2022.
- 15.4** The Designated Professionals for Children in Care delivered a series of training sessions outlining GP responsibilities towards Children in Care and those Care Experienced children specifically focussing on how a trauma informed care approach is needed for this cohort of patients. Further training for primary care to understand the needs of those care experienced is planned for summer 2022.

## **16 Response to the Covid-19 Pandemic**

**16.1.1** At the beginning of this reporting period the easing of lockdown from the impact of the pandemic had commenced with changed advice for completing Initial Health Assessments virtually and in conjunction with RCPCH those IHAs conducted virtually in Wave1 should be seen face to face. During lockdown CDDFT had identified risks of missing the child's voice through virtual appointments so children in care continued to be offered face to face appointment. Since September 2020 all IHA conducted face to face only using virtual on a case-by-case basis to mitigate against missed/cancelled appointments due to covid sickness. The Government also published temporary regulations affecting social care colleagues and changes to adoption regulations too.

**16.1.2** The pandemic had an impact on Primary care. There were issues with Adult Health Reviews not being completed in some cases. Escalation pathways were put in place between adoption agencies, medical advisers, Designates and Named GPs. The British Medical Association has since indicated this work is safeguarding and statutory and hoped to be form part of the core contract for GPs going forward. Some practices see this as private work so there still some issues due to a pressured system, but less so now.

**16.1.3** Clinical Quality Review Groups were previously stood down, now reinstated, and quarterly reporting continues for health assessment compliance with oversight from the Health Needs Sub-Group of the Strategic Looked After Children Partnership.

**16.1.4** The CCG Safeguarding Team has continued to prioritise the safeguarding and CiC agendas ensuring the Designated Professionals remain a priority in business continuity planning.

**16.1.5** Designated Safeguarding and CiC Professionals have linked into the National Network of Designated Health Professionals regular teleconferences. These teleconferences share national themes and plans being proposed to manage post surge issues whilst supporting system wide learning and sharing of information.

**16.1.6** COVID has impacted on staffing levels across all organisations including the health system putting additional strain on an already pressured system.

**16.1.7** Around 1 in 10 (11%) of local authorities reported over 10% of their social workers unable to work due to coronavirus (COVID19) in January 2022. This increased from zero local authorities between October – December 2021.

**16.1.8** Almost a quarter of local authorities (23%) reported over 10% of their residential care staff unable to work due to coronavirus (COVID-19) in January 2022. This increased from 4% in November – December 2021. Note that some local authorities have small residential care workforces and therefore a small change in the number of staff available may result in a large change in the proportion unavailable.

## **17 Somerset Ruling**

**17.1** This matter relates to the medical advice considered by the Local Authority Agency Decision Maker (ADM) in their decision to make an application to court for a Placement Order, as set out in the Adoption Agency Regulations (AAR) 2005. Somerset Local Authority were found to be in breach of regulations 15 and 17 of the AAR, which relates to the provision of medical advice and contribution to the Child Permanence Report prior to the ADM applying for a placement order from the court.

**17.2** A cohort of 12 children had their adoption journeys put on hold whilst the legality of their placement orders were considered by the high court. 2 children lost their adoptive placements. The placement orders in the remaining 10 cases were deemed to be legally made, however there were a further 250 children linked with Somerset Local Authority who were either placed for adoption or who had been adopted where the legality of court orders made were questioned due to potential AAR breaches.

**17.3** It became apparent that this issue was not confined to Somerset and that the placements of many hundreds of children across the country were potentially affected. The case was therefore transferred to the President of the Law Division who in March 2022 concluded that placement orders will be valid and enforceable unless and until a court sets them aside. The President accepted it



was difficult to envisage a case where the court is not aware of a child's health issues or that an agencies failure to comply with the Regulations in respect of health advice will have led to a decision by the court that is vulnerable to appeal. All agencies have been directed to review their procedures and determine whether they have been operating in breach of the AAR 2005; guidance has been issued on the approach to be taken where the Regulations have not been complied with.

- 17.4** This ruling has not indicated that any child has been at risk or unsafe in their placement at any point. It has however resulted in additional work for medical advisers within the provider Trust (CDDFT) and a delay in progressing placements for approximately 30 children by Durham local authority. There are implications on the future volume of work for medical advisers and a need to continue working with Durham agency to review processes to ensure AAR regulations are met. Designated Professionals will continue to liaise with Trust and Local Authority colleagues to support and progress any actions needed to address any deficiencies and augment future processes so there is assurance around compliance with the adoption regulations.

## **18 Conclusion**

- 18.1** This annual report has provided an overview of the CiC population both nationally and locally and has outlined the performance of NHS commissioned services during 2021-22.
- 18.2** The numbers of Durham CiC have continued to increase year on year with 2021-22 seeing further increases. The resources required to deliver a quality service to this cohort of children will require continued evaluation to ensure this is not compromised.
- 18.3** There has been unprecedented challenges on all services as a direct result of the COVID Pandemic and the lifting of lockdown restrictions. Despite this, the services delivered to children in care have continued to be delivered overall.



## 19 Key Areas for Development for 2022-23

Number	Priority	What needs to happen?	When does it need to happen by?
1	Increase compliance of Primary Care GP information to inform initial and review health assessments.	Named GP liaises with individual GP practices to improve information sharing for health assessments and this remains a priority for improvement	Dec 2022
2	Improving compliance to previous levels for dental health assessments for children in care in County Durham	The Designated Nurses will continue to work with Public Health England and NHSE to ensure children in care are prioritised by dental practices across the region. There is also an opportunity to learn from the arrangements implemented across Yorkshire using the dental contacts provided within NHSE.	March 2023
3	Ensuring the needs of children from County Durham who are placed out of area	The Designated Nurses will review and audit the health assessments for those County Durham children who are placed out of area.	October 2022
4	Improving compliance of Out of Area (OOA) health assessments within statutory timeframes	The Designated Nurses for CiC will work with the relevant CiC teams to drive improvements with compliance	March 2023
5	The number of Children in care accessing CAMHS services and their needs are fully understood.	The data collection is still reliant on the CITO Electronic System being rolled out across TEWV. The Designated Professionals will continue to monitor and escalate as necessary.	Sept 2022
6	Every CiC should be offered a health passport in order to understand their own health history.	Health professionals and social workers should work together to improve the uptake of health passports for CiC. Designated professionals will monitor this through the strategic partnership for children in care.	March 2023

7	To ensure that unaccompanied asylum-seeking children have access to services and support.	The Designated Professionals will work with LA colleagues to ensure the health needs of unaccompanied children transferred into County Durham.	March 2023
8	To understand the needs of CiC who are compulsorily accommodated	The Designated Professionals will work alongside the LA and NHSE responsible for Health Justice to ensure the needs of CiC who are accommodated are being met.	Dec 2022
9	To understand the health needs of CiC who go missing from home/care in order to inform the health assessments and ensure outcomes for these young people are being met.	The Designated Nurses to work with police and LA to establish a process whereby they are informed when a CiC goes missing.	August 2022

**Author:**

Karen Watson and Heather McFarlane - Designated Nurse's for Safeguarding Children

