



Children and Young People's Overview and Scrutiny Committee

Date Monday 8 January 2024

Time 9.30 am

Venue Committee Room 2, County Hall, Durham

Business

Part A

**Items which are open to the Press and Public
Members of the Public can ask questions with the Chair's agreement
and if registered to speak**

1. Apologies for absence
2. Substitute Members
3. Minutes of the Meeting held on 13 November 2023 (Pages 3 - 12)
4. Declarations of Interest, if any
5. Any items from Co-opted Members or Interested Parties
6. Support for Children and Families on the Edge of Care - Report of the Corporate Director of Children & Young People's Services (Pages 13 - 22)
7. Pre Birth Intervention Update
 - a) Report of the Corporate Director of Children & Young People's Services (Pages 23 - 32)
 - b) Presentation by Strategic Manager Children and Families East (Pages 33 - 38)
8. Quarter 2 2023/24 Performance Management - Report of the Chief Executive (Pages 39 - 62)
9. Quarter 2 2023/24 Budget Outturn and Capital Forecast - Report of the Corporate Director of Resources (Pages 63 - 76)
10. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration

Helen Bradley

Head of Legal and Democratic Services

County Hall
Durham
21 December 2023

To: **The Members of the Children and Young People's Overview
and Scrutiny Committee**

Councillor A Reed (Chair)
Councillor J Cosslett (Vice-Chair)

Councillors C Bell, R Crute, S Deinali, K Fantarrow, J Griffiths,
K Hawley, C Hunt, C Lines, L Mavin, M McGaun, D Mulholland,
K Rooney, J Scurfield, M Simmons, S Townsend, C Varty, E Waldock
and M Walton

Faith Communities Representatives:

Mrs L Vollans

Parent Governor Representatives:

Professor Gosia M Ciesielska and Mr P Debrett-Watson

Co-opted Members:

Ms R Evans and Ms A Gunn

Contact: Paula Nicholson Tel: 03000 269710

DURHAM COUNTY COUNCIL

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

At a Meeting of **Children and Young People's Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Monday 13 November 2023 at 9.30 am**

Present:

Councillor A Reed (Chair)

Members of the Committee:

Councillors J Cosslett, B Coult (substitute for L Mavin), R Crute, S Deinali, J Griffiths, C Hunt, C Lines, M McGaun, K Rooney, J Scurfield, S Townsend, C Varty and M Walton

Parent Governor Representative:

Professor G Ciesielska

Co-opted Members:

Ms A Gunn

Also Present:

Councillors M McKeon and Victoria Dixon - Healthwatch Durham

The Chair welcomed new Parent Governor Representative Professor Gosia M Ciesielska to her first meeting.

The Chair also welcomed Members of Adults, Wellbeing and Health Overview and Scrutiny Committee who had been invited to attend the meeting.

1 Apologies for Absence

Apologies for absence were received from Councillors L Mavin, E Waldock and Co-opted Members Ms R Evans and Mrs L Vollans.

2 Substitute Members

Councillor B Coult substituted for Councillor L Mavin.

3 Minutes

The minutes of the meeting held on 22 September 2023 were agreed as a correct record and were signed by the Chair.

4 Declarations of Interest

There were no Declarations on Interest.

5 Any items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or Interested Parties.

6 Best Start in Life Update

The Committee considered the report of the Director of Public Health that provided Members with an update of the progress made in addressing the Best Start in Life (BSIL) priorities and highlighted the importance of early intervention and prevention in the first 1001 critical days.

The report provided a brief update on the work undertaken to address some of the key priorities' progress and challenges. It also outlined some of the next steps for improving the actions as outlined in the Best Start in Life work plan and alignment to the national Start for Life programme delivered through the Family Hubs (for copy of report, see file of Minutes).

Julia Bates, Consultant in Public Health was in attendance to deliver a presentation that provided details of the Context; 1001 Critical Days; Priorities; Speech Language and Communication; Unintentional Injuries; Perinatal & Infant Mental Health; Breastfeeding; Tobacco Dependency in Pregnancy; Supporting Vulnerable Families; Improve Health Weight and Recommendations (for copy of presentation, see file of Minutes).

Reference was made to the development of a Perinatal and Infant Mental Health Strategy which will go out for public consultation in early 2024 for 6 weeks and members expressed their desire to engage in the process.

Mrs Gunn referred to the consultation in the New Year and commented that previous consultations' results had seen a poor uptake and the number of people the consultation was reaching was relatively low as a proportion of the County's population. She stated that it was important to effectively plan before the consultation goes ahead to reach as many people as possible. She then referred to smoking and asked if they had statistics of how many pregnant women had given up smoking before getting pregnant or during pregnancy to see what impact it was having relative to the population and if this also included vaping.

The Consultant in Public Health referred to the Perinatal and Infant Mental Health Strategy consultation and agreed that when there was a public consultation often there was not a significant response. She continued that the service would be carrying out some significant work to ensure clear questions and working with colleagues for opportunities to share across a number of channels. This would include the Parent Carer Panel link to the Family Hubs who were involved with developing the strategy and they may have the opportunity to consult with key groups.

In terms of smoking, she did not have the data to hand on women who present as smokers then give up but evidence suggested that women spontaneously give up smoking when they become pregnant but there remains a high number of women who are smoking at the time of delivery. There was no data for women who ceased smoking without accessing services or immediately on finding out they were pregnant. The Consultant in Public Health committed to come back with information on women who quit having come into services because they were a smoker during pregnancy. She stated that vaping was a different issue in that whilst vaping was not without risk including during pregnancy, it was a significantly lower risk than smoking in pregnancy. Whilst not recommending that anyone starts vaping who was not a current smoker, for current smokers the service would recommend a switch to vaping. She had some information around vaping in pregnancy and appreciated it was a topic of concern but vaping did not include some of the harmful chemicals in cigarettes. There was current research suggesting that e-cigarette use was as safe as NRT patches and a more effective treatment option.

Councillor Walton referred to working with Family Hubs to get the information out and asked if the service work with other community organisations as she felt there was a lot of people who would benefit from this information who do not access the Family Hubs.

The Consultant in Public Health asked if she could come back to Councillor Walton following the presentations on Family Hubs.

Councillor Lines referred to speech, language and communication in the first 1001 days and was conscious that in conditions like autism and ADHD there was a broad spectrum of how that manifests itself which could make a confident diagnosis difficult at that early age. However, getting it wrong can send a child along the wrong treatment and support pathway with potential serious implications when they get older. He continued that it was vital to do the work that was been undertaken in the first 1001 days but was interested to learn what happens to regular review the circumstances with each child to ensure they were getting the most appropriate support for their particular case.

The Consultant in Public Health responded in terms of the speech, language and communication that there were opportunities for Health Visiting services to identify need and what was relatively new was the early language identification measure

that identifies the speech and language need but not necessarily the reason for that need but would ensure appropriate referral to services. She continued that families have access to their GP, Health Visiting Service and specialist services if referred, as work goes on to address the needs of the child with the family. She stressed that it was not always possible early on to identify necessarily the reason for the speech and language and communication issues but identify that support was required which would result in an appropriate referral to services.

Councillor Scurfield thanked the officer for an informative presentation and referred to feedback provided to her when talking to local primary schools was that a child's readiness for school was a concern for them and asked why this was not one of their priorities. She then referred to the additional provision for the enhanced pathway and asked for more detail on this provision. In terms of the Healthy Start Vouchers she asked for details of the eligibility criteria for the vouchers.

The Consultant in Public Health responded in terms of school readiness the focus of the Best Start in Life Steering Group was up until the child was two and a half years old. They worked closely with early years education colleagues and one area was to try and encourage a good uptake of the nursery placement provision for two-year-old offer, particularly to low-income families. Whilst take up data could be sourced, she was confident that the uptake of that offer was good. By engaging in early education and having access to a suitable early year's place, this would support children in terms of school readiness. The enhanced parent support pathway provided access to more Early Health support from the Health Visiting Service tailored to meet the needs of the individual family. In respect of the Healthy Start Vouchers, she explained that the vouchers were for low-income families and she the relevant accessibility criteria could be circulated to Members. Some marketing information for the initiative had been developed and this could also be circulated as it was great to promote in communities.

Professor Ciesielska referred to breastfeeding support groups being offered and asked if access to individual breastfeeding or lactation consultations was available or being considered.

The Consultant in Public Health indicated that there was more detail on this in the Annual 0-25 Family Health Service Update so would pick up this question following that presentation.

Councillor Hunt asked if pregnant women got priority for the smoking cessation services.

The Consultant in Public Health responded that in terms of stop smoking services there was now a specialist tobacco treatment in pregnancy service which was within Durham and Darlington NHS Foundation Trust that was working with midwifery services in terms of supporting pregnant women to quit smoking. The community stop smoking service was available also for family members and

pregnant women had access to the service. In response to a further query she indicated that she was not aware of a waiting list for this service but would confirm this information and get back to Members.

Councillor Coult referred to breastfeeding and reference to the local insight work undertaken to better understand the barriers and asked when this would be available. She then referred to vaping and members ongoing concerns around vaping take up within County Durham. She indicated that not enough was known around the risks associated with vaping and that more information was needed.

The Consultant in Public Health responded that the breastfeeding insights work had been undertaken and the analysis of that was not yet available. She confirmed that the findings could be shared with members when analysed. With regard to vaping she stated that vaping was significantly less harmful than smoking and there was currently a lot of concerns around youth vaping. In terms of taking a risk reduction approach, pregnant women who were current smokers should be advised to stop smoking, use nicotine replacement therapy or use a vape due to the significant known risks of harm to the baby in pregnancy and to families from second hand smoke. She stated that they needed to work with the current science and understanding and was what they were doing in partnership as best as they could.

Councillor Varty referenced the local and national challenges being experienced in terms of shortages of health visitor staff and also high staff turnover rates. This was a particular challenge for young mothers who often expected access to the same health visitor and often struggled to understand why staffing personal changed. Councillor Varty suggested that these issues should be communicated to young mothers as soon as possible.

The Consultant in Public Health indicated that there was a presentation on the 0-25 Family Health Service and Family Hubs and would answer any questions following the presentation.

Resolved: That the contents of the report and presentation be noted and the Committee promote the opportunities to work collaboratively and further explore opportunities to meet the needs of children and young people as early as possible.

7 Annual 0-25 Family Health Service Update

The Committee considered the report of the Director of Public Health to update Members on the 0-24 Family Health Service workforce and service delivery across County Durham (for copy of report, see file of Minutes).

Amanda Smith, General Manager, Harrogate & District NHS Foundation Trust was in attendance to deliver a presentation that provided details of the 0-25 Family Health Service County Durham; Key Highlights for 0-6 and 6-25 age groups; the

Key Highlights of the Workforce and Key Challenges (for copy of presentation, see file of Minutes).

Following the presentation, the General Manager answered the questions from the previous presentation regarding breast feeding support and stated that they recently had five staff qualified as Lactation Consultants and they were currently ten infant feeding groups across County Durham and three early latch clinics. They were in the process of looking at the Lactation Consultants linking into the existing groups or if there was a need to set up a specialist clinic but there was one to one support available. The Lactation Consultants would not necessarily deliver every aspect of a care plan in relation to supporting a mum but would certainly agree the care plan with the mum and then the peer supporters would support that plan.

With regard to the concern around contacting the Health Visitor they were very much having to take a team approach in delivering care to families and indicated that on the enhanced parent support pathway there would be different professionals delivering on different elements it was an additional ten contacts to the eight Healthy Child Programme contacts. She understood the frustration that they were working on and indicated that the shortage of Midwives was across the board and they had some vacancies and agreed about communication with parents as to why it was not the same Health Visitor but they needed to be cautious and protect staff confidentiality.

Councillor Coult asked what they were doing to support young people and families who had become addicted to substance misuse.

The General Manager responded that for any referrals they received for any issues, they would undertake a health needs assessment with that young person. If substance misuse was identified including smoking, they would provide brief intervention and refer to the appropriate specialist service.

Councillor Scurfield asked if there were any issues in terms of oral health as they know that access to NHS dentistry was challenging and had been for a while and asked for an update.

The General Manager responded that they work closely with the County Durham and Darlington Foundation Trust Oral Health Lead, within the 0-5 cohort the Henry Team deliver sessions on oral health that had a good uptake and positive feedback. Within the school age it depends on what need schools but again they work closely with Public Health. They understand the issues within their home visiting and Healthy Child Programme contacts as every single contact directs you to check about oral health. Dentistry was a concern and they were currently undergoing a programme of oral health training but the issue regarding access to dentists was a different challenge.

Mrs Gunn referred to speech and language communication challenges and if this was as a result of staffing shortages. If staffing levels were fine in that area could the issue be around the time taken for referral timelines. She then referred to the ELIM (Early Language Identification Measure) test and asked what age this was measured against and if there were any possible gaps particularly with neuro diversity that may present later on in life, would it capture those children as well. She then referred to sleep and children who are neuro diverse and use melatonin for sleeping who were not able to access from the age of 18 and asked if there was any scope for providing support for that age group for the transition off melatonin into a really good sleeping pattern.

The General Manager responded in relation to staffing and speech and language and indicated that the Healthy Child Programme Contacts and the speech and language area was not impacted by staffing and receive the appropriate contacts at the appropriate time. She continued that the ELIM tool itself was only for use between two years and two years and six months so that tool itself was only for that period and was developed for that age range. Referrals would be made immediately after contact. She was not aware of the waiting times for speech and language but they would always carry out interventions first. For older children with speech and language issues, their last contact would be three and a half years pre-school. Should concerns develop at a later age, the service would work closely to identify such issues and signpost to appropriate treatment/support pathways. With regard to the melatonin issue, the service would work with young people and SEND and care leavers until they were 25. She referred to the Sleep Scotland programme which was available from 18 months until 19 and would check if it went any older. She indicated whoever prescribed the medication would carry out an exit strategy care plan around its use.

