



## **Corporate Parenting Panel**

**Date**      **Friday 29 September 2023**

**Time**      **9.30 am**

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

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### **Business**

#### **Part A**

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

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 7 July 2023 (Pages 3 - 10)
4. Declarations of Interest
5. Number of Children in our Care and Care Leavers - Verbal update from the Deputy Corporate Director, Children and Young People's Services
6. Ofsted Updates - Verbal update from the Deputy Corporate Director, Children and Young People's Services
7. Proud Moments - Verbal update from the Service Leads
8. Children in Care Council Update - Presentation by the young people from the Children in Care Council (Pages 11 - 14)
9. Unaccompanied Asylum Seeking Children (UASC) Update - Report of the Service Manager, Children and Young People's Services and the Strategic Manager, Children and Young People's Services (Pages 15 - 24)
10. Performance Report - Report of the Corporate Equality and Strategy Manager (Pages 25 - 42)
11. Progress Report on Children Looked After in the Virtual School: Update for the Academic Year 2022 / 2023 - Report of the Durham Virtual School Head (Pages 43 - 56)
12. Annual Health Update - Report of the Designated Nurse for Children in Care, NENC ICB (Pages 57 - 80)
13. Annual Performance Report 2022/2023 - The Full Circle - Report of the Full Circle Team Manager (Pages 81 - 104)

14. Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration.
15. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information.

### **Part B**

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

16. Regulation 44 visits (May-August 2023) and Regulatory Body Ratings of Aycliffe Secure Centre - Summary Report - Report of the Deputy Corporate Director, Children and Young People's Services (Pages 105 - 118)
17. 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 September 2023

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

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

Councillors R Adcock-Forster, J Charlton, S Deinali, J Griffiths, T Henderson, C Hunt, B Kellett, M McGaun, L Mavin, S Quinn, A Reed, I Roberts, K Robson, K Rooney, A Savory, P Sexton, S Townsend, C Varty and M Wilson

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

J Bell, C Brown, J Gamble, E Reed, W Taylor, F Tweddle and R Woods  
Young persons representative of the Children in Care Council

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**Contact: Jill Hogg**

**Tel: 03000 269 711**

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**DURHAM COUNTY COUNCIL**

At a meeting of the **Corporate Parenting Panel** held in **Committee Room 2, County Hall, Durham** on **Friday 7 July 2023** at **9.30 am**

**Present:**

**Councillor M Simmons (Chair)**

**Members of the Panel:**

Councillors R Adcock-Forster, S Deinali, J Griffiths, B Kellett, E Peeke, A Reed, I Roberts, K Robson, K Rooney, A Sterling, S Townsend, C Varty and M Walton.

**Co-opted Members:**

Billie-Leigh, J Gamble, Luke, S Neale and W Taylor

**Also Present:**

Sharon Davey – Strategic Manager, Looked After and Permanence

Rachel Harris – Service Improvement Manager

Jodie Henderson – Practice Lead, Children and Young People

Rob Johnson – Project Manager, Investing in Children

Anne Middleton - Operations Manager, Fostering and Resources

Jayne Watson – Senior Partnerships Officer

Dawn Wilson – Senior Commissioning Officer

Julian Wilson – Lawyer

**1 Apologies for Absence**

Apologies for absence were received from Councillors Henderson, Hunt, McGaun, Quinn, Wilson and co-opted member, Julie Bell. Apologies were also received from officers R Farnham, M Stenton and M Stubbs.

**2 Substitute Members**

Councillors E Peeke and A Sterling were in attendance for Councillors McGaun and Hunt respectively.

**3 Minutes**

The minutes of the meeting held on 9 June 2023 were agreed as a correct record and signed by the Chair.

With regard to matters arising, it was reported that the Children in Care Council will be writing to Panel members to thank them for their contributions towards the entry into and exit from care project.

Members were reminded that Corporate Parenting refresher training will be held in September and any members having a particular topic that they would like to focus on, should inform the Senior Partnerships Officer.

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

There were no declarations of interest.

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

The Practice Lead for Children and Young People updated the Panel on the number of children looked after which stood at 1,120 including 35 young people placed for adoption, 284 care leavers, 60 unaccompanied asylum seeking children (UASC) under the age of 18 and 30 UASC over 18.

#### **6 Ofsted Updates**

No new Ofsted inspections had taken place during the period.

#### **7 Proud Moments**

The Practice Lead for Children and Young People spoke of a young person who, during his time in care, was very well informed about entitlements and he was tenacious in his pursuit to have his views heard and acted upon. His Young Person's Adviser reassured the young person to have patience and trust in the processes. On leaving care, the young person sent a heartfelt 'thank you' card to the Young Person's Adviser and Team Manager thanking them for the steadfast dedication and faith they had placed in him through challenging times.

The Service Improvement Manager spoke of how proud Durham had been of the delegation of young people from the Children in Care Council (CiCC) who attended the recent Association of Directors of Children's Services (ADCS) conference in Manchester. The Service Improvement Manager spoke of how caring, respectful and helpful the young people were and how heart-warming it was to see the more experienced members of the group encouraging the younger members. The Panel praised the young people for being such excellent ambassadors for Durham.

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

Billie-Leigh and Luke delivered the presentation on CiCC activity since the last Panel meeting (for copy of presentation see file of minutes).

During the period, the young people had participated in the interviews for social work trainees which had received very positive feedback from the candidates and the young people reported that the experience had helped them to understand the motivation for a career in social work.

The young people had also led foster carer training, supported the plans for the second Mockingbird fostering initiative and they have also started to plan for the 'Celebrate Me' awards.

As previously reported, on 6 July, a group of young people attended and presented at the ADCS conference in Manchester and it is hoped that a film from the day will be available to share with the Panel at a future meeting.

The Panel heard the results of the survey carried out to capture young people's views on savings and life-skills. A total of 40 responses were received, with the average age of respondents being 16 years of age. The survey highlighted that the majority of respondents felt that children and young people should be supported to save money and almost 75% of respondents had been supported to save money whilst in care. Almost a third of those surveyed felt that young people should be responsible for their finances. A high proportion of young people were of the opinion that young people should be supported with life skills, including financial management, employment, cookery skills, mental and personal health and resilience building. In summary, the survey demonstrated that young people value savings and life skills and they would like to see different approaches, to encourage all young people to manage their finances and provide support with life-skills.

The Chair remarked that the response rate was relatively low, compared with the total number of children and young people looked after and she asked how widely the survey was circulated. The young people explained that the survey was shared with foster carers and children's homes and included those young people looked after outside County Durham, however the survey may not have been relevant for younger age groups. Members pointed out that, as the average age of respondents was 16 years, it was likely that the responses will have been a true reflection of their views, as opposed to being influenced by their carers / social workers.

Designated Nurse for Children in Care, Sarah Neale, spoke of a piece of work with young people and Young Person's Advisers to gather information on levels of satisfaction with regard to primary care services.

Councillor Deinali congratulated the work, pointed out that the overall percentage of responses was good and asked regarding the next steps. Luke replied that the plans include arranging a meeting with foster carers and social workers to share learning and discuss different approaches on how to support young people with savings and life skills, in structured and measured ways. Councillor Deinali suggested that links could be made with the Fun and Food initiative.

Referring to the discussion at the last meeting, the Practice Lead agreed to follow up the request from the Panel to see the artwork produced by the young person who featured in the 'Proud Moments' item.

## **9 Update on Supply Packs**

The Strategic Manager for Looked After and Permanence thanked members for their support with the Supply Packs project and informed the Panel that plans are now in place to access the funding. News of the project had spread and this had led to offers of assistance from local businesses. The young people had also discussed the Supply Packs project at the ADCS conference which showed that Durham is leading the way.

## **10 'Know, What, When' Presentation**

The Panel received a presentation from the Strategic Manager for Looked After and Permanence on the 'Know What When' initiative (for copy of report and presentation see file). The aim is to produce a one-page document providing information on key points in the care journey. Discussions had taken place regarding the production of an animation, similar to that previously viewed by the Panel on the IRO service, which could then be hosted on the CiCC website.

## **11 Corporate Parenting Panel Annual Report**

The Senior Partnerships Officer presented the draft Corporate Parenting Panel Annual Report April 2022-March 2023 (for copy of report see file of minutes).

The Panel noted the report had been approved by the Children in Care Council and it had been presented to relevant senior management teams and the corporate management team. The final version of the report will be presented to full Council for endorsement on 19 July. It is hoped that following the success of last year's presentation which was very well received, representatives from the Children in Care Council will present the report to full Council.

### **Resolved:**

That the Corporate Parenting Annual Report for 2022-23 be agreed.

## **12 Children Looked After Strategic Partnership (CLASP) Update**

The Strategic Manager for Looked After and Permanence presented the update on the Children Looked After Strategic Partnership (for copy of report see file of minutes).

The Panel noted that the multi-agency work includes representation from health, youth offending, education and housing and it aims to improve strategies to meet the needs of children in care and care leavers. The Strategic Manager provided an update as to the progress on priority areas and areas of focus including young people who go missing and placement stability. Sarah Neale, Co-opted Member and Designated Nurse for Children in Care explained a health perspective can help to understand and address the underlying issues relating to missing incidents and placement stability. A piece of work focused on the mental health of children looked after and care experienced young people will include a review of the range of services offered, including the offer for young people placed outside the county.

The Panel agreed to receive six-monthly progress updates in the future.

**Resolved:**

That the report be noted.

### **13 Fostering Service Annual Report**

The Operations Manager presented the Fostering Service Annual Report for 2022-23 which provided an update on progress against the key priority areas (for copy of report and presentation see file of minutes).

The Panel noted a decrease in the number of foster families during the year and that the challenges with regard to the recruitment of foster carers is a national issue. It was reported that Durham is part of the Pathfinder pilot scheme in which 12 north east local authorities have partnered, to provide a co-ordinated, regional fostering approach for a six-month pilot period. It was agreed that an update on the Pathfinder pilot would be brought to a future meeting.

During the year, work had continued to focus on marketing and there had also been a focus on reducing unnecessary placement moves. Notably during the year, the number of connected foster carers had increased.

Members noted the importance of the collaborative work with the Children in Care Council and that consultation sessions are held regularly to gather young people's views.

The launch of the Mockingbird Hub which took place in September 2022, and not 2023 as stated in the report, had been a resounding success and it had attracted a visit by members of the Scottish government. Consideration is being given to the promotion of Mockingbird across Children's Services in Scotland.

Updating the Panel on discussions at previous meetings regarding the financial support available to foster carers, the Panel noted the increase in the Payment for Skills model and age-related fostering allowances, in line with government recommendations.

The Operations Manager concluded by outlining the key priorities for the forthcoming year which include the continuation of the work to increase the number of foster carers, to reduce unnecessary placement moves and ensure the voice of children and young people is at the core of the work. It is hoped that the second Mockingbird Hub will be launched during the summer.

Responding to a question from Councillor Walton as to how marketing campaigns are monitored and whether the recent t.v. adverts had led to an increase in enquiries, the Practice Lead for Children and Young People confirmed that regular marketing monitoring is undertaken to identify which marketing methods elicit the best response. Monitoring of the response to the recent t.v. adverts had shown no sharp increase in enquiries following the broadcasts. The Operations Manager emphasised the effectiveness of soft marketing methods including visibility, drip-marketing and 'word of mouth'. She added that targeting specific locations through the hosting of events and initiatives such as 'Artstops' contribute to increase visibility.

Councillor Adcock-Foster raised concern at reports of a lack of support available for kinship / connected carers after the making of Special Guardianship Orders and the Operations Manager replied that the service recognised the recent increase in the number of kinship / connected carers and will ensure support is provided both before and after the making of court orders.

**Resolved:**

That the recommendations in the report be approved.

## **14 Foster Care Awards Ceremony**

The Operations Manager presented slides from the Foster Care Awards Ceremony held on 13 June which was a great success (for copy of presentation, see file of minutes). Members commented that they had been privileged to be part of the evening and they thanked all those involved in the ceremony, which had been both emotional and enjoyable.

The Operations Manager invited all members to the next event, the annual dog walk and activities, which will be held on 17 August at Wharton Park.



## **15 Exclusion of the public**

### **Resolved:**

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

## **16 Regulation 44 Visits**

The Panel received a report on Regulation 44 visits and regulatory body ratings in respect of independent children's residential homes where Durham have children/young people placed in their homes, presented by the Senior Commissioning Officer (for copy of report, see file of minutes).

### **Resolved:**

That the report be noted.

## **17 Corporate Parenting Panel Sub-Group Vacancies and Regulation 44 Member Alignment**

The Senior Partnerships Officer provided an update on the Corporate Parenting Panel sub-groups and Regulation 44 vacancies following the recent changes to the Panel membership (for copy of report see file of minutes).

### **Resolved:**

That the report be noted.

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# Billie-Leigh and Luke, CiCC CPP representatives Robert Johnson, Investing in Children

## Durham Children in Care Council update: July/August 23

- Know, What, When Guide (life Map) has been developed further by the younger CiCC group, who have developed some of the language and design of it. They will be finalising this at their September meeting.
- CiCC Roadshows took place at Planet Leisure in the summer holidays for both the younger and older groups to promote CiCC.
- The 10<sup>th</sup> CiCC newsletter has been produced and plans are in place to do a CiCC 2023 annual newsletter for December.
- Lots more Education Fun Fund applications have been agreed, covering a range of education and learning activities over the summer - benefitting children, young people and their carers.



- The life skills and savings survey is still active and work is beginning to progress in this area by DCC staff, who are connecting with both CICC groups regarding further ideas and input.
- Another Artstops initiative is live across County Durham.
- Good news – an agreement has been made to have full access to DCC Bishop Auckland Art Gallery for an **#ArtCarers24** exhibition from September to December 2024. All young people who have been involved in the Artstops initiative will get the chance to develop the exhibition for the benefit of the care community across County Durham, alongside both CICC groups.
- CICC members have continued to work on the Newcastle University Street Law project over summer to develop an animation so that people of different ages have a better understanding of different care orders.



- Both groups are connecting with the Full Circle Team to plan an open event in the team's refurbished building.
- The younger CICC group have started discussion with the Supportive Family Time to develop a bespoke Family Time Room.
- The ask of CPP this month from CICC is to continue to discuss the benefits of a Family Time House, which CICC members think could have real benefits.



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**Corporate Parenting Panel**

**29 September 2023**

**Unaccompanied Asylum-Seeking  
Children Update**



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**Report of Lesley Baldry, Service Manager, Children and Young People's Services, Durham County Council, and**

**Sharon Davey, Strategic Manager Children and Young People's Services, Durham County Council**

**Electoral division(s) affected:**

None.

**Purpose of the Report**

- 1 The purpose of the report is to update members of the Corporate Parenting Panel on the progress of the Unaccompanied Asylum-Seeking Children (UASC) Team.

The update includes:

- The Home Office Transfer Scheme;
- The structure of the UASC Team;
- Young people's involvement in service development;
- Multi agency development;
- Events.

**Executive summary**

- 2 The UASC Team was formed as a pilot team from February 2022. The team's focus is to provide consistent specialist support, care and guidance for those young people who have come to Durham under the National Transfer Scheme or through spontaneous arrivals. We have seen an increasing number of young people needing our support and therefore will provide an update on the work of the team.

**Recommendation**

- 3 Members of the Corporate Parenting Panel are recommended to receive and note the update report.

## **Background**

- 4 The UASC Team was established in February 2022 due to the increased demand for social work capacity and caring provisions for UASC referred to Durham by the Home Office Asylum Scheme. Until this point UASC had been allocated social workers throughout the Children Looked After Service.
- 5 Team Manager Nathan Head was appointed in February 2022 and the team was set up as part of the Care Leaver Service.
- 6 There are currently 69 UASC in our care and 28 Care Leavers, the Care Leavers moved to the UASC Team from the Care Leavers Teams in May 2023. There are currently an additional 8 children being placed which will bring the number of young people in our care to 78.

## **Structure of the team**

- 7 The team consists of:
  - One team manager;
  - Three and half social workers (One social worker is based in London);
  - Four Young Peoples Advisors.

## **Developments**

- 8 Having a focussed team allows training and development to take place, some areas this has been achieved in are:
  - Age Assessment Training;
  - UASC/Care Leavers care planning training;
  - Development session on the voice of the UASC and what support they would like;
  - Improving practise and assessments for UASC;
  - Refugee Family Reunion;
  - Legal Frameworks with regards to UASC.
- 9 We receive developmental and training opportunities from the North East Migration Partnership.