**Contributions from:**

Kirsty Yates - Designated Doctor for Looked After Children

Sponsor – Anne Greenley, Interim Director of Nursing, County Durham CCG

Date; 7<sup>th</sup> June 2022

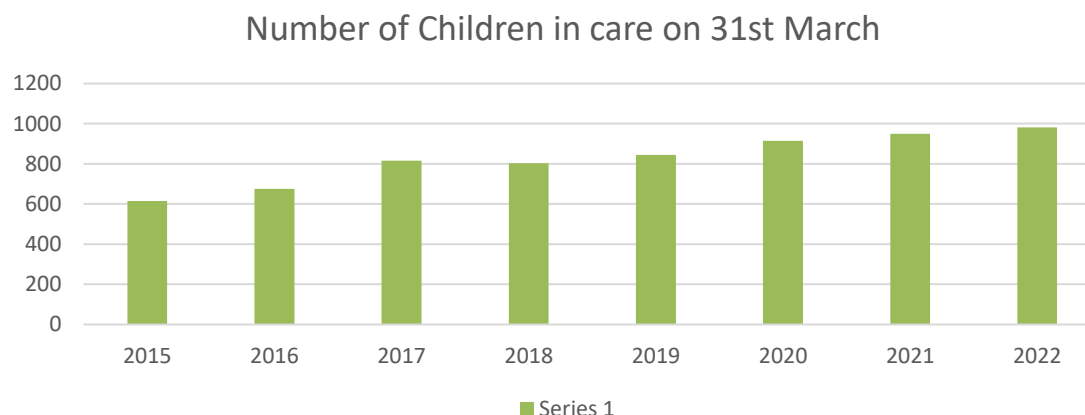
# Health Update for County Durham Corporate Parenting Panel

Jo Gamble and Sarah Neale  
Designated Nurse(s) Children in Care

# Overview of County Durham's Children in Care

On 31 March 2022 the overall number of CiC who had been looked after for at least 12 months in Durham was 982. This number remains high despite the introduction of a new Edge of Care approach into County Durham which supports children and families to prevent them coming into care.

**Table 1: Number of Durham County Children In Care 2015 – 2022**



On 31 March 2022 82 children in care (9%) were placed outside of County Durham's local authority boundary and over 20 miles from their home (16% in England). When children live away from their home authority there is a risk that they do not receive the support and help that they need

- Children remain in care for more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the Local Authority and CCGs in understanding the needs of this cohort of children to enable the commissioning of health services which focus on improving outcomes. However, a more comprehensive health needs analysis is underway and will be a key area for development during 2022-2023.
- Compliance for Durham children being seen by a dentist dropped significantly in 2021-2022 to 41% compared to 86% [2018-2019] and 87% [2019-2020]. The Designated Nurses will continue to work with Public Health England and NHSE to improve compliance to previous pre-pandemic levels.
- Immunisation status decreased in 2021-2022 to 90% compared to 99% for 2018-2019 and 2019-2020 was 99% which is above the national average.
- Compliance with IHA statutory timescales by CDDFT on average remains above 90 % once the paperwork has been received from the local authority. Significant work has been undertaken by the local authority in Durham to improve the compliance with the statutory 5 day time frame.

**Table 2: Compliance for Initial Health Assessments**

Initial Health Assessments (IHAs)	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of IHAs undertaken within Statutory timeframes (within 20 working days)	84%	69%	65%	74%	57%	57%	63%	60%

**Table 3: Compliance for Initial Health Assessments for Children Placed Out of Area**

IHAs for Durham children placed out of area	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area IHAs undertaken within Statutory timeframes (within 20 working days)	0%	67%	0%	50%	0%	0%	50%	56%

**Table 4: Compliance for Initial Health Assessments for Out of Area Children Placed into Durham**

Out of area children placed in Durham	2021 - 2022			
	Q1	Q2	Q3	Q4
Number of OOA Children placed into Durham requiring IHA by CDDFT	1	4	2	9
Number of IHAs Undertaken in Statutory Timescale	0	0	1	5
% of Initial Assessments undertaken for children placed in area within Statutory Timeframes (20 working days)	0%	0%	50%	55%

**Table 5: HDFT Review Health Assessment compliance**

Review Health Assessments (RHA's)	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of RHA's undertaken within Statutory timeframes	84%	85%	83%	77%	81%	78%	81%	82%

**Table 6: Review Health Assessment compliance for Children Placed Out of Area**

Out of Area Review Health Assessments	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area RHAs undertaken within Statutory timeframes	60%	75%	43%	53%	23%	56%	30%	52%

The majority of RHAs are undertaken by Health Visitors and School Nurses depending on the age of the child. The HDFT 0-25 Healthy Child Service staff undertake RHAs for County Durham children living within the Durham Local Authority boundary. The CDDFT health team complete RHAs for Durham children placed out of the Local Authority area within a 20-mile radius and children placed within the County Durham boundary by other Local Authorities.

- Increasing number of children entering care and remaining in care
- The publication of the National Transfer Scheme (NTS) Protocol for Unaccompanied Asylum Seeking Children in December 2021 sets out guidance for the safe transfer of unaccompanied children from the entry local authority to another receiving local authority. The receiving authority will then become legally responsible for the child at the point of physical transfer of the child to the care of the receiving authority.
- Increasing number of Unaccompanied Asylum-Seeking Children (UASC)
- Ongoing impact of COVID-19 pandemic
  - Waiting times for assessments
  - Impact on staffing across health and social care including residential settings
  - Impact on Primary Care and reduced face to face appointments
  - Sickness and absence within CDDFT Consultant Paediatric Team resulted in some cancelled clinics for IHAs as clinic slots were re-scheduled
- Availability of specialist in-patient services e.g. Tier 4 mental health beds
- Impact of the Somerset ruling



- Further improve health outcomes for children and young people in care and those who are care experienced
  - Increase compliance of Primary Care GP information to inform initial and review health assessments.
  - Improve compliance to previous levels for dental health assessments and immunisations for children in care in County Durham
  - Ensuring the needs of children from County Durham who are placed out of area are met
  - Improving compliance of Out of Area (OOA) health assessments within statutory timeframes
  - The number of Children in care accessing CAMHS services and their needs are fully understood.
  - To ensure that unaccompanied asylum-seeking children have access to services and support.
  - To understand the needs of CiC who are compulsorily accommodated
  - To understand the health needs of CiC who go missing from home/care in order to inform the health assessments and ensure outcomes for these young people are being met.
- Support the local authority with:
  - Recruitment of foster carers
  - Augment information sharing processes
  - Increase the number of health summaries provided to care leavers
- Further improve Data Collection

## Conclusion

This annual report has provided an overview of the CiC population both nationally and locally and has outlined the performance of NHS commissioned services during 2021-22.

The numbers of Durham CiC have continued to increase year on year with 2021-22 seeing further increases. The resources required to deliver a quality service to this cohort of children will require continued evaluation to ensure this is not compromised.

There has been unprecedented challenges on all services as a direct result of the COVID Pandemic and the lifting of lockdown restrictions. Despite this, the services delivered to children in care have continued to be delivered overall.