The Chair referred to the sleep pathways that was a good resource and asked if they offered any physical resources such as cots and mattresses to help the young mother.

The General Manager responded that through their early helps system, VCS links and Greggs Trust Fund if there was a lack of equipment, bedding or an appropriate mattress they would look at those avenues to source equipment for the child to sleep safely.

The Chair congratulated the team on their Silver Award and more recently the Gold Award and thanked the Officer for her presentation.

Resolved: That the contents of the report and presentation be noted.

8 Family Hub and Start for Life Programme

The Committee considered the report of the Corporate Director of Children and Young People's Services to provide a progress update regarding the Family Hubs

Start for Life Programme in County Durham following a briefing note in October 2023 (for copy of report, see file of Minutes).

Karen Davison, Strategic Manager, One Point and Think Family Services and Helen Edwards, Parent Carer Panel Member were in attendance to deliver a presentation that provided details of the DHSC and DfE Led Programme – 3 year Transformation Programme; Aims; Delivery – Expectations, Minimum and Go Further; the Outcomes they were Working to Achieve; Vision for Family Hubs; Principles of the Family Hub Model; Parent Carer Panel Journey so far; Challenges and Mitigations and details of where to find more information (for copy of presentation, see file of Minutes).

The Chair thanked the Officer and the Panel Member for their presentation and indicated that herself and Mrs Gunn had the opportunity to meet the team during a recent site visit who were clearly extremely enthusiastic.

The Chair wished to place on record her sincere thanks to Karen Davison and the very skilled and welcoming staff at the Family Hub Sites at Horden and Durham where they visited last Wednesday. They learnt a lot from the visit and saw first-hand how the Family Hubs helped families.

Councillor Varty thanked officers for the presentation and stated that it would be wonderful to have 43 hubs again.

Councillor Townsend congratulated the team on the engagement with the parents and stated that she liked people engaging with parents. She then referred to speech and language and stated that there was a Parent and Carer Panel but there was also a Parent Carer Forum which was different.

The Strategic Manager indicated that they would be refreshing the Parent Carer Panel in the New Year ready for April 2024 which was refreshed on an annual basis.

Councillor Walton referred to engagement with families and indicated that if they did not live in the village where the Family Hub was located it was difficult to know about the Hub but they did use their local community centre. She suggested that they engage with alternative community venues, organisations and groups who may not be connected to the Family Hub but to make the information available.

The Strategic Manager indicated that she would take the comments on board.

Mrs Gunn referred to the visit to the Family Hubs and thanked the Officer for showing them around. She commented that it was amazing to see the team and parents and you could see all the staff were passionate about what they were doing. She stated that they had nailed getting the Family Hubs to be a warm and welcoming place to be. It would be great to hear more about how they were building

up the number of people coming through the door and stated that she had done a quick search on the internet and could not find the 'What's On' very easily.

The Strategic Manager responded that if you googled 'Family Hubs in Durham' it would take you to the website or 'Help for Families'. She continued that they had paid for additional support from communications and marketing as they realised that social media was important especially for younger parents.

Professor Ciesielska referred to domestic abuse and asked what support they offered mostly for women.

The Strategic Manager responded that domestic abuse was a significant issue and they know was the highest reason for referring into social care. She continued that wrapping around the Family Hubs they had seven intensive family support teams that work in the early help space. They have a range of programmes that they work collaboratively with Harbour the domestic abuse commissioned service. They did not advertise the domestic abuse groups but had an inspire programme for victims of domestic abuse and recently launched a Barnardo's programme called 'Domestic Abuse Recovery Together' that was for primary aged children and for the child and parent to come together and they were starting to see some amazing outcomes. They worked very closely with domestic abuse colleagues and if they required specialist support Harbour colleagues would deliver this. They also have a Child Adolescent to Parent Violence and Abuse (CAPVA) programme and Respect Young People programme that was carried out with the child and parent in their home.

Professor Ciesielska referred to reaching out and asked if Health Visitors and people in contact with parents had been briefed in what to look out for and offer support.

The Strategic Manager responded that all the Family Hub workforce including Health Visitors etc. all understand the risks of domestic abuse and had undertaken domestic abuse training to ensure that they recognised and had the language to talk to parents about. They were going to ensure that their front of house staff also have those skills.

The Chair commented that when they were on the visit to the Family Hubs last week, they met some parents who lived quite away from the Family Hub and one parent in particular visited two Family Hubs as she had made friends through the Hub. She stated that if you go onto the Council's website and type in Family Hubs it would come up and show the location of the Family Hubs and the wide range of services and support on offer.

Resolved: That the report and presentation be noted.

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**Children and Young People
Overview and Scrutiny
Committee**

8 January 2024



**Support for Children and
Families on the Edge of Care**

**Report of John Pearce, Corporate Director for Children and Young
People's Services**

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of the report is to provide members of Children and Young People Overview and Scrutiny Committee with an overview of the support available for Children and Families on the Edge of Care, the programmes, and projects to help families, an understanding of the referral process, and any opportunities, successes and future plans.

Executive summary

- 2 Children's Services hold the lead responsibility for ensuring the safety and wellbeing of children. Our key aim is to provide early help for children and families whilst protecting those that need it. Therefore, there are a range of programmes and services to support children remaining at home, at all levels.
- 3 Our Family Hubs provide early help through offering direct support, advice and a range of activities for children and young people from 0-19 years and their families.
- 4 The One Point Service has seven Intense Family Support teams who provide a range of support to families who have multiple complex needs and need intense support.
- 5 Our Families First service provide support to children, young people and families with complex needs and where there are concerns for the safety and wellbeing of children and young people, or where families need intensive support.

- 6 Durham also has a range of innovative specialist services that support children who live with their families, helping prevent the need for children to become looked after. These teams work alongside our Families First Teams and include: Emergency Duty Team, who provide an emergency out of hours services, therapeutic services, community-based support to families in crisis, specialist exploitation teams (ASET and Erase), and Rapid Response who provide support to children who have been admitted or at risk of admission under the Mental Health Act. For those children who do come into our care, our Full Circle Therapeutic Team are available to provide direct or indirect support for our children and young people in care.
- 7 We are now further developing the Edge of Care service to provide multi-agency targeted support, including a range of accommodation options, to prevent children coming into our care, prevent family breakdown and support children to be returned home/move into independent living.

Recommendations

- 8 Children and Young People Overview and Scrutiny Committee are asked to note the contents of the report.

Range of services available to families on the Edge of Care

One Point Service

- 9 The One Point Service offers a number of evidence-based parenting programmes aimed at supporting family relationships and promoting positive parenting practices:
- (a) **Teen Triple P** - parenting programme for parents with young people 12-16 years. Triple P explores good communication and problem-solving to create and maintain a calm, positive family environment. Triple P is valuable to all parents, particularly those that are experiencing challenges with family relationships.
 - (b) **Triple P Stepping Stones** - for families where child has SEND.
 - (c) **Triple P Fearless programmes** - supports parents to help their child who is very anxious especially relating to school attendance.
 - (d) **Strengthening Families** - for families with children aged 10-14 years. This programme will help parents and young people prepare for their teenage years. Parent and young people attend sessions together.
 - (e) **Staying Cool** - for parents, carers, parent-figures and their teenager/s. Parents will work with their teenager to understand their emotions and how to deal with them. Parents will learn to understand their teenager's emotions and support them to manage their anger/frustration in a positive way. Parents learn how to support their teenager to take responsibility for their actions.
 - (f) **Staying Cool** - for parents and carers only. This course provides parents/carers with the knowledge and skills to manage their anger/frustration, by helping to increase their understanding and self-awareness of their emotions.
- 10 One Point have a number of other programmes to support parenting and family relationships which focus on younger children; listed below is a selection of these programmes:
- (a) **Parental Conflict** – support is also available for parents in conflict.
 - (b) **Parenting when separated programme** - this is a practical and positive evidence-based course for parents who are preparing for, going through or have gone through a separation or divorce. The course supports parents in 'Parental Coping and Self Care', 'Parenting' and the 'Co-parental Relationship'.

- (c) **Getting it Right for Children** - this course is for separating or separated parents experiencing high levels of conflict.
- (d) **Arguing Better** - this online course is for parents experiencing high levels of stress and couple conflict. It is all about finding helpful ways to communicate during stressful times.
- (e) **Emotional wellbeing support for young people**
- (f) **Chill Kids** - for primary aged children; 6 weeks programmes (1hr) supporting children to recognise their feeling and emotional and learn relaxation techniques in order to better manage their behaviours and emotions.
- (g) **Teen Zone** – for secondary age young people; 6 weeks programmes (1hr) - group activities include self-esteem, building confidence, and managing emotions. This group will allow young people to understand changes in adolescence and how this may impact on their behaviours and emotions, whilst mixing and building social skills with other young people.
- (h) **Safer Choices** - for secondary age young people; 6 weeks programme – group activity allows young people to come together in small groups to discuss adolescence, friendship, risk taking and peer pressure, and to understand and consider how the choices they make could have negative consequences. The group look at how young people make safer choices in life and feel confident to do this.
- (i) **Staying Cool Teens** - this course is for teens, it provides knowledge, skills and ideas to understand and address their emotions. The sessions help to understand anger/ frustration and how to deal with it, to prevent it turning into aggression.
- (j) **Domestic Abuse** – in collaboration with Harbour, the One Point Service provide access to a range of support programmes addressing domestic abuse.
- (k) **Inspire programme** – for victims of Domestic abuse, addresses coercive control, confidence building, etc.
- (l) **DART (Domestic Abuse Recovery Together)** – child and parent attend programme together and look at emotional wellbeing, communication, etc.
- (m) **RYPP (Respect Young People Programme)** - addressing CAPVA (Child and Adolescent to Parent Violence and Abuse). RYPP is an intervention for families where children or young people aged between 8 and 18 are abusive or violent towards the people close to them, particularly their parents or carers.

- (n) **School holiday provision** - school holidays can be an added pressure for families.
 - (o) **Fun and Food programme** - and now a specific offer for young people 11+ <https://www.durham.gov.uk/funandfood>
- 11 Full details of available programmes can be found in Appendix 2, the Family Hubs Activity and Programme Guide (attached under separate cover).
- 12 The One Point Service also have a Social Inclusion Team which can provide frontline practitioners with a range of information about Voluntary and Community Sector (VCS) provision across the county. They attend a range of meetings like Early Help Conversations and link to Step up/ down meetings. They can be contacted direct and advice on VCS provision requested on a range of different topics/ support, etc.

Referral Routes to One Point Service

- 13 Parents can self-refer by telephone (03000 261 111), by locating their local Family Hub on the DCC website (<https://www.durham.gov.uk/FamilyHubs>), or via the First Contact Service (03000 267 979).
- 14 Frontline practitioners can call the local Family Hub Team Manager or complete a request for programme form.

Statutory Services for Children in Need or at risk of harm (Child Protection)

Supporting Solutions Service

- 15 Supporting Solutions are our specialist Edge of Care Service for children on the Edge of Care (EoC), by which point these children will already be allocated a Social Worker. Supporting Solutions work alongside the multi-agency care team offering intensive interventions to young people, parents and carers where there has been a relationship breakdown and without this support it is likely that the young person may need to become looked after or experience a placement move. This was initially designed for young people 12+, however, following a pilot for younger children, the service is now available to children from 7 plus. Children are referred to the Supporting Solutions Service via their Social Worker.
- 16 Family Group Conference (FGC) Team is also a part of our Edge of Care Support. FGC Team work with families to identify and establish a sustainable plan to meet the needs of children and young people within their family unit. Referrals for Family Group Conferences are made by the child's Social Worker. In 2023/24, 191 Family Group Conferences and 84 Reviews took place.

- 17 Out of hours support is provided by the Supporting Solutions Service alongside the Emergency Duty Team (EDT)
- 18 During 2022/23, Supporting Solutions has successfully supported 83% (of children open to their service) to remain at home, either with family or long-term placements.
- 19 The outcomes for children and young people open to Supporting Solutions is monitored to through the use of Teen Star Model which measures progress in relation to; drug& alcohol, Well-being, Safety & Security, Structure & Education, Behaviour & Citizenship and Family/Adults. Young people are asked to score themselves at the start, during intervention, and at the point of closure. This is telling us that interventions create improvements in all areas for children and young people.
- 20 Following the success of Supporting Solutions working with children 12+, the team started work with younger children aged 7+. The team supported an additional 56 children aged 7-11 this year; 77% of those remained with family, a further 20% remained with their long-term carers. Only 3% needed to come into our care or move to a new placement.
- 21 The plan now is to build on the existing Edge of Care service, creating a multi-agency team that provides a range of accommodation options and outreach support to children, young people and their families.

Rapid Response Service (RRS)

- 22 The RRS service was developed in response to an identified need for additional services to support young people and their families where there is a high level of risk and need, and particularly where there has been previous or there is a current risk of admission under the Mental Health Act. RRS is delivered in partnership with TEWV CAMH's and Rollercoaster.
- 23 The RRS was launched in July 2021 and are currently working with 47 young people. Referral routes to Rapid Response Service has been via the child's Social Worker, however due to the success of the service they are now broadening their reach. The Rapid Response Service is now providing support to children who are working with the One Point Service and delivering early intervention group work with young people in the Family Hubs.
- 24 The Rapid Response Service also use the Teen Start Outcome Model to measure success, the data tells us that young people working with them have improved in almost all areas by the point of closure. In the last year there were no re-referrals for children/young people who no longer required RRS support, and no young people have required hospital admission after closure.

- 25 RRS were awarded their Investors in Children status in April 2022, this has recently been renewed, recognising the continued effort and positive outcomes for the team.