- 10 We are now focussed on trauma informed training and will be attended the Healing Spaces session. We focus on recovery from the start of placing young people and highlight this in the assessment process and children in care review.
- 11 Nathan Head is the Team Manager, he attends the regional group where we learn from the experience of other authorities, including Redcar and Cleveland who also have an Unaccompanied Asylum-Seeking Children (UASC) focussed team.
- 12 Sharon Davey, Strategic Manager attends the refugee and resettlement meeting to support in partnership working to provide support and services for our young people.
- 13 The UASC multi agency group meets monthly. This allows multi agency information to be shared and consideration to be given to how we work together, including health, education and the voluntary sector to meet this group of young people's needs and support both physical and mental health recovery.
- 14 We are seeking to develop a new HUB with a focus on UASC, this will be a team base and allow all day access for support and advice. Two UASC young people are helping us with the development of this HUB from the beginning of the project.
- 15 We now have welcome packs established and are thankful of the support from Elected Members as part of their corporate parenting role to make this possible.
- 16 We now have UASC young people represented on the Children in Care Council.
- 17 Community and celebration events continue including for Ede, Cricket days and weekly football sessions.



## **Challenges**

- 18 It is difficult to find a foster home for young people under 16 in the North East of England. The team manager is working with our fostering recruitment team to try and target possible foster carers. We have 13 young people in foster homes in the South of England and employ an agency social worker in London to be accessible for these young people.
- 19 Durham continues to take a high percentage of UASC young people in comparison to our regional neighbours and although the referral cycles have recently slowed down, we are expecting cycle 29 to start shortly and the referrals numbers will be 29 UASC for the rest of this year. We are seeking to build capacity within the team and continue to work with local supported housing providers to develop provisions.
- 20 There has been a delay in the Home Office processing Asylum claims which means that we continue to fund young people's accommodation and daily living costs beyond them being 18 years old.

## **Conclusion**

- 21 The team has had a positive quarter with good community links form and stable homes for pour young people.
- 22 There are developments for the future for our Unaccompanied Asylum Seeking Children Team such as aligning our work in the Care Leavers Hub and building on our placement options for our young people.

## **Background papers**

- None.

## **Other useful documents**

- None.

## **Authors**

Lesley Baldry, Service Manager

Tel: 03000 265363

Sharon Davey, Strategic Manager

Tel: 03000 266214

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## **Appendix 1: Implications**

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### **Legal Implications**

Young people who come into the care of DCC under her NTS are cared for under the Care Act 2004 and Children Act 2004.

### **Finance**

DCC are awarded funding for the young people's accommodation needs.

### **Consultation**

Not applicable.

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

Not applicable.

### **Climate Change**

Not applicable.

### **Human Rights**

Not applicable.

### **Crime and Disorder**

Not applicable.

### **Staffing**

Details of the Unaccompanied Asylum Seeking Children (UASC) team are included in the body of the report.

### **Accommodation**

DCC's CSC provide accommodation for the young people.

### **Risk**

Not applicable.

### **Procurement**

Not applicable.

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# UASC Update

Sharon Davey, Strategic Manager CIC, Care Leavers, Fostering &  
Adoption

September 2023



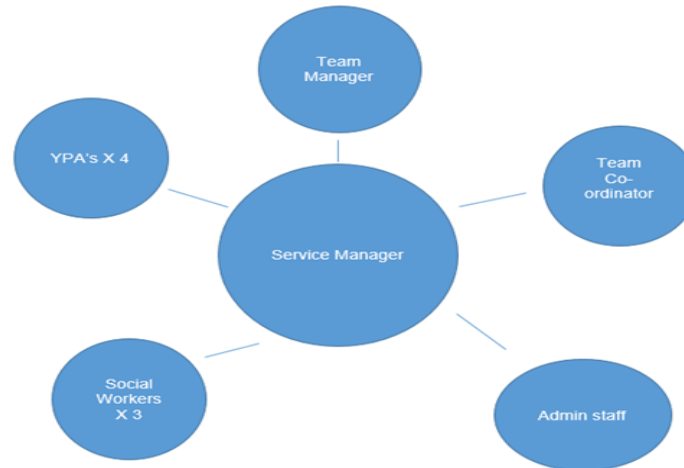
# UASC Terminology & meet the team

**UASC Definition-** Unaccompanied Asylum Seeking Children (UASC) are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.

**Spontaneous Arrivals –** This is where the child/young person arrives in the UK by their own means and are presented to the local authority in an unplanned way. They are usually encountered by police/social services in the first instance. The local authority in which the child first presents is then responsible for their care.

**National Transfer Scheme -** The National Transfer Scheme (NTS) has been established to enable the safe transfer of unaccompanied children in the UK from one local authority (the entry authority from which the unaccompanied child transfers) to another local authority (the receiving authority). The transfers are usually from both Kent and Croydon Home Office intake Units where young people are often placed in temporary accommodation by the Home Office.

## **UASC Team make up-**





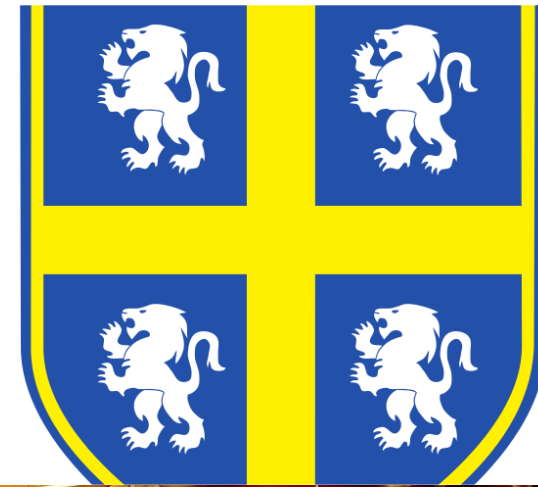
## What's Working Well

- We are developing social inclusion opportunities for your UASC young people such as a monthly football club, access to Independent Visitors and the use of the VCS Alliance Team to find community based activities/groups for young people based on their interests
- We are promoting advocacy services such as NYAS and the Refugee Council to provide independent advice/guidance for UASC young people
- We ensure that UASC young people are supported to access an asylum solicitor
- We have procured the use of two Translating Services to allow easy access to translators
- We are quick to support UASC young people into education where they have the opportunity to socialise and meet others. The Virtual School have a designated case worker who solely focuses on UASC young people.
- We have promoted celebration events such as Eid which was attended by 28 young people. Halal food was supplied and gift bags.
- Some of the UASC young people that we have supported have gone on to progress through college, learn to drive, attend university, and gain their own tenancies and employment.
- We have a young person who wants to be involved in CICC.
- We have a young person who wants to be involved in setting up the Care Leavers Hub.
- A young person has cooked a meal for their YPA.



# Forming Community Links

- A common theme that we often find among our young people is that of accessing the wider community is very important to them. We have been able to form some positive links within the community such as becoming a partner agency with Recyke y'bike who can provide free refurbished bikes for our young people and Durham Cricket who have kindly provided us with several free tickets for an upcoming match which a lot of our young people from Afghanistan, where cricket is the national sport are really looking forward to.
- We also continue to run a monthly football session held at one of Durham Councils Leisure Centers which continues to be well attended!





**Corporate Parenting Panel**

**29 September 2023**

**Performance Update**



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

**Electoral division(s) affected:**

None.

**Purpose of the Report**

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

**Executive summary**

- 2 The Strategy Team Leader – Children and Young People’s Services will deliver a presentation at the meeting giving an overview of performance.

**Recommendation(s)**

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

## **Background**

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

## **Conclusion**

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

## **Other useful documents**

- Quarterly Performance Scorecard

## **Author**

Helen McAloon

Tel: 03000 268 026

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## **Appendix 1: Implications**

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### **Legal Implications**

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

### **Finance**

N/A

### **Consultation**

N/A

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

N/A

### **Climate Change**

N/A

### **Human Rights**

N/A

### **Crime and Disorder**

N/A

### **Staffing**

N/A

### **Accommodation**

N/A

### **Risk**

N/A

### **Procurement**

N/A

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## County Durham Corporate Parenting Panel: Performance Management Framework

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

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Rate of CLA per 10,000 u18 population [Number]	82.9 [833]	90 [914]	93 [949]	96 [982]	105 [1067]	<b>113</b> <b>[1119]</b>	<b>70</b> <b>(2021/22)</b>	<b>110</b> <b>(2021/22)</b>
Age and length of time in care						See presentation	N/A	N/A
CLA Placement breakdown						See presentation	N/A	N/A
Percentage of CLA placed over 20 miles (outside LA boundary)	7%	10%	9%	10%	11% [117/1071]	<b>14.5%</b> <b>[163/1123]</b>	16% (2021/22)	<b>10%</b> <b>(2021/22)</b>
Number of children placed for adoption	25	75	39	38	26	<b>35</b>	N/A	N/A
Percentage of CLA who are unaccompanied asylum seeking children [Number] u18	0.4% [3]	0.1% [1/914]	0.1% [1/949]	2% [16/982]	5% [52/1067]	<b>6%</b> <b>[64/1119]</b>	7% (2021/22)	2% (2020/21)
Social worker caseloads						See presentation	N/A	N/A

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

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Percentage of CLA with a missing incident during the year	5.0%	5.5%	7.0%	9.9%	10% [143/1427]	<b>10%</b> <b>[143/1427]</b>	11% (2021/22)	11% (2021/22)
Percentage of children on Child Exploitation and Vulnerability Tracker that were CLA^					35% [51/144]	<b>34%</b> <b>[64/188]</b>		
Strengths & Difficulties Questionnaire - Average score	NND	13.6	13.5	13.9	14.6	<b>14.6</b>	13.8 (2021/22)	14.3 (2021/22)
Percentage of looked after children aged 10 and above convicted or subject to a Youth Caution or Youth Conditional Caution during the year [number of children]*	4.6% [17]	3% [11]	3.0% [11]	2.6% [12]	3.2% [15]	<b>3.6%</b> <b>[23]</b>	<b>2%</b> <b>(2021/22)</b>	<b>2%</b> <b>(2021/22)</b>

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

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21 [Provisional]</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Number of CLA accessing an independent visitor			16	69 (59 CDYJS, 10 AFC) 15 waiting for match	46 (45 CDYJS, 1 NEPACS)	<b>54</b> <b>(53 CDYJS, 1 NEPACS)</b>		

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

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Percentage of CLA with 3 or more placements during the year	10.7% [90 of 840]	7.6% [70 / 922]	8% [73]	12.4% [122 / 985]	9% [98 / 1067]	<b>9%</b> <b>[96 / 1119]</b>	10% (2021/22)	10% (2021/22)
Percentage of CLA continuously for 2.5 years or more aged under 16 who were living in the same placement for at least 2 years	63.9% [195 of 305]	59.8 [ 201 / 336]	67% [225]	65.8% [244 / 371]	68% [264 / 389]	<b>64%</b> <b>[262 / 409]</b>	<b>71%</b> <b>(2021/22)</b>	<b>70%</b> <b>(2021/22)</b>
Average number of days between a child entering care and moving in with its adoptive family, adjusted for foster carer adoptions (A10) [Last 12 months]	430 [2015-18]	428 [2016-19]	439 [2018-2021]	466	423	<b>420</b>	454 (Q1 2022/23)	N/A
Average time between an LA receiving court authority to place a child and the LA deciding on a match to an adoptive family (A2) [Last 12 months]	NND	192 [2016-19]	178 [2018-2021]	144	157	<b>157</b>	184 (Q1 2022/23)	N/A
Percentage of children adopted from care (as % of total children leaving care) [number of children adopted shown in brackets]	12.3 [39 of 316]	16% [55 / 352]	18% [54 / 304]	19% [65]	18% [65/360]	<b>11%</b> <b>[8/73]</b>	10% (2021/22)	13% (2021/22)
Number of Mainstream Foster Carers (Approved in period YTD)	26	12	21	29	12	<b>5</b>	N/A	N/A
Number of Friends and Family Foster Carers (Approved in period YTD)	129	121	190	150	219	<b>TBC</b>	N/A	N/A
Number of Adopters (Approved in period YTD)	22	25	47	40	35	<b>3</b>	N/A	N/A

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

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Initial Health Assessments completed within 20 working days of the child becoming looked after	63%	73%	73%	59%	65%	<b>55%</b>	N/A	N/A
CLA with the required number of health assessments	91%	94%	91%	93%	95%	<b>95%</b>	89% (2021/22)	92% (2021/22)
CLA who have had a dental check	85.5%	87%	41%	85%	95%	<b>95%</b>	70% (2021/22)	72% (2021/22)
CLA whose immunisations were up-to-date	99.3%	99.0%	90.0%	90.9%	80.8%	<b>80.8%</b>	<b>85%</b> (2021/22)	<b>86%</b> (2021/22)
CLA whose development assessments were up to date (CLA 12+ months and aged 5 or younger at 31 March)	95.0%	97.0%	83.0%	98.9%	96.9%	<b>96.9%</b>	89% (2021/22)	95% (2021/22)
% CLA identified as having a substance misuse problem in the year	1.9%	2.0%	Data Error	0.9%	1.0%	<b>1.0%</b>	3% (2021/22)	3% (2021/22)
Percentage of new presentations to drug and alcohol treatment during period who were CLA [Number] YTD	10% [18 of 185]	10% [21 of 216]	TBC	17% [27/149]	Data not available	<b>Data not available</b>	44% (2020/21)	33% (2020/21)
Care leavers aged 17-21 who are pregnant or mothers (as a % of female care leavers)		26.3% [25/95]		29% [32/111]	19% [22/114]	<b>21%</b> <b>[25/117]</b>	N/A	N/A
Care leavers aged 17-25 who are pregnant or mothers (as a % of female care leavers)				30% [39/132]	24% [33/137]	<b>26%</b> <b>[36/137]</b>	N/A	N/A



## What are outcomes like for our care leavers?

<i>Measure</i>	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>	<i>2021/22</i>	<i>2022/23</i>	<i>Q1 2023/24</i>	<i>England</i>	<i>North East</i>
Percentage of care leavers age 18-21 who have stayed with their foster carer	N/A	N/A	N/A	21% [50]	18% [44]	<b>16%</b> [39]		
Percentage of care leavers aged 17-18 in education, employment or training (EET)	63.9% [53 of 83]	65% [ 55 / 84 ]	76% [ 59 / 78]	66% [55 / 83]	65% [68 / 104]	<b>59%</b> [47 / 79]	<b>66%</b> <b>(2021/22)</b>	<b>67%</b> <b>(2021/22)</b>
Percentage of care leavers aged 17-18 in suitable accommodation	96.4% [80 of 83]	90% [ 76 / 84 ]	95% [74 / 78]	93% [76 / 82]	86% [89 / 104]	<b>92%</b> [73 / 79]	90% (2021/22)	93% (2021/22)
Percentage of care leavers aged 17-18 in higher education	0% [0]	0% [0]	0% [0 / 78]	6% [5 / 83]	0% [0/104]	<b>3%</b> [2 / 79]	4% (2021/22)	3% (2021/22)
Percentage of care leavers aged 19-21 in education, employment or training (EET)	54.0% [87 of 161]	54% [ 94 / 175 ]	56% [110 / 197]	61% [129 / 213]	56% [127/228]	<b>59%</b> [96 / 164]	55% (2021/22)	52% (2021/22)
Percentage of care leavers aged 19-21 in suitable accommodation	94.4% [152 of 161]	83% [ 144 / 174 ]	90% [177 / 196]	85% [186 / 218]	98% [157 / 160]	<b>97%</b> [159 / 164]	88% (2021/22)	90% (2021/22)
Percentage of care leavers aged 19-21 in higher education	8.7% [14 of 161]	9% [16 / 175 ]	6% [11 / 197]	8% [18 / 213]	9% [21 / 228]	<b>13%</b> [22 / 164]	7% (2021/22)	7% (2021/22)

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# Children in our Care

Children Looked After Strategic Partnership

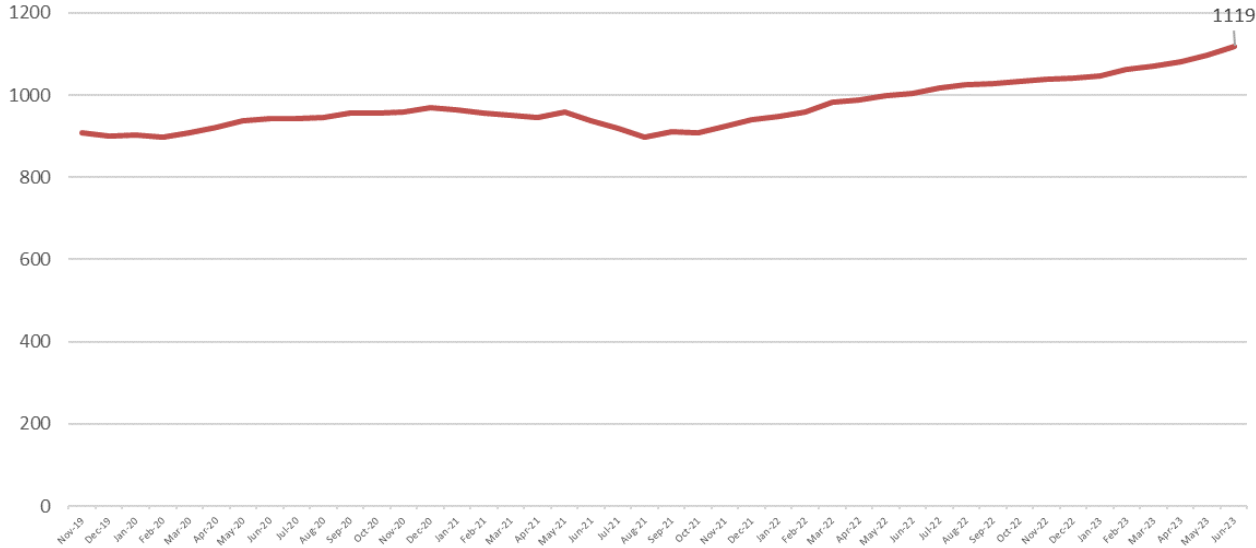
Q1 2023-24



# Children in Care: 1,119

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Monthly CiC Numbers



Increase in overall number of CiC but rate remains below regional and statistical neighbour average (5<sup>th</sup> lowest in North East)