**Corporate Parenting Panel**

**31 March 2023**

**Annual Performance Report 2021/2022:**

**The Full Circle**



---

**Report of Michelle Summerbell, Full Circle Team Manager, Durham County Council**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 This report outlines the activity and development of the Full Circle Service covering the period from April 2021-March 2022

**Executive summary**

- 2 The past year has proved yet again to be very busy for The Full Circle team with lots of developments and many competing demands upon staff time, in respect of a focus on the importance of trauma informed approaches to practice.
- 3 The Full Circle have worked hard to support trauma informed approaches to practice throughout Children's Services and in our journey to become more financially sustainable longer-term through offering traded services to other local authorities.
- 4 Despite ongoing COVID restrictions over the last financial year, the Team have continued to provide a flexible and adaptive service to ensure continuation of therapeutic services to children and their families and to provide consultation, training and support to parents, carers and a range of professionals.

**Recommendation**

- 5 Members of the Corporate Parenting Panel are recommended to:
  - (a) note the contents of this report

## **Background**

- 6 The Full Circle is a specialised, integrated children's mental health service for children who are looked after, children in need and adopted children, who have experienced complex trauma through neglect and abuse.
- 7 Durham County Council is unique in that it has employed a therapeutic team since 1995 in order to meet the mental health needs of the children and young people being supported by the Local Authority.
- 8 The Full Circle provides therapeutic support directly to children and young people, their families and carers, and offers consultation and training to parents, carers and a wide range of professionals.
- 9 The Full Circle is licensed to provide the NSPCC post sexual abuse programme 'Letting the Future In', so that children in Durham do not have to travel out of county for this support.

## **Staffing**

- 10 Staffing has continued to remain stable over the last year with all permanent posts remaining filled up to the end of the financial year. Staffing levels have been at - 1x Team manager (TM), 1x Social Work Consultant (SWC), 1x Enhanced TSW Practitioner (EP), 6.5 x FTE Therapeutic Social Workers (TSW's), 1x Consultant Clinical Psychologist (CCP), 1x Clinical Nurse Specialist (CNS).
- 11 Temporary posts – in addition to core staff, x 2 temporary TSW posts (recruited to in 2020 via MTFP monies to increase the income generating possibilities within the Full Circle) continued. However, in quarter 2, one temporary staff member moved on to alternative employment. It was agreed that due to the remaining time of funding and the cost of therapeutic training for a new staff member, that this post would be frozen until the end of March 2022. It has been agreed that only one of these posts will continue in the 2022-2023 financial year and will be fully funded by our Traded Services element.
- 12 MTFP monies also enabled 1x commissioning officer/business manager to be recruited to support in establishing new processes and reviewing those in existence to increase the efficiency within Full Circle. This post ceased at the end of March 2022, having successfully achieved its aim.
- 13 During quarter 2, 1x therapeutic social worker commenced maternity leave and in quarter 4, another therapeutic social worker also commenced maternity leave. This has resulted in the Team working with reduced capacity.

- 14 At the end of quarter 4, the Service Level Agreements have had to be reconsidered for both the TEWV Consultant Clinical Psychologist (CCP) and TEWV Clinical Nurse Specialist (CNS). The CNS opted to retire and return and returned in April 2022 on reduced hours (28.5 hours). The CCP also fully retired at the end of Quarter 4. A replacement has been appointed following a successful recruitment episode in quarter 1.

## **Governance and multi-agency involvement**

- 15 The Full Circle sits under the umbrella of Countywide Specialist Services.
- 16 The Full Circle therapeutic service is integrated with CAMHS (Child and Adolescent Mental Health Service) and the Consultant Clinical Psychologist and Clinical Nurse Specialist are both employed through TEWV (Tees, Esk and Wear Valley) NHS Trust, with their posts in Full Circle funded by the Local Authority. This has allowed additional skills and enhanced services to be provided. During quarter 3, arrangements were made for the Team Manager to be part of weekly SPA (Single Point of Access) CAMHS huddles to support closer working and the identification of the most appropriate services, both for children and young people in Durham and those in Durham who can access traded services from Full Circle.
- 17 The SWC is a member of the Adoption Panel and has provided a valuable link for those families adopting Durham children and we have also had involvement in the development of the Regional Adoption Authority which brought in additional funding.
- 18 We place children and young people at the heart of our work and therefore their views are vital. We value the contribution they make to our service through feedback and discussion. During 2021-2022, we developed x2 feedback groups – one consisting of parents/carers and the other, young people. We also actively involve young people and carers in recruitment episodes. In addition, groups of young people have been involved in other aspects of Full Circle service development, assisted by the Investors in Children (IIC) Team. This also supports ongoing renewal of this award to highlight how child focussed Full Circle are as a Team.
- 19 The Full Circle and Virtual School (VS) have continued to collaborate this financial year to successfully extend a pilot scheme aiming to improve the educational outcomes for children who are looked after. A Service Level Agreement was created to formalise this arrangement.

- 20 The Full Circle leadership team and staff sit on a variety of multi-agency working groups, including:
- (a) Self-harm task and finish group
  - (b) Mental Health Lessons Learnt group
  - (c) MHST (mental health support team) overview and advisory group
  - (d) Mental Health sub-group
  - (e) Clinical Nurse group
  - (f) Looked After Health Assessment working group
  - (g) Therapeutic provision in schools' task and finish group
  - (h) DfE Adoption Support Fund users' group
  - (i) Emotional well-being locality forum working group
  - (j) Emotional well-being locality working group
  - (k) Voice and Change Champion - Network and Participation and Engagement Toolkit sub-group
  - (l) Voice and Change Champion - Network meetings
  - (m) Virtual School review group
  - (n) County Durham Network meeting (Harrogate & district NHS Foundation Trust)
  - (o) Unaccompanied Asylum Seekers Group
  - (p) Harmful Sexual Behaviour (HSB) task & finish group
  - (q) Sexual Harm group
  - (r) Mockingbird Implementation Model group
  - (s) Supporting Solutions & Homelessness Operational group
  - (t) Recovery Group
  - (u) Permanency Management group
  - (v) Signs of Safety Practice Lead group

## Therapeutic & Psychological Intervention

- 21 The Full Circle use a range of evidence-based approaches to therapeutic intervention. There have been key messages about the efficacy of therapeutic approaches and of particular importance are those that address complex childhood trauma due to abuse or neglect. Such approaches are detailed in NICE/SCIE guidance.
- 22 Childhood trauma can lead to developmental trauma - it can affect the way the child views themselves, others, and the world around them. It can also negatively impact upon brain development, educational and social achievement, emotional development, and physical health. Developmental trauma and vicarious trauma can be significant contributing factors to placement breakdown and breakdown of family living situations that can lead to a child becoming looked after. The impact of trauma can also last long into adulthood, therefore effective and targeted services are therefore essential.
- 23 Based on evidence from research we currently use the following approaches
  - (a) Therapeutic assessment;
  - (b) Psychological assessment;
  - (c) Formulation and Behaviour Modification (Positive Behaviour Support) plans;
  - (d) Psycho-education and stabilisation work;
  - (e) Marshak Interaction Method (MIM) video assessments;
  - (f) Theraplay informed sessions – both individual and group therapy;
  - (g) Dyadic Developmental Psychotherapy (DDP);
  - (h) Dialectical Behavioural Therapy (DBT);
  - (i) Attachment and trauma based therapeutic parenting approaches support;
  - (j) Life process work;
  - (k) Therapeutic stories and explanations;
  - (l) Trauma Informed Cognitive Behavioural Therapy (CBT);

- (m) AIM under 12s work (to reduce incidence of harmful sexual behaviour);
  - (n) NSPCC LTFI (intervention for those who have experienced sexual abuse);
  - (o) Attachment and trauma training to a range of parents, carers and professionals both (in-house and externally);
  - (p) Consultation to parent/carers and professionals.
- 24 Full Circle work can include individual sessions with children and young people as well as work with carers and parents and additionally, dyadic work with both the parent/carer and child together. Also significant is the support provided to the care planning team, their education provision or to the child's residential home.