Erase Service

- 26 The Erase team is responsible for co-ordination and delivery of services for children who are Missing from Home or our care (MFH), and specialist Child Exploitation Workers. The aims of the Erase team are:
- (a) to help and support young people in reducing the risk of exploitation and missing from home;
 - (b) to provide young people with a safe space to share their views and wishes, while working holistically with other professionals to disrupt, safety plan and help increase safety and happiness for our young people;
 - (c) to support young people in building their understanding of exploitation, building their resilience and empowering them to identify signs of grooming and exploitation;
 - (d) to support parents and carers to spot warning signs of exploitation, implement rules and boundaries, safety planning and understand how to respond to their young people to support in the aim of reducing the risk of exploitation and keep them safe.

Edge of Care – Future Developments

- 27 The aim of the service is to work in a multi-agency context to prevent children on the edge of care coming into care. The service will bring together a range of accommodation options, services, and outreach to support young people. It's our ambition to develop multi-agency input such as Speech and Language Therapy (SALT) and clinical psychology.
- 28 The support will be targeted for young people who are looked after or on the edge of care, at risk of family or placement breakdown, stepping down from residential care to family-based care or transitioning to independent living.
- 29 The edge of care service will provide short-term interventions. We are developing a bespoke practice model for the edge of care service, which will align to the Signs of Safety model and Care home regulations.

Conclusion

- 30 There are a wide range of services available to children, young people and their families, at all levels throughout children's services. Depending on the level of support required will depend on whether this is a self-referral or referral from their Key/Social Worker. There is work

underway to further develop the Edge of Care support, to provide targeted interventions to the right children at the right time.

Background papers

- None

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

Report includes number of young people detailed under the Mental Health Act. Duties under Children & SW Act / Children's Act to act in the best interests of CYP, etc.

Finance

No implications.

Consultation

Children and young people are involved in consultation where necessary.

Equality and Diversity / Public Sector Equality Duty

No implications.

Climate Change

No implications.

Human Rights

All CYP are supported to identify suitable alternative care arrangements where they cannot continue to remain at home safely. CYP have access to the DCC complaints process.

Crime and Disorder

No implications.

Staffing

No implications.

Accommodation

Should CYP come into the care of the LA, there is a need to ensure there is sufficient suitable placements.

Risk

The risk of not supporting CYP and their families and carers meant that we are increasing the risk of the young people becoming looked after, or needing to change placements which could cause disruption to the young people.

Procurement

No implications.

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Children and Young People's Overview and Scrutiny

8 January 2024

Pre-Birth Intervention Update



Report of John Pearce, Corporate Director Children and Young People's Services

Purpose of the Report

- 1 This report provides an update on the progress for the Pre-birth Intervention Service (PBIS)

Executive summary

- 2 The Pre-birth Intervention Service (PBIS) was re-established in Durham's Families First (FF) Service in May 2018. The model and ambition are to enable babies to remain with their parents, or at least within the birth family where it is safe to do so. This is achieved by completing as much work as possible before the baby is born and by ensuring that the parents receive intensive support to help them to achieve sustainable change. Where this is not in the best interests of the child, then the ambition is to ensure that the baby is permanently placed with alternative carers as soon as is possible after birth and to reduce the number of carers the child experiences.
- 3 Office for National Statistics data identifies that approximately 1% of the County Durham population are aged under 1. More than 8% of the total children open to Durham Children Social Care (DCSC) are under one. 20% of all children that come into our care are under 1, the next largest group is 16-year-olds at 9%.
- 4 Of contacts into First Contact between the period of June 2022 and June 2023, it is noted that 42% of unborn born babies and 36% of under ones go straight to a statutory referral. This is in comparison to 21% of the overall contacts of other age groups. A higher proportion of unborn and under one contacts are also triaged in the MASH than for other age groups.
- 5 A higher proportion of children who are and become children in our care (CiC) in Durham are aged under one than in comparators. In 2020/21, Durham had the 5th highest under one CiC starts in the country with 29% of all CiC starts in Durham. In 2021/22, Durham dropped to 23rd highest CiC under ones in the country, which was 24% of all CiC starts

in Durham. This has reduced again to 50th highest in the country, which is 21% of all CiC starts in Durham.

Recommendation(s)

- 6 Children and Young People's Overview and Scrutiny Committee note the content of this report and comment accordingly.

Background

- 7 A review of the PBIS criteria was undertaken in 2020, it became clear that it was difficult to implement the intervention due to the level of complexities of parents' needs and circumstances. A high proportion of the cases resulted in care proceedings and babies being placed permanently outside of parental care. The review demonstrated the need to amend the criteria, which enabled the team to have a renewed focus and to target their intervention towards those parents who would benefit from intensive support and intervention.
- 8 The criteria is as follows:
- i. Teenage mothers under 16 who are still in full time education.
 - ii. All active care leavers up to the age of 25, who are currently permanently resident in Durham, and where the unborn meets the requirement for a statutory pre-birth assessment.
 - iii. Parents who have had a previous child removed through care proceedings, where there is evidence of some positive change of circumstances.
 - iv. Parents with a diagnosed learning disability.
- 9 For a referral to be accepted into the team, the referral must be made prior to 21 weeks gestation, and meaningful consent must have been given by the parents.
- 10 Social Workers work alongside Early Help practitioners from the One Point Service. Together they deliver intensive assessment and support, with the aim of enabling parents to safely care for their children or gather evidence to make timely decisions in relation to permanence plans. Where children remain in the care of their parents, they have established relationships with professionals based within local Children's Centres to ensure that support can be sustained and readily accessible to parents.

Outcomes for Children

- 11 In the 12 months leading up to May 2023 the PBIS have worked with 85 children. These can be broken down into 12 children where one or both parents were care experienced, 41 children whose parents had previously been involved in proceedings where there is some sign of positive change, 9 children whose parents were under 16 and remained in full time education and 22 children that did not meet the current criteria but were accepted due to capacity issues across the service/service need. 2 children had parents who were both care experienced and had previously had children removed.

- 12 Of those 85 children, 24 were subject to care proceedings that had concluded. There were 10 adoption orders (including 2 foster to adopt), 5 special guardianship Orders (SGOs), 3 supervision orders and five care orders including two which needed longer term support in a mother and baby placement, and one with no order. In May 2023 there were fourteen sets of Care proceedings that were ongoing, with it being expected that at least 4 more will be issued shortly.
- 13 20 specialist learning disability assessments of one or both parents were completed within the team, 3 were outsourced due to the need for expert assessment as a result of other needs i.e. parents with an additional disability. Of the parents with Learning disabilities, two of the parents were care experienced, two were care leavers with previous experience of proceedings, two were young parents, twelve had previous experience of care proceedings and the other five were parents who did not meet the usual criteria.
- 14 Of the children with care experienced parents who had no previous children removed (8) children 87.5% were supported to have a longterm plan of remaining with one or both parents. Of the children with young parents, 50% were supported to remain in the care of parents, 2 are currently subject to care proceedings so have no determined current plan and the 2 more (siblings) are likely to be issued shortly.

Two children's story

- 15 Below describes the events of two children's journeys through the PBIS. This demonstrates the commitment and dedication of the practitioners within the team. It also demonstrates the inter-face with other parts of children's services.

Baby S

- 16 Baby S was born unexpectedly early to teenage parents. His gestation was such that survival at times did not appear likely and significant support was provided to the parents by the social work team to ensure they could spend as much time as possible with Baby S. Support was also provided by a Families First team to mother who was a child in her own right. Thankfully despite numerous complications, Baby S survived and was discharged into the care of his mother in a mother and baby foster placement.
- 17 The placement was difficult for the mother as due to Baby S's medical needs the most suitable placement was out of area. Care was taken to adapt the placement as much as possible so that mother still spent time with her own family – who provided emotional support - and had the chance to complete her GCSES. Despite this, the placement

unfortunately could not be maintained as the distance was too great. However, the social worker did not give up and using some extremely skilled Early Help Practitioners, work was undertaken to build Mother's skills away from the placement.

- 18 Through careful negotiation with family members and the assistance of professionals, the outcome of court was positive in that Baby S was made subject to a Care Order with a plan that he would return home to his mother.

Baby H

- 19 Baby H's parents did not meet any of the criteria for the prebirth team when the referral was made. However, it was recognised upon receipt of referral that the parents needs were complex and that the needs of the parents would best be met by the Pre Birth team.
- 20 Both of baby H's parents had diagnosed disabilities impacting on communication as well as numerous mental health conditions. Both had previously spent time in mental health wards and there was a history of violence. There was also concern around a potential learning disability for both parents.
- 21 Given the particular disabilities of the parents, it was not felt an assessment could be completed in house and so the team worked to identify an independent social worker and other experts who were qualified to meet the parents' needs. A high level of liaison was also needed between the social worker and other professionals in mental health and adult disability teams to ensure that the needs of the parents and baby were being met during the pregnancy and afterwards. The level of detail was recognised by the allocated barrister for the case who commented that the Local Authority had "been unusually proactive in giving thought to how the parents needs would be met both pre and post birth".
- 22 Initial connected carers assessments had been completed pre birth of both sets of grandparents but due to the level of risk, full assessments were needed before Baby H could be placed into their care. Additionally, there were concerns around how Baby H's health had been impacted by his mother's medication and other substance use during pregnancy.
- 23 The parents accepted within the proceedings that they were unable to care for Baby H but following close liaison and work with the Connected Carers Team, Baby H eventually moved from foster care into the care of one of his grandmothers. Given the level of risk posed by the parents, this is initially supported by a Care Order however this is intended to be short term with a plan to discharge within a 12-month period.

Hope Boxes

- 24 Hope Boxes are provided to mothers when the plan is removal at birth to start early life story work and to provide the mothers with some comfort/hope during the early stages of separation.
- 25 The boxes are provided to both the mother and child. It has two comforters within it so the smell of the mother and baby can be added to the smell of one comforter each and then exchanged. A handprint kit and wooden milestones to record birth weight, time etc are also included to allow early milestones to be recorded and memories to be created at an early stage. Life story worksheets designed by the life story coordinator are also included to allow this to start at the earliest opportunity. There has been positive feedback from mothers.

Real Care babies

- 26 It is recognised that one of the difficulties of completing pre-birth assessments, is that it is challenging to assess the ability of a parent to meet a child's need when the child is not born. It is also hard to demonstrate to parents, particularly first-time and young parents, the needs of such young children in a way that gives them a realistic expectation of the challenges.
- 27 We introduced 'real care' babies some time ago and these have been used to assist in completing assessments looking at parents' ability to meet the needs of their baby. The recordings tell us about parents' timeliness of responses, the ability of the parent to meet the needs, if any abusive behaviour such as shaking occurred and also if the doll was left for too long without stimulation or in inappropriate temperatures.

Skills and partnership working

- 28 The Nuffield Foundation has launched a number of recent research documents which outlined a number of recommendations and guidance for social work practice when working with expecting mothers and parents with learning disabilities. The team have used the guidance developed by the Nuffield alongside the Good Practice Guidance to develop new assessment pathways which will be submitted for approval soon and hopefully implemented across all the Families First social work teams.
- 29 There are 5 workers in the PBIS who are trained in PAMS or/ and ParentAssess which are tools to take into account parents who have some level of learning difficulties or a learning disability, which mean that they can be assessed and supported by using practical demonstrations and visual aids. There have been 17 PAMS/

ParentAssess assessments completed within the team, which if commissioned would have been a cost to the council in excess of £42,500. There are plans in place to ensure that all staff within the PBIS all have the skills to assess our most vulnerable parents.

- 30 There continues to be a dedicated worker from the Family Group Conference (FGC) service aligned to the PBIS. This helps to increase the parent's sense of control and ensures that family networks are central to the safety plan from an early stage. The FGC also identify alternative carers to be identified and assessed when it is not safe for a child be in parents' care following birth.
- 31 The PBIS works closely with Durham Pause who work with women which have had a child permanently removed from their care.
- 32 The PBIS are a key agency within the Pre-Birth and Under One Delivery group. The purpose of the group is to provide strategic and operational oversight of integrated pathways of support across universal, targeted safeguarding and specialist services to ensure their safety and wellbeing. The vision is for vulnerable unborn babies and babies under 1 year old to be identified at the earliest opportunity and their parents/carers provided with the best possible coordinated help and support to care for their babies safely. Where they are unable to, a timely and robust safeguarding response is in place.
- 33 The PBIS have a lead role in the regional pre-birth group. This provides an opportunity to share good practice and consistency across the service.

What others think

Parents views:

- 34 *I just wanted to say thank you! Thank you for not giving up on me and guiding me towards a better path for me and my beautiful amazing little girl. I know I haven't exactly been easy to work with, but I do appreciate the help you have given me and A. Thank you*

- 35 Some professionals

Judge: *'This is a case which reflects extremely well on all those involved with care planning, professionals and the lay parties. My thanks to all those involved in the outcome.....This Local Authority have shown a refreshing willingness to deal with things appropriately....'*

Judge: *'I would like to give particular thanks to the Social Worker who provided an exceptionally high quality of social work evidence which*

was provided to the court. It was exceptional and made preparation for this hearing much easier. It should be used as a model going forward’.

Foster Carer: ‘I would like to take this opportunity to thank everyone involved, of their guidance and support during a very difficult few weeks.... I feel very privileged to have all of your support’.

Foster Carer: ‘It was lovely to see N (social worker) on Friday, she found the right words when talking to me and it helped. It was appreciated, as was your support - thank you’.

- 36 Barrister: *‘Can I just say that the social work completed in this case was of a very high standard. We were able to bring matters to a sensitive and appropriate conclusion due to the hard work of DCC and the allocated social worker. I think that H (the social worker) will have a bright future ahead of her’.*

What’s next.

- 37 It is recognised that there is a great deal of diversity in terms of the parents’ needs following the change in the referral criteria. A review has identified the need for 3 pathway and intervention programmes. The PBIS are working with Early Help to develop and implement the new pathways across the service.
- 38 The PBIS are pulling together a pre-birth tool kit, this will provide assessment guidance, worksheets and tools for practitioners across families first.
- 39 The PBIS are supporting the role of pre-birth training across families first team, this will have a particular focus on the Nuffield recommendations and Good Practice Guidance.