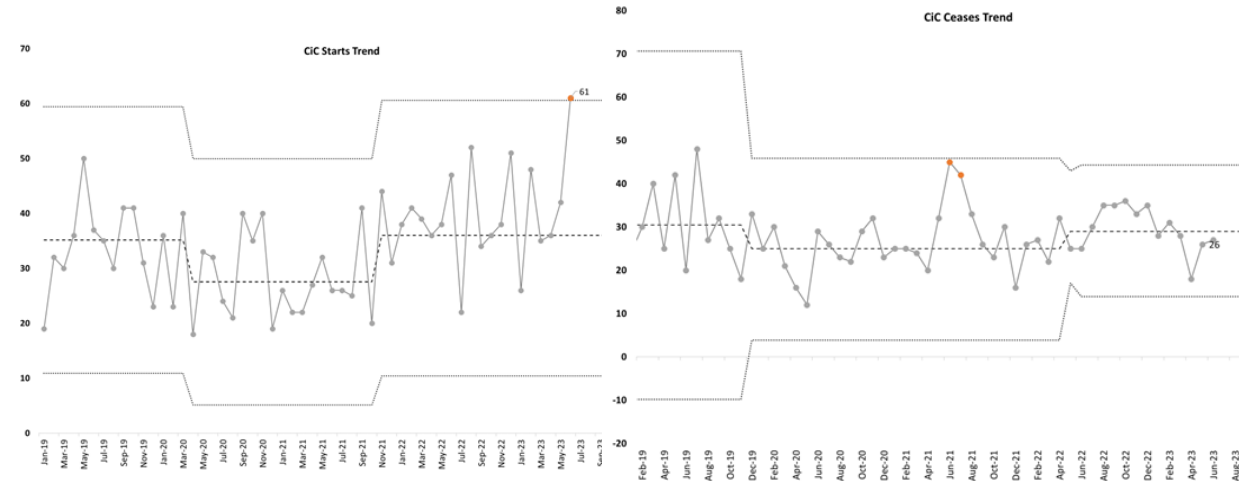
Around a third of children have been in care for less than 12 months whilst over a quarter have been in care for over 5 years

LoT in care	Under 6 Months	6-12 Months	1-2 Years	2-5 Years	5 Years+
No	233	123	178	286	293
%	21%	11%	16%	26%	26%

## 64 Unaccompanied Asylum Seeking Children

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

Slight increase in u1 CiC starts as % of all CiC starts  
Reduction in age 1-4yr olds  
Increase in 10-15yr olds

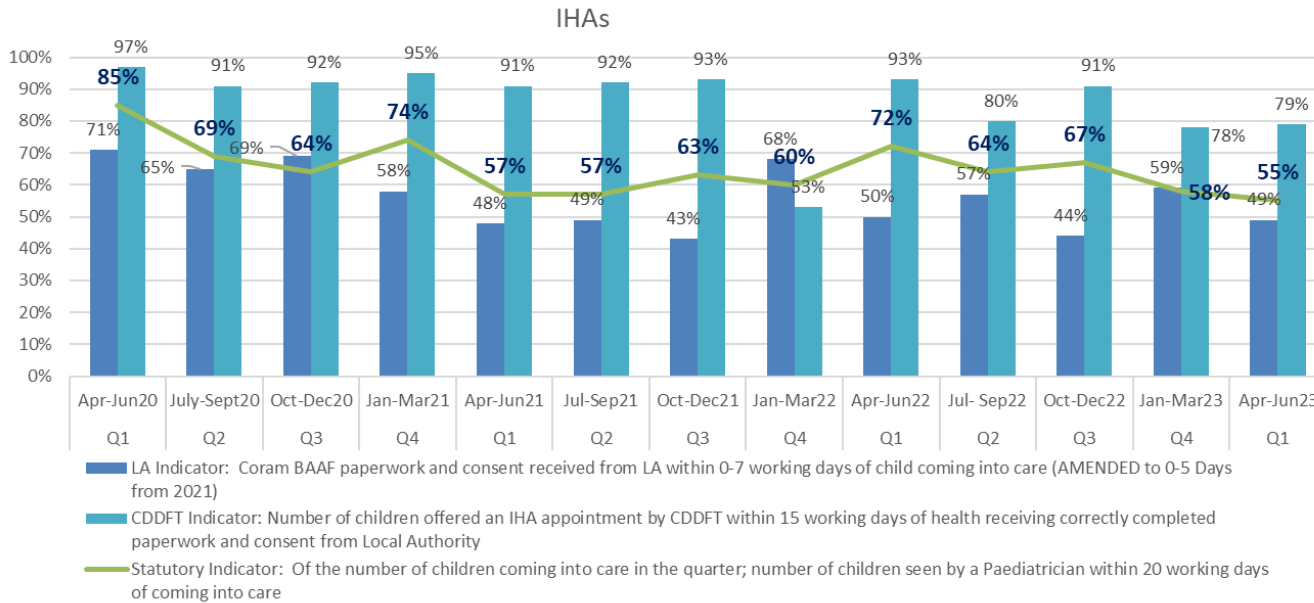


**141** children became a child in care  
**73** children left care in Q1 23/24



52% of Social Workers in our Children in Care and Care Leavers Teams had fewer than 25 cases, 20% with 30+

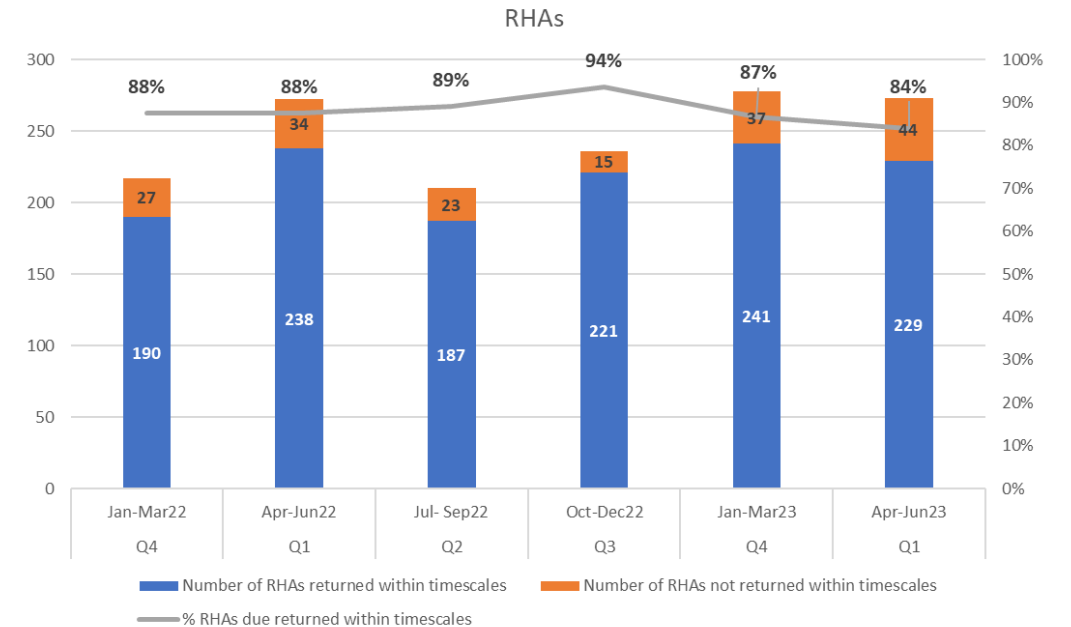
# Initial Health Assessments



Reduction in children in care receiving an Initial Health Assessment within 20 working days of coming into care.

Reduction in required paperwork submitted in timescale so room for improvement

# Review Health Assessments

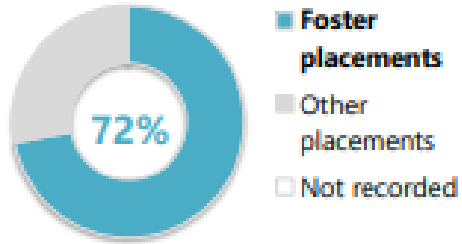


Review Health Assessments completed within timescale have also reduced – 44 out of timescale in Q1

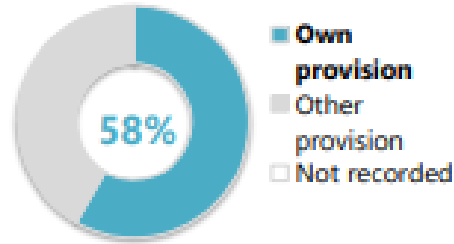
# Placements and Placement Stability

## CLA placements by type and provision

### Foster placements



### Own provision



LA 2021-22 73%  
SNs 2021-22 71%  
Eng 2021-22 70%

LA 2021-22 62%  
SNs 2021-22 57%  
Eng 2021-22 46%

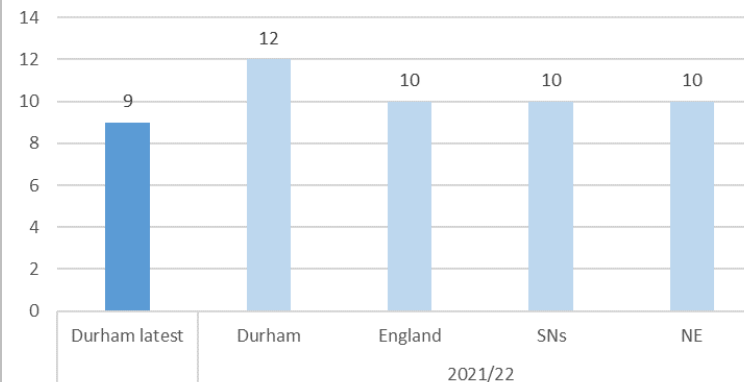
Placement type (open CLA)	Own LA	Private	Other	Total
Foster placement	592	159	56	807
Placed for adoption	20	0	15	35
Placed with parents	0	0	86	86
Independent living	8	45	10	63
Residential employment	0	0	0	0
Residential accommodation	0	0	0	0
Secure Children's Homes	3	3	0	6
Children's Homes	29	80	3	112
Residential Care Home	0	0	0	0
NHS/Health Trust	0	0	1	1
Family Centre	0	0	0	0
Young Offender Institution	0	0	3	3
Residential school	0	0	0	0
Other placements	0	6	0	6
Temporary placement	0	0	0	0
<b>Total placements</b>	<b>652</b>	<b>293</b>	<b>174</b>	<b>1119</b>

A higher proportion of children in Durham are placed in foster placements and in in-house provision to our benchmarks.

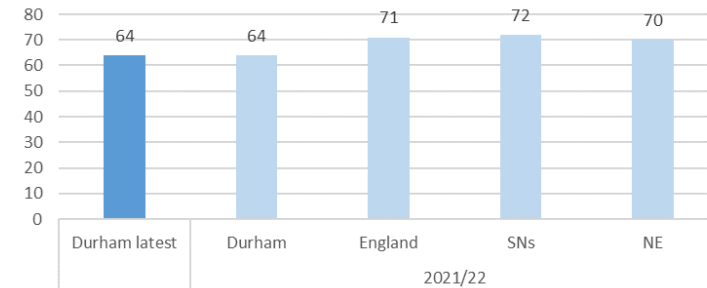
Placement Stability remains an ongoing area of focus – children with 3+ homes in one year has improved and is now better than benchmarks

Long term stability remains slightly worse than benchmarks

% CiC with 3+ homes in year



% CiC for at least 2.5 years and aged under 16 who have been in the same home for at least 2 years



# Missing Children

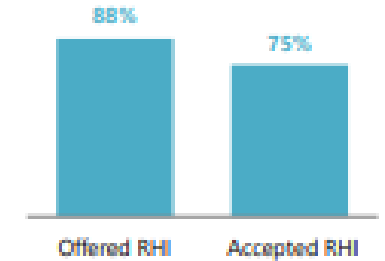
186 of 1270 looked after children had a missing incident in the last 12 months

	Latest data	LA 21-22	SNs 21-22	Eng 21-22
Number of all CLA with a missing incident	186 of 1270	129		
Percentage of all CLA with a missing incident	15%	10%	10%	11%
Total number of missing incidents for all CLA	2044	892		
Average number of incidents per CLA who went missing	11.0	6.9	6.6	6.3

## Missing incidents - return home interviews

	Latest data	
Missing children offered return interview	164 of 186	88%
Missing children not offered return interview	0 of 186	0%
Missing children return interview offer not recorded	17 of 186	9%
Missing children where return interview was n/a	5 of 186	3%

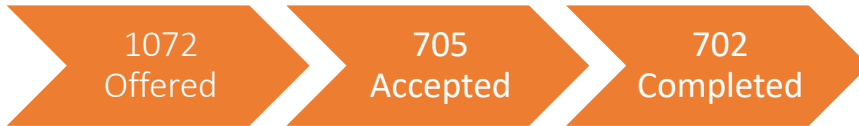
	Latest data	
Missing children accepted return interview	123 of 164	75%
Missing children not accepted return interview	38 of 164	23%
Missing children return interview acceptance not recorded	3 of 164	2%



**146**  
Children in care

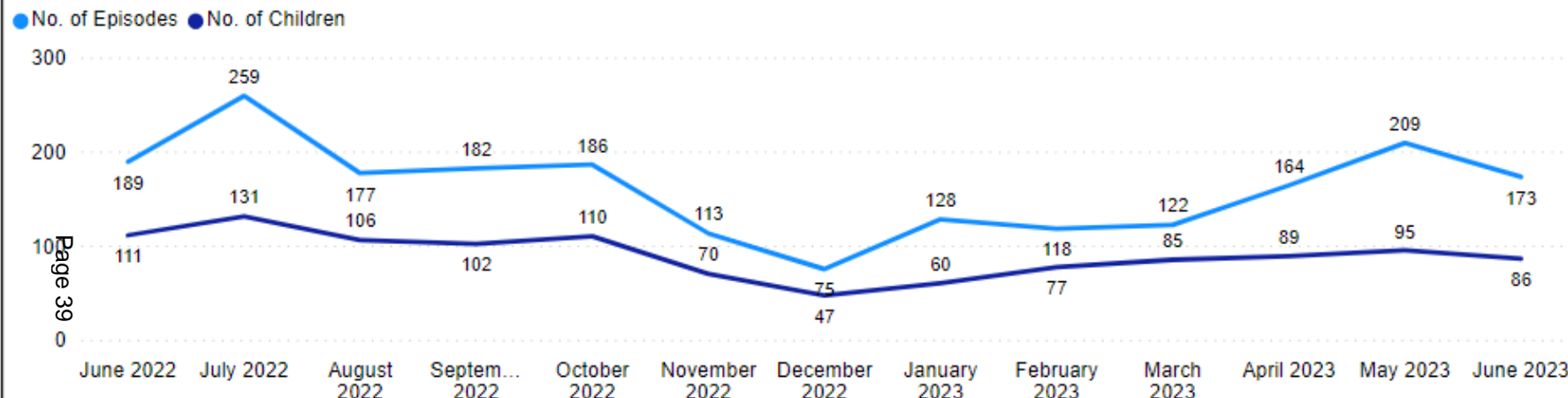
**1079**  
missing episodes

**Return to Home Interviews**



Slight increase in children in care with a missing incident and incidents per child

