



## **Corporate Parenting Panel**

**Date**      **Friday 13 September 2024**  
**Time**      **9.30 am**  
**Venue**     **Committee Room 2, County Hall, Durham**

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### **Business**

#### **Part A**

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

- 1 Apologies for Absence
- 2 Substitute Members
- 3 Minutes of the meeting held on 19 July 2024 (Pages 3 - 16)
- 4 Declarations of Interest
- 5 Corporate Parenting Panel Terms of Reference  
- Joint Report of Head of Early Help, Inclusion and Vulnerable Children and Head of Children's Social Care (Pages 17 - 54)
- 6 Care Experience - Protected Characteristic  
- Report of Head of Children's Social Care (Pages 55 - 84)
- 7 Unaccompanied Asylum Seeking Children Annual Update  
- Report of Head of Children's Social Care (Pages 85 - 100)
- 8 Annual Health Update  
- Report of Designated Nurse for Children in Care, NENC Integrated Care Board - Durham (Pages 101 - 120)
- 9 The Full Circle Annual Performance Report  
- Report of Head of Children's Social Care (Pages 121 - 152)
- 10 Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration
- 11 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)**

- 12 Aycliffe Secure Centre Quarterly Update Report (including Regulation 44 Visits and School Update)  
- Report of Head of Early Help, Inclusion and Vulnerable Children  
(Pages 153 - 170)
- 13 Such other business as, in the opinion of the Chair of the meeting, is of sufficient urgency to warrant consideration.

**Helen Bradley**

Director of Legal and Democratic Services

County Hall  
Durham  
5 September 2024

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

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

Councillors R Adcock-Forster, C Bell, J Clark, S Deinali, J Griffiths,  
T Henderson, C Hunt, B Kellett, L Mavin, D Oliver, S Quinn, A Reed,  
K Robson, K Rooney, A Savory, P Sexton, C Varty, J Watson and M Wilson

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

J Bell, C Brown, M Johnson, J McCarthy, E Reed, W Taylor, F Tweddle,  
R Woods and Children in Care Council representatives

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**DURHAM COUNTY COUNCIL**

**CORPORATE PARENTING PANEL**

At a meeting of the **Corporate Parenting Panel** held in **Committee Room 2, County Hall, Durham** on **Friday 19 July 2024** at **9.30 am**

**Present:**

**Councillor M Walton (in the Chair)**

**Members of the Panel:**

Councillors R Adcock-Forster, C Bell, J Clark (for Councillor S Townsend), S Deinali, C Hunt, A Reed, K Robson, K Rooney and J Watson

**Co-opted Members:**

Billie, Luke, Cory, Angelica and Bee representing the Experts Through Experience group, J McCarthy and W Taylor

**Also Present:**

Lucy Armstrong - Edge of Care Team Manager  
Lesley Baldry – Service Manager, Children and Young People’s Services  
Nigel Connah – Edge of Care Worker  
Rachel Harris – Service Improvement Manager  
Rebecca Harrison – Project Worker, Investing in Children  
Paula Jemson – Strategic Manager for Looked After and Permanence  
Mel King – Lawyer, Children, Adults and Health  
Deb Loraine – Service Manager, Countywide Services  
Chris Maughan - Peer Mentor Coordinator  
Holli Meadows – Senior Practitioner, Quality and Practice  
Anne Middleton – Service Manager, Fostering together with Foster Carers, Angela, Helen, Jennifer and Lesley  
Lee Peacock – Participation and Engagement Officer  
Mark Smith – Strategic Commissioning Manager  
Martyn Stenton – Head of Early Help, Inclusion and Vulnerable Children  
Dave Summers – Youth Justice Manager  
Jayne Watson – Senior Partnerships Officer

**1 Apologies**

Apologies for absence were received from Councillors L Mavin, A Savory, M Simmons, S Townsend and M Wilson, from co-opted member Julie Bell and from officers R Farnham, R Johnson and M Stubbs.

**2 Substitute Members**

Councillor J Clark substituted for Councillor S Townsend.

### **3 Minutes**

The minutes of the meeting held on Friday 21 June 2024 were agreed as a correct record and signed by the Chair.