Conclusion

- 40 The report reflects a great deal of positive and effective working. The team are passionate and committed about achieving good outcomes for children.

Background papers

- None

Other useful documents

- None

Author(s)

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Appendix 1: Implications

Legal Implications

The Children Act 1989 sets out the legal requirement on the local authority to support children in need and to carry out safeguarding investigations and where necessary, issue care proceedings to ensure that children are protected from harm.

Finance

No implications.

Consultation

No implications.

Equality and Diversity / Public Sector Equality Duty

No implications.

Climate Change

No implications.

Human Rights

No implications.

Crime and Disorder

No implications.

Staffing

No implications.

Accommodation

No implications.

Risk

No implications.

Procurement

No implications.

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Pre-birth intervention & Pause in Durham

Jac Tyler

Strategic Manager Families First East & Pre Birth Teams

Children & Young People's Overview and Scrutiny Committee

8 January 2024



Pre-birth intervention service – criteria

Criteria for pre-birth intervention service;

- Teenage mother under 16 who are still in fulltime education
- All care leavers up to the age of 25, who are currently permanently resident in Durham, and where the unborn meets the requirement for a statutory pre-birth assessment
- Parents who have had a previous child removed through care proceedings, where there is evidence of some positive change of circumstances
- Parents with a diagnosed learning disability

To accept a referral, the following additional criteria must apply;

- The referral must be made prior to 21 weeks gestation
- Meaningful consent must have been given by the parents

Pre-birth intervention service

Parents needs;

- 9 mothers who are school age,
- 12 parent/s who are care experienced – 2 babies were both parents were care experienced
- 41 families where a parent has had a previous child removed
- 22 families outside of the criteria due to capacity in families first
- 20 specialist assessments of parents with learning disabilities/ difficulties

Children's plans following care proceedings;

- 9 babies are in the care of their parents following
- 10 babies have plans of adoption (2 early permanence foster placement)
- 5 plan of Special Guardianship
- 14 sets of care proceedings ongoing

Pre-birth intervention service

Baby S

- Both parents were teenagers
- Baby S was born extremely early, and his chances of survival was low
- Families First and Pre-birth team worked together to supported parents visit their baby as much as possible
- Mum and baby went to live in a foster home. Mum struggled adapting to being a Mum, being separated from her family and undertaking her exams.
- Social worker was persistent and not want to give up the possibility of Mum caring for baby S
- Work to build Mum's parenting skills and confidence, led to Mum and baby being reunited in a foster home

Pre-birth intervention service

Good stuff

- All families have the an intensive pre and post birth intervention, delivering proactive, practical and emotional support building on strengths and addressing gaps in knowledge
- Hope boxes
- Real care babies

What others think

Judge:

'This is a case which reflects extremely well on all those involved with care planning, professionals and the lay parties. My thanks to all those involved in the outcome.....This Local Authority have shown a refreshing willingness to deal with things appropriately....'

Foster Carer:

'I would like to take this opportunity to thank everyone involved, of their guidance and support during a very difficult few weeks.... I feel very privileged to have all of your support'

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Children and Young People Overview and Scrutiny Committee

8 January 2024

Quarter Two, 2023/24 Performance Management Report



Report of John Hewitt, Chief Executive

Electoral division(s) affected:

Countywide.

Purpose of the Report

- 1 To present an overview of progress towards delivery of the key priorities within the Council Plan 2023-27 in line with the council's corporate performance framework.
- 2 The report covers performance in and to the end of quarter two, 2023/24, July to September 2023.

Executive Summary

- 3 The County Council is a key partner within the County Durham Together Partnership. Collectively partners work towards delivering a shared plan - the [County Durham Vision 2035](#). The vision document was developed with partner organisations and the public. It sets out what we would like the county to be like over the next decade and beyond. The vision is for:

a place where there are more and better jobs, people live long, and independent lives and our communities are well connected and supportive.

- 4 We have set out how the council will effectively deliver its services and its contribution to achieving this vision in our [Council Plan](#). The Council Plan is structured around five thematic areas: our economy, our environment, our people, our communities, and our council. We monitor our success through a suite of Key Performance Indicators (our corporate performance framework), which forms the basis of this report.
- 5 During quarter one, to allow greater clarity of performance against our objectives, we introduced a new easy-read report format structured around a suite of dashboards (attached at appendix two). Greater data visualisation has provided more focus and greater transparency on trends, direction of travel, benchmarking and performance to target. The new format has been reviewed by scrutiny and feedback has been universally positive.
- 6 We want to be a well-functioning local authority in relation to performance, and continue to work to achieve the best practice model as set out by the

Department for Levelling Up, Housing and Communities (DLUHC)¹. We will continue to develop the following through our performance management processes and the wider Corporate Business Intelligence Review:

- (a) An organisational-wide approach to continuous improvement, with frequent monitoring, performance reporting and updating of the corporate and improvement plans.
- (b) A corporate plan which is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account.
- (c) Clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.

Context

- 7 The council is a large organisation providing a broad range of services, and our operating environment can at times be challenging. However, we continue to show strong performance across our key outcomes.
- 8 Demand for statutory children's social care and early help remains consistent overall, though the composition of needs and interventions are increasingly complicated. Successful recruitment has reduced vacancy rates and performance improved in the quarter.

Recommendation

- 9 Children and Young People Overview and Scrutiny Committee is recommended to:
 - (a) Note the overall position and direction of travel in relation to quarter two performance, and the actions being taken to address areas of challenge.

Background papers

- County Durham Vision (County Council, 23 October 2019)
<https://democracy.durham.gov.uk/documents/s115064/Draft%20Durham%20Vision%20v10.0.pdf>

Other useful documents

- Council Plan 2023 to 2027 (current plan)
<https://www.durham.gov.uk/media/34954/Durham-County-Council-Plan-2023-2027/pdf/CouncilPlan2023-2027.pdf?m=638221688616370000>
- Quarter One, 2023/24 Performance Management Report
<https://democracy.durham.gov.uk/documents/s178933/Q1%202023-24%20Corporate%20Performance%20Report%20-%20Cabinet%2013.09.23.pdf>
- Quarter Four, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s174900/Item%204%20Q4%202022-23%202%201.pdf>

¹ [Best Value standards and intervention](#)

- Quarter Three, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>
- Quarter Two, 2022/23 Performance Management Report
<https://democracy.durham.gov.uk/documents/s166398/Corporate%20Performance%20Report%20Q2%202022-23%20v2.1.pdf>

Author

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Appendix 1: Implications

Legal Implications

Not applicable.

Finance

Latest performance information is being used to inform corporate, service and financial planning.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality measures are monitored as part of the performance monitoring process.

Climate Change

We have declared a climate change emergency and consider the implications of climate change in our reports and decision-making.

Human Rights

Not applicable.

Crime and Disorder

A number of performance indicators and key actions relating to crime and disorder are continually monitored in partnership with Durham Constabulary.

Staffing

Performance against a number of relevant corporate health indicators has been included to monitor staffing issues.

Accommodation

Not applicable.

Risk

Reporting of significant risks and their interaction with performance is integrated into the quarterly performance management report.

Procurement

Not applicable.



Corporate Performance Report

Quarter Two, 2023/24



Contents (blue text links to sections of the report)

	➤ Executive Summary	
Our People	➤ Our People Performance Report	
	Performance Dashboards	➤ Early help and referrals
		➤ Assessments, protection plans, in need, social worker vacancies
		➤ Children in care, unaccompanied asylum seeking children
		➤ Education
		➤ SEND
	➤ Data Tables	

Executive Summary

- 1 This performance report covers the second quarter of the 2023/24 financial year (July to September 2023). It sets out our progress towards delivering the key priorities set out within our [Council Plan 2023-27](#).
- 2 Performance is reported on an exception basis with key messages structured around the five thematic areas of, our economy, our environment, our people, our communities, and our council.
- 3 In any given quarter, we will only include key performance indicators which have been updated during that quarter, for example, educational attainment will be updated annually in quarter three.

Our people

- 4 The priority aims to help our residents live long and independent lives and remain in good health for as long as possible. We will protect and improve health by tackling the leading causes of illness and early death, inequalities and the challenges around mental health. We will ensure a sustainable high-quality care market and will invest in a multi-million pound programme to transform our leisure centre venues.

Going Well

- 5 Demand overall for Early Help and statutory support remains consistent with previous trends. Improved practice has led consistently low re-referral rate for statutory children's social care referrals. The latest rate was 18% in quarter two, slightly higher than the quarter 1 (16%) but remains below latest benchmarks. This means fewer children and their families require further support from safeguarding services following support.
- 6 Children's social care assessments completed in 45 days completed in the quarter improved to 82% (from 75% in quarter one 2023/24), and is now similar to national and regional benchmarks. This had reduced in previous quarters as a result of capacity issues.

Issues we are addressing

- 7 The number of children in care continues to increase in County Durham. The service is reviewing these trends and learning will feed into strategic Placement Sufficiency work and preparation for the implementation of the Care Review proposals
- 8 A shortage of educational psychologists (a national problem) to undertake the required assessment, and capacity challenges in providing suitable provision has meant that the timescales for completion of 20 weeks for Education and Health Care Plans is not currently being met. The service is implementing plans to build capacity to meet increased demand and manage new requests within the context of a graduated approach to ensure children are supported with quality provision in an appropriate setting.

Risk Management

- 9 The government's statutory guidance for best value authorities sets out the characteristics of a well-functioning authority. This details the arrangements that councils should have in place for robust governance and scrutiny including how risk

awareness and management should inform decision making. The latest risk management progress report can be found [here](#)

Our People

Priority Aims:

County Durham is a place where people will enjoy fulfilling, long and independent lives. We aim to,

- ensure children and young people will enjoy the best start in life, good health and emotional wellbeing
- ensure children and young people with special educational needs and disabilities will achieve the best possible outcomes
- ensure all children and young people will have a safe childhood
- promote positive behaviours
- better integrate health and social care services
- tackle the stigma and discrimination of poor mental health and build resilient communities
- people will be supported to live independently for as long as possible by delivering more home to meet the needs of older and disabled people
- support people whose circumstances make them vulnerable and protect adults with care and support needs from harm
- protect and improve the health of the local population, tackling leading causes of illness and death

National, Regional and Local Picture

Children's Social Care

- 10 In 2022, three independent reviews looked at various aspects of the children's social care system to identify the changes needed to achieve improvement. The reviews were:
 - the Independent Review of Children's Social Care,
 - the Child Safeguarding Practice Review Panel's national review into the murders of ALH and SH, and
 - the Competition and Markets Authority's report into the children's social care market.
- 11 The reviews looked at the full breadth of children's social care and heard from thousands of people with lived experience of these services or who work in them. It concluded that the best way of promoting children's welfare is very often by supporting children's families and the loving relationships around them. However, to achieve this vision, requires a rebalancing of children's social care away from costly crisis intervention to more meaningful and effective help for families, so that it achieves the outcomes children deserve.
- 12 There are six key pillars of the government's strategy which will need to be taken forward in phases. These will address urgent issues facing children and families now, as well as laying the foundations for whole system reform and setting direction for change.
- 13 There are two key drivers which will define this work:

- The government's response to the consultation on Stable Homes Built on Love (published September 2023), and
- National Framework for Children's Social Care and Children's Social Care Dashboard.

14 Effective delivery of the new strategy and national framework for children's social care will require a significant investment in time, energy and resource (supported by some government funding), if we are to implement the reforms successfully.

15 National arrangements are being developed to take forward the key proposals in the Care Review, a National Implementation Board will lead this. The service area is making preparations where it is able to, but much of the direction and way forward is still awaited from government.

SEND

16 Work is underway to develop a whole system approach to the education system which meets the needs of all children in the county, including those with special educational needs and disabilities (SEND). This is being delivered through two key strands within the service which will work together.

17 Firstly, the Education Review aims to deliver a sustainable school's system in County Durham, including addressing the current financial and projected budgetary position, sufficiency of school places, quality and stability of leadership, current condition of buildings, and accessibility and suitability of schools and settings to provide outstanding learning.

18 The second involves the High Needs Sustainability Programme which will take forward phase 2 to cover the three strands from the Department for Education's (DfE) Delivering Better Value Programme and other High Needs Block initiatives.

19 The Sustainability Programme will have the following objectives:

- strengthening leadership of alternative provision,
- implementing the SEND action plan, which will incorporate the findings of the DfE sponsored Delivering Better Value work,
- increasing capacity for the numbers of special needs children coming through the system,
- developing our approach in relation to post-16 in the context of SEND provision,
- considering investment opportunities to improve the Special School estate,
- alignment of services to meet the needs of children,
- raising confidence in mainstream schools and implementation of graduated response,
- transitions and re-integration.

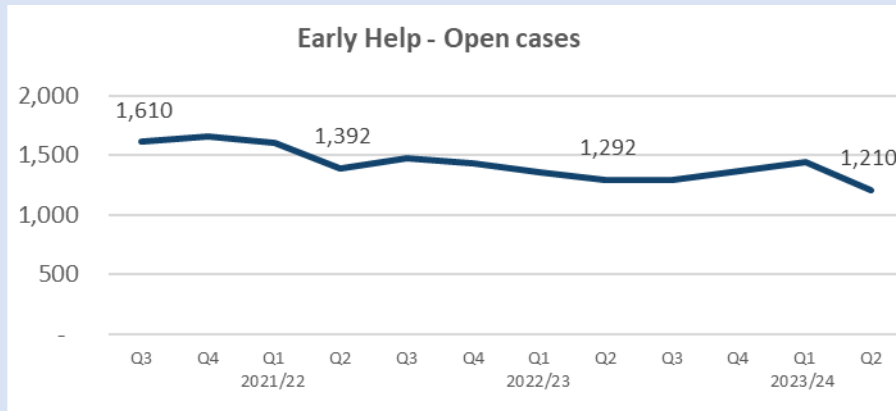
20 This will strive to ensure that children, young people and their families are provided with the right support at the right time, in the right place and is focussed on developing a sustainable education system in the county in light of significant challenges.