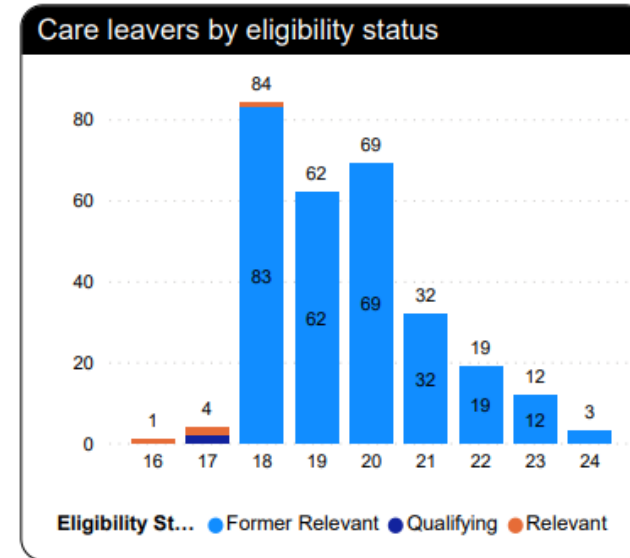
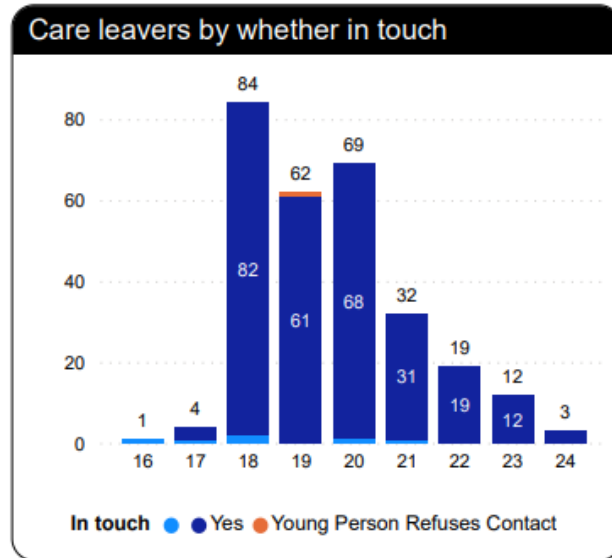
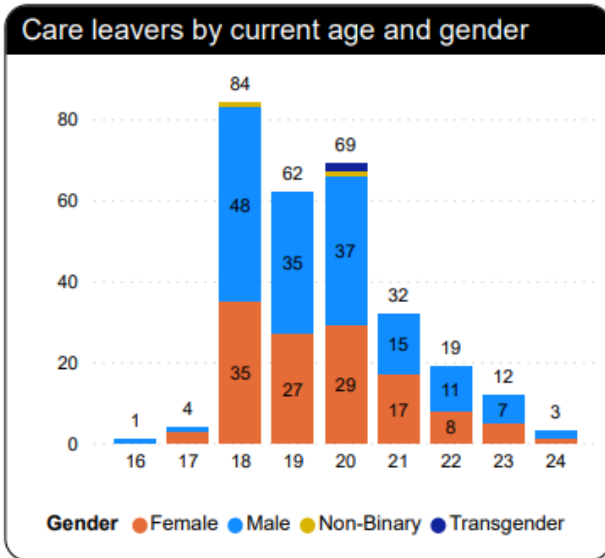
## Missing Episodes and Children by Month and Week



Improvement in return to home interview completion rate

# Care Leavers

## 251 Care Leavers aged 17-21



18 of our care leavers are recorded as being unaccompanied asylum seekers (UASC) and 17 are male aged 18-23, 1 female.

Currently have 174 YPS team monitoring open cases in addition to the 251 aged 17-21. Work on data recording is ongoing to ensure accuracy and has improved in touch information

Care Leavers by Age Group and Whether in Touch

Age group	17-18		19-21		22-24		Total	
	No.	%	No.	%	No.	%	No.	%
Yes	85	97%	160	98%	34	100%	279	98%
No	1	100%	3	3%	3	2%	7	2%
<b>Total</b>	<b>1</b>	<b>100%</b>	<b>88</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>34</b>	<b>100%</b>

Care Leavers by Age and Whether in Touch

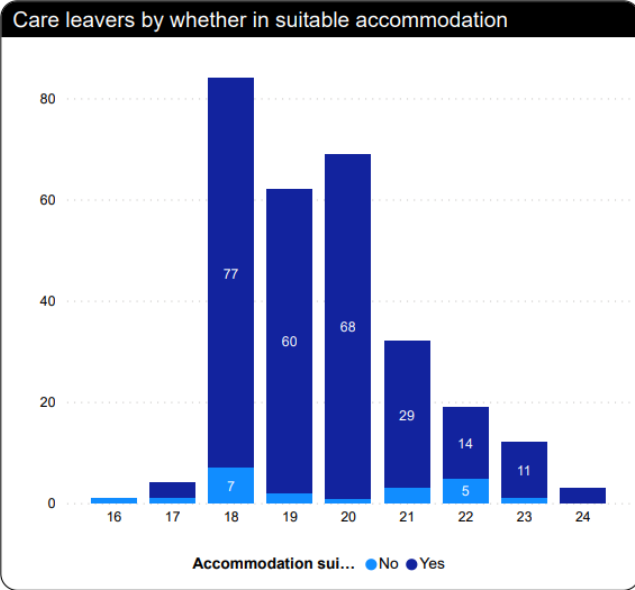
In touch	16	17	18	19	20	21	22	23	24	Total
Yes	1	1	2		1	1				6
Young Person Refuses Contact				1						1
<b>Total</b>	<b>1</b>	<b>4</b>	<b>84</b>	<b>62</b>	<b>69</b>	<b>32</b>	<b>19</b>	<b>12</b>	<b>3</b>	<b>286</b>

Care Leavers by Eligibility Status

Eligibility status	No.
Qualifying	2
Relevant	4
Former Relevant	280
<b>Total</b>	<b>286</b>



# Care Leavers – suitable accommodation



Care leavers by whether in suitable accommodation and age group

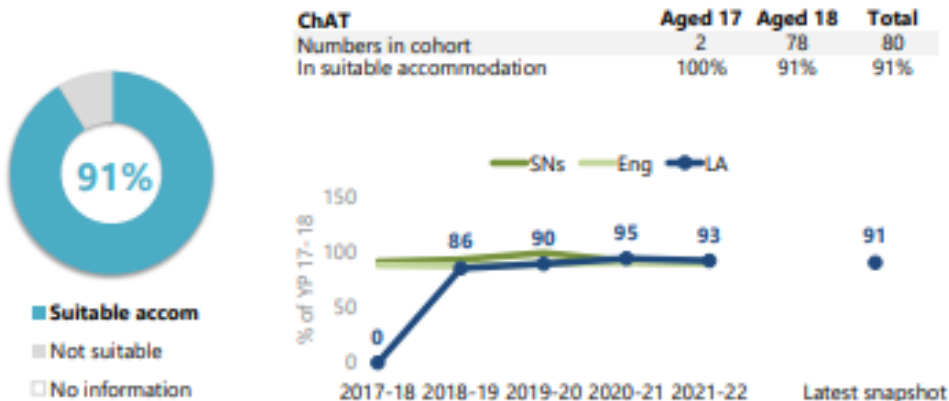
Age group	17-18		19-21		22-24		Total	
Accommodation	No.	%	No.	%	No.	%	No.	%
<b>suitable</b>								
Yes	80	91%	157	96%	28	82%	<b>265</b>	<b>93%</b>
No	1	100%	8	9%	6	4%	<b>21</b>	<b>7%</b>
<b>Total</b>	<b>1</b>	<b>100%</b>	<b>88</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>286</b>	<b>100%</b>

Care leavers in unsuitable accommodation by age and type

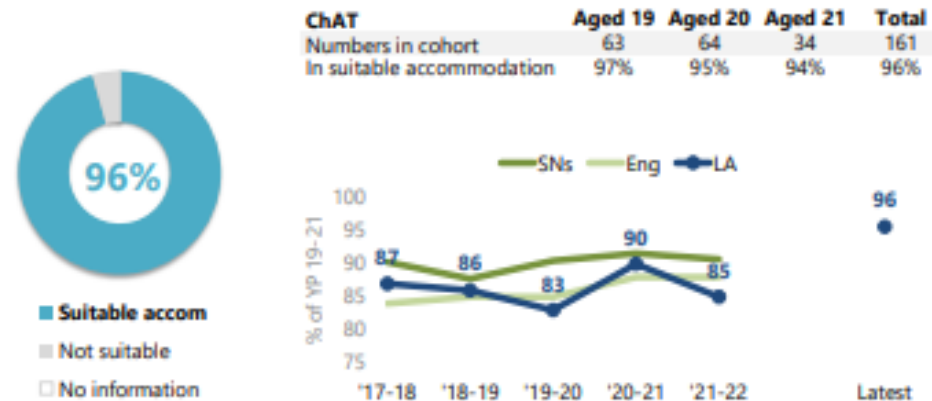
Accommodation code	16	17	18	19	20	21	22	23	Total
	1	1	2						<b>4</b>
S - No fixed abode / homeless			1				1		<b>2</b>
X - In custody				1	1	1	3	4	<b>11</b>
Y - Other accommodation			3	1					<b>4</b>
<b>Total</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>21</b>

The proportion of care leavers in suitable accommodation aged 17-18 is 91% (in line with benchmarks) and for ages 19-21 is 96% (above benchmarks)

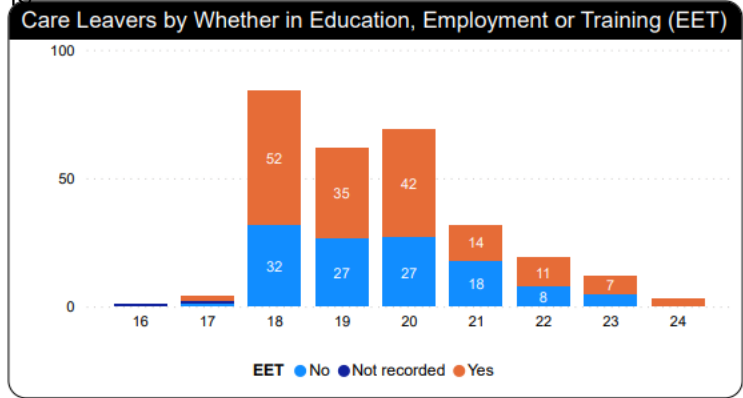
Accommodation suitability of 17-18 year olds (relevant/former relevant)



Accommodation suitability of 19-21 year olds (former relevant)



# Care Leavers - Education, Employment or Training



**Care Leavers by Main Education, Employment or Training (EET) Activity and Age Group**

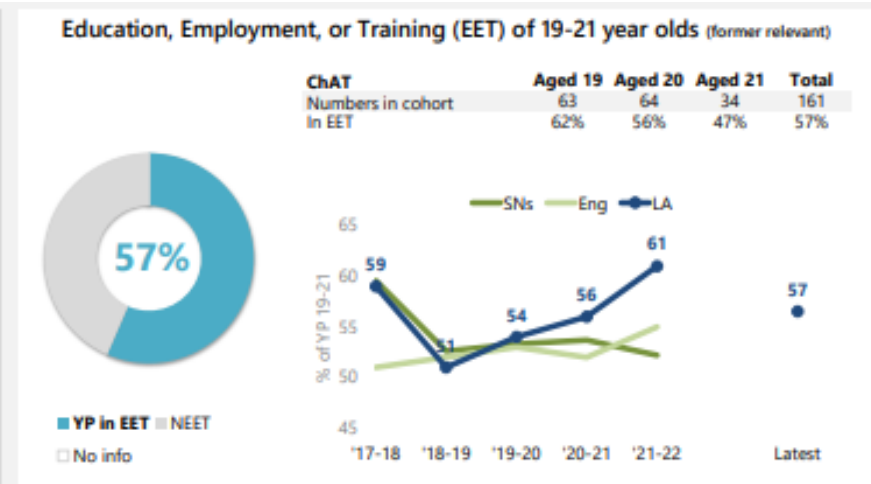
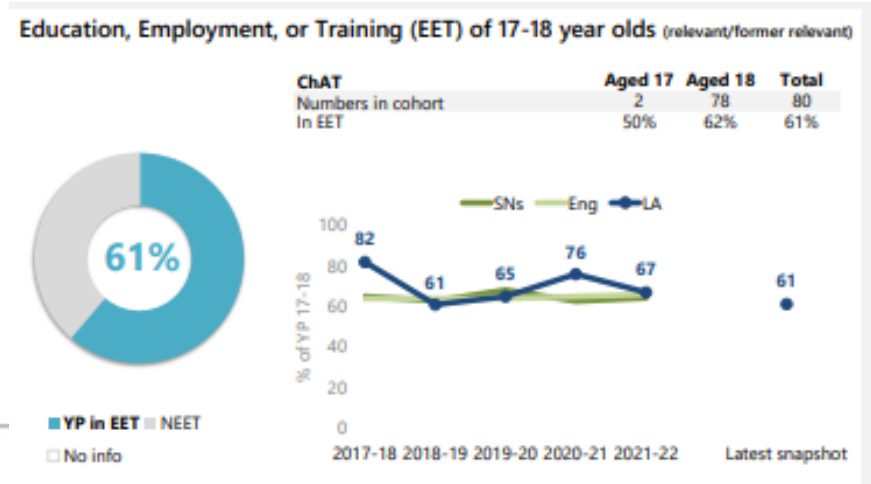
Age group	17-18		19-21		22-24		Total	
EET	No.	%	No.	%	No.	%	No.	%
Yes	54	61%	91	56%	21	62%	166	58%
Not recorded	1	100%	1	1%			2	1%
No	33	38%	72	44%	13	38%	118	41%
<b>Total</b>	<b>1</b>	<b>100%</b>	<b>88</b>	<b>100%</b>	<b>163</b>	<b>100%</b>	<b>34</b>	<b>100%</b>

The proportion of care leavers in Education, Employment or Training aged 17-18 is 61% which is in line with benchmarks.

**Care Leavers not in Education, Employment or Training (NEET) by Main Education, Employment or Training (EET) Activity**

Main EET activity	17	18	19	20	21	22	23	Total
G6 - Young person not in education, employment or training due to pregnancy or parenting	2	6	2	4	2	3		19
G5 - Young person not in education, employment or training: other circumstances	1	16	7	3	6	3		36
G4 - Young person not in education, employment or training because of illness or disability	14	14	22	8	3	2		63
<b>Total</b>	<b>1</b>	<b>32</b>	<b>27</b>	<b>27</b>	<b>18</b>	<b>8</b>	<b>5</b>	<b>118</b>

For those aged 19-21 this is 56%; above benchmarks





**Corporate Parenting Panel**

**29 September 2023**

**Progress report on Children Looked After in the Virtual School**

**Update for Academic Year 2022 / 2023**

**Report of Melanie Stubbs, Durham Virtual School Head, Children and Young People’s Services, Durham County Council**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

1. The purpose of the report is to provide an update on the work carried out by the Virtual School September 2022 to July 2023. This summary focuses on children and young people of statutory school age.

**Executive summary**

2. The Children and Families Act 2014 requires local authorities in England to appoint at least one person for the purpose of discharging the local authority’s duty to promote the educational achievement of its children looked after. That person – the Virtual School Head (VSH) - must be an officer employed by the local authority or, where local authorities agree to collaborate or share the role, another local authority in England.
3. The VSH should be the lead responsible officer for ensuring that arrangements are in place to improve the educational experiences and outcomes of the authority’s children looked after, including those placed outside the home authority’s boundaries.

**Recommendation**

4. It is recommended that members of the Corporate Parenting Panel note the contents of this update.

## **Background**

5. As of 21 July 2023, there were 766 Durham children looked after of statutory school age. 48% were of primary age and 52% were of secondary age. 42% were female and 58% were male. 22% were supported by an EHCP and 31% were identified as requiring SEND Support

## **Attendance and Suspensions/Exclusions**

6. National CLA overall absence rates were over double those observed locally in the 2021/22 academic year. Similarly, national persistent absence rates were almost three times the rate observed locally.
7. The next national data for CLA is expected to be published in March 2024 and will include the whole year 2022/23 of attendance data for those children and young people who were CLA continuously for at least 12 months at 31 March 2023
8. Overall attendance since September 22 to July 2023 is 91.4%, reception to Year 11
9. Attendance of primary school age CLA was 95.35%.
10. Attendance of secondary school age CLA not including Y11 = 86.2%
11. Attendance is improving following the disruption caused by the pandemic and children are less anxious about attending school. Where children are anxious, we explore various interventions to support these children.
12. The Virtual School works with schools to maintain a high standard of attendance and in line with the Government attendance guidance we do not authorise holidays during term time.
13. We have had one Permanent Exclusion since September 2022
14. 40 (2%) CLA experienced at least one Suspension during the academic year
15. 21 (1%) CLA experienced more than one Suspension during the academic year this is in line with 2019/2020

## Quality Assurance of the PEP

16. The Autumn, Spring and Summer term has reflected a dip in the number of PEP's rated as Green. This reflects the challenge to schools from the Casework team and the message we are giving to schools that the PEP is a live document and the sign off period must be actioned within a ten-day window. Where this has not taken place a PEP can only achieve an Amber rating.
17. 783 PEP meetings were held in the Summer Term across 279 provisions. There has been an improvement from the Spring PEP when 85.7% were rated as Green. The Summer PEP has seen this improve to 86.7%. We believe this challenge is having impact.