### **4 Declarations of interest**

No interests were declared.

### **5 Number of Children In Our Care and Care Leavers**

The Head of Early Help, Inclusion and Vulnerable Children informed the Panel that the total number of children in our care continued to fall and currently stood at 1,190, including 26 young people placed for adoption, 78 unaccompanied asylum seeking young people and 344 care leavers.

### **6 Ofsted Updates**

The Head of Early Help, Inclusion and Vulnerable Children was pleased to report that the first Ofsted inspection of Maple House found the home to be outstanding. Ofsted undertook an assurance visit to Aycliffe Secure Centre in June which went very well. An update on the outcome of the visit would be provided to the Panel in due course.

### **7 Proud Moments**

The Chair thanked the representatives from the Children in Care Council who attended the Council meeting to present the Corporate Parenting Panel Annual Report. The conduct of the young people had been an example to all and their presentation was a highlight of the meeting, with the young people keeping the audience fully engaged with their energy and positivity.

The Strategic Manager for Looked After and Permanence, Paula Jemson, shared a story which featured at the recent foster carer awards ceremony regarding a foster carer's daughter who acted selflessly when she gave up her room and stayed with a friend for the weekend, to enable three siblings to stay together during a particularly traumatic time.

### **8 Experts Through Experience**

The Service Improvement Manager, Rachel Harris, introduced 'Experts Through Experience' (for copy of presentation see file of minutes).

The Panel heard that the Experts Through Experience group included young people from the Children in Care Council and the group was managed and supported by Children's Social Care. The group had worked with insight and sensitivity on the Experts Through Experience project and the presentation before the Panel provided a summary of the group's in-depth investigation into why brothers and sisters were separated.

Rebecca Harrison, Project Worker from Investing in Children was accompanied by Cory, Luke, Billie, Angelica and Bee who represented the diverse group of young people involved in the investigation, all of whom were driven by their shared commitment to continue to improve the experience of young people in our care.

The young people explained that the project began in April 2023 when they decided that they would like to carry out in-depth investigations into specific aspects of the social care system and they agreed that their first investigation would be to look into why siblings were separated. Luke provided information on the investigation methodology which encompassed the way in which the investigation was to be carried out, including what information the young people wished to gain from the investigation, who they wished to interview and where the interviews would take place. It was agreed that interviewees would include social workers, young people, professionals and carers and the interviews would be held in the young people's hubs. The interview questions were designed to be both informative and sensitive.

Following the interviews, data from the investigation was collated and analysed with assistance and support from senior managers from Children's Social Care who provided additional statistics. Lee Peacock, Participation and Engagement Officer, provided details of areas identified as working well. This included that 72% of respondents reported being in contact with at least one sibling and 60% said there was nothing they would like to change about coming into care. Almost all the young people interviewed considered that coming into care was positive. In addition, the Mockingbird model, which offers peer support and social activities to foster carers and their families, received positive feedback.

Luke shared information on the areas identified for attention. He reported that a high number of respondents said they did not fully understand why they came into care. Only half of the young people interviewed said they were happy with the amount of family time and some were not aware that they could request more family time. The interviews highlighted that there could be more pre-emptive support to prevent sibling breakdowns. Social worker inconsistencies were also highlighted as an area of concern.

Presenting the next steps and recommendations, Cory highlighted the overwhelming support from those interviewed, for the extension of the Mockingbird model and Life Story work and Later Life Letters were identified as important tools to help young people to understand their past. The investigation also highlighted the importance of responding to the voice of the child and respecting the wishes of all those within the sibling group.

In terms of recommendations, the investigation found that when all those in a young person's circle of support had good relationships, work together and communicate openly it could be of great benefit to support positive relationships between siblings. It was recommended that the views of young people with regard to family time arrangements should be given more weight, that there should be greater preparation time and family time settings should be fit for purpose. Cherished items such as family pets should be allowed to be a part of family time, as pets are often considered to be part of the family. It was also recommended that a process should be developed to review children's views around family time on a regular basis, including how much family time was offered and that young people should be involved in choices as to who they would like to see during family time.