Children's Social Care Dashboard: Early Help and Referrals

(12 months ending 30 September 2023 / at 30 September 2023)

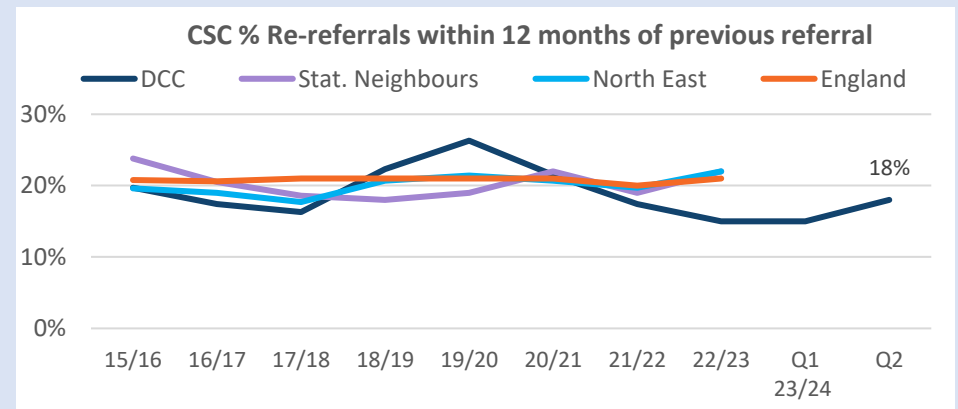
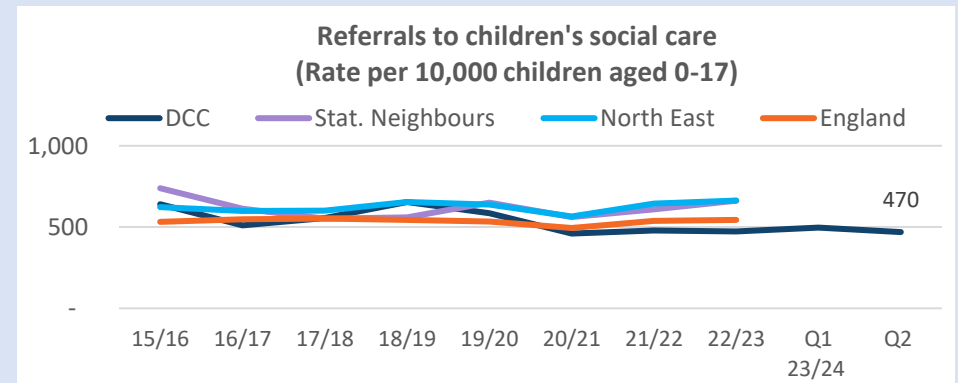
Early Help

- Overall demand for Early Help support reduced post-Covid but has been rising since October 2022, however, numbers have reduced to their lowest in the last three years.
- Feedback from families and young working with the service continues to be very positive with 90% of parent/carers and 87/88% of children/young people happy or very happy with the support they received.



Rate of Referrals (per 10,000 children aged 0-17)

- Demand for Children's Social Care remains lower than latest benchmarks.
- Following the reduction during Covid-19, when schools were shut, referrals increased slightly but are not as high as pre-Covid-19 levels.
- Referral rates have remained fairly static with slight raises and decreases since 2020/21.
- Repeat referrals were at their peak in 2019/20 and similar to the overall referral rate have risen and fallen but are quite consistent and lower than benchmarks.



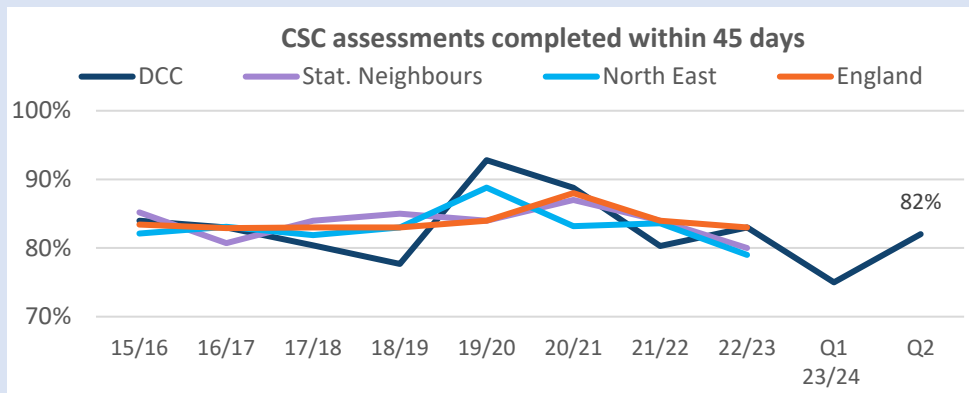
Children's Social Care Dashboard:

Assessments, protection plans, in need, social worker vacancies

(12 months ending 30 September 2023 / at 30 September 2023)

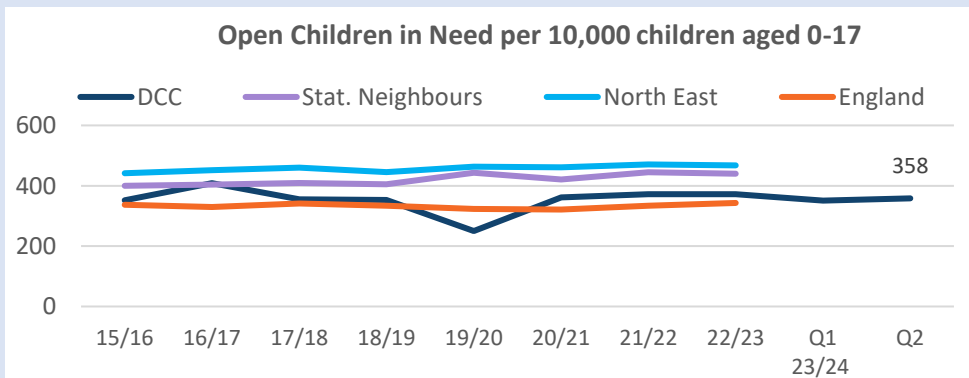
Assessments completed within 45 days (%)

- Q1 2023/24 saw a dip in the % of assessments completed within timescale, taking us lower than our statistical comparators.
- However, Q2 saw an increase back to 82% bringing the service back into line with our comparators who as at 2021/22 were all at 84%.



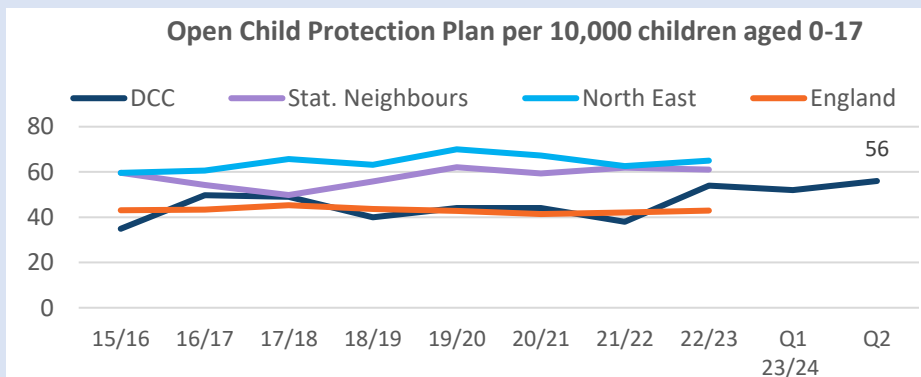
Open Children in Need (per 10,000 children aged 0-17)

- Children in Need rates have been consistent since 2020/21 and are now currently at 358 per 10,000 children aged 0-17.
- This rate is higher than the latest England average of 334 in 2021/22, however DCC is lower than their Statistical Neighbours and the North East (445 and 471 respectively).



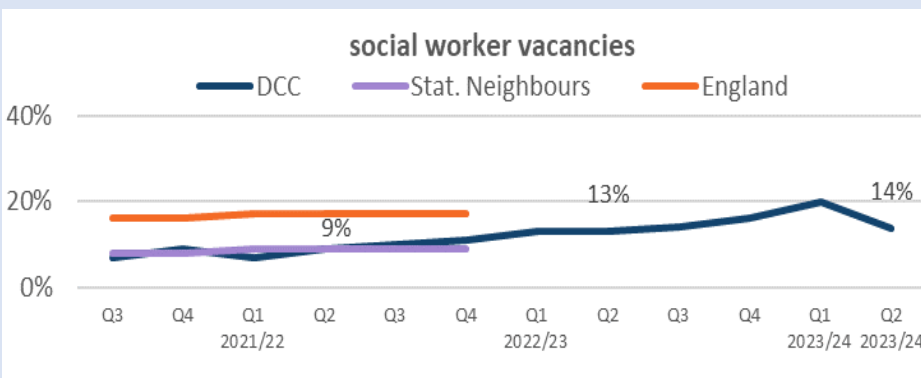
Open Child Protection Plans (per 10,000 children aged 0-17)

- Child Protection Plan rates have been increasing since 2021/22 and are now currently at 56 per 10,000 children aged 0-17.
- This rate is higher than the latest England average of 42 in 2021/22, however DCC is lower than their Statistical Neighbours and the North East (62 and 63 respectively).



Social Worker Vacancies

Following an increase to 20% the proportion of social worker vacancies has reduced to 14% at the end of September. This is 12 more vacancies than the same point last year although there has been an increase in head count of 17 over the same period.

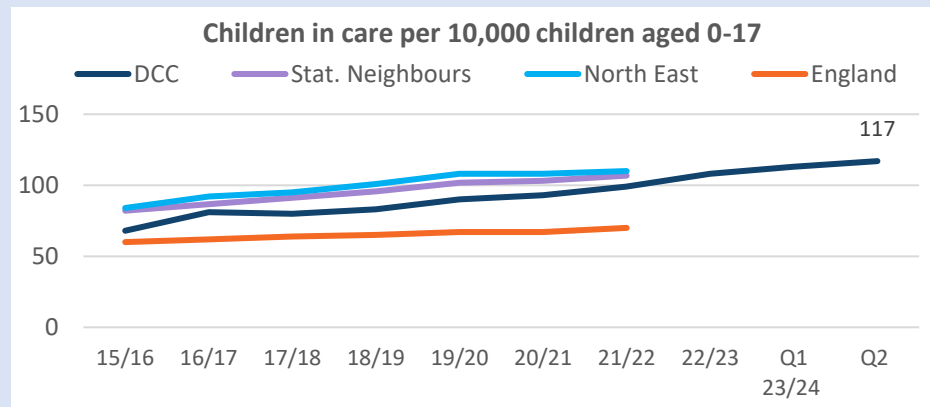


Children's Social Care Dashboard: in care, unaccompanied asylum seeking children

(12 months ending 30 September 2023 / at 30 September 2023)

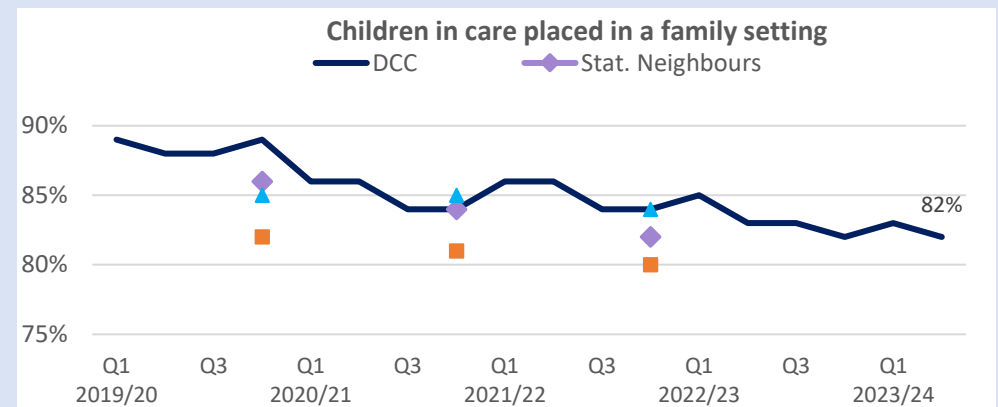
Children in Care (per 10,000 children aged 0-17)

- Children in Care rates have been rising since 2015/16 and are now currently at 117 per 10,000 children aged 0-17.
- This rate is higher than the latest England average of 70 in 2021/22 and is also higher than our Statistical Neighbours and the North East (107 and 110 respectively).



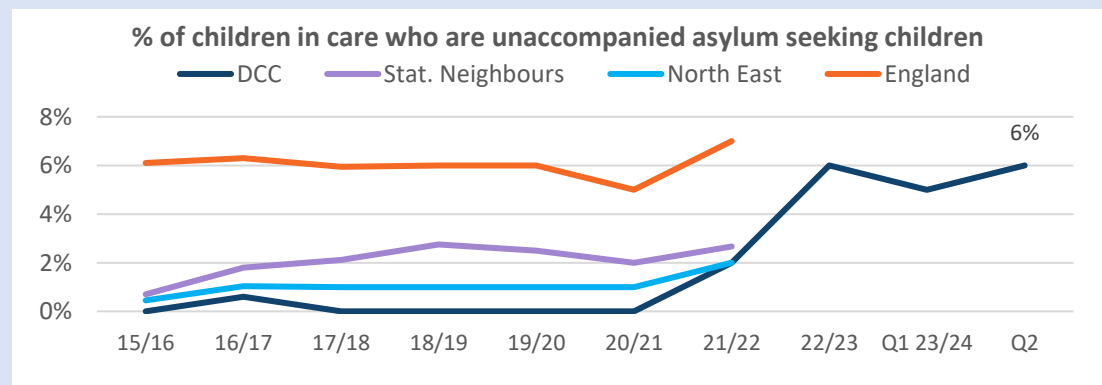
Children in care placed in a family setting

Although the proportion of children in care living in a family setting is reducing, the number of children in these placements is increasing and it is the rising number of children in care that is influencing the reduction, but the proportion remains in line with benchmarks.