## GCSE results – Year 11 Outcomes

18. There were 68 young people in the Year 11 reporting GCSE cohort (in care continuously between 1st April 2022 to 31st March 2023). This figure does not include those who do not fit the criteria for being included when reporting on outcomes, such as Unaccompanied Asylum Seeking Children, those placed in schools in Scotland and anyone not on a school roll.
19. 32.4% of the reporting Yr 11 cohort were not placed in mainstream schools and 29.4% had an EHCP.
20. 26.5% of the cohort achieved English (language or literature) GCSE at Grade 4 or above and 17.7% achieved Grade 5 or above. In Maths, 27.9% achieved Grade 4 or above and 13.2% achieved Grade 5 or above. 16.2% of the cohort achieved both English and Maths GCSE at Grade 4 or above and 8.8% achieved both subjects at Grade 5 or above. This is summarised in the table below. Further information and analysis will be available in the Virtual School Annual Report for 2022-2023.

English				Maths				English & Maths			
Pupils Achieving Grade 9-4 English (Lit or Lang)		Pupils Achieving Grade 9-5 English (Lit or Lang)		Pupils Achieving Grade 9-4 Maths		Pupils Achieving Grade 9-5 Maths		Pupils Achieving 9-4 EM		Pupils Achieving 9-5 EM	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
18	26.47%	12	17.65%	19	27.94%	9	13.24%	11	16.18%	6	8.82%

## **Durham Virtual School Team**

21. The casework team of seven has been able to maintain the high level of support for our young people and challenge for schools. The additional Caseworkers have strengthened the capacity within the team and with increasing numbers of CLA will enable the high offer to schools to continue. The benefits of having a bespoke Post 16 PEP Caseworker from the Progression and Learning Team have provided oversight to those identified as NEET, ensuring they have a PEP and the most appropriate people are involved. Those classed as EET also benefit from their expertise.
22. We have continued to provide advice to parents of PCLA and those on SGO, thus meeting our duties as a Virtual School.

## **Virtual School Areas for Development**

23. The key priorities for 2022 – 23 as outlined in the Annual Report are:
  - a) Identify ways to support CLA to close the gaps created by Covid. This has been addressed using the National Tutor Programme. This will continue into the next academic year 2023/2024
  - b) Focus on Years 6 and 11 to allow early intervention and release catch up funding during the Autumn term.
  - c) Develop progress meetings with the CLA PEP Casework team to enable them to promote reflective conversations with schools around progress. This is now embedded into systems within the Virtual School and has informed challenge to caseworkers and schools.
  - d) Develop the way in which we work with Foster Carers. This is ongoing through closer working with Fostering.
  - e) Develop work with Children's Homes to support school anxiety and other barriers to education. Training provided through Full Circle and the Education Psychologist. Improved communication with Durham Childrens Homes through termly meetings. Supporting Homes with education conversations during OFSTED.
  - f) Increase the CLA PEP Casework Team to enhance the service we offer and have a bespoke caseworker for Post 16. This is now in place.
  - g) Work with other areas, including schools to ensure PLAC and those with a SGO are aware of the support available and how to access this.

Agreed by Head of Service for Education to create a new Post within the virtual School to appoint a Previously Children Looked After Officer.

- h) Further develop the SLA with Full Circle to raise awareness of Trauma and Attachment in schools.
- i) Review all our SLA to ensure high quality and easy access for schools and identify any gaps in our offer to improve outcomes.
- j) Develop the EWEL offer to schools to support early intervention and reduce the numbers of Suspensions.
- k) Develop the work with the SEND and Inclusion Team to ensure all CLA with an EHCP have a named SEND Caseworker, raising the awareness of the need to find a suitable placement when the child needs to change school through a placement breakdown. This has identified a need to review SEND processes for CLA.
- l) Support Designated Teachers to identify smart outcomes for CLA and develop coordinated ways of working with the SENCO in their schools.

## **Conclusion**

24. Members of the Corporate parenting panel will be sighted on the work of the Virtual School

## **Author**

Melanie Stubbs

Tel: 03000 265848

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## **Appendix 1: Implications**

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### **Legal Implications**

The Local Authority has a statutory duty to ensure that top priority is given to creating a culture of high educational aspirations and strives for accelerated progress and age-related attainment or better for looked-after children.

### **Finance**

The support for CLA of statutory school age is provided through the allocation of Pupil Premium Plus, schools receive £1800 per academic year for each Durham child. The Virtual School uses the remaining £730 to provide the additional therapeutic Services and other support for schools to access for children at various points during their learning journey when a need is identified. The offer of the Virtual School to Social Care and Schools relies upon Corporate Funding to enable the staffing structure.

### **Consultation**

Ongoing consultation with schools through briefings and a designated teacher network meeting. Consultation with young people through the CiCC.

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

As a public body, the Council must consider the Equality Act 2010, a consolidating Act which brings together previous Acts dealing with discrimination. Decisions must be reviewed for potential impact on persons with "protected characteristics".

### **Climate Change**

N/A

### **Human Rights**

It is the right of the child to a high-quality PEP that identifies their needs, sets targets, and uses PP+ appropriately to support their educational outcomes. It is their right to have their voice heard and contribute to matters that affect them in education. We acknowledge the Children Promise and have highlighted this in the Children Looked After and Previously Looked After Policy we have shared with schools and settings.

### **Crime and Disorder**

Young people who do not access full-time education are more at risk of criminality, CSE or criminal exploitation across county lines. The VS supports all CLA to find the right setting to support their needs and promotes high attendance in school.



## **Staffing**

There are eleven full time members of staff, funded through the corporate budget. We currently have two temporary Caseworkers funded through Pupil Premium Plus, one focuses on Post 16, the other on statutory school age children. This is to meet the demands of the increased number of CLA and the need to maintain a high level of support to schools. Without the additional capacity Caseworkers would have a caseload of 102 and the Post 16 offer would be difficult to maintain.

## **Accommodation**

The Virtual School Team are based at the Education Development Centre, Spennymoor. The full team now sit in Education Durham.

The Inclusion Base is placed at Lanchester and is accommodated within the building known as The Bridge.

## **Risk**

The extended offer to schools and settings relies upon Pupil Premium Plus. Staff costs are funded through the corporate budget; however, this does not apply to two members of staff at the Inclusion Base. The Base is an asset and supports CLA in times of crisis and prevents permanent exclusions.

## **Procurement**

The contract with Welfare Call has been extended to August 2024. It would not be wise to change the provider for the ePEP system due to the system we have established with schools and Social Care.

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**Durham Virtual School  
Corporate Parents Panel  
Friday 29<sup>th</sup> September 2023  
Virtual School Update  
Virtual School Head  
Melanie Stubbs**



**Education  
Durham**



# Profile of Virtual School Cohort at 21<sup>st</sup> July 2023

- 766 Learners (Reception to Year 11)
- 136 Post 16
- 84 Pre-school (Age 2 to Nursery)
- 48% Primary
- 52% Secondary
- The gender split is 42% girls, 58% boys
- 22% were supported by an EHCP.
- 31% were identified as requiring SEND Support.

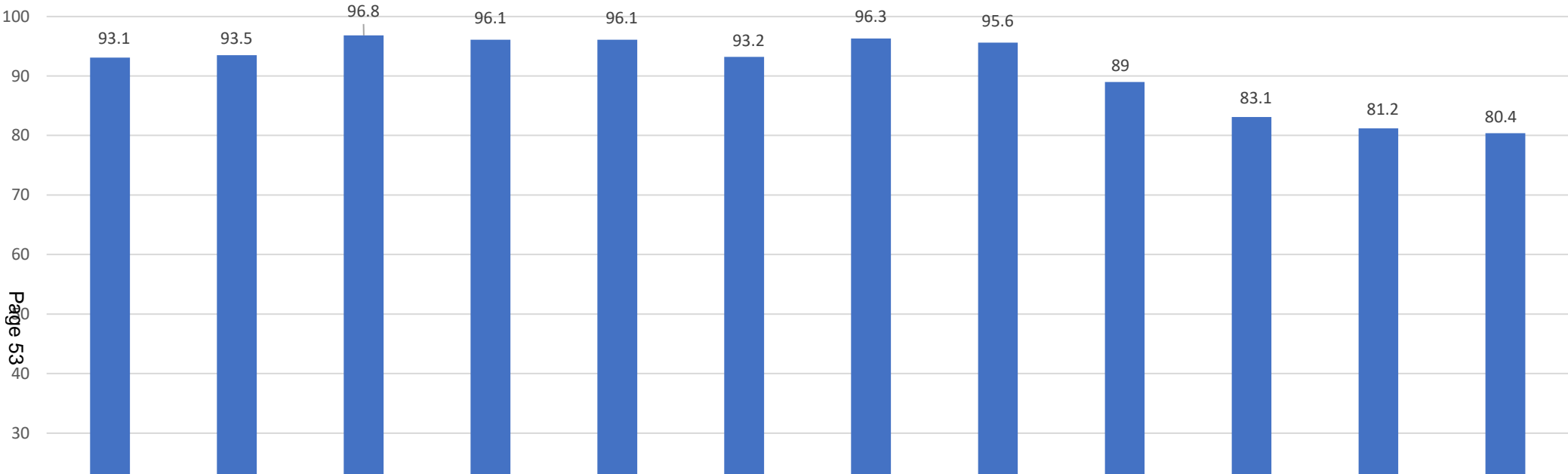


# Attendance and Suspensions

## Attendance Headlines

National CLA overall absence rates were over double those observed locally in the 2021/22 academic year. Similarly, national persistent absence rates were almost three times the rate observed locally.

- Below shows the attendance for CLA from September 22 to July 23:
- Overall attendance since September 22 = 91.4%, reception to Year 11
- Attendance of primary school age CLA was **95.35%**
- Attendance of secondary school age CLA not including Y11 = **86.2%**



# Suspension and Exclusion Data

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- Suspension and Permanent Exclusion Data for the same period

One young person was Permanently Excluded

School	Pupils 21/22	Pupils with more than 1 Suspension	Pupils 22/23	Pupils with more than 1 suspension
CLA	34	13	40	21

# PEP Update

Term	Green High Quality	Amber Below expected quality
Autumn 2021	91.7%	8.3%
Spring 2022	88.1%	11.9%
Summer 2022	90.1%	9.9%
Autumn 2022	79.9%	20.1%
Spring 2023	85.7%	14.3%
Summer 2023	86.7%	13.3%

English				Maths				English & Maths			
Pupils Achieving Grade 9-4 English (Lit or Lang)		Pupils Achieving Grade 9-5 English (Lit or Lang)		Pupils Achieving Grade 9-4 Maths		Pupils Achieving Grade 9-5 Maths		Pupils Achieving 9-4 EM		Pupils Achieving 9-5 EM	
Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
18	26.47%	12	17.65%	19	27.94%	9	13.24%	11	16.18%	6	8.82%

# Year 11 Outcomes

- There were 68 young people in the Year 11 reporting GCSE cohort.
- 32.4% of the reporting Yr 11 cohort were not placed in mainstream schools and 29.4% had an EHCP.
- Further information and analysis will be available in the Virtual School Annual Report for 2022-2023.



**Corporate Parenting Panel****29 September 2023****Annual Health Update****Health Update of the Designated Nurse for Children in Care, North East North Cumbria Integrated Care Board [NENC ICB]<sup>1</sup> - Durham****Electoral division(s) affected:**

Countywide

**Purpose of the Update**

- 1 This paper will provide an annual update from NENC ICB for Durham Children in Care covering the period of 2022 –2023. The report outlines the activity undertaken in NENC ICB, as well as the challenges faced during the year in the work to support Children in Care and those who are care experienced.
- 2 The annual update is included as Appendix 2

**Executive summary**

- 3 This is a local update for Durham Corporate Parenting Panel; an annual report for the 12 local authorities within the NENC ICB footprint will be produced centrally in line with duties and responsibilities outlined in the statutory guidance; *Promoting the Health and Wellbeing of Looked after Children* which is issued to the NHS and Local Authorities under sections 10 and 11 of the Children Act 2004.
- 4 ICBs are required to provide resources to support the provision of a service for Children in Care as defined in the Looked After Children: Roles and Competencies of Healthcare Staff [Dec 2020].

**Recommendation(s)**

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

## Background

- 6 It is the responsibility of Durham County Council and NENC ICB commissioned health services to recognise and respond to the unmet health needs of Durham Children in Care. The expected outcome is for all Durham Children in Care to experience improved health and well-being and have an awareness on how their long-term health needs can be addressed as they become adults.
- 7 Although many children enter the care system because of abuse and neglect, they have many of the same health issues as their peers. The extent of these can be greater because of their adverse childhood experiences. It is known that almost half of Children in Care have a mental health disorder and two-thirds have special educational needs. Delays in recognising and responding to a child's emotional well-being and mental health needs can negatively impact on their chances of reaching their full potential to lead happy and healthy lives as adults.
- 8 Children in Care and care experienced young people need easy access to services so their health needs can be met; this must be assisted by commissioning effective services to provide and co-ordinate high quality care.
- 9 ICBs are the main commissioners of health services; however, all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of Children in Care.
- 10 NENC ICB commission:
  - (a) County Durham and Darlington NHS Foundation Trust (CDDFT) to provide:
    - (i) Medical services for Children in Care and those with a plan for adoption.
    - (ii) Coordination of all health assessments [initial and review].
    - (iii) Review Health Assessments [RHAs] for Durham children living out of the local authority boundary but within a 20-mile radius.
    - (iv) Review Health Assessments for Unaccompanied Asylum-Seeking Children [UASC].
  - (b) Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to provide:
    - (i) Child and Adolescent Mental Health Services (CAMHS) to support children and young people with mental health difficulties.
  - (c) Durham Local Authority Public Health commission Harrogate and District NHS Foundation Trust (HDFT) 0-25 service to provide:

- (i) Review health assessments for Durham Children in Care living within the local authority boundary.

## **Conclusion**

- 11 The annual update provides an overview of the CiC population both nationally and locally and outlines the performance of NENC ICB commissioned services during 2022-2023.
- 12 The numbers of Children in Care including UASC within Durham have continued to increase year on year with 2022-2023 seeing further increases. The resources required to deliver a quality service to this cohort of children will require continued evaluation to ensure service provision is not compromised.

## **Author**

Jo Gamble

Designated Nurse for Children in Care [NENC ICB – Durham]

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## **Appendix 1: Implications**

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### **Legal Implications**

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

### **Finance**

None.

### **Consultation**

None.

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

The individual needs of all young people are considered.

### **Climate Change**

None.

### **Human Rights**

All children have the right to the best possible health.

### **Crime and Disorder**

None.

### **Staffing**

Staffing information is included in Appendix 2

### **Accommodation**

None.

### **Risk**

Non-adherence to statutory duty.

### **Procurement**

None.

**CHILDREN IN CARE ANNUAL HEALTH UPDATE**  
**FOR**  
**DURHAM CORPORATE PARENTING PANEL**  
**April 2022 – March 2023**

Jo Gamble  
Designated Nurse Children in Care

**Better health  
and wellbeing for all...**

## Introduction and background

This paper provides an annual update to Durham Corporate Parenting Panel outlining the activity undertaken in Durham for Children in Care by North East North Cumbria ICB<sup>1</sup> (NENC ICB) commissioned services in 2022 – 2023.

It is the responsibility of Durham County Council, and NENC ICB commissioned health services to identify and address the unmet health needs of Children in Care. Improving the health outcomes for all Children in Care and care experienced young people remains a key priority and is included in the NENC ICB Joint Forward Plan. The 5 priority areas for Children in Care are:

- Reverse the trend in statutory health care for Children in Care
- Well-coordinated, targeted, proactive and preventative health provision to ensure equitable access to mental health and physical health care
- Deliver the NENC ICB commitments in the Care Leavers Covenant
- Integrated care pathway for Children in Care
- Align support to care leavers up to the age of 25 years

The goal is for all Children in Care within Durham who are the responsibility of NENC ICB to experience improved health and well-being and have an awareness on how their long-term health needs can be addressed as they become adults.

Looked After Children is a statutory legal term defined in the Children Act 1989<sup>2</sup> used nationally to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority for a continuous period of more than 24 hours. It refers to children that are accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care. This also covers children in respect of whom a compulsory care order or other court order has been made, including those on an adoption pathway. It does not include children who have been permanently adopted or who are subject to a special guardianship or a child arrangement order. For consistency, this document will use *Children in Care* as the preferred terminology requested by the children and young people of Durham.

Children in Care fall into five main groups:

- Children who are accommodated under a voluntary agreement with their parents
- Children who are subject to a compulsory care order, interim care order or supervision order or other legal orders staying with birth family
- Children who are the subject of emergency orders for the protection of the child

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<sup>1</sup> NENC ICB covers 12 local authorities including Northumberland, North Tyneside, Newcastle, Gateshead, Sunderland, South Tyneside, Durham, Darlington, Redcar & Cleveland, Middlesbrough, Stockton, Hartlepool, Cumberland, Westmorland and Furness

<sup>2</sup> [Children Act 1989](#)

- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a Youth Rehabilitation Order with a residence requirement
- Children in respite/short breaks who are subject to the same statutory reviews as looked after children.