The young people then shared their views on their learning from the investigation. They commented on the benefits to be gained when foster carers, social workers and birth families had good relationships. The young people also referred to the important role that social workers played in helping young people to understand their relationships and they recognised that when siblings decided not to stay in contact with each other, those situations required great sensitivity and care.

The young people observed that when siblings wished to increase the amount of family time, that often took a long time to facilitate and the young people said they would like to see that process improved. They also highlighted that family time venues played a key part in the experience and informal, family time settings were preferable.

The investigation also highlighted that all young people were different and whilst some siblings may benefit from having the same social worker, others may benefit from having different social workers. The investigation also showed that some young people were not aware that they could request more family time and some were hesitant about meeting separated siblings, fearing it may cause their sibling distress.

The young people spoke of how family time with brothers and sisters was different to family time spent with parents and they highlighted that some siblings may not wish to have family time with their parents, however, that should not prevent siblings from having family time with each other.

The young people acknowledged that one of the main reasons cited for sibling separation ie the lack of resources, was a national issue, particularly for large sibling groups and they suggested that, when it was necessary to separate siblings, more consideration should be given to placing siblings as close to each other as possible.

The young people also learnt how important it was to allow interviewees time and space to answer questions and that by ensuring the interviewee felt relaxed and supported, they could share their views and feelings with ease, in the course of conversation. The process had helped the young people to understand that it was natural to feel emotional when sharing personal experiences and they remarked on how difficult they found the investigation, being personally invested in the topics under discussion. They added that they were pleased that they had their support networks in place throughout the process. They also recognised the value in care experienced young people interviewing one another.

The Chair thanked the young people for their presentation and the wider group for all the work that had gone into the investigation. Comments and questions from the Panel were then invited.

Councillor Deinali congratulated the young people for the work and she added that the themes resonated with her and that she hoped that the learning will have a positive impact on young people's experiences of social care in the future. Billie informed the Panel that a meeting will be held with the Head of Children's Social Care in the near future, to discuss the findings, and a progress update will be provided to the Panel in due course.

Councillor Hunt also thanked the young people for addressing what was undoubtedly an emotional subject for all those involved. She also thanked the officers involved including the Participation and Engagement Officer and Project Mangers from Investing in Children for their work to support the young people. Councillor Hunt referred to the pre-emptive support to prevent sibling breakdowns and she suggested that respite may help to build sibling relationships that may otherwise breakdown. Councillor Hunt asked whether, when siblings were separated, foster carers were introduced to one another to develop their relationships which, in turn, could benefit the relationships between siblings. The Strategic Manager for Looked After and Permanence replied that placement planning took all the young person's relationships into consideration and family time reviews could be brought forward if circumstances changed.

Councillor Reed commended the amount of work the young people had undertaken, saying the investigation had provided valuable insight. She asked whether there was a timeframe for the recommendations to be actioned.

The Service Improvement Manager replied that the young people were clear that they would like their investigation facilitate positive change as soon as possible and, following the meeting with the Head of Children's Social Care, an action plan will be developed, with input from the young people. The Service Manager for Children and Young People's Services informed the Panel that some changes had already been implemented, including a meeting had been held with the Children in Care Council, to gather their views as to what they would like to see included in Later Life Letters. In addition, the young people's views regarding Life Story work had been discussed with the Adoption Team to improve the way that children learn about their birth family. The views on venues for family time had also been considered and Sherburn Young People's Hub was now being used for family time.

The foster carers in attendance spoke of how they were facilitating family time in more natural settings such as at soft-play venues, restaurants and cinemas and how these settings had improved the experience for all those concerned, including birth parents. The foster carers commented that changes in family time arrangements were required to be implemented carefully, to ensure all those involved were comfortable with the changes. The young people echoed the comments with regard to the value of foster carers facilitating family time sessions.

The Chair acknowledged that there was more work to be done to make improvements and to address some of the issues the young people had highlighted as areas of concern, such as social worker inconsistencies.