Unaccompanied Asylum Seeking Children (UASC)

- The % of UASC has been rising since 2020/21 and are now currently at 6% of all Looked After Children.
- The latest England average is higher than this at 7%, however DCC does have a higher proportion of UASC than its statistical neighbours and the North East (3% and 2% respectively).



Children's Social Care and Early Help

- 21 Overall demand for early help and statutory support remains consistent with previous trends. Improved practice has led to a consistently low re-referral rate for statutory children's social care referrals. The latest rate, 18% in quarter two, is slightly higher than the quarter one (16%) but remains below latest benchmarks. This means fewer children and their families require further support from safeguarding services following support.
- 22 While statutory demand remains low, the number of children and young people receiving intensive support (children on a Child Protection Plan and taken into our care) remains relatively high. This is indicative of ongoing high levels of complexity and a change in the composition of demand.
- 23 Specifically, the number of children in care continues to increase. The North East has the highest level of children in care in England and County Durham is now slightly higher than the North East rate based on latest benchmarks. Underlying growth in the number of children in care is continuing but is accelerating further due to the increase in unaccompanied asylum-seeking children (UASC) placed in County Durham as part of national relocation plans. UASC now comprise 6% of all children in care compared to just 2% at the end of 2021/22.
- 24 In addition to this new national demand, the number of children in care who are residents in the county is also increasing. The service is reviewing these trends and learning will feed in to strategic placement sufficiency work and preparation for the implementation of the Care Review proposals.
- 25 As previously reported, capacity issues arising from high caseloads had been impacting the timeliness of statutory children's social care assessments which the service has been addressing over the summer. The proportion completed in the quarter improved to 82% (from 75% in quarter one), and is now similar to national and regional benchmarks. The service continues to monitor.
- 26 There has been a reduction in social worker vacancies since last quarter. Over the last year vacancy rates have been high after challenges in recruitment led to a smaller number of newly qualified social workers (NQSW) joining us in autumn 2022. The vacancy rate has fallen in August and September largely due to 40 NQSWs who have come into post in the last couple of months following more successful recruitment campaigns throughout 2023. In the 12 months to the end of September, we have seen 74 new starters join the service compared to 54 the previous year.
- 27 Our Social Work Academy was created in 2016 to allow us to support a greater number of NQSWs through their first year in practice. Our Academy offer remains strong and has recently been extended to provide additional support to social workers in their second year of practice, and there are plans to extend that support into the third year of practice.
- 28 Additional capacity from newly qualified staff will take time to embed and improve caseload pressure, but recruitment and retention of staff remain a priority for the service and a range of activity is planned to include;
 - supporting our own practitioners to qualify through the social work apprenticeship scheme,

- supporting the next cohort of Step Up to Social Work scheme (six participants will start the programme from January 2024)
- partnering with Frontline from autumn 2024, and expect to support 10 participants who we hope will join us as NQSWs in autumn 2025.
- working within our regional teaching partnership (North East Social Work Alliance or NESWA) to increase social work training capacity.

- 29 A range of changes to pay, career development, progression and non-pay benefits have been implemented over the last year to retain staff as well as ongoing staff wellbeing support. Wellbeing support for social workers takes a range of forms including a wellbeing portal, which provides information for employees at all levels on a range of issues including physical activity, nutrition, remote working, mental health and emotional wellbeing, bereavement, domestic abuse, and substance misuse to specialist workshops on wellbeing and self-care. In addition, specialist support offers employees or teams who have been involved in a traumatic event to benefit from de-brief sessions, reflection sessions or a commissioned specialist offer designed to promote reflection and healing.
- 30 Flexible working can have a positive impact on employee engagement and wellbeing, supporting practitioners to better balance their work and home life, and support practitioners with caring responsibilities to stay in, or return to, the workforce. The service is currently undertaking an evaluation of a proactive approach to flexible working which is expected to be complete by the end of the year.

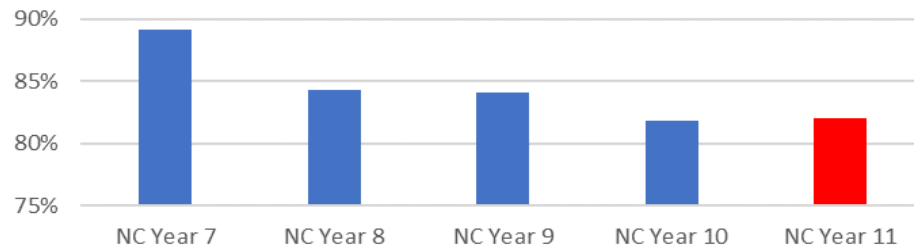
Education Dashboard

(academic year 2022/23 / as at 30 September 2023)

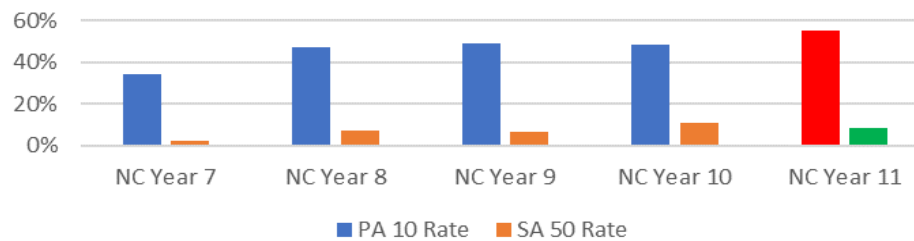
Attendance

- Typical trend is declining attendance in the older the year group.
- Year 11 bars are distinct in colour as their attendance is based on five half terms as opposed to the regular six due to exams and study leave. The red and green bars on the lower graph still represent PA 10 Rate and SA 50 Rate.
- PA – Persistent Absence: Percentage of pupils with an absence rate above 10%.
- SA – Severe Absence: Percentage of pupils with an absence rate above 50%.
- The latest data (Spring and Autumn term 22/23) published by the DfE shows a national absence rate of **7.3%** and a regional rate of **7.7%**.
- As of the end of the last academic year (22/23), Durham's overall absence rate sat at **7.6%**.

Attendance Rate by Year Group



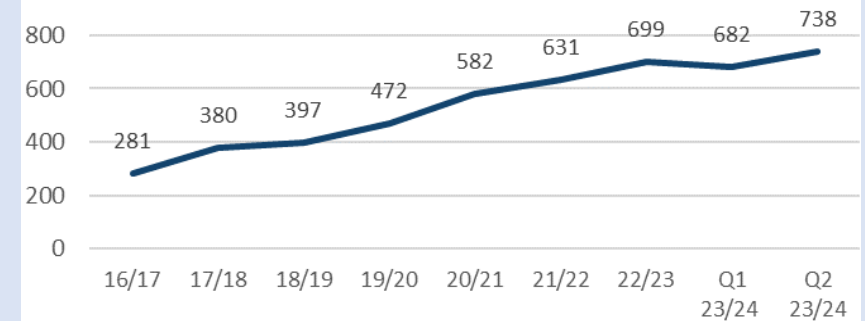
Persistent and Severe Absence Rates by Year Group



Elective Home Education

- Annual data is based on the end of academic years and accounts for year 11 leavers. Quarterly data is as at the end of each quarter and so Q1 2023/24 data is as at the end of June hence the dip in numbers.
- Quarter 2 data shows there has been an increase to 738 at the end of September.

Children who are electively home educated



Attendance

- 31 Comparison of attendance data between 2021/22 and 2022/23 shows that rates of overall absence have decreased. Primary overall absence decreased by almost half a percent and secondary overall absence by 0.25%. Rates of persistent absence have also decreased, in primary schools by almost 2%, in secondary schools by almost 2.5% and in special schools by 1.6%. Current local data projections appear to show that rates of overall and persistent absence continued to decrease into the summer of 2023, and the early signs are that this trend appears to be continuing into the early part of the new academic year.

Elective Home Education

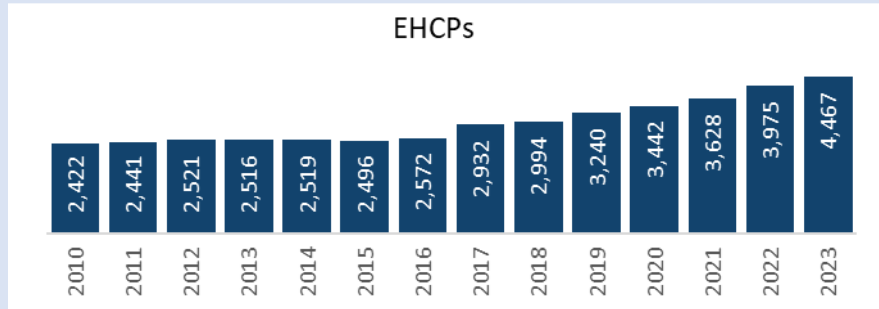
- 32 The DfE have made changes to how elective home education (EHE) and children missing from education (CME) data is collected and reported. Where it appears to the local authority that a child is not receiving suitable education via EHE, such children and young people must now be reported as children missing from education. County Durham's percentage increase in the number of children and young people in EHE using new data collection parameters between September 2022 and May 2023 was 18% compared with a national increase of 18.7%. When comparing local data to the end of the academic year 2022/23 with the same period the previous year, there was a 9% increase. Therefore, rates of children and young people EHE have continued to rise, although local rises are less than those seen nationally. Local child not in school (CNIS) operational and strategic panels bring together former EHE and CME panels into one 'child not in school' partnership.
- 33 The operational CNIS panel considers access to education, ensuring children are receiving suitable education and safeguarding / welfare of the children and the strategic CNIS panel considers key trends / themes and plans appropriate supportive actions as a result of findings.

SEND Dashboard

(12 months rolling / annual data)

Education, Health and Care Plans

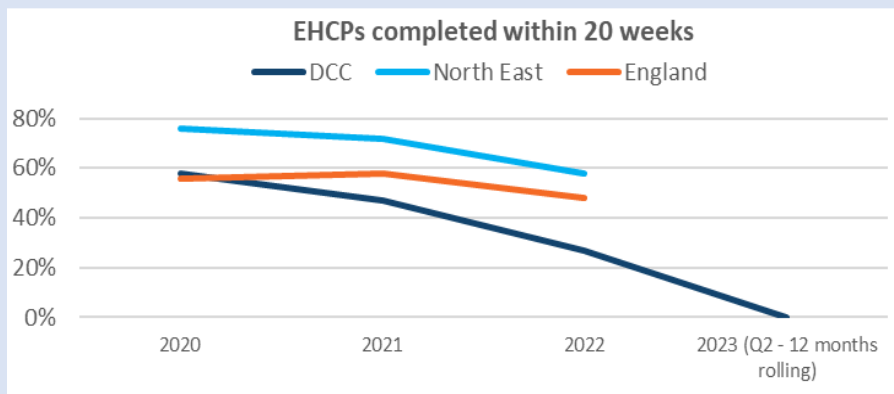
- The number of children and young people with an EHCP continues to increase.
- This is an 11% increase on 12 months ago. This is an 10% increase on 12 months ago.



EHCPs completed with 20 weeks

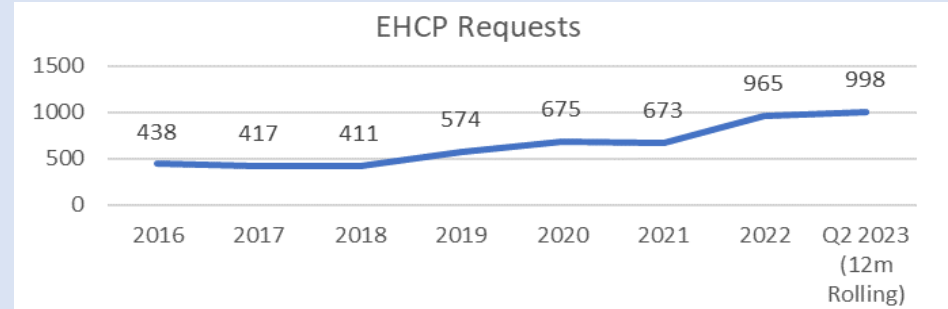
The higher level of demand alongside the shortage of educational psychologists (a national problem) and the time it takes to commission and agree suitable provision has meant that no new EHCPs were fully completed and agreed within the expected 20-week timescale during the quarter.

In 2022 we issued 603 EHCPs an **increase of 79%** since 2019, again greater than regional (+39%) and Eng (+27%).



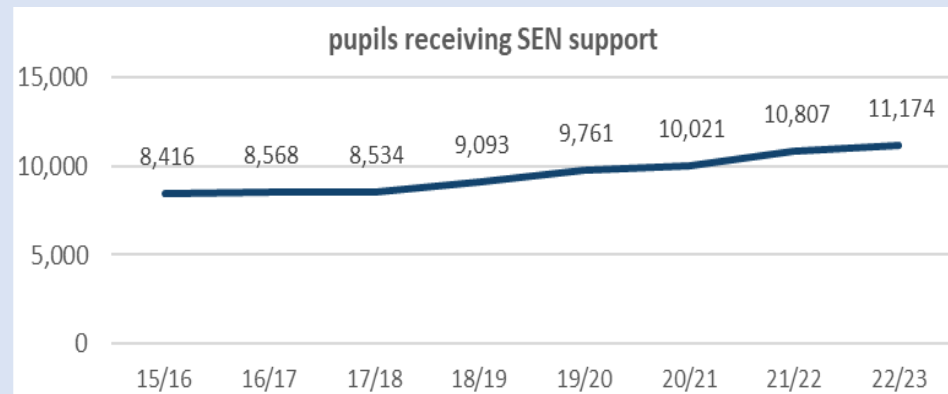
Education, Health and Care Plan requests

There has been an increase in new requests for EHCPs. For the whole of 2022 EHCP requests increased by 68% compared to 2019, greater than NE +36% and England + 39% over the same period.