An additional and emergent category is Unaccompanied Asylum-Seeking Children (UASC) who are defined within Immigration Rules as being under 18 years of age when their claim is submitted and separated from both parents and not being cared for by an adult who in law (or by custom) has a responsibility to do so.

According to the United Nations Conventions on the rights of the child, a child is defined as everyone under 18 years old, unless *“under the law applicable to the child, majority is attained earlier”*. The unborn child must also be considered. The changing scope of service provision increasingly however encompasses care leavers and young people in education, as well as young adults up to the age of 25 years.

Care leavers are children and young people formerly in care before the age of 18 years of age. This could be foster care, residential care, or other arrangements outside the immediate or extended family. Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), which also informs how they can access a full copy if required. Young people leaving care should be able to continue to obtain health advice and services and know how to do so.

Carers and professionals should always practice trauma informed care and be aware of new safeguarding needs including the potential risk of contextual safeguarding of care leavers. Local authorities, ICBs and NHS England should ensure that there are effective plans in place to enable Children in Care aged 16 or 17 to make a smooth transition to adulthood, and that they are able to continue to obtain the health advice and services they need. Care leavers with complex needs, including those with disabilities, may transition directly to adult services and the pathway plan will need to be well supported to ensure this transition is seamless.

Most children enter the care system because of abuse and neglect. Although they have many of the same health issues as their peers, the potential for unmet needs is greater because of past adverse childhood experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting a child's emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

Meeting the health needs of children and young people in care requires a clear focus on easier access to services although commissioning can be complex with access to services potentially confounded by placement moves, for example, out of area placements. In addition, we need to be assured of the competencies of the wider health services in understanding Children in Care which links to training and guidance. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinate care.

When local authorities take children into care to improve outcomes they become 'corporate parents' as defined by the Children Act 2004; this refers to the collective responsibility of the local authority and partner agencies, including health, to provide the best possible care and protection for Children in Care and to act in the same way as a good parent/ birth parent would. The health system should have equally high aspirations for these children and young people, as outlined in the Children and Social Worker Act (2017). Children in Care are at greater risk of not realising their full potential and having poorer outcomes in terms of physical health, emotional, health, and educational attainment. Children in Care are over four times more likely to have an emotional or mental health need than their peers who are not in care. According to the Centre for Social Justice, there is an increased risk of offending, substance abuse and a quarter of girls in care become teenage mothers. At least one in ten care leavers aged 16 - 21 years who are parents have had a child taken into care in the last year.

The primary areas of unwarranted variation are:

- Access to timely and quality health services regardless of where Children in Care are placed in the United Kingdom.
- The health commissioning pathways to meet the statutory duties for all Children in Care are not fully understood and are complex, particularly impacting on children placed out of area, UASC and children on remand.

Some children who cease to be looked after – whether returning home, adopted or with a Special Guardianship Order or making the transition to adulthood – will have continuing health needs that require ongoing treatment. Health professionals and social workers should ensure that there is a suitable transition plan in place so that the child's health needs continue to be met; this should be detailed in the final review health assessment (RHA) and in the care leavers passport where appropriate. They should ensure that prospective adopters and care leavers have, or know how to obtain, the information they require about what health services, advice and support are available locally to meet their needs.

Accountability for Designated Professionals for Children in Care is set out within the Safeguarding Accountability and Assurance Framework [NHS England, 2022]. Designated Professionals for Children in Care take a strategic and professional lead across the whole



health economy providing expert advice and clinical expertise to the ICB, health providers and partner agencies by having a strategic overview on the specific health needs of the Children in Care cohort.

### National Profile of Children in Care

As of 31 March 2022<sup>3</sup>, there were 82,170 looked-after children and young people in England, with the total number increasing yearly since 2009 (Looked After Statistics for England 2022 including adoptions).

Children looked after (CLA) <b>82,170</b> Up 2% on 2021	CLA per 10,000 children <b>70</b> Not comparable to previous years	CLA who were UASC <b>5,570</b> Up 34% on 2021
CLA starting care <b>31,010</b> Up 9% on 2021	CLA ceasing care <b>30,070</b> Up 7% on 2021	CLA who were adopted <b>2,950</b> Up 2% on 2021

70% of all Children in Care are cared for in foster placements; 16% are in secure units, children's homes, or semi-independent living; 7% of Children in Care are placed with birth parents; 3% are placed for adoption and a further 3% are in other community or residential settings.

The demographics for Children in Care nationally are taken from the government's Statistical First Release (SFR)<sup>4</sup>. The SFR is based on data from the Children in Care return (also known as SSDA903) collected from all local authorities and published in December for the year ending 31st March.

### National Profile Health Findings

Of the 59,050 children who were in care for at least 12 months in the year ending 31 March 2021<sup>5</sup> national data indicated:

- 86% are reported as being up to date with their immunisations
- 91% are reported as having had their annual health assessment
- 89% of under 5's are reported as being up to date with development assessments
- 40% of children are reported as having had a dental check in the previous 12 months
- 3% of children are identified as having a substance misuse problem

<sup>3</sup> Gov.UK *Children looked after in England including adoptions* [Reporting year 2022 published July 2023]

<sup>4</sup> <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020>

<sup>5</sup> National health data for 2021-22 is not due for publication until October / November 2023

## **Local Health Indicators**

Children who have remained in care for a period of more than one year should experience an improved quality of life including improved health. The SSDA903 return provides crucial data to both the local authority and ICB in understanding the needs of this cohort of children to enable the commissioning of health services which focus on improving outcomes.

## **Dental Health**

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

**Priority 1:** Improving access to a local dentist to increase compliance for dental health assessments for Children in Care in Durham

A dental pathway for Children in Care has recently been approved by the ICB as part of the dental recovery plan. This is still in development and will be share with Childrens Social Care and other stakeholders for direct access referral to practices that are to be included in the scheme once agreed.

## **Immunisations**

Research suggests that Children in Care often enter the system with incomplete immunisations, and this is also evident with our population of UASC. It is therefore a priority of the local authority and health care providers to ensure that these children and young people are brought in line with the UKs national immunisation schedule.

## **Health Development Checks**

Health Developments Checks are completed for all children aged under 5 years. For purposes of the SSDA903 a child is considered up to date if child health surveillance or child health promotion checks have taken place by 31st March, even if they took place later than they should have done. If a child has missed all their previous health checks except the most recent, they are still counted as being up to date.

## **Overview of Durham Children in Care**

The overall number of Children in Care in Durham on the 31<sup>st</sup> of March 2023 was 1071. Although the numbers have increased, the rate of children coming into care is lower than other areas in the North East. There has been a large increase in the numbers of UASC in response to the National Transfer Scheme and this increase will continue at a much greater rate than our local authority neighbours across the North East.

Durham Children in Care 1,071	Children in Care who were UASC 59	Care Leavers aged 17-21 years 250 (28 care leavers are UASC)
Durham children new to care 456	Durham children leaving care 373	Children in Care adopted tbc

### **Durham Children in Care living out of the local authority boundary**

Where a local authority arrange accommodation for a Child in Care in another ICB area, the originating ICB retains health commissioning responsibilities. When children live away from their home authority there is a risk they do not receive the support and help they need<sup>6</sup>.

Assurance around health needs being addressed for these Children in Care is pursued via robust quality assurance processes including the audit of all health assessments for children placed out of the Durham area. Escalation processes are embedded between County Durham and Darlington Foundation Trust (CDDFT) health team and the Designated Nurse for Children in Care if difficulties in the completion or quality of health assessments and access to health services are identified.

**Priority 2:** Ensuring the needs of children from Durham who are living out of area and improving compliance of Out of Area (OOA) health assessments within statutory timeframes.

### **Children in Care from other local authorities living in Durham**

Children in Care should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. ICBs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for Children in Care are provided without undue delay. Local authorities and the NHS must collaborate to commission health services for all children in their area.

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

NENC ICB is the main commissioner of health services in Durham; however, all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of Children in Care<sup>7</sup>.

<sup>6</sup> [From a distance Looked after children living away from their home area Ofsted \(2014\)](#)

<sup>7</sup> [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

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

NENC ICB commission the Initial Health Assessment (IHA) provision from CDDFT including medical services for Children in Care and those with a plan for adoption. The team includes a Named Doctor for Children in Care and experienced paediatricians who complete all IHAs and adoption medicals for children in the Durham area.

There are two Medical Advisers involved in all stages of the adoption process for children and adults. Medical Advisors also attend permanence panels and are responsible for providing medical advice considering implications of the health of the adult in caring for a child. NENC ICB commission CDDFT to provide the Designated Doctor for Children in Care function which is undertaken by an experienced Consultant Paediatrician.

The Named Nurse and Children in Care team oversee the coordination of RHAs for Durham Children in Care. They also complete RHAs for Durham children placed out of the local authority boundary within a 20-mile radius and RHAs for children placed within Durham local authority boundary by other local authorities. The Named Nurse for Children in Care also manages the requests to out of area health teams for IHAs and RHAs to be completed for Durham children placed out of area. Quality assurance is carried out by the Named Doctor for IHAs.

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

Durham local authority Public Health commission Review Health Assessments (RHAs) for Durham children living within the local authority boundary from Harrogate and District NHS Foundation Trust (HDFT) who provide the Healthy Child 0-25 Service.

HDFT 0-25 Service undertake RHAs for Durham children living within the Durham local authority boundary. The Trust also support children living in local authority residential children's homes. The compliance for HDFT's performance is monitored by Public Health commissioners with oversight by the Designated Professionals.

## **STATUTORY HEALTH ASSESSMENTS**

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

All IHAs should be completed by a registered medical practitioner which is a requirement set out in statutory guidance<sup>8</sup>. The IHA should result in a health plan, which is available to the Independent Reviewing Officer (IRO) in time for the first statutory review meeting. That case review must happen within 20 working days from when the child came into care<sup>9</sup>.

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<sup>8</sup> [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

<sup>9</sup> [Regulation 33\(1\) of the Care Planning, Placement and Case Review \(England\) Regulations 2010](#)

<b>Table 1: Initial Health Assessments (IHAs) 2022-2023</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Statutory Indicator:</b> Of the number of children coming into care, those seen by a Paediatrician within 20 working days of coming into care	72%	64%	67%	58%
<b>LA Indicator:</b> Coram BAAF paperwork and consent received from LA within 5 working days	50%	57%	44%	59%
<b>CDDFT Indicator:</b> % of children offered an IHA appointment within 15 days of receiving correct paperwork and consent from LA	93%	80%	91%	78%
No of appointments cancelled / rearranged or child not brought	6	14	12	12

Despite an overall improvement in the timely submission of completed paperwork and consent forms from the local authority, there has still been a reduction in children receiving an IHA within 20 working days of coming into care; work is ongoing to improve this further.

Currently, reporting on compliance focusses on the health assessment being undertaken within 20 working days, not if the health plan is returned in time for the first Looked After Review. The local authority are now providing the Trust with the date for the first review which gives the Trust a date 'to work to' when arranging the IHA appointment. CDDFT work with carers to organise suitable appointment times to reduce non-attendance and cancellation of appointments, although flexibility can be difficult as clinic appointments fill up quickly.

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

RHAs may be carried out by a registered nurse or registered midwife. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday. The majority of RHAs are undertaken by Health Visitors and School Nurses depending on the age of the child. The HDFT 0-25 Service undertake RHAs for Durham children living within the Durham local authority boundary. The CDDFT health team complete RHAs for Durham children placed out of the local authority area within a 20-mile radius and children placed within the Durham boundary by other local authorities.

<b>Table 2: Review Health Assessments (RHAs) 2022-2023</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number of RHAs due	272	210	236	278
Number of RHAs returned within timescales	238	187	221	241
Number of RHAs not returned within timescales	34	23	15	37
% RHAs returned within timescales	88%	89%	94%	87%

The compliance data for RHAs does not currently differentiate between those required on a 6 monthly basis for children under 5 years or an annual basis for children over 5 years. This will be given further consideration in the future.

### **Tees Esk and Wear Valley NHS Foundation Trust (TEWV)**

Mental health services for children and young people are provided by Child and Adolescent Mental Health Services (CAMHS) commissioned from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). Durham County Council commission additional therapeutic support from Full Circle for children in care. Durham Children and Young People Service commission Full Circle which is a specialist integrated mental health team dedicated to working with Durham Children in Care and Care Experienced young people. Full Circle is a social work led team, made up of Therapeutic Social Workers employed by the local authority and a Consultant Clinical Psychologist and Clinical Nurse Specialist employed via TEWV; the team have links into the local CAMHS.

Full Circle utilise a trauma informed approach to assist placement stability by supporting the children's foster and adopters, social workers, residential staff, educational staff, and the child's care team to support the child's recovery from complex trauma and abuse. The team can support children placed in neighbouring local authorities by working across geographical boundaries to ensure the child does not suffer because of being placed outside Durham local authority boundary. Full Circle provides a gateway to CAMHS if required for a child or young person in care.

Within Durham, the ICB also commissions a range of services to support children and young people with mental health difficulties from TEWV CAMHS provided by TEWV. Services are delivered by a tiered approach (1 to 3) depending on clinical presentation and need whilst NHS England commission Tier 4 services for those children with the highest or most complex needs requiring inpatient mental health care.

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

The demand on Tier 4 beds and secure settings locally and nationally remains a significant challenge due to the complex needs some of our Children in Care are experiencing. CDDFT and TEWV continue to support these young people until an appropriate placement is

identified. The Designated Nurse for Children in Care liaises with colleagues across the country if placements are out of the Durham locality to ensure partners are aware of the placement move and are aware of the child's needs and additional vulnerabilities.

**Priority 3:** To understand the number of Children in Care accessing CAMHS services and to have assurance that their needs are fully met.

Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual Children in Care. The SDQ is a short behavioural screening questionnaire for use with 4 to 16 year olds. The questionnaire is used to assess children's emotional well-being and mental health and is completed by the child's carers and teachers and can be completed by children and young people aged 11-17 years themselves. It recommended within statutory guidance for assessing the emotional well-being of Children in Care and promoted by Durham Childrens Social Care<sup>10</sup> although nationally it is accepted to have limitations and alternatives are being explored.

The local authority collects information from the completed questionnaires and calculates the total score and shares this with the health team to inform the child's RHA. The RHA should reference actions arising from the SDQ to be included in the updated care plan. This all needs to be included in the Looked After Review with the oversight of the IRO and shared with the Virtual School. Full Circle are informed of all high scores, and they offer a post-trauma service for children, young people, their families, and carers. This includes specialist post-adoption support via the Adoption Support Fund.

### **Primary Care**

Primary Care providers are pivotal role in the identification of health needs of children and young people as they enter or leave care. GPs often have prior knowledge of the child/young person and their parent's medical histories which may impact on the child. It is critical that the primary care health records for Children in Care are maintained and updated and are transferred quickly if the child registers with a new GP practice, such as when he or she moves into another ICB area, leaves care, or is adopted.

GP practices should ensure timely access to a GP or other appropriate health professional when Children in Care or Care Experienced young people require a consultation. Practices need to understand who their Children in Care / Care Experienced young people are to offer timely access to appointments; this is an area for continued improvement during 2023-24.

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<sup>10</sup> [Durham County Council SDQs Practice Guidance](#)

The Designated and Named Professionals for Children in Care deliver training sessions to primary care outlining GP responsibilities towards Children in Care and Care Experienced young people.

**Priority 4:** To increase the compliance of primary care GP information to inform IHAs and RHAs a digital solution to improve the quality of GP information is being developed.

### Care Leavers

The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000<sup>11</sup> states that a Care Leaver is a 16 or 17 year-old who has been in the care of the local authority for a period of thirteen weeks or more spanning their sixteenth birthday. ICBs must make sure arrangements are in place to ensure a smooth transition for Children in Care and care leavers whilst moving from child to adult health services.

Health professionals and social workers should also ensure that there are suitable transition arrangements in place so that the child's health needs continue to be met. They should ensure that care leavers have, or know how to obtain, the information they require about their medical history and what health services, advice and support are available locally to meet their ongoing and future needs. This information is often contained within a document referred to as the 'Health Passport'. Local authority colleagues can request a Health Passport for each child from CDDFT six months prior to the young person leaving care or at a pathway planning when the young person turns 16. The monitoring of health passports has been a priority for 2022-23. CDDFT and local authority colleagues have worked proactively to increase the uptake of health passports. This will continue to be monitored in 2023-24.

**Priority 5:** Every care experienced young person should be offered a health passport to understand their health history.

### Unaccompanied Asylum-Seeking Children

Unaccompanied Asylum-Seeking Children (UASC) are not distributed evenly across the country and tend to be concentrated in local authorities with points of entry into the UK, for example Croydon and Kent. However, as a result of the National Transfer Scheme (NTS) which is now mandatory, the numbers of UASC being allocated to Durham has increased significantly and numbers are expected to continue to rise over the coming months and years. The NTS aims to provide the safe transfer of unaccompanied children between local authorities across the country to ensure they have access to services and support. The receiving authority become legally responsible for the child at the point of physical transfer of the child into the care of the receiving authority.