In response to a question from the Head of Early Help, Inclusion and Vulnerable Children who asked the young people for their thoughts on a reasonable timescale for a progress update, the young people suggested that a reasonable timescale for a review would be six months. In the meantime, the young people would look forward to planning their next investigation.

**Resolved:**

That the presentation be noted.

## **9 Peer Mentoring Scheme**

The Committee considered a report and presentation on the Peer Mentoring scheme presented by Lesley Baldry, Service Manager and Chris Maughan, Peer Mentor Coordinator (for copy of report and presentation see file of minutes).



The Service Manager explained that the Peer Mentoring scheme was developed to help young people leaving care to build support networks and to feel part of their local community. Chris Maughan, Peer Mentor Coordinator, explained that the ethos of the scheme was that all young people were only one caring adult away from being a success. Links had been made with local businesses including Amazon, who kindly donated IT equipment, as well as colleges and universities, to help to raise the profile of the scheme. The Panel noted the scheme was progressing, with 10 mentors undergoing the recruitment process and training for mentors had been developed, including trauma informed training with the mental wellbeing worker, Nick Barwick. The scheme linked with the Lifelong Links programme to encourage joined-up working.

Councillor Reed asked whether the scheme included offering work experience, as members may be able to assist to identify volunteering opportunities within their networks. The Peer Mentor Coordinator replied that the scheme was in the initial stages of matching young people with mentors, however, the aim was to encourage volunteering opportunities in the future.

Councillor Hunt suggested that Family Hubs could benefit from having peer mentors.

**Resolved:**

That the report be noted.

**10 Lifelong Links – Family Finding**

The Panel received a report and presentation from Deb Lorraine, Service Manager, Nigel Connah, Edge of Care Worker and Lucy Armstrong, Edge of Care Team Manager on the Lifelong Links – Family Finding programme (for copy of report and presentation see file of minutes).

Deb Lorraine, Service Manager, introduced the presentation by informing the Panel that the work aimed to ensure that all care experienced young people were supported during their time in care, through the transition into adulthood and when they left care. Lucy Armstrong, Edge of Care Team Manager provided details of the structure and training for staff in the Lifelong Links team. Nigel Connah, Edge of Care Worker informed the Panel that 25 enquiries were ongoing and some young people had declined the offer of Lifelong Links support at the present time.

It was reported that the Lifelong Links Team Leader and the Peer Mentor Coordinator had met to discuss links between the two projects and embed shared working practices.

The Edge of Care Worker presented details of a case study in which a young person had discussed with the Lifelong Links Co-ordinator that they wished to reconnect with their brother and sister. Following preparation for the meeting, the young person met their sister and her baby son and they were able to share their previous experiences and common interests. After the meeting, the young person's sister contacted the service to say thank you for reuniting her with her sibling which had meant a great deal to them both. The initial meeting had led the young person to establish contact with many more people, including previous carers and social workers. The Edge of Care Worker clarified that meetings were arranged to take place either on an individual basis or by bringing all the people together at the same time and the format of the meetings was guided by the young person. The young people representing the Children in Care Council remarked that the case study was a perfect illustration of the scale of the impact of sibling relationships.

**Resolved:**

That the report be noted.

## **11 Youth Justice Service Update**

The Panel received a report and presentation on the County Durham Youth Justice Service presented by Dave Summers, Youth Justice Manager (for copy of report and presentation, see file of minutes).

The Youth Justice Manager outlined that the Youth Justice Service was a statutory multi-agency partnership which formed part of Durham County Council's Children and Young People's Service, managed by Durham County Council. The report focused on the young people supervised by County Durham Youth Justice Service who were in our care, first time entrants to the criminal justice system and requests from Durham Constabulary for the transfer of young people who were denied bail, from police custody to Local Authority accommodation.

The Youth Justice Manager clarified that first time entrants occurred when a young person entered the formal criminal process. Only those for whom there was no acceptable alternative, due to the seriousness of the offence and/or their offending history, were those who were cautioned or prosecuted at court and were not offered a pre-caution disposal (PCD). The Youth Justice Manager highlighted that 3 out of 4 young people who were given a PCD did not go on to reoffend. An increase in the number of first time entrants had been observed within recent years and the increase was being monitored.