### **Development Activity**

- 25 In the last year, there has been a significant amount of development activity within the Full Circle and this work continues. This has included:

#### *Premises move*

- 26 In quarter 1, the Team faced the disruption of moving buildings temporarily for a year whilst the substantive building and site undergoes considerable renovation. The only property available did not have any therapeutic space and this has been a challenge as team members have had to adapt and find space elsewhere. This was made significantly more difficult due to Covid restrictions and risk assessments; however, the Team have adapted to the challenge and look forward to returning to our substantive premises which will provide better therapy space as well as reduce time pressures.

#### *Trauma Informed Approaches Strategy*

- 27 Work continued in the last financial year around the delivery of the Trauma Informed Approaches Strategy, led initially by the TM and CCP (also the Trauma Lead for CAMHS), and later supported by the whole of the Full Circle Team following 'train the trainer' sessions.
- 28 The Trauma Strategy training was formalised and run with the ongoing support of the Development & Learning team to allow staff to evidence training attended and evaluate the impact. Feedback for the training has been extremely positive.
- 29 The Trauma Strategy has included a full day training around trauma informed approaches plus workshops on specific topics through a



trauma lens – Managing Disclosures, Family Time, Using Trauma Informed Language and Re-enactment and Vicarious Trauma. This training was provided for managers of all levels and for ‘Trauma Champions’ identified for each team whose role it is to support trauma informed approaches in their specific team/service areas. In addition, we recorded training around the Impact of Neglect on Adolescents, which forms part of the Neglect training delivered by the Durham Safeguarding Children’s Partnership (DSCP).

- 30 Trauma Informed Approaches are now being embedded in the practice framework of Durham and whilst the Trauma Strategy has now been completed as a focussed and targeted piece of work, trauma informed approaches continue to be promoted by Full Circle and the training and workshops offered to managers and champions have now been made available via Development and Learning to the wider social care workforce to access.
- 31 A half day Trauma Informed Approaches training was also made available to partner agencies of the DSCP, and this was also piloted to external local authorities and private agencies/delegates as part of Full Circle Traded Services. This was successful and following feedback has been extended to full day training continuing to be offered on an ongoing basis.
- 32 The table below highlights how many Children’s Social Care Managers and Practitioners have received the Trauma Strategy training via Development and Learning in 2021-2022:

<b>2021-2022 Trauma Strategy training</b>	<b>Number of total attendees</b>
Trauma Informed Approaches	332
Disclosures Workshop	61  (In addition, this training was also delivered to CLA Team 3 and the Young People’s Service)
Family Time Workshop	65  (In addition, this training was also delivered to the Family Time Team)
Re-enactment & vicarious trauma workshop	62

Using Trauma Informed Language workshop	60
<b>Total number of attendees</b>	<b>580</b>

- 33 As well as feedback from training, a wider Social Care audit was completed in collaboration with the Service Improvement Manager to further measure the impact and progress of the Trauma Strategy which showed some positive indicators of trauma informed practice and developing practice. A further audit will take place in the next financial year to continue to measure its impact as such approaches are embedded into practice.

### *Full Circle review & process development*

- 34 A Full Circle review has been completed in quarter 4 and will be written up by our strategic manager with recommendations. As part of the review, we considered the full extent of the Full Circle offer to stakeholders and how we can continue to provide an excellent service with a small team.
- 35 With the support of the business manager, the Full Circle processes for both early help and children's social care have been revisited, updated so they are fit for purpose and link with each relevant service area/type of support required. This has been a significant project as The Full Circle spans numerous teams and pathways being a countywide service. These have been put into an accessible format and the criteria and guidance has been revamped. Both are awaiting sign off at the completion of the Full Circle review. Once this is completed, these will be added to Tri X to ensure professionals have a good understanding of what we can offer.

### *Income Generation*

- 36 Key sources of income within the Full Circle are ASF funds and Traded Services.
- 37 Traded services consists of provided costed service provision externally to children and their carers/families and through providing training and consultation. Work continued this financial year around adapting and further developing robust processes to continue to promote income generation and these have continued to evolve to cover both ASF

generated income and income generation created through costed service provision to other local authorities.

- 38 A revised cost list has been created in line with the agreed inflation rate and approved at finance panel.
- 39 Marketing work has taken place this financial year – developing a circular for other local authorities who have children and young people placed in Durham to advise that traded services are available from Full Circle. There has also been further development of the Full Circle brand to include leaflet images, Microsoft Teams backgrounds and a webpage with images and branding. This is due for completion in the next financial year.
- 40 ASF income generation has been impacted by declining referrals from the Post-adoption Support Team. Work has been undertaken to try and address this – a reflective session to identify issues and trouble shoot (the limited provision Full Circle can provide vs private providers is a key theme), relationship building, attendance at adoption team meetings to discuss our service. This work will continue to promote referrals and expand ASF income.

#### *Traded services and ASF eligible support and processes*

- 41 There has also been significant work undertaken with the Adoption team this year to develop processes and procedures to fit revised adoption processes. These are now awaiting approval and are being piloted. We also now hold weekly meetings with adoption to consider appropriate referrals and how we can co-assess to stop families having to duplicate telling their stories.
- 42 Traded services has continued to grow in the last financial year and we have revised our processes to support success. We have also worked to improve monitoring systems and invoicing. There can be delays to receiving payments, however the Debt recovery team has supported around this. Where we have provided a service, we have had really positive feedback. Where referrals did not progress, the reasons have included either a change of circumstances for the child or that the funding for ongoing support was not approved by the other local authority.

#### *Virtual School pilot*

- 43 Following a successful pilot of the VS offer, we have extended our offer to the Virtual School via a Service Level Agreement (see income below in paragraph 61). This is paid for via Pupil Premium funding and funds consultation as well as training and consultation for whole schools, bespoke training for a teaching group in respect of a particular child,

training for the Virtual Schools caseworkers and a rolling programme of training for Designated Teachers (DT's) via their network group. We have also designed a briefing training for DT's to share forward to their teaching staff. The training has received excellent feedback.

- 44 Work has also begun in quarter 4 to review the DT training programme and compliment the baseline training with more in-depth training. This work continues into the next financial year.
- 45 As such, there is a plan to renew the agreement for the next school year and an updated SLA will be completed. The arrangement will be reviewed and remunerated on a termly basis with the Head of the Virtual School.