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<sup>11</sup> [Children \(Leaving Care\) Act 2000](#)



<b>Table 3: UASC 2022-2023</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Number of UASC coming into care in Durham	9	10	25	21
Number of UASC requiring IHA by CDDFT	3	6	12	14
B.1: Paperwork received within 5 working days from commencement of care ( <b>LA indicator</b> )	0 (0%)	1 (17%)	2 (17%)	1 (7%)
B.2: IHA completed within 20 working days of commencement of care ( <b>statutory indicator</b> )	0 (0%)	0 (0%)	3 (25%)	3 (21%)
B.3: First appointment offered within 20 working days of coming into care. (% of 14)	0 (0%)	0 (0%)	3 (25%)	2 (14%)
B.4: First appointment offered within 15 working days of receiving correct and complete paperwork ( <b>CDDFT Indicator</b> )	2 (67%)	1 (20%)	8 (67%)	10 (71%)
Number of UASC requiring IHA by OOA Health Provider	1	2	7	5
C.1: Paperwork received within 5 working days from commencement of care ( <b>LA indicator</b> )	0 (0%)	1 (50%)	3 (43%)	0 (0%)
C.2: IHA completed within 20 working days of commencement of care ( <b>statutory indicator</b> )	0 (0%)	0 (0%)	1 (14%)	1 (20%)
Number of UASC with IHA completed by Kent	3	2	4	2
Number of UASC awaiting confirmation of IHA completed by Kent	2	0	2	0
Number of UASC who did not attend/were not brought to appointment	0	2	0	0
Number of Appointments for UASC cancelled/re-arranged	1	1	1	4

An IHA appointment for an unaccompanied young person requires a double appointment. To minimise cancellations or non-attendance, CDDFT admin team contact the carer and social worker before an appointment is booked to ensure the date is convenient, does not coincide with other commitments and to confirm with the social worker that an interpreter is available. Delays can occur where NHS numbers are not available for unaccompanied young people and processes are being considered that will allow the appointment process to move forward while awaiting allocation; however, instances of paperwork being received for UASC without NHS number is decreasing.

Durham has seen an increasing number of children and young people seeking asylum placed within the local authority boundaries. The needs of unaccompanied asylum-seeking children will remain a health priority for 2023-24.

**Priority 6:** To ensure that unaccompanied asylum-seeking children have access to services and support to meet their needs.

The Designated Doctor for Children in Care is working with colleagues on several pathways to streamline access to services for our unaccompanied young people. This includes:

- Working with genito-urinary medicine (GUM) to create a joint pathway for blood borne virus (BBV) screening in those young people felt to be at increased risk of disease.
- Creation of patient and carer leaflets explaining the risk of BBVs and the need for testing, alongside the development of written consent forms that can be completed by carers, SWs, and young people.
- Collaborative working with the local authority UASC team and the plan to hold monthly meetings in order identify any concerns early and achieve optimal health outcomes.

### **Health Justice and Offending**

Nationally there were 13 secure children’s homes on 31 March 2023. Of these, 12 are run by local authorities and 1 by a charitable organisation. According to national data, these offer a total of 214 places, of which 101 are commissioned by the Youth Custody Service for children remanded in custody by the courts or who are serving a custodial sentence. The rest are for children placed by local authorities under section 25 of the Children Act 1989 which sets out the 'welfare' criteria to be met before a Child in Care may be placed in secure accommodation [only one of these two criteria need be established]. The 'welfare' criteria are that:

- A) The child has a history of absconding and is likely to abscond from any other description of accommodation; and
- B) If the child absconds, they are likely to suffer significant harm; **or**
- C) If the child is in other accommodation, they are likely to injure themselves or others.

**Priority 7:** To understand the needs of children who are compulsorily accommodated the Designated Professionals will work with the LA and NHSE responsible for Health Justice to ensure the needs of Children in Care who are accommodated are being met.

### **Conclusion**

The numbers of Durham Children in Care, UASC and Care Experienced young people have continued to increase year on year with 2022-23 seeing further increases. The resources required to deliver a quality service to this cohort of children will require continued evaluation to ensure this is not compromised and the health needs of these young people are met.

## **Health Update for Durham Corporate Parenting Panel**

**Jo Gamble**

**Designated Nurse Children in Care**

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

**NENC ICB is the main commissioner of health services in Durham.**

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

- Initial Health Assessment provision
- Medical Advisers for adoption
- Coordination of all IHAs and RHAs for all Durham Children in Care (living in and out of area) + children living in Durham from other local authorities
- RHAs for Durham children placed out of LA boundary up to 20 miles
- RHAs for UASC living in Durham
- Health passports for care experienced young people / care leavers

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

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

- RHAs for Durham children living in Durham
- Support to local authority residential children's homes in Durham
- Support to the Care Leavers Hub

## **Tees Esk and Wear Valley NHS Foundation Trust**

- Mental health services for children and young people provided by Child and Adolescent Mental Health Services (CAMHS)

## **Additional NHS services are provided by**

- Primary Care / GP practices
- Dental Services

# Initial Health Assessments (IHAs)

<b>Table 1: Initial Health Assessments (IHAs) 2022-2023</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Statutory Indicator:</b> Of the number of children coming into care, those seen by a Paediatrician within 20 working days of coming into care	72%	64%	67%	58%
<b>LA Indicator:</b> Coram BAAF paperwork and consent received from LA within 5 working days	50%	57%	44%	59%
<b>CDDFT Indicator:</b> % of children offered an IHA appointment within 15 days of receiving correct paperwork and consent from LA	93%	80%	91%	78%
<b>No of appointments cancelled / rearranged or child not brought</b>	6	14	12	12

# Review Health Assessments (RHAs)

<u>Table 2: Review Health Assessments (RHAs) 2022-2023</u>	Q1	Q2	Q3	Q4
Number of RHAs due	272	210	236	278
Number of RHAs returned within timescales	238	187	221	241
Number of RHAs not returned within timescales	34	23	15	37
% RHAs returned within timescales	88%	89%	94%	87%

## Priorities for 2023 – 2024

**Priority 1:** Improving access to a local dentist to increase compliance for dental health assessments for Children in Care in Durham

**Priority 2:** Ensuring the needs of children from County Durham who are placed out of area and improving compliance of Out of Area (OOA) health assessments within statutory timeframes.

**Priority 3:** To understand the number of Children in Care accessing CAMHS services and to have assurance that their needs are fully met.

**Priority 4:** To increase the compliance of primary care GP information to inform IHAs and RHAs a digital solution to improve the quality of GP information is being developed.

**Priority 5:** Every care experienced young person should be offered a health passport to understand their health history.

**Priority 6:** To ensure that unaccompanied asylum-seeking children have access to services and support to meet their needs.

**Priority 7:** To understand the needs of children who are compulsorily accommodated the Designated Professionals will work with the LA and NHSE responsible for Health Justice to ensure the needs of Children in Care who are accommodated are being met.



**Corporate Parenting Panel**

**29 September 2023**

**Annual Performance Report 2022/2023:**

**The Full Circle**



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**Report of Michelle Summerbell, Full Circle Team Manager, Children and Young People's Services, Durham County Council**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 This report outlines the activity and development of the Full Circle Service covering the period from April 2022-March 2023

**Executive summary**

- 2 The past year has proved to be very busy for The Full Circle team with lots of developments and many competing demands upon staff time.
- 3 There has been an increase in referrals in 2022-2023 and ongoing demand for trauma informed approaches training alongside vacancies within the Team and maternity leave which has meant a busy year for the Team. However, through ensuring support to the Team, sickness levels have remained extremely low.
- 4 The Full Circle have worked hard to provide therapeutic input, support trauma informed approaches to practice throughout Children's Services and in our journey to become more financially sustainable longer-term, through offering post-adoption support utilising the Adoption Support Fund and offering traded services to other local authorities.

**Recommendation**

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

## **Background**

- 6 Full Circle is a specialised, integrated children's mental health service for children who are in our care and adopted children, who have experienced complex trauma through neglect and abuse. In addition, Full Circle provide consultation and training for parents, carers and professionals where children have not met our criteria for direct therapeutic support.
- 7 The Full Circle is licensed to provide the NSPCC post sexual abuse programme 'Letting the Future In', so that children in the care of in Durham do not have to travel out of county for this support.

## **Staffing**

- 8 Staffing levels are 1x Team manager (TM), 1x Social Work Consultant (SWC), 1x Enhanced TSW Practitioner (EP), 7.5 x FTE Therapeutic Social Workers (TSW's), 1x Consultant Clinical Psychologist (CCP), 1x Clinical Nurse Specialist (CNS).
- 9 Staffing remained stable over the first two quarters in the last financial year. During Quarter 3 there were vacancies which have now been successfully recruited to. However, there has been 1 Therapeutic Social Worker and 1 Enhanced Practitioner on Maternity Leave.
- 10 A new CCP Dr. Alison Foster commenced her post in May 2022 to fill a vacancy due to retirement.
- 11 In quarter 3, we developed a new Clinical Psychology post within Full Circle, to have a lead focus on support to residential services. This post will allow a significant increase in the psychology support to children in our residential care and the residential staff caring for them. We have also created a new Therapeutic Assistant post, which we have successfully recruited to. This staff member has brought to the Team, significant experience in special educational needs and utilising trauma informed approaches in education.

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

- 12 The Full Circle sits under the umbrella of Countywide Specialist Services. It is integrated with CAMHS (Child and Adolescent Mental Health Service) and the Consultant Clinical Psychologist and Clinical Nurse Specialist are both employed through TEWV (Tees, Esk and Wear Valley) NHS Trust, with their posts in Full Circle funded by the Local Authority.
- 13 Work commenced this financial year with CAMHS SPA (Single Point of Access), to streamline and expedite the inter-agency processes when seeking support for a Durham child and those eligible for Traded

Services (a child living in Durham under another local authority). The TM now attends a weekly CAMHS SPA huddle, so discussions can take place to ensure children access the most appropriate service to meet their needs.

- 14 The Clinical Nurse Specialist (CNS) has been able to support a multi-agency approach in respect of considerations of ADD/ADHD and Autism queries.
- 15 The SWC is a member of the Adoption Panel and has provided a valuable link for those families adopting Durham children and we also have been involved in the development of the Regional Adoption Authority which brought in additional funding.
- 16 We place children and young people at the heart of our work and therefore their views are vital. During 2022-2023, we successfully ran an art competition and therapy room redesign project. This was with the support of the Investing in Children (IIC) Team, an interior design company and graffiti artist (funded by an Arts Council Grant). Its purpose was to encourage the input of children and young people into the redesign of our substantive building (which has been closed for refurbishment as part of a regeneration project). This, alongside previous young people, and their carers forums, led to Full Circle achieving their Investing in Children Membership award with positive feedback. Ongoing work and consultation with the Children in Care Council is planned for 2023-2024 which will encourage further input and will hopefully support the ongoing renewal of this award.
- 17 The Full Circle and Virtual School (VS) have continued to collaborate this financial year to successfully extend the Service Level Agreement (SLA) aiming to improve the educational outcomes for children who are looked after.

### **Development Activity**

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

#### *Premises Move*

- 19 Whilst the Team were due to move back to our substantive building in July 2022 following a regeneration project, this has been significantly delayed, with the move now not due until May 2023. This has had an operational impact due to countywide working and lack of therapeutic space available as well as demands on staff time of achieving and travelling to appropriate alternative venues.

### *Trauma Informed Approaches Strategy*

- 20 Trauma Informed Approaches (TIA) continue to be embedded in the practice framework of Durham and whilst the Trauma Strategy has now been completed as a focussed and targeted piece of work, TIA's continue to be promoted by Full Circle. The workshops offered to managers and champions during the Strategy are now available via Development and Learning; these workshops focus on practice and care planning through a trauma lens – Managing Disclosures, Family Time, Using Trauma Informed Language and Re-enactment and Vicarious Trauma.
- 21 A full day TIA training by Full Circle has also been made available to social care staff and partner agencies of the DSCP to further extend understanding and TIA and this has been ongoing this financial year. Additionally, there are a limited number of places on this training for external delegates and agencies as part of Full Circle Traded Services. This continues to be successful and receives positive feedback.
- 22 In addition, we recorded training around the Impact of Neglect on Adolescents, which forms part of the Neglect training delivered by the Durham Safeguarding Children's Partnership (DSCP).
- 23 In quarter 3, a range of workshops for the Regional Adoption Agency were also developed and delivery of these has been ongoing, with further workshops planned into the next financial year.

### *Full Circle review & process development*

- 24 A development day was held with the Full Circle Management Team in quarter 4 to review Team criteria, functioning and processes across all Children's Services. Following on from this, processes have been finalised and in quarter 4, our operating guidance was added to the Durham Procedure Manual alongside helpful resources and handouts.
- 25 In quarter 4, we also initiated monthly development sessions between the Team Manager, Social Work Consultant, Clinical Child Psychologist and CNS. The purpose of these, being to review our clinical pathways in line with smarter working and good practice. These have been productive so far and support the Team to have more structured working and better focussed working and throughput to also support with Service demands. This work will continue into the next financial year.

### *Income Generation*

- 26 Key sources of income within the Full Circle are ASF (Adoption Support Fund) funded post-adoption work and Traded Services.

- 27 A revised cost list was created and approved at finance panel.
- 28 Traded services consists of providing costed service provision to children and their carers/families living in Durham under another local authority who commission services. This has included therapeutic work, training and consultation. This is supported by robust processes to continue to promote income generation. Where we have provided a service, we have had really positive feedback. There have been challenges and delays to receiving payment, however with support from Business Support and the Debt Recovery Team, we have been able to progress this in the majority of instances.
- 29 ASF income generation has been impacted by declining referrals from the Post-adoption Support Team since the commencement of the Regional Adoption Agency. However, work has been undertaken to try and address this had led to an increase in the number of referrals received. Work continues to promote referrals and expand ASF income.
- 30 The Virtual School (VS) SLA continues and runs up until end of this academic year. This is paid for via Pupil Premium funding and is due for further review in April 2023.

#### *Virtual School Offer*

- 31 The VS agreement funds the delivery of support via duty calls, consultation as well as training. We offer whole school Trauma Informed Approaches in the classroom training and bespoke training (in respect of an individual child).
- 32 In addition, a regular training programme for Designated Teachers (DT's) to raise awareness and develop understanding of Trauma Informed Approaches in the classroom has continued. The feedback for this has been positive and there were requests for more in-depth elements of the training to be available, which have been created and delivered in quarter 3 to positive feedback. The 'baseline' training has also continued for those who have not yet attended the Trauma Informed Approaches in the classroom training. We have also designed a brief training session for DTs to share forward to their teaching staff and have delivered a 'train the trainer' session in quarter 3, with further dates planned for next year.

#### *Liquid Logic*

- 33 Full Circle are in the process of developing a sophisticated dashboard for performance management purposes. This is now in trial period; data will be presented to monthly performance clinics which allows for

scrutiny by the Head of Service. The dashboard will also include Traded Services and post-adoption support.

### *Signs of Healing*

- 34 Full Circle have adopted the Signs of Healing model as part of Durham embedding Signs of Safety into their practice Framework and had fed back regularly into the Signs of Safety Board.

### **In-house support and provision**

- 35 In addition to the working groups attended and core Full Circle business and training, we have provided the following:

#### **Supporting Solutions Service (SS) (Edge of Care, ERASE child exploitation team):**

- 36 **Clinical supervision** - Group supervision is provided by the Full Circle Enhanced Practitioner (EP). Whilst the Enhanced Practitioner was on maternity leave, this was covered by the Social Work Consultant (SWC), but has now returned to the EP. Both the EP and SWC have received Clinical Supervision training to enable them to competently undertake this role.
- 37 Workers in discrete service areas are offered separate group supervisions so that discussion can be tailored to meet their needs. Staff are also provided with individual clinical supervision when they are working with a particularly challenging young person/family or where a particular need is identified. Individual clinical supervision is provided to ERASE staff and Supporting Solutions staff where individual cases are intensive traumatic.
- 38 **Consultation Clinics** – The EP and a Therapeutic Social Worker (with experience in edge of care work) provide weekly consultation clinics for Supporting Solutions staff to discuss young people and their families/carers who are particularly complex, and there may be a therapeutic need.
- 39 **Staff Training** – The Enhanced Practitioner and a Therapeutic SW have provided training to all staff members across Supporting Solutions, ASET, Rapid Response Team and ERASE Team around trauma informed practice, secondary and vicarious trauma, self-care, the teenage brain, self-harm and therapeutic closure letters.