The Youth Justice Manager noted that as police prioritised neighbourhood crime, much of which was low level assault, this had a disproportionate impact on young people. In addition there was a greater likelihood of being caught for this type of offence as, in general, witnesses were involved. An improvement plan had been implemented in respect of reducing the number of first time entrants.

The Panel noted that 15% of the cohort were young people in our care which was significantly higher than the general population, however, the Youth Justice Manager pointed out that all young people remanded to secure accommodation were classed as children in our care and multi-agency plans took account of the impact of a young person's offending behaviour. In 2024, 10 young people were remanded to secure accommodation. Research into the criminalisation of children in care had provided assurance that the work done in County Durham was positive and young people were not unreasonably criminalised.

With respect to transfers from police custody, those occurred when young people who had been charged by the police were awaiting a court appearance. During 2023-2024, 13 of the 17 requests received from the police transferred to Aycliffe Secure Centre.

The Youth Justice Manager shared a proud moment by commenting on one of the young people within the service who had a history of minor offending. The young person was also a very talented pianist. As part of their reparation they visited adult residential care homes to play for the residents and that had been very well received. The Youth Justice Manager spoke of his experience which had shown him that every young person has unique qualities and the service prided itself on supporting every young person to make a difference to their lives.

Councillor Deinali commented on how encouraged she had been when she visited the Youth Justice Service and witnessed the positive impact the staff had on the young people and she thanked the staff for their commitment to help all young people to make positive life-changes. The Head of Early Help, Inclusion and Vulnerable Children informed the Panel that a visit will be arranged to the Youth Justice Service in the near future, details of which would be circulated in due course.

Councillor Clark referred to the relatively high number of young people who transferred to Aycliffe Secure Centre and she asked why that was the case. The Youth Justice Manager pointed out that the county benefited from the proximity and receptiveness of Aycliffe Secure Centre. He added that Durham had developed a process for transfers which was considered best practice and which had been replicated in other areas of the country.

In response to a question from Councillor Hunt on funding available from the Ministry of Justice for young people remanded to secure accommodation, the Youth Justice Manager clarified that Ministry of Justice funding applied only to those young people who were remanded to prison service custody.

**Resolved:**

That the content of the report be noted.

## **12 Fostering Annual Update**

The Panel received the Fostering Annual Update from Anne Middleton, Service Manager for Fostering and the Panel welcomed Anne and foster carers Angela, Helen, Lesley and Jennifer. Between them, the foster carers offered homes to nine children and young people including siblings. Two of the foster carers were also Mockingbird Hub carers (for copy of report, see file of minutes).

The Service Manager presented the Fostering Annual Report, outlining the work of the service and fostering panels during 2023-24, including a summary of activity and marketing, challenges and achievements and key priorities for 2024-25.

The Service Manager reminded the Panel that one of the key priorities discussed in 2023 had been to increase the number of in-house foster carers and during the last year, 23 new foster carers were recruited and 13 foster families were deregistered. Analysis of the data as to why foster carers left the service found a number of foster carers left due to retirement. The marketing strategy had been reviewed to offer a wider range of fostering options and the new Pathfinder Hub which comprised of the 12 local authorities in the North East working, together to increase the number of foster families, had led to an increase in referrals. Work was ongoing to improve timings to enable young people to be in permanent homes as quickly as possible. The team had also strengthened matching arrangements and worked to reduce unnecessary placement moves. It was reported that 72% of children in our care lived in fostering arrangements and the number of connected carers continued to increase. From 2023 – 2024, 65 connected foster carers were deregistered and 39 of those occurred as Special Guardianship Orders were made and 12 were due to children being returned to the care of their parents. The Service Manager clarified that for some connected carers it was not appropriate for Special Guardianship Orders to be sought.

The Service Manager concluded by highlighting priorities for 2024-25, including to increase sufficiency, to build on the success of the Pathfinder and Mockingbird Hubs, to progress early permanence plans, as well as increase the connected carers capacity and develop their training offer to align with that offered to mainstream foster carers.