Special Educational Need support

Similar to EHCP numbers, the number of pupils on SEN Support continues to increase (3.4% on last year). The average annual increase in SEN Support numbers over the last 8 years is 4.2% compared to 3.7% in North East and 4.7% nationally.



Education, Health and Care Plans

- 34 Requests for Education, Health and Care Plans (EHCPs) continue to increase substantially with 55% growth in the last two years. The assessment process is complex with a number of inputs required from schools and health services in line with the statutory guidance.
- 35 A shortage of educational psychologists (a national problem) to undertake the required assessment, and capacity challenges in providing suitable provision has meant that the timescales for completion of 20 weeks for Education and Health Care Plans is not currently being met.
- 36 There are significant barriers to increasing educational psychology capacity, and expanding the physical capacity of our special school sector to meet the escalating demand we are experiencing.
- 37 The service is implementing plans to build capacity to meet increased demand and manage new requests within the context of a graduated approach to ensure children are supported with quality provision in an appropriate setting. Specifically, this involves;
- procurement of agency support for educational psychologists to add capacity and ensure existing waiting times are minimised, in addition to a range of activity to support wider recruitment and better retention of staff,
 - review how psychological advice is currently being provided, and explore alternative models but still meet the required quality standards,
 - reducing reliance on statutory assessment through identifying and meeting needs earlier, and implementing the graduated approach in mainstream educational settings through the Delivering Better Value programme,
 - implement new casework system to streamline process and make best use of staff capacity.
- 38 Despite these challenges at a broader system level County Durham performs well and we have recently been invited by DfE to work with three neighbouring local authorities to share best practice through the newly established Regional Improvement Partnership.

Data Tables

D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
				Major planning applications determined within 13 weeks	Jul-Sep 23	76.2%	90%	73.7%	86%	81%	Yes	No

D = Direction of Travel	T = compared to target	C = compared to England average	G = Gap between our performance and England average
meeting or exceeding the previous year	better than target	Better than the England average	The gap is improving
worse than the previous year but is within 2%	Worse than but within 2% of target	Worse than the England average but within 2%	The gap remains the same
more than 2% worse than the previous year	more than 2% behind target	Worse than the England average	The gap is deteriorating

This is the overall performance assessment. Its calculation is dependent upon whether the indicator has an agreed target.

Key Target Indicator	Key Tracker Indicator
targets are set as improvements, can be measured regularly and can be actively influenced by the council and its partners. When setting a target, the D, C and G have already been taken into account.	no targets are set as they are long-term and / or can only be partially influenced by the council and its partners. Therefore, D, T, C and G are used to assess overall performance
better than target	Direction of Travel (D) is meeting or exceeding the previous year AND the gap with England (G) is improving
Worse than but within 2% of target	Direction of Travel (D) is worse than the previous year OR the gap with England (G) is deteriorating
more than 2% behind target	Direction of Travel (D) is worse than the previous year AND the gap with England (G) is deteriorating

More detail is available from the Strategy Team at performance@durham.gov.uk

Our Economy: summary data tables

Employability and Skills KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					16-17-year-olds in an apprenticeship	Apr-Jun 23	7.3%	Tracker	8.5%	4.8%	7%	Yes	No

Education KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Uptake of free early education entitlement for 3-4-year-olds	2023	93.7%	Tracker	92.8%	93.7%	98.6%	No	No
					Children meeting expected standards in maths and reading at KS2	2022/23	65%	Tracker	67%	59%	60%	Yes	No
					Average grade of achievement within GCSE English and Maths to a Grade 5	2021/22	4.65	5 by 2030	new			No	No
					Disadvantaged cohorts meeting basic threshold measures in English and Maths	new			new			No	No
					Young people in education, employment and training	June 2023	94.8%	above N / NE	94.2%	95%	93.9%	Yes	No

Our People: summary data tables

Childrens' Social Care KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Early help cases open	At Sep 23	1,210	Tracker	1,292			Yes	No
					Children's social care referrals per 10,000 population	At Sep 23	470	Tracker	479	538	644	Yes	No
					Children's social care re-referrals	At Sep 23	18%	Tracker	15%	21%	22%	Yes	No
					Children's social care assessments completed within 45 days	At Sep 23	80%	Tracker	83%	83%	79%	Yes	No
					Children in need per 10,000 population	At Sep 23	358	Tracker	372	343	467	Yes	No
					Children in need	At Sep 23	3,827	Tracker	3,794	403,090	24,350	Yes	No
					Children on a child protection plan per 10,000 population	At Sep 23	56	Tracker	54	43	65	Yes	No
					Children looked after per 10,000 population	At Sep 23	117	Tracker	108	70	110	Yes	No
					Children looked after	At Sep 23	1,183	Tracker	949	82,170	5,750	Yes	No
					Care leavers aged 16-24	At Sep 23	301	Tracker	283			Yes	No
					Unaccompanied asylum-seeking children as a percentage of all children in care	At Sep 23	6%	Tracker	6%	7%	2%	Yes	No
					Social worker vacancies	At Sep 23	14%	Tracker	13%	17%		Yes	No
					Children in care in a family setting	At Sep 23	82%	Tracker	83%	80%	84%	Yes	No
					Families on our Stronger Families Programme attaining significant and sustained outcomes	Q1 2023/24	983	1,230	581			No	No

Education KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Children in the Early Years Foundation Stage achieving a good level of development	2021/22	64.5%	Tracker	n/a	64.5%	64.1%	No	No
					Pupils attending a school judged 'good or better' by Ofsted	2023/24	84.5%	Tracker	83.1%	88.1%	87%	Yes	No
					Pupils attending a primary school judged 'good or better' by Ofsted	2023/24	94.3%	Tracker	94.3%	91.6%	94.6%	Yes	No
					Pupils attending a secondary school judged 'good or better' by Ofsted	2023/24	70%	Tracker	75.3%	83.8%	76.8%	Yes	No
					Children who are electively home educated	July-Sep 23	738	Tracker	699			Yes	No
					Children eligible for free school meals	2022/23	30.6%	Tracker	29.1%	23.8%	30.4%	Yes	No
					Take-up on free school meals	2022/23	23%	Tracker	20.6%	18.6%	23.8%	No	No

SEND KPIs

	D	T	C	G	Performance Indicator	Period	Performance	Target	12 months earlier	National average	NE average	updated	Oflog PI
					Children and young people with an EHCP	2023	4,489	Tracker	4,038			Yes	No
					New requests for EHCPs	2023	197	Tracker	179			Yes	No
					EHCPs completed within 20 weeks	Oct 22-Sep 23	0%	Tracker	27%	48%	56%	Yes	No
					Pupils on SEN support	2022/23	11,174	Tracker	10,807			No	No

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Children and Young People's Overview and Scrutiny

8 January 2024



Children and Young People's Services – Quarter 2: Forecast of Revenue and Capital Outturn 2023/24

Report of Paul Darby, Corporate Director of Resources

Purpose of the Report

- 1 To provide details of the forecast outturn position for Children and Young People's Services (CYPS), highlighting major variances in comparison with the budget for the year, based on the position at the end of September 2023.

Executive summary

- 2 The 2023/24 projected outturn for CYPS, based upon the position to 30 September 2023 is a cash limit overspend of £6.222 million, representing a 3.6% overspend against the total revised budget for CYPS. At quarter one the cash limit overspend was forecast to be £5.078 million, a 3% overspend.
- 3 The cash limit outturn projection excludes the forecast use of / contributions to earmarked reserves and items outside the cash limit such as redundancy costs which are met from corporate reserves.
- 4 Forecast reductions in energy costs of £0.185 million, inflationary increases re Fostering Allowances of £0.590 million and the 2023/24 Chief Officer and Apprentice pay award totalling £60,000 have been excluded from the cash limit outturn position.
- 5 Also excluded is £0.150 million forecasted expenditure on surplus schools, £0.717 million in relation to Educational Psychologists locum support costs (required to meet statutory assessment timeframes) which are to be funded from general contingencies along with £0.306 million relating to Aycliffe Secure Service.
- 6 The forecast outturn position includes overspends within Head of Social Care of £6.875 million and Education and Skills of £0.179 million, and underspends within CYPS Central of £0.547 million and Early Help, Inclusion and Vulnerable Children of £0.285 million.

- 7 Details of the reasons for under and overspending against relevant budget heads are disclosed in the report.
- 8 The service capital budget 2023/24 is £78.624 million with expenditure of £10.882 million as at the end September 2023.

Recommendation(s)

- 9 Members of Overview and Scrutiny committee are requested to are requested to:
 - (a) note the Children and Young People's Services overall revenue position.

Background

- 10 The County Council approved the Revenue and Capital budgets for 2023/24 at its meeting on 22 February 2023. These budgets have since been revised to account for grant additions/reductions, budget transfers, and budget re-profiling between years as well as corporately recognised budget pressures.
- 11 The summary financial statements contained in the report cover the financial year 2023/24 and show:
 - (a) the approved annual budget;
 - (b) the actual income and expenditure as recorded in the Council's financial management system;
 - (c) the variance between the annual budget and the forecast outturn;
 - (d) for the Children and Young People's Services revenue budget, adjustments for items outside of the cash limit to take into account such items as redundancies met from the strategic reserve, capital charges not controlled by services and use of / or contributions to earmarked reserves.

Revenue Outturn

- 12 The 2023/24 projected outturn for CYPS, based upon the position to 30 September 2023 is a cash limit overspend of £6.222 million, representing a 3.6% overspend against the total revised budget for CYPS. At quarter one the cash limit overspend was forecast to be £5.078 million, a 3% overspend.
- 13 The table below compares the forecast outturn with the budget by Head of Service. A further table is shown at Appendix 2 analysing the position by Subjective Analysis (i.e. type of expense).

Head of Service	Revised Annual Budget £m	Forecast Outturn £m	Variance £m	Pay award £m	Inflation / Contingencies £m	Cash Limit Variance £m
Head of Social Care	101.753	109.207	7.455	-0.032	-0.548	6.875
EHIVC	5.625	6.253	0.628	-0.011	-0.902	-0.285
Education and Skills	41.428	41.593	0.165	-0.007	0.021	0.179
Operational Support	2.455	2.458	0.003	-0.003	0	0
Central Charges	17.297	16.757	-0.540	-0.007	0	-0.547
HoSC Excluded	0.049	0.049	0	0	0	0
Total	168.607	176.317	7.710	-0.060	-1.429	6.222

14 The forecast outturn position includes overspends within Head of Social Care of £6.875 million and Education and Skills of £0.179 million, and underspends within CYPS Central of £0.547 million and Early Help, Inclusion and Vulnerable Children of £0.285 million. Further details of the main variances are provided below:

- (a) Childrens Social Care is forecast to be a net £6.875 million over budget for the year. The service is forecasting a net overspend of £7.143 million relating to the cost of placements for children looked after (CLA), net of costs relating to higher rates for fostering allowances that will be met corporately. This compares to the previous forecast of a net overspend of £5.795 million on placement costs in-year.
- (b) The pressure on the budget in children's social care has been evident for a number of years now, as the number of children in the care system has increased significantly and their needs have continued to become more complex and more expensive to accommodate. The budget for this area for 2023/24 is £62.288 million, an increase of £15.232 million on the previous year.
- (c) The total number of CLA increased by 45 between June 2023 and August 2023, from 1,090 to 1,135. One third of the increase (15) across this period relates to an increase in number of Unaccompanied Asylum Seeking Children (UASC) from 63 in June 2023 to 78 August 2023.
- (d) The costs of UASC CLA are fully funded via grant from central government and therefore there is no net increase to the forecast position.
- (e) The number of CLA in external high-cost placements (defined as those costing more than £100,000 per annum) has increased by 11 in the period between June 2023 to August 2023, however the overall average cost of high-cost placements has reduced to such

an extent that the overall forecast cost remains broadly the same as at quarter one.

- (f) The quarter two forecast assumes the number of high-cost external placements remains at the current level (both number and average cost), or that any increase in numbers is offset by a further reduction in average cost as was the case between quarter one and quarter two.
- (g) Costs for placements requiring intensive support and / or crisis intervention (including unregistered placements) has been estimated using an average of 8 placements at an average cost of £0.686 million per placement per annum.
- (h) The increase in the forecast overspend position is largely the result of the increase in volume of CLA, the majority of whom are placed in lower-cost placements.
- (i) The Education Service is reporting an overspend of £0.179 million to the year end. The main reasons for the overspend position are highlighted below:
 - i. A forecast shortfall of £0.460 million against income budgets due to a drop in levels of SLA income as schools convert to academy status.
 - ii. A forecast overspend of £0.141 million relating to council run Nursery provision.
 - iii. A forecast overspend of £0.211 million relating to the write off of aged pupil transfer debts relating to financial years 2018/19 and 2019/20. These debts were not pursued during the COVID pandemic when all debt collection management was paused. This overspend is offset by a reduction in the bad debt provision, which is reported under the Central CYPS budget heading.
 - iv. A forecast overspend of £0.126 million relating to the operation of Durham Leadership Centre due to a shortfall in lettings income.
 - v. A forecast overspend of £64,000 relating to the Virtual School Head, largely due to a reduction in de-delegated funding for this year.
 - vi. These overspends are offset to some extent by the following underspends:

- £0.220 million underspend against the Early Years Sustainability budget.
 - £0.179 million Pension Liabilities savings.
 - £0.160 million saving on DCC contribution towards the Maintained Nursery Schools.
 - £0.119 million against staffing budgets, largely as a result of a restructure in Education Durham effective from September 2023.
- vii. There is no anticipated cash limit impact for the Progression and Learning (P&L) service after the net use of £3.416 million of reserves.
- viii. A significant part of the service is funded by EU (ESF) grants that will end on 31 December 2023. There will be ongoing costs beyond this point and whilst it is uncertain at this stage how significant this will be, a prudent forecast of those staff continuing in post beyond 31 December 2023 has been made and an assumption included that P&L reserves will meet this cost.
- ix. An estimate of £200,000 has also been forecast for associated P&L redundancies, however these costs will be funded by the corporate ER/VR reserve.
- (j) A forecast underspend of £0.547 million against Central CYPS budgets is largely as the result of a forecast reduction in the bad debt provision for the year.
- (k) Early Help, Inclusion is forecasting an underspend of £0.285 million.
- (l) The Aycliffe Secure Service continues to struggle to realise budgeted income levels. This is particularly linked to problems in recruiting staff to ensure income targets can be achieved. In 2022/23 the shortfall was circa £1.448 million, however in 2023/24 the shortfall is expected to be circa £0.306 million, an improvement on the position forecast at quarter one. This has been treated as outside of the services cash limit in the current year, with this ongoing budget pressure being addressed in the 2024/25 base budget.