### *Young People/experts by experience involvement*

- 46 Work has continued on the Full Circle reception and therapy rooms redesign project and this has been supported through a grant achieved from the Arts Council with the support of IIC. A young people's steering group has had significant input into the design and from their 'mood boards' we have been able to meet with an interior design company funded by the grant to assist in bringing the young people's ideas to life. They have also taken part in a session with a graffiti artist to create a mural for the reception area. Additionally, there has been an art competition and the young people's art is to be displayed in the reception room. This work is due for completion by July 2022. This contributes to the ongoing renewal of our IIC award.
- 47 Additionally, in quarter 1, we established a Full Circle expert by experience evaluation steering group. The aim of this group was to develop introduction and feedback systems within the Full Circle on the services we provide by utilising experts by experience who have accessed Full Circle services – both parents/carers and young people. This work has now been completed and introduced to the Team in quarter 4 who are now using them. This will support us to provide an excellent service to children, young people and their carers/families. This work will also contribute to ongoing renewal of our IIC award.
- 48 At a recruitment episode for a new Consultant Clinical Psychologist in quarter 4, both a young person and their carer had involvement in terms of developing a question and being on the recruitment panel and contributing to the decision making.

### *Liquid Logic*

- 49 Work has been ongoing across the course of the financial year with the Liquid Logic (LL)/Systems Team. Changes have taken place to

streamline and increase efficiency/troubleshoot, support data collation, and to also support a Signs of Healing approach and language.

- 50 In addition, work has been completed to develop a data collation dashboard around reporting data and trends to support the collation and review of data to support understanding and service development. This is nearing completion at the end of this financial year, pending some live changes on LL.

### *Signs of Healing*

- 51 Full Circle have adopted the Signs of Healing model as part of Durham embedding Signs of Safety into their practice Framework.
- 52 The Signs of Healing expectations document is available on Tri X. The Team are clear as to the expectations on them in terms of recording and monthly Signs of Healing group sessions also take place.

### *In-house support and provision*

- 53 In addition to the working groups attended and core Full Circle business and training, we are providing the following:
- 54 **Critical incident response** – The pathway for this has been revised in quarters 3 & 4 following a pilot, so that it is fit for purpose and can be tailored to individual, and team needs with bespoke packages of support able to be created. This has been done in conjunction with the Service Improvement Manager. Full Circle continue to offer timely support where staff have been involved in incidents and/or serious case reviews, where additional emotional support is needed. This responsibility now predominantly lies with the new Enhanced Practitioner role or other members of the leadership team.

### **Supporting Solutions Service (SS) –**

- 55 **Clinical supervision** - Group supervision is provided by the Full Circle Enhanced Practitioner (EP). Whilst the Enhanced Practitioner is on maternity leave, this is being covered by the SWC. Both the EP and SWC have received Clinical Supervision training to enable them to competently undertake this role.
- 56 Workers in discrete service areas are offered separate group supervisions so that discussion can be tailored to meet their needs. Staff are also provided with individual clinical supervision when they are working with a particularly challenging young person/family. Individual clinical supervision is provided to ERASE staff and Supporting Solutions staff where a particular need is identified.

- 57 **Consultation Clinics** – The EP and a TSW (with experience in edge of care work) provide weekly consultation clinics for SS staff to discuss young people and their families/carers who are particularly complex, and there may be a therapeutic need. The Full Circle team also carries a small case load of young people on the edge of care, delivering therapeutic interventions where appropriate.
- 58 **Staff Training** – The EP and a TSW has provided training to all staff members across SS, ASET, Rapid Response and ERASE in trauma informed practice, secondary and vicarious trauma and self-care, the teenage brain and self-harm.
- 59 **Young People's Service input** – The CNS this year has been providing drop-in clinics for the Young People's Service (YPS). This clinic allows YPS staff to seek advice, consultation and guidance to assist with complex cases and provide a trauma-informed perspective to their support of young people. Feedback to Ofsted was extremely positive about the impact of this development on outcomes for young people.
- 60 **Residential Services** – Training and consultation has been provided to residential services and their management team. This offer is being reviewed in the new financial year as residential undergo changes.

### **Training Provision to parents and carers:**

- 61 The Connected People and Nurturing Attachment training courses have both been adapted and run successfully over Microsoft Teams during COVID restrictions so that we can continue to offer our foundation training to those who require it. There has also been an increase in frequency of this training to meet demand. Where group sessions have not been a possibility for some, direct training has been provided and an evening session was held for those who were unable to take time out of work to attend during the day.
- 62 In addition, 'Attachment and Trauma' training has been provided virtually to cohorts of prospective adoptive parents during their preparation training and to foster carers support groups.
- 63 We have reviewed the method of training delivery in quarter 4 when producing a training plan for 2022-2023. Whilst there remains a demand for virtual training, some participants have also expressed a desire for face-to-face training. It is hoped that we can deliver a hybrid mix of training once we return to our substantive building.
- 64 Our Connected People training has been reviewed and updated. Connected People training was previously only available to kinship carers with a Special Guardianship Order (where their child was

previously looked after) and therefore eligible for ASF (Adoption Support Funding). In addition to the ASF extending their funding to kinship carers (with a Child Arrangement Order or a Residence Order where their child was previously looked after), which allows us to extend this training to a wider cohort from 1<sup>st</sup> April 2022, we also recognised the need to support and upskill kinship carers who are not ASF eligible. As such, in quarter 4, we replaced the Connected People's training with Kinship Carers Enhanced Therapeutic Parenting training (for ASF eligible kinship carers) and developed a Kinship Carers Introductory Therapeutic Parenting training for those not eligible for ASF. This has been promoted and leaflets produced for the relevant teams. These will also be added to Tri X when our space is created.

65 See breakdown of training in paragraph 58.

### **Training Provision to Professionals**

66 Virtual and face-to-face training and consultations have been provided to schools, CAMHS, CYPS and Early Help staff, internal and external residential provisions, as part of the induction for new staff, ASYE's, Supporting Solutions, Erase, Rapid Response, ASET, YPS & Supported lodgings staff among many others included as part of DCC staff induction to encourage an understanding The Full Circle, of trauma and attachment and promote trauma informed practice. As part of this we promote Full Circle's Nurturing Attachments and kinship carer training so that they can inform families about the training, and support and challenge them afterwards to ensure the learning is put in place to improve outcomes for children and families.