The foster carers remarked that hearing the comments from the young people at the meeting, emphasised that a 'one size fits all' approach was not appropriate. The foster carers spoke of the benefits of the Mockingbird model which had established an alternative approach to foster care and they echoed the young people's comments with regard to the positive input from foster carers in family time arrangements.

The Chair commented on the difficult balance to be achieved in the family time offer as some of the processes in place which may be perceived as bureaucratic were safeguarding measures.

The Head of Early Help, Inclusion and Vulnerable Children commented on the success of the foster carer awards ceremony and how heart-warming it had been to meet the long standing foster carers and hear their feedback on the value in the training delivered by young people. He asked the foster carers for their views on how the foster care offer could be improved. The foster carers responded that improvements in the links between services would be of benefit, particularly during the transition from children's to adult's services. The foster carers commented that the young people in their care were part of their family and they experienced the same range of emotions as all parents did when preparing for their child to move on. The foster carers said they would like young people to be encouraged to stay in touch with their former foster carers, when it is in the young person's best interests. Luke spoke of the work done through the Next Venture Fund which aimed to support care leavers to build their networks on leaving care, to reduce feelings of isolation, which included maintaining links with their former foster carers.

The Service Improvement Manager responded that the service recognised the transition to adult services was challenging for young people and foster carers and work was ongoing to support the process.

The Chair thanked the foster carers for giving up their valuable time to contribute to the meeting, adding that they were welcome to attend future Corporate Parenting Panel meetings.

**Resolved:**

That the recommendations in the report be agreed.

**13 Such Other Business**

Billie noted that there were copies of the 'Cherished' poetry books available for members to take if they wished.

Members were informed that Corporate Parenting Panel training will be held following the September Panel meeting and members were asked to send suggestions on any topics that they would like to see covered, to Jayne Watson, Senior Partnerships Officer.

**14 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 involved the likely discussion of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

**15 Regulation 44 Visits: Independent Children's Residential Homes**

The Panel received a report of the Head of the Integrated Commissioning Service presented by Mark Smith, Strategic Manager, who provided an overview of Regulation 44 visits and regulatory body ratings of the Independent Children's Residential Homes in which Durham children / young people are placed (for copy of report see file of minutes).

It was noted that timescales for improvements were flexible, depending upon the needs of the young people and the timeframes set by Ofsted.

**Resolved:**

That the report be noted.

**16 Such other business**

Jo McCarthy, Co-opted Member and Deputy Designated Nurse for Safeguarding and Children in Care informed the Panel that the Integrated Care Board would be writing to all Corporate Parenting Panel Chairs to provide an update on the functions of the board, following recent changes.

The Chair informed the Panel that adoption marketing materials will be placed in members' lockers in the near future, for members to share within their networks.

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## Corporate Parenting Panel

13 September 2024



## Corporate Parenting Panel Terms of Reference

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**Report of Martyn Stenton, Head of Early Help, Vulnerable Children, and Inclusion, CYPS, DCC and Rachel Farnham, Head of Children's Social Care, CYPS, DCC**

### **Electoral division(s) affected:**

None

### **Purpose of the Report**

- 1 To present Terms of Reference (TOR) to the Corporate Parenting Panel.

### **Executive Summary**

- 2 The Corporate Parenting Panel's TOR form part of Durham County Council's (DCCs) constitution, and as such we have regular reviews to ensure the work of the Panel as well as our commitment to wider regional work remains fit for purpose, and continues to meet the needs of the children in our care to ensure they achieve the best possible outcomes.

### **Recommendations**

- 3 Members of the Corporate Parenting Panel are recommended to:
  - a. Review the TOR to ensure they remain fit for purpose and continue to raise the profile of the panel's work.
  - b. Agree to give delegated authority to the Head of Children's Social Care and the Head of Early Help, Inclusion and Vulnerable Children to manage the Corporate Parenting Panel's work programme.