- (m) The remaining service areas in EHIVC are forecasting an underspend of £0.285 million mainly attributable to underspends against employee and activity budgets.
 - (n) It is forecast that expenditure will be in line with budget for the Operational Support area of the service.
- 15 The forecast cash limit outturn shows the position after a net £9.801 million movement to and from reserves, the major items being:
- (a) £3.410 million drawdown from Schools Reserves to write off School deficits as part of the academy transfer process.
 - (b) £3.219 million drawdown from Progression and Learning Reserves to fund the impact of ESF grant funding reductions from quarter four, with new UK Shared Prosperity Fund (UKSPF) grant allocations not being receivable until April 2024.
 - (c) £1.182 million drawdown from Childrens Social Care Reserves to fund the Holiday Activities and Food Programme, Homes for Ukraine, to fund service developments.in relation to Emotional Wellbeing and to support service delivery.
 - (d) £0.790 million drawdown from the Corporate ERVR reserve to fund Progression and Learning and Schools forecasted redundancies.
 - (e) £0.318 million drawdown from the Children’s Social Inclusion reserve to fund the Holiday Activities and Food Programme.
 - (f) £0.285 million drawdown from the UASC reserve to fund service delivery.
 - (g) £0.254 million drawdown from the Homes for Ukraine reserve to be utilised by 31 March 2024.
 - (h) £0.229 million drawdown from the Rapid Response reserve to fund the service.
 - (i) £0.136 million drawdown from the Emotional Wellbeing reserve to fund service developments.
- 16 The following budget transfer has been actioned in the second quarter:
- (a) £0.156 million from AHS in relation to the Homefinder Team

- 17 Taking the forecast outturn position into account, there is a £6.222 million deficit cash limit reserve balance at 31 March 2024. This will, as in previous years, need to be funded corporately from the General Reserve.

Dedicated Schools Grant and Schools

- 18 The council currently maintains 154 schools, including nursery, primary, secondary, special schools and a single Alternative Provision (AP) school. The AP school is for pupils who have been permanently excluded from other schools, or who are at risk of permanent exclusion.
- 19 The council had 161 maintained schools at the time of budget setting, however seven schools have since converted to academy status.
- 20 The table below shows the schools that have transferred to academy status and the balances that transferred in year. In the case of Wellfield School, the council agreed to write-off the deficit using the earmarked reserve established for this purpose:

School	Reserves at 1 April 2023 £ million
Wellfield School	-2.776
Vane Road Primary	0.382
Collierley Primary	0.123
Woodham Burn Primary	0.077
Easington C of E Primary	0.037
Awaiting transfer	0.239
Green Lane C of E Primary	0.070
Greenfield School	0.710
Net change due to academisation	-1.138

- 21 The recast reserve position for the remaining 154 maintained schools at quarter two is shown in the following table:

Subjective Budget Heading	Original Budget	Quarter 2 Forecast	Forecast to Budget Variance
	£ Million	£ Million	£ Million
Employees	209.736	210.751	1.015
Premises	15.959	16.828	0.869
Transport	1.841	1.944	0.103
Supplies	35.958	36.361	0.403
Central Support & DRF	0	0.113	0.113

Subjective Budget Heading	Original Budget	Quarter 2 Forecast	Forecast to Budget Variance
	£ Million	£ Million	£ Million
Gross expenditure	263.494	265.997	2.503
Income	-73.515	-80.261	-6.746
Net expenditure	189.980	185.736	-4.244
Budget share	183.069	183.578	0.509
Use of reserves	6.911	2.158	-4.753
Revised Balance at 31 March 2023	29.602	29.602	0
Forecast at 31 March 2024	22.691	27.444	-4.753

- 22 In overall terms, the quarter two forecast reflects an improved position from the original budget where schools were forecasting to require £6.911 million of reserves to balance the in-year financial position.
- 23 The updated position at quarter two is that the use of reserves figure will be £2.158 million, a reduction of £4.753 million against the original budget plans. At quarter one the forecasts indicated a use of reserves of £4.541 million, a reduction of £2.838 million against the original budget plans.
- 24 The forecast position at individual school level indicates that a small number of schools may be in deficit at the end of the current financial year and a more significant number of schools may not have sufficient reserves available to set a balanced budget in 2024/25
- 25 The council will work closely with schools over the autumn term to support the financial planning process to set balanced budgets for 2024/25.

Dedicated Schools Grant Centrally Retained Block

- 26 The forecast outturn position for the centrally retained DSG budgets shows a projected overspend of £1.667 million, as detailed below:

DSG Block	Budget £ Million	Outturn £ Million	Over / (Under) Spend £ Million
High Needs	85.892	88.010	2.118
Early Years	34.271	33.820	-0.451
Central Schools Services	2.898	2.898	0.000
TOTAL	123.061	124.728	1.667

- 27 The High Needs Block (HNB) budget at the start of the year included a planning assumption of a £1 million underspend that would result in a reduction to the cumulative HNB deficit position.
- 28 The updated position at quarter two is that expenditure will exceed grant allocation by £2.118 million, increasing the forecast cumulative deficit from £8.635 million to £10.753 million.
- 29 The main area of pressure is top up funding for pupils in mainstream schools and settings, where demand for both EHCP and SEN support top up funding has increased significantly at the start of this academic year.
- 30 Expenditure on mainstream top up funding is forecast to be £20.176 million against a budget of £16.739 million, resulting in a forecast overspend of £3.437 million (20%) against this element of the HNB budget.
- 31 These figures include £0.830 million to fund increases to top up funding rates that were implemented from September 2023. These increases cover top up funding in mainstream settings for pupils aged 0-16 and were required to meet the increasing cost of providing support, largely as a result of recent pay awards. The cost of this will be funded from the budget allocation for Investment Support Fund (ISF), reducing the net overspend to £2.607 million.
- 32 The net overspend of £2.607 million relates to increasing demand, with circa 37% more full time equivalent pupils forecast to require top up funding in 2023-24 in comparison to the previous year. Whilst the average cost of individual top up funding allocations is lower in 2023-24, this still results in a significant overspend position.
- 33 The other main area of pressure is in Independent and Non-Maintained Special School (INMSS) provision, where forecast expenditure of £8.141 million is forecast to exceed budget of £7.214 million by £0.927 million.
- 34 The overspends in mainstream top up funding and INMSS provision are partially offset by the planned underspend of £1 million relating to the deficit reduction.
- 35 The HNB Sustainability Programme phase 1 is nearing an end. Our commitment to monitor and review the projects continues, and we will work closely with Schools Forum and other key stakeholders to ensure this is done in partnership.
- 36 The Department for Education (DfE) identified Durham County Council amongst 55 local authorities to receive support towards improving their

HNB financial position and sustainability. The Authority was originally due to take part in the third tranche of the 'Delivering Better Value in SEND' Programme, commencing in the spring 2023, however were approached in December 2022 with an opportunity to join the second tranche, which we accepted.

- 37 As part of the DfE's Delivering Better Value (DBV) programme the council has now completed the diagnostic phase. A grant application has been submitted to the DfE and is currently being considered by a Board. We anticipate that implementation of the new plan will begin from October 2023 and will form a key part of the next phase of our HNB sustainability programme.
- 38 The Early Years Block is forecasting an underspend of £0.451 million. This is largely due to a reduction in the numbers of children forecasted to be eligible for funding, based on the actuals we have experienced in the Summer Term.
- 39 Forecasts for the Autumn and Spring terms assume similar levels of uptake as experienced in 2022/23, and if this were to be the position it is likely that DfE will clawback any excess of funding, it would therefore be unwise at this stage to assume any reserves could be utilised in year.
- 40 The impact of the current forecast on the DSG reserves position is shown in the following table:

DSG Reserves	High Needs Block (Unusable Reserve) £ Million	Early Years Block (Unusable Reserve) £ Million	Schools Block (Unusable Reserve) £ Million	Total DSG (Unusable Reserve) £ Million
Balance as at 1 April 2022	-8.843	0.656	2.401	-5.786
2021/22 Early Years Block Adj	0	0.594	0	0.594
Use/ Contribution in 2022/23	0.208	-0.528	-1.620	-1.940
Balance as at 31 March 2023	-8.835	0.722	0.781	-7.132
2022/23 Early Years Block Adj	0	-0.359	0	-0.359
Forecast Use / Cont in 2023/24	2.118	0.451	0	-1.667
Forecast as at 1 April 2024	-10.753	0.814	0.781	-9.158

- 41 The DfE announced provisional High Needs DSG allocations for 2024/25 on 17 July 2023 and Durham's allocation will increase by 4.5% from the 2023/24 level. This is significantly below the average increase of 15% that has been received over the previous four years and will present a challenging funding position next year, which could impact on the recovery plan.

- 42 Early Years Funding for 2022/23 has been retrospectively adjusted in 2023/24 to reflect the latest pupil numbers included on the early year's census in January 2023.
- 43 Notification was received on 28 July 2023 that Durham's allocation was to be reduced by £0.359 million, largely relating to lower numbers of 2-year-old pupils, and therefore reducing the Early Years Block reserve from £0.722 million to £0.363 million.
- 44 The overall DSG reserve was in a net deficit position of £7.132 million at the start of the financial year as a result of the accumulated deficit position in relation to the high needs block. The overall deficit position is now forecast to increase to £9.158 million to the year end. At quarter one the overall deficit position was forecast to be £7.246 million to the year end.

Capital Programme

- 45 The capital programme has been revised to take into account budget reprofiled from 2022-23 following the final accounts for that year and to take account of any revisions in the current year.
- 46 The revised budget is presented at Appendix 3 together with actual expenditure to date. The budget may be subsequently amended with approval from MOWG.

Author(s)

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Appendix 1: Implications

Legal Implications

There are no implications associated with this report.

Finance

Financial implications are detailed throughout the report which provides an analysis of the revenue and capital projected outturn position.

Consultation

There are no implications associated with this report.

Equality and Diversity / Public Sector Equality Duty

There are no implications associated with this report.

Climate Change

There are no implications associated with this report.

Human Rights

There are no implications associated with this report.

Crime and Disorder

There are no implications associated with this report.

Staffing

There are no implications associated with this report. Any over or under spending against the employee budgets are disclosed within the report.

Accommodation

There are no implications associated with this report.

Risk

The management of risk is intrinsic to good budgetary control. This report forms an important part of the governance arrangements within Children and Young People's Services. Through routine / regular monitoring of budgets and continual re-forecasting to year end the service grouping can ensure that it manages its finances within the cash envelope allocated to it.

Procurement

There are no implications associated with this report

Appendix 2: CYPS Forecast position by subjective analysis

Subjective Budget Heading	Revised Annual Budget £million	Forecast Outturn £million	Variance £million	OCL £million	Cash Limit Variance £million
Employees	93.727	92.802	-0.925	-0.367	-1.292
Premises	5.479	5.701	0.222	0.184	0.406
Transport	36.749	36.707	-0.042		-0.042
Supplies and Services	12.185	19.033	6.848	-0.717	6.131
Third Party Payments	64.631	70.081	5.450	-0.590	4.860
Transfer Payments	3.964	3.962	-0.002		-0.002
Capital	13.962	13.962	0.000		0.000
Central Support	28.779	23.381	-5.398		-5.398
DRF		0.005	0.005		0.005
Sub-total expenditure	259.476	265.634	6.158	-1.490	4.668
Grant	-31.943	-29.970	1.973		1.973
Contributions Summary	-5.057	-5.262	-0.205		-0.205
Sales Summary	-0.053	-0.037	0.016		0.016
Charges	-18.797	-18.483	0.314		0.314
Rents	-0.312	-0.397	-0.085		-0.085
Recharges	-34.685	-34.902	-0.217		-0.217
Other Income Summary	-0.023	-0.265	-0.242		-0.242
Sub-total income	-90.870	-89.316	1.554	0	1.554
Total	168.606	176.318	7.712	-1.490	6.222

Appendix 3: CYPS Capital Budget 2023-24 as at 30 September 2023

Capital Service Area	Actual 2023/24 £million	Current Budget 2023/24 £million	Budget Future Years £million
Childrens Services-Childrens Care	0.468	3.255	1.800
Early Help Inclusion & Vulnerable Children-Inc SEN Capital	0.111	1.283	12.895
Education-School Devolved Capital	1.177	5.534	1.100
Education-School Related	8.743	67.462	46.507
Childrens Services-Secure Services	0.168	0.503	0.000
Childrens Services - Planning & Service Strategy	0.215	0.588	0.077
Total	10.882	78.624	62.379