67 See breakdown of training in paragraph 67.

## Training Delivered 2021-2022

Training	Sessions/hours	Staff members
Nurturing Attachments Group	3 sets x 6 day training 2 sets 1 to 1 x 3 day training	RW, SP, HS, LS and RW KT
Connected People's Training/Kinship carers training	4 sets x 3 day training 3 x 1:1 Sessions	HS, MC, NR, CG, LS, PW, PR KT
Prospective adopters	2 x 3hrs April & June	LW
ASYE/SW academy cohort	X 2 Sessions	PW, LS, PR
School training/education staff	X 42 training sessions	PR, HS, SP, KT, LS, JP, CG, DE, JP, AW, NR, PW, SW
Residential	11 training sessions	KT, JP, DE, SP, LS
Trauma Strategy (Children's Social Care – via workforce development)	21 Training Sessions	MS, JP, DE, NR, KT, HS, LW, PW, PR, SP, RW
Launchpad and foster carer support group sessions	X 2 sessions	JP, LS, RW, KT
<b>RAA/Adoption training</b>	X 3 Sessions	HS, LW
<b>Supporting Solutions, ASET, Rapid Response training</b>	<b>X 2 sessions</b>	<b>KT, NR</b>
<b>DSCP Trauma Informed Approaches training</b>	<b>X 5 sessions</b>	<b>DE, LW</b>
<b>New staff Induction presentation</b>	<b>X 3 sessions</b>	<b>MS</b>
<b>CAMHS</b>	<b>X1 (session (MHST)</b>	<b>DE, JP</b>
<b>Other (conferences/regional events etc)</b>	Trauma Training to Teesside Doctorate Course Newton Research Project A recorded 2 hour training delivery titled 'Impact of neglect on adolescents.' Young People ASB Workshop presentation completed regarding trauma informed care. Family Justice Board/PLWG Conference	JP LW, NR PR, NR LW MS



## Staff Development & Training

- 68 The Team Manager continues to be part of the Leadership Academy and the SWC seeks support and development by the SWC forum.
- 69 New staff or staff changing post through promotion have received support to develop competently into their roles.
- 70 In addition, x2 Student SW's have undertaken their placements within Full Circle, commencing in Q3 with the hope of successfully passing their placements in the new financial year.
- 71 In terms of wider team development, in addition to training and monthly Signs of Healing sessions, the leadership team (TM, SWC, CCP, CNS) ran monthly team reflective/development sessions around therapeutic input and related topics. The huddles that were established during the pandemic continue during the week to offer support, advice and guidance to the TSW's. In addition, reflective sessions have also been sought individually or as a group with Strengthening Practice.
- 72 Staff members have individually or collectively attended a variety of virtual and face-to-face training opportunities throughout the last financial year to include the following training topics:

Quarter 1	Quarter 2
<ul style="list-style-type: none"> <li>• Karen Treisman - Power of language</li> <li>• Karen Treisman - Creative and expressive ideas for talking about feelings</li> <li>• Karen Treisman - What does it mean to be a trauma informed organisation</li> <li>• MOMO app Children and Young people Launch event</li> <li>• Karen Treisman - Parenting Patchwork: impact on the child</li> <li>• Karen Treisman - Creative Ways to Engage Virtually by Karen Treisman</li> <li>• Trauma Strategy Training Prep 'train the trainer'</li> <li>• Trauma Strategy workshops</li> <li>• FASD Training</li> <li>• Mental Health Awareness for Managers</li> <li>• Bereavement briefing</li> <li>• Criminal Exploitation County Lines and Gangs Input</li> <li>• Trauma informed approaches, re-enactment and vicarious trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Transition Endings and Goodbyes by Karen Treisman</li> <li>• Trauma informed supervision by Karen Treisman</li> <li>• Signs of Safety 6 day Training</li> <li>• Trauma Strategy workshops</li> <li>• Racial literacy for leaders</li> <li>• Social Work conference day Northumbria University</li> </ul>

Quarter 3	Quarter 4
<ul style="list-style-type: none"> <li>• Webinar – Death of a baby</li> <li>• Webinar – Introduction to the National Referral Mechanism</li> <li>• Mind of My Own App</li> <li>• Youth Mental Health First Aid</li> <li>• How to get the most of our supervision workshop</li> <li>• Working with people with border line personality disorder.</li> <li>• CAPVA training – Respect YPS Training</li> <li>• Be a "Good" Boy - Socialised into Silence (sexual abuse training)</li> <li>• Introduction to Tri X</li> <li>• Understanding Teenagers</li> <li>• Parental Substance Misuse</li> <li>• Trauma Strategy workshops</li> <li>• Introduction to intra-familial child sexual abuse for SWs</li> <li>• GDPR/Data Protection Training (online)</li> <li>• Signs of Safety 6 day training</li> <li>• Early response act and ask</li> <li>• Needs-led Neurodevelopmental pathway event</li> <li>• MARAC Training</li> <li>• Introduction to BUSS Training (sensory integration)</li> <li>• Returning children to the care of their family</li> <li>• Harmful Sexual Behaviour training</li> </ul>	<ul style="list-style-type: none"> <li>• AIM 3 Training</li> <li>• Karen Tresiman - Cultural humility in parenting assessments</li> <li>• Youth Mental Health Training</li> <li>• Karen Tresiman - Grief &amp; Loss 2 day training</li> <li>• Gypsy, Roma, and Traveller Training</li> <li>• Parental substance misuse workshop</li> <li>• Workplace champions briefing Halo project</li> <li>• Contextualised Safeguarding (Extra-familial Harm)</li> <li>• Letting the Future In Service Review</li> <li>• L2 Understanding Autism (CAMHS)</li> <li>• CSA Support Services Transformation Fund Learning Event</li> <li>• PDR briefing for managers</li> <li>• Trauma Strategy workshops</li> <li>• Anti-oppressive and anti-racist social work</li> <li>• LGBT workshop</li> <li>• Leadership and management supervision practice</li> <li>• Better Health at work Staff Network sessions</li> <li>• Legal Update for Social Workers</li> <li>• Intra-familial sexual abuse training</li> <li>• Mental Capacity Act training</li> <li>• DDP level 1 training (4 days)</li> <li>• Essential skills for new and aspiring managers</li> <li>• Practitioner Briefing – Interface with education</li> </ul>

## Main Implications - Income

### *Adoption Support Fund*

ASF	
ASF <i>income received</i> for Full Circle Work Quarter 1	£47,105.00
ASF <i>income received</i> for Full Circle Work Quarter 2	£33,366.00
ASF <i>income received</i> for Full Circle Work Quarter 3	£26,484.00
ASF <i>income received</i> for Full Circle Work Quarter 4	£17,176.00
TOTAL ASF income received for Full Circle FINANCIAL YEAR 2021-2022	<b>£124, 131.00</b>

### *Virtual School Collaboration*

<b>Virtual School (2 Terms: from September 2020 – April 2021)</b>	
Summer term	£13,000.00
Autumn Term	£13,000.00
Spring Term	£13,000.00
TOTAL Virtual School collaboration income received for Full Circle FINANCIAL YEAR 2021-2022	<b>£39, 000</b>

### *Traded Services*

<b>Traded services</b>	
TOTAL Traded Services income (invoices raised) for Full Circle FINANCIAL YEAR 2021-2022	<b>£ 14, 423.50</b>

### *Total Income Generation April 2020-Mar 2021*

<b>Income source</b>	<b>Income amount</b>
<b>ASF</b>	£124, 131.00
<b>Virtual School</b>	£ 39, 000
<b>Traded Services</b>	£ 14, 423.50
<b>Total overall income</b>	<b>£177, 554.50</b>

## Outcomes – Full Circle

*Total number of new referrals received*

Time period	Number of referrals (and percentage increase/decrease)
Quarter 1	162 (2% decrease from previous year's quarter 4)
Quarter 2	143 (12% decrease from quarter 1)
Quarter 3	157 (10% increase from quarter 2)
Quarter 4	135 (14% decrease from quarter 3)
<b>Total</b>	<b>597</b>