## Background

- 4 In March 2016, DCCs Children's Services were inspected by Ofsted who found that services required improvement and made fourteen recommendations including 'Review existing arrangements to ensure that political and senior leaders have access to improved quantitative and qualitative performance information that enables them to have an accurate picture of the current practice delivered to children, so that they can develop strategies to maintain and improve the quality of front line practice'.
- 5 An Ofsted Improvement Plan was developed which had four themes, one of which was 'Strengthening Political and Management Oversight', and the remit of the Corporate Parenting Panel was reshaped and strengthened. This led to changes to political oversight, including the functions, membership, governance and administration of the Corporate Parenting Panel, and the TOR were developed.
- 6 Since 2016, work has continued to develop the Corporate Parenting Panel and subsequent inspections indicate that we are making significant improvements, both locally and also in relation to our commitment to wider regional work.
- 7 In September 2019, DCC's Children's Services were inspected by Ofsted. The inspection report stated that since previous inspections (JTAI in July 2018, and focused CIN visit in January 2019) 'the local authority has taken swift and decisive action to strengthen services. Pace has increased since the focused visit, and solid improvements can be seen in many service areas, including at the front door and for children in care. Firm foundations are in place to sustain and build on the improvements made'. The report also stated that 'The Corporate Parenting Panel is effective and is maintaining good political and strategic governance of children in care and care leavers.'
- 8 In July 2021, DCC were subject to a remote focused inspection led by Children's Services and Skills on behalf of Ofsted's work into how England's social care system delivered child-centred practice and care within the context of the restrictions placed on society during the coronavirus pandemic. The inspection identified a range of strengths and recognised that the service knows its children well, with Ofsted commenting that the self-assessment provided an accurate picture of children in care. The processes in place to listen to the views of young people and to ensure their views positively impact service delivery were acknowledged. Inspectors were extremely complimentary about the Children in Care Council, having had the opportunity to meet representatives, to hear about their experiences and achievements.

- 9 These comments were echoed in the Inspection of Local Authority Children's Services (ILACS) inspection, which took place in May 2022.
- 10 In November 2023 an inspection of care experienced young people took place. Ofsted inspected DCC's arrangements for care leavers specifically in relation to the quality of preparation for adulthood, the quality and suitability of accommodation, and care leavers with specific needs. The impact of leaders on practice was also considered. Overall, the report presented significant strengths identified within DCC's Leaving Care service and wider systems. Leadership was seen to be robust, ambitious, and tenacious. Leaders have a detailed knowledge of the service and responded at pace to changing needs, which includes development of the Local Offer, the Unaccompanied Asylum-Seeking Team and Care Leaver Hubs. The quality of support offered by Young People's Advisors was positive, including young people in specific circumstances. Service quality and grip from councillors and senior leaders through to front line managers was found to be a strength. Ofsted made one recommendation in respect of the written report which was for supervision to ensure it is reflective of the feedback given by the Young People's Advisors. This was already an area for improvement that had been identified by the service.
- 11 The Corporate Parenting Panel's TOR include the functions described in the Constitution with the responsibilities of the Panel in relation to each of the functions clearly set out.
- 12 The Corporate Parenting Panel has a work programme which is managed by Corporate Affairs and aligns to the Key Lines of Enquiry (KLOEs) in the LGAs Corporate Parenting Resource Pack (Appendix 3).
- 13 Delegated authority is requested for the Head of Children's Social Care and the Head of Early Help, Inclusion and Vulnerable Children to agree the Corporate Parenting Panel's work programme and subsequent meeting agendas.

## **Conclusion**

- 14 The Corporate Parenting Panel will ensure the TOR are accurate and up to date and continue to reflect the responsibilities for the Panel under the five functions described in DCC's Constitution. The TOR will be reviewed annually as part of the Annual Review of the Constitution, to ensure that governance arrangements remain fit for purpose and reflect best practice.

Author: Jayne Watson 03000 268371

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## **Appendix 1: Implications**

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### **Legal Implications**

The Corporate Parenting Panel TOR form part of DCCs constitution.

### **Finance**

N/A

### **Consultation**

A range of consultation is undertaken with the children in our care, and their parents / carers using a range of consultation methods.

Young people from the Children in care Council have co-opted membership on the Corporate Parenting Panel, and attend each meeting to provide feedback from a care experienced perspective, as well as sharing information with the CiCC.