#### **Care Leavers Team:**

- 40 **Drop-in sessions** - The Clinical Nurse Specialist/Therapeutic Social Worker this year have been providing drop-in clinics for the Young People's Advisors (YPA's) on the Care Leavers Team. This clinic

allows YPA's to seek advice, consultation and guidance to assist with complex cases and provide a trauma-informed perspective to their support of young people, whilst considering the most appropriate service for them.

### **Residential Services:**

- 41 It has been recognised that due to staffing changes and a planned increase in new residential provision, that it would be beneficial to review the Full Circle offer to Residential Services, to compliment that already on offer. Work has been ongoing with Team Manager, Clinical Child Psychologist, Strategic Managers and the residential Quality Assurance Managers, to develop this offer.
- 42 So far, we have increased our offer of consultation for the children's homes with our Consultant Clinical Psychologist as far as current capacity will allow and this continues to develop. Once the new Clinical Psychologist is in post, we are looking to offer a monthly consultation for all residential homes in addition to any other support we are offering in respect of a particular child or young person open to Full Circle.
- 43 Training has continued to be provided to residential service staff this financial year – in terms of using a TIA, and more bespoke training in respect of a child where a need for this has been identified. We are currently working on a more formalised package of training, which will be led by the new Clinical Psychologist once in post.

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

- 44 The Connected People and Nurturing Attachment training courses have both been adapted and run successfully over Microsoft Teams. Where group sessions have not been a possibility for some, direct training has been provided. Once we return to our substantive premises, we will look to provide this training as a hybrid model to meet to requirements of attendees.
- 45 Training leaflets have been developed this year to promote the training and shared with the relevant teams to support this.
- 46 In addition, 'Attachment and Trauma' training has been provided virtually to adoptive parents during their preparation training and to foster carers support groups.

### **Training Provision to Professionals**

- 47 Virtual and face-to-face training and consultations have been provided to schools, CAMHS, Children's Social Care, Early Help staff, internal and external residential provisions, ASYE's, Supporting Solutions, Erase, Rapid Response, ASET and Care Leavers service staff among

many others. Full Circle are included as part of DCC staff induction, to encourage an understanding of Full Circle, of trauma and attachment and promote trauma informed practice. As part of this we promote Full Circle's Nurturing Attachments and Kinship Carer training so that they can inform families about the training, and support and challenge them afterwards to ensure the learning is put in place to improve outcomes for children and families.

## Training Delivered 2022-2023

Training	Sessions/hours	Staff members
<b>Nurturing Attachments Group</b>	3 sets x 7 days training	RW, SP, PW
<b>Kinship carers training</b>	4 sets x 3 day training 3 x 1:1 Sessions	HS, KT KT
<b>ASYE/SW academy cohort</b>	X 2 Sessions	PW, LS, PW
<b>School training/education staff</b>	X 55 training sessions	PR, HS, SP, KT, LS, RW, AF, DE, PW
<b>Residential</b>	14 training sessions	KT, DE, SP, LS, AF, RW
<b>Trauma Strategy (Children's Social Care – via workforce development)</b>	12 Training Sessions	AF DE, PR, SP, RW, LS, HS, LW
<b>Launchpad and foster carer support group sessions</b>	X 1 sessions	AF
<b>RAA/Adoption training</b>	X 6 Sessions	LW, HS, SP, LS
<b>Supporting Solutions, ASET, Rapid Response training</b>	X 3 sessions	LW, KT, SP, RW
<b>DSCP Trauma Informed Approaches training</b>	X 5 sessions	DE, LW
<b>New staff Induction presentation</b>	X 2 sessions	MS, LW
<b>Other (conferences/regional events etc)</b>	Trauma Training to Newcastle Doctorate Course A recorded 2 hour training delivery titled 'Impact of neglect on adolescents.' Looked After Team-Development Day-Working with parents trauma informed care Family time team Family Time workshop Kinship carers event	AF, LS, PR, NR, LW, AF, HS, JP, RW,



## Outcomes – Full Circle

*Total number of new referrals received*

Time period	Number of referrals (and percentage increase/decrease)
Quarter 1	171 (27% increase from previous year's quarter 4)
Quarter 2	143 (16% decrease from quarter 1)
Quarter 3	163 (14% increase from quarter 2)
Quarter 4	162 (0% decrease/increase from quarter 3)
<b>Total</b>	<b>639 (7% increase on 2021/22)</b>

*Outcome of screenings/consultations*

	QTR 1		QTR 2		QTR 3		QTR 4	
	Cons	Scr	Cons	Scr	Cons	Scr	Cons	Scr
Allocated for work	28	19	30	33	10	40	15	20
Information & advice given only	48	10	48	20	24	6	38	5
Kinship Carers training	1	1	6	0	7	5	8	6
Nurturing Attachments training (only)	0	0	7	1	2	2	3	0
Signposted to other services	0	0	0	0	1	0	1	0
Pre-match	3	0	9	0	8	0	5	0
No longer required	0	0	0	0	0	0	0	0

	Consultations	Screenings
<b>Total provided 2022-2023</b>	<b>302</b>	<b>168</b>

### *Open Cases to Full Circle*

	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
<b>Children in our Care Teams</b>	105	117	111	106
<b>Early Help</b>	15	20	18	17
<b>Care Leavers Service</b>	5	1	3	3
<b>Families First</b>	23	17	16	15
<b>Adoption</b>	4	9	16	16
<b>Children with Disabilities Team</b>	0	0	0	0
<b>Traded Services</b>	0	0	0	0
<b>Total</b>	7	6	5	5
	<b>159</b>	<b>170</b>	<b>169</b>	<b>162</b>

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

	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
<b>Foster care</b>	94	95	89	86
<b>Adoption</b>	19	30	36	34
<b>Residential</b>	17	15	15	15
<b>Birth Family</b>	13	9	8	8
<b>Kinship Carers</b>	14	17	19	17
<b>Supported Lodgings</b>	2	3	1	1
<b>Independent Living</b>	0	1	1	1
<b>Total</b>	<b>159</b>	<b>170</b>	<b>169</b>	<b>162</b>

## Consultation Clinics

Team/service area		Q1	Q2	Q3	Q4	Total
<b>Supporting Solutions (NR/KT)</b>	Consultations	15	12	15	12	<b>54</b>
	Clinical Supervisions	9	6	1	0	<b>16</b>
<b>Care leaver drop-in sessions (MC/DE)</b>	Consultations	4	15	1	8	<b>28</b>
<b>CioC/drop-in – (LW/DE)</b>	Consultations	6	2	9	6	<b>23</b>

## CGAS outcome measures for active cases closed

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

Q1 Closures: 31	Increased CGAS score following intervention	Increased CGAS score following intervention (now higher score band)	CGAS score remained the same following intervention	Decreased
<b>Number</b>	31	14	0	0
<b>Percentage %</b>	100%	45%	0%	0%

Q2 Closures: 38	Increased CGAS score following intervention	Increased CGAS score following intervention (now higher score band)	CGAS score remained the same following intervention	Decreased
<b>Number</b>	35	26	1*	2**
<b>Percentage %</b>	92%	74%	3%	6%

Q3 Closures: 56	Increased CGAS score following intervention	Increased CGAS score following intervention (now higher score band)	CGAS score remained the same following intervention	Decreased
Number	52	30	4*	0
Percentage %	93%	54%	7%	0%

Q4 Closures: 80	Increased CGAS score following intervention	Increased CGAS score following intervention (now higher score band)	CGAS score remained the same following intervention	Decreased
Number	78	55	2*	0
Percentage %	97%	68%	3%	0%

*\*For those whose score remained the same:*

*In quarter 2 - The timing of the referral was inappropriate and there was uncertainty with the care plan.*

*In quarter 3 – in both instances where the CGAS scores remained the same, this was due to children/family not willing to engage.*

*In quarter 4 – One score remained the same as work did not progress due to traded services funding not being approved by another local authority. For the other reduced score, this was due to the young person no longer willing to engage due to other life demands.*

*\*\* For those whose scores decreased in quarter 2 – there was one reduced score due to circumstances impacting (carer dying and a placement move where work was taken as far as possible at the time. The other reduced score was due to an allegation against the kinship carer and a placement breakdown. Again, work was taken as far as possible at the time.*

## SDQ's

- 49 The table below shows the number of raised SDQ (Strengths & Difficulties Questionnaire) score alerts received by Full Circle each quarter and the subsequent response. SDQs should be completed for children/young people when they become looked after and again at review.

<b>SDQ raised score alerts - outcomes</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Already working/recently worked with Full Circle/Full Circle support available	34	9	11	11
Receiving a service elsewhere	5	8	9	7
Consultation arranged or tba	41	18	19	62
Consultations offered not yet responded	0	0	0	0
Settled in Placement	21	2	3	2
Kinship Carer training	0	0	0	0
Unsuitable time (new place/moving)	3	2	9	5
<b>Total number</b>	<b>104</b>	<b>39</b>	<b>51</b>	<b>87</b>

## Qualitative Feedback

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

For Diane for DSCP TIA training: *“Very thought provoking, how just changing wording can take the blame from children and young people”.*

For Helen from a foster carer: *“Hi Helen, Thank you so much for these. What can I say , it has been an absolute pleasure working alongside you . I\*\*\*\*\* and myself will certainly miss you. I personally want to say a massive Thank you for everything you have helped and supported us with. We think both children will continue to make great progress going forward. I know I will miss our sessions especially the dancing ones lol.”*

For Diane for support to Vita Nova residential home in respect of a Durham young person: *“ Hi Diane, I would just like to thank you again for your excellent training this afternoon we appreciate the support from yourselves”.*

For Louise from a SW in regard to feedback from prospective adopters: *“J and T both spoke highly about the work that they have been doing and how helpful it has been”.*

For Philippa from a social worker: *“ Thanks for this update. I went out to see the children yesterday and did find \*\*\* far more talkative and expressive. He told me he thought things were going well and he had no specific worries and would speak to \*\*\* if he had any wobbles. I think the work you have completed with him has helped him understand his feelings and process things better. Thanks for the work you have put in as it has made a difference for \*\*\*.”*

To Kelly from a secondary school that received Full Circle training: *“Thanks Kelly. There was high praise for you last night so thank you.”*

Feedback re Kinship Carer training (Helen & Kelly): *“Thank you for this training it was really helpful.”*

For Kelly and Alison from a CIC team manager: *“Can I please share this incredible practice from Orchard House, Full Circle and \*\*\*(SW). Please can you I ask you to celebrate this with them and the whole care team who were prepared to change and not give up on her.”*

For Sarah from some foster carers: *“Hi Sarah, Bitter sweet, It is great that \*\*\* is managing well, I understand that the time is upon us to close. Both myself and \*\*\* would like to say a huge thank you for your support and understanding, the work you have undertaken with \*\*\* has been undeniably a huge positive for \*\*\*, it has been lovely to see her work to build a trusting relationship out with myself and truly open up. On a personal note you have been a huge support to me, helping me navigate through some difficult and emotional times whilst helping \*\*\* get to the place she is today, sometimes you just need someone to tell you are getting it right in such uncharted situations”.*

For Diane from a young person who rated her session as a positive 10!: *“You have been brilliant”.*

For Alison and Lia from some trainee clinical psychology students following some training delivery: *“I thought this teaching was brilliant, really practical and helpful with how to work with children. Not just theory based so helpful thank you very much!”*

*“Good balance of didactic teaching and group exercises. It was helpful to have both Lia and Alison there as it showed how the MDT approach works when working with childhood trauma. Alison shared lots of resources which are so helpful and I feel like I have lots to go to when I work with children who have experienced trauma in the future :)”*

*“Overall a really informative and engaging session. I felt both facilitators were really experienced and could share a lot from their own work to demonstrates the theory and knowledge in the presentation. It has helped build my confidence as someone who has never worked with children.”*

## **Service Development Plan 2023-24**

51 Below outlines the high level developments for Full Circle:

- (a) Establishing clear Governance arrangements for Full Circle, this will include a review of resources and exploration of a financial contribution from health.
- (b) Establishing a performance and quality assurance framework, reviewing data collection on CLS and the development of a Power BI that will support the continuous development of the Full Circle service.
- (c) Ongoing Process review and Development of Clinical pathways to ensure the team resource is meeting the needs of the Children in Durham.
- (d) Continue to work with Residential Services to understand the the level of resource required to provide clinical psychological and trauma informed support to Durham Children Homes and how this will be met, this will also include exploring funding.
- (e) Ongoing development of Traded Services and income generation, through Adoption Support Fund support, training to Virtual Schools and DSCP. Working with Marketing looking at promotional material and web presence.
- (f) Ongoing Team development through bespoke training based on emerging need.

### **Background papers**

- None

### **Other useful documents**

- None

### **Author**

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

None

### **Consultation**

None

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

None

### **Climate Change**

None

### **Human Rights**

The rights of children and young people are considered in the delivery of this support

### **Crime and Disorder**

None

### **Staffing**

There has been an increase in referrals in 2022-2023 and ongoing demand for trauma informed approaches training alongside vacancies within the Team and maternity leave which has meant a busy year for the Team. However, through ensuring support to the Team, sickness levels have remained extremely low.

### **Accommodation**

The Team were due to move back to the substantive building in July 2022 following a regeneration project, however this was delayed, until May 2023. This had an operational impact due to countywide working and lack of therapeutic space available as well as demands on staff time of achieving and travelling to appropriate alternative venues.

### **Risk**

The risk of not providing this service could mean that post adoption support is not available to young people and their families



**Procurement**

None

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# Full Circle Service Update

Michelle Summerbell  
Team Manager, The Full Circle

# How do we work and what do we offer?

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

# Key Developments 2022- 2023

- Therapeutic Assistant & Trainer post and a new Clinical Psychologist post.
- Increased offer to DCC residential homes
- ADaPT Trauma Focussed CBT trial
- A new clinical pathway & resources
- New set of operational processes, updated criteria created and information leaflets/sheets.
- Trauma training offer and workshops roll
- Virtual schools offer extended. Over the last academic year, we have provided 208 hours of training and consultation
- Successful joined up working due to weekly attendance at weekly CAMHS SPA huddles – helping to determine most appropriate mental health support/therapeutic intervention for C&YP in Durham. Promotion of Traded Services via this route.
- Full Circle were proud to receive the **Investing in Children Membership Award™** in 2022 to positive feedback, with further work ongoing to continue to shape service provision and the renewal of this award. Children in Care Council meetings made some valuable suggestions which we are addressing. A celebration opening to take place to showcase C&YP work in helping to design new therapeutic space.

# Summary of Outcomes

- In 2022-2023, 639 referrals were received into Full Circle – a 7% increase on referrals received the previous year, an increase on the same time last financial year, with an average of 165 cases open for ongoing work/support at any one time.
- Outcome measures identified that, just over 95% of children who had been open to Full Circle had improved outcomes across a range of areas.
- In addition to school training, Full Circle also provided:
  - 36 hours of training to kinship carers
  - 76 hours of training to foster carers and parents (adoptive)
  - 14 training sessions to residential staff
  - 71 hours of training to social care professionals and partner agencies.
- Ofsted feedback (2022): As well as regularly highlighting positive practice throughout the Inspection, in their report, Ofsted also said:

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

# Development Aims 2023-2024

- Establish clear Governance arrangements for Full Circle - this will include a review of resources and exploration of a financial contribution from health.
- Reviewing and updating the performance and quality assurance framework - developing new key performance indicators and systems development to support performance and quality monitoring.
- Ongoing process and clinical pathway review to ensure the team resource is meeting the needs of the Children in Durham.
- Continued work with Residential Services to understand the level of resource required to provide clinical psychological and trauma informed support to Durham Children Homes and how this can be met.
- Ongoing development of traded services and income generation through the Adoption Support Fund, traded services, Virtual Schools SLA and DSCP training. Work with Marketing looking at promotional material, resources and web presence.
- Ongoing Team development.

# The benefits – service feedback

## Feedback from a C&YP receiving direct therapeutic support

*“You have been brilliant 😊”*

*“i just want to say i have received your letter and i wanted to say thankyou, thankyou for always helping me a for listening to me about my childhood trauma. i am happy i met you and i am glad i got to share them with you for you to help me with them even know they have been hard to speak about.”*

## Feedback from parents/carers

*“Can I take this opportunity to thank you for all the work you have done with R, I could see a difference in him after the first couple of sessions so I can't thank you enough. You really are superb at what you do and I am indebted to you for how you have helped us all”.*

*“Our worker guided us through some very tricky situations with reassurance and endless practical support, which in turn helped E settle and flourish.”*

## Feedback from professionals

*“Thanks for all you have done, it has been a great pleasure working with you and thanks for all the support you have given to the team, in order for us to support J. We have taken a great deal from you. The team have expressed how much they enjoyed the training today and were buzzing when they returned to the home.”*

*“ Thanks for this update. I went out to see the children yesterday and did find \* far more talkative and expressive. He told me he thought things were going well and he had no specific worries and would speak to \* if he had any wobbles. I think the work you have completed with him has helped him understand his feelings and process things better. Thanks for the work you have put in as it has made a difference for \*.”*



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