*Outcome of screenings/consultations*

	QTR 1		QTR 2		QTR 3		QTR 4	
	Cons	Scr	Cons	Scr	Cons	Scr	Cons	Scr
<b>Allocated for work</b>	29	33	11	36	20	33	13	29
<b>Information &amp; advice given only</b>	53	18	63	22	62	17	28	2
<b>Kinship Carers training</b>	3	9	8	2	4	6	5	7
<b>Nurturing Attachments training (only)</b>	1	6	6	0	2	2	2	2
<b>Signposted to other services</b>	2	1	1	1	1	0	2	0
<b>No longer required</b>	0	0	1	4	0	0	0	0

	Consultations	Screenings
<b>Total provided 2021-2022</b>	<b>323</b>	<b>230</b>

*Open Cases to Full Circle*

	QTR 1	QTR 2	QTR 3	QTR 4
<b>CLA</b>	94	107	110	113
<b>Early Help</b>	45	45	31	28
<b>YPS</b>	18	18	16	2
<b>Families First</b>	20	20	25	25
<b>Fostering</b>	1	1	2	0
<b>Adoption</b>	0	0	0	1
<b>Child with Disabilities Team</b>	1	1	0	0
<b>Care Leaver Team</b>	0	0	0	4
<b>SSS</b>	1	1	0	0
<b>Traded Services</b>	5	5	8	9
<b>Total</b>	<b>185</b>	<b>198</b>	<b>192</b>	<b>182</b>

*Living situation of children/young people open for ongoing work (in above snapshots of open cases)*

	QTR 1	QTR 2	QTR 3	QTR 4
<b>Foster care</b>	95	106	106	104
<b>Adoption</b>	39	35	27	23
<b>Residential</b>	13	21	17	18
<b>Birth Family</b>	16	14	17	18
<b>Kinship Carers</b>	18	18	21	17
<b>Supported Lodgings</b>	3	3	3	2

<b>Independent Living</b>	1	1	1	0
<b>Total</b>	<b>185</b>	<b>198</b>	<b>192</b>	<b>182</b>

### *Consultation Clinics*

<b>Team/service area</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>Supporting Solutions (NR, KT)</b>	Consultations	3	2	6	6	<b>17</b>
	Clinical Supervisions	11	0	6	16	<b>33</b>
	TAF meetings	0	1	2	1	<b>4</b>
<b>YPS drop-in sessions (MC, DE)</b>	Consultations	7	3	7	3	<b>20</b>
<b>CLA/drop-in – (LW/DE)</b>	Consultations	1	7	34	18	<b>60</b>

### *CGAS outcome measures for active cases closed*

- 73 Full Circle use the Child Global Assessment Scale (CGAS) to chart the progress made by children who receive a therapeutic service. The tables below shows the different scores for children at the point of assessment and again at intervention end.

<b>Quarter 1</b>					
<b>Closures 60</b>	<b>Increased (same band)</b>	<b>Increased higher band)</b>	<b>Total increased scores</b>	<b>Remained same</b>	<b>Decreased</b>
<b>Number</b>	17	37	54	6	0
<b>Percentage %</b>	28%	62%	90%	10%	0%

Quarter 2					
Closures 43	Increased (same band)	Increased higher band)	Total increased scores	Remained same	Decreased
Number	7	32	39	4	0
Percentage %	16%	74%	91%	9%	0%

Quarter 3					
Closures 59	Increased (same band)	Increased higher band)	Total increased scores	Remained same	Decreased
Number	12	42	54	5	0
Percentage %	20%	71%	92%	8%	0%

Quarter 4					
Closures 37	Increased (same band)	Increased higher band)	Total increased scores	Remained same	Decreased
Number	5	28	33	2	2
Percentage %	14%	76%	89%	5%*	5%**

\*For those who score remained the same, in both instances these the CGAS score remained the same, this was due to circumstances stopping the completion of work.

\*\* For those who scores decreased, this was a sibling group where there were ongoing safeguarding issues (being addressed) that had impacted on the children, leading to a deterioration in presentation.

## SDQ's

- 74 The table below shows the number of raised SDQ score alerts received by Full Circle each quarter and the subsequent response. SDQs are completed for children when they become looked after and again at review.

<b>SDQ raised score alerts - outcomes</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Already working/recently worked with Full Circle/Full Circle support available	9	3	10	25
Receiving a service elsewhere	3	0	1	
Consultation arranged or tba	19	6	10	51
Consultations offered not yet responded	0	0	0	
Settled in Placement	0	2	3	14
Connected People training	0	0	1	1
Unsuitable time (new place/moving)	0	0	0	1
<b>Total number</b>	<b>41</b>	<b>11</b>	<b>25</b>	<b>92</b>

## Qualitative Feedback

- 75 See below a small selection of the lovely feedback we received from professionals, parents/carers and the children/young people the Team have worked with and supported over the last year...



*Compliment received for Diane (CNS) from residential staff:*

*"Re. the below I just wanted to thank you for your advice, reassurance and support. It is not often the role of residential workers are recognised! It certainly isn't an easy role. C is doing so well considering, her struggle with her grief remains significantly concerning and it is heart breaking for our team to see. Hopefully C will feel more able to receive support in the near future. Your continuing support and responsiveness is hugely appreciated."*

*Compliment received recently for Diane (CNS) from another Clinical Nurse Specialist:*

*"I would just like to thank you for your time today. You are so knowledgeable about trauma informed care and answered so many of my questions. You enabled me to reflect upon my practice and review the interventions I use with my young people. I will definitely be implementing what you told me in practice and sharing with my team. I love the connection before correction ethos!"*

*Compliment recently received for Kelly (TSW) for school training:*

*"I received trauma training to help gain a better understanding of a child within my class. This training has been vital to ensuring the child's needs have been met and have helped me as a teacher to understand their specific needs. This training enabled me to see how the child was reacting due their previous trauma and how to best manage these challenging behaviours. It helped me gain a strong understanding of the child's needs and how best to accommodate them throughout the day and pre-empt any problems that may arise. When issues did arise it enabled me to calm the situation much quicker as I was able to identify the child's triggers and emotional state allowing me to apply the best strategy at the given time."*

*Compliment recently received for Sarah (TSW) for support to an adoptive family:*

*"Thank you so much for all of your help and support over the last year...Your help has been invaluable to us as a family and I really don't think we could ever thank you enough. It literally changed our family for the better! Thank you so much from the bottom of our hearts"*

*Compliment recently received for Rachael (TSW) from a grandparent kinship carer:*

*" We are definitely going to miss you. Thank you in advance for all your help. You have made such a positive impact on the children and I. I'm definitely a better person for having met you. Will stop now because I'm feeling weepy! For ever grateful"*

*Compliment received for Supporting Solutions trauma training from a Harbour worker (TSW's Nicola and Kelly):*

*"I have recently attended the Full Circle training which I feel has changed my whole perspective on how I view families and my approach to interventions. Gaining an understanding of how trauma effects the brain, decision making, and attachment has made me reflect upon domestic abuse and the impact this has. I now feel I look at this from a different stance and can disseminate this knowledge onto the families I work with. I also feel this has given me an insight into how generations of families continue in the cycle of abuse and how best to try to break this cycle."*

*Compliment received for Joyce (CCP) from a carer:*

*"It's helped me loads as talking with you always does. I can't thank you enough for all the support you give us. We have all come a long way and E is in a much better place than where he was when this all came to the surface. It was good invaluable reflecting and gave me peace of mind that there is still hope that we can continue to make a difference."*