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

All members of the Council are Corporate Parents and the role of the Panel will ensure that the needs of all children in the care of the local authority are considered.

### **Climate Change**

N/A

### **Human Rights**

The rights of children are considered in all of the work across CYPS

### **Crime and Disorder**

The CPP acts as the governing body for Aycliffe Secure Services, monitoring and ensuring the quality of secure accommodation.

### **Staffing**

N/A

### **Accommodation**

N/A

### **Risk**

N/A

### **Procurement**

N/A

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## **Appendix 2: CPP Terms of Reference**

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Attached as a separate document

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## **Appendix 3: LGA Resource Pack (including KLOEs)**

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Attached as a separate document

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## Corporate Parenting Panel Terms of Reference

### Purpose

This Terms of Reference sets out Corporate Parenting Panel's responsibilities in relation to the five functional areas detailed in the Council's Constitution.

### Function One

Ensure that the Council acts as a good corporate parent to children and young people in care and care leavers including:

- Children and young people in residential care
- Children and young people in foster care
- Children and young people placed for adoption
- Children and young people placed at home under Care Planning, Placement and Case Review Regulations
- Young people who are living in supported lodgings
- Young people in secure services
- Young People in custody.

### Responsibilities

<ul style="list-style-type: none"><li>• <i>Take an overview of the Council and partner agencies responsibilities toward CYP in our care and care leavers.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Monitor performance of services for children for whom we are corporate parents, including care leavers, receipt of information on regulation 44 visit and inspections, referring any systemic issues to Cabinet and or Scrutiny as required.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Maintain a strategic overview of all developments, plans, policies and strategies for children whom the Council is a corporate parent and make appropriate recommendations for action.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Ensure all members of the Council are regularly updated on issues affecting children for whom they are the corporate parent including care leavers through an annual report to Council, Cabinet and scrutiny and inform training.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Receive an overview of Regulation 44 visits and inspections of private children's homes within the County Durham area.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Receive an update on independent residential homes within County Durham and their Ofsted inspection reports outcomes.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Agree an annual work programme based on corporate parenting strategy and priorities.</i></li></ul>

## Function Two

To engage and listen to the views of children, young people and their carers for whom the Council is the parent.

### Responsibilities

<ul style="list-style-type: none"><li>• <i>Provide a forum for children and young people in our care and care leavers to participate and influence policy and have an opportunity to talk about their experiences of the services they have received.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Ensure that positive experiences are maintained, that lessons are learnt and changes are made in areas that require improvement.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Meet with children for whom the council is corporate parent and their carers on a regular basis and celebrate their achievements.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Participate in Regulation 44 visits quarterly, this will allow the Panel to improve planning and understanding of care in residential homes.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Ensure that leisure, cultural, further education and employment opportunities are offered and taken up by children in our care and care leavers</i></li></ul>

## Function Three

To work in partnership with other statutory agencies to drive forward improvements in care.

### Responsibilities

<ul style="list-style-type: none"><li>• <i>Examine ways that the Council as a whole, and partner agencies can improve life chances of children in our care and care leavers.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Ensure there is good joined up working with partner agencies.</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Develop links with the Durham Safeguarding Children Partnership including a picture of Serious Case Reviews of Children who are in our care</i></li></ul>



## Function Four

To act as the governing body for the Virtual School for children and young people in our care.

### Responsibilities

- |   |
|---|
| <ul style="list-style-type: none"><li>• <i>Maintain an overview and provide challenge of governance arrangements for the virtual school</i></li></ul>                             |
| <ul style="list-style-type: none"><li>• <i>To monitor and bring challenge to ensure the children in our care's educational attainment and performance is optimised.</i></li></ul> |
| <ul style="list-style-type: none"><li>• <i>To encourage and support each child in our care to achieve optimum educational outcomes at each stage of their schooling</i></li></ul> |

## Function Five

To act as the governing body for Aycliffe Secure Services, monitoring and ensuring the quality of secure accommodation.

### Responsibilities

- |  |
|--|
| <ul style="list-style-type: none"><li>• <i>Maintain an