*For Louise (SWC) for DSCP training:*

*"Thank you for my certificate. I also just wanted to say that the facilitator did a great job! She was fab!"*

*Compliment received for Helen (TWS) from a carer and the child's social worker:*

*Carer: "Hi Helen, Just a few words to say thank you so much for our sessions as they have been invaluable to me. I am being praised for the care I'm giving my little one, but the truth is you are a big factor in this process. The support and advice you have given me has meant that I have been able to cope and manage the situation, without that I think I may have burnt out by now. Once again, thank you."*

*SW: "Hi Helen, I saw CM last week, what progress! He was so chatty and answering questions being silly and confident in how he answered them. Compared to last Christmas where he didn't dare say what he would like or how he felt I could really see a difference. Thank you for the support for Carol and Carol looks to be doing great at applying them. 😊"*

*Compliment received for Paul (TWS) from a young person:*



**Author**

Michelle Summerbell

Tel: 03000 264730

---

## **Appendix 1: Implications**

---

### **Legal Implications**

None

### **Finance**

There are no financial implications linked to this report.

### **Consultation**

None

### **Equality and Diversity / Public Sector Equality Duty**

None

### **Climate Change**

None

### **Human Rights**

None

### **Crime and Disorder**

None

### **Staffing**

None

### **Accommodation**

None

### **Risk**

None

### **Procurement**

None

# The Full Circle

Michelle Summerbell  
Team Manager, The Full Circle

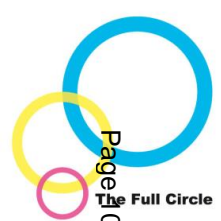


# Background

- Durham County Council is unique in that it has employed a therapeutic team continuously since 1995 in order to meet the mental health needs of the children and young people being supported by the Local Authority.
- Durham's therapeutic team, The Full Circle sits under the umbrella of Countywide Specialist Services and is a specialised, integrated children's mental health service for children particularly for those who have experienced complex trauma through neglect and abuse.
- The Team consists of therapeutically trained social workers, a Clinical Nurse Specialist and a Consultant Clinical Psychologist (both employed by NHS). The benefit Full Circle can provide in addition to private therapy providers is a more holistic approach, school training, having a good understanding of social work and close links with care teams and professional support networks around a family.
- Complex childhood trauma can lead to developmental trauma - it can affect the way the child views themselves, others and the world around them, brain development and subsequently their social, emotional and educational progress.
- The impact of developmental trauma can reach long into adulthood. Effective and targeted services are therefore essential to mitigate the impact of trauma and support children to heal.

# How do we work and what do we offer?

- The Full Circle service works right across children's services and early help, but the majority of our support is provided to children looked after and families seeking post-adoption support. This is because therapeutic support requires safety and stability around the children with all basic parenting in place.
- The Team has close links with agencies such as CAMHS and NSPCC and over time The Full Circle service has developed a positive and respected reputation, feeding into the development of local service provision.
- The Full Circle provides consultation, advice & guidance to parents, carers and a wide range of professionals.
- We also provide therapeutic support directly to children and young people (C&YP), their families and carers using a range of evidence-based approaches to therapeutic intervention.
- The Full Circle also provides training for professionals and carers around attachment difficulties, the impact of trauma on children and how to help them heal.



# The benefits – a case study

**Child** - S is a 15 year old young person residing in a DCC children's home following previous foster care breakdown due to S's behaviour/physical aggression towards carers. S was referred into Full Circle by her social worker as there were concerns re aggression, self harm, sleep, missing from home episodes and potential for CSE (child sexual exploitation). S also showed some challenges in school which led to an exclusion and there were worries that S's learning and social skills were being significantly impacted.

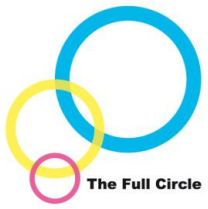
**Trauma** - S had a significant trauma history from her time both with birth parents and subsequently adoptive parents. Trauma included concerns re potential drug use in-utero, parental chaotic lifestyle, domestic abuse, adult drug misuse, neglect, emotional and physical abuse, as well as an allegation of sexual abuse.

**Work completed/outcomes** - Training and direct therapeutic parenting support has been provided for residential staff. Education support was also offered. In addition, direct work has been ongoing with S with a Therapeutic Social Worker covering S's thoughts, feelings and emotions and developing healthy coping mechanisms, as well as life process work. The Consultant Clinical Psychologist has also supported around sleep issues for S and there is also a plan to assess for PTSD/consider whether Trauma Focussed CBT may be the next stage of intervention.

Although S can still have challenges, there is placement stability and there has been a reduction in incidents/concerning behaviours (S is no longer considered at risk of CSE). S also now has the ability to repair relationships. S is attending an alternative school provision and engaging with education staff.

**Feedback from a Team Manager** - *"Can I please share this incredible practice from Orchard House, Full Circle and \*\*\*(SW). This concerns S. We met last week and had a group supervision with her care team about what we were doing and why and were we trying to "fix". It was a really positive meeting...[residential staff] had already reflected... we have seen a huge change. Honestly this is massive for S. Please can you ask you to celebrate this with them and the whole care team who were prepared to change and not give up on her. "*





# Key developments 2022- 2023

- Increased offer to DCC residential homes – consultation and training. Recruiting for a new psychologist to support meeting the demand.
- Development and recruitment to a new Therapeutic Assistant & Trainer post.
- Development of the Full Circle Care Leavers offer has commenced – in addition to drop-in support for staff, we are planning topic specific workshops for Care Leavers at the Care Leavers Hub.
- Trauma training offer and workshops roll-out continues to social care staff and professionals. Bespoke training for staff teams.
- Virtual schools offer extended and continues – provision of training and consultation for education staff. Over 40+ school delivered to so far this year, plus Virtual School Caseworkers & Designated Teachers.
- Successful joined up working due to weekly attendance at weekly CAMHS SPA huddles – helping to determine most appropriate mental health support for C&YP in Durham. Promotion of Traded Services via this route.
- Webpage and Full Circle branding completed and operational <https://www.durham.gov.uk/fullcircle>
- New set of operational processes and updated criteria created and to be published

# Summary of outcomes

- Up to the end of quarter 3, 476 referrals were received into Full Circle – an increase on the same time last financial year, with an average of 170 cases open for ongoing work/support at any one time.
- Outcome measures identified that, 95% of children who had been open to Full Circle had improved outcomes across a range of areas.
- Full Circle were proud to receive the Investing in Children Membership Award™ with C&YP finding Full Circle support invaluable:

*"I mean they are good, they did do a lot of listening to me about what I wanted, we then did a family tree and talked about why I was in care and helped me with my anger and emotions loads". (Young Person)*

- Ofsted feedback (2022): As well as regularly highlighting positive practice throughout the Inspection, in their report, Ofsted also said:

*"They receive tailored and highly effective support with their emotional needs from the specialist therapeutic Full Circle team. Foster carers and adopters are well supported by social workers and Full Circle in the transition and continuing care of children placed with them."*

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank



By virtue of paragraph(s) 1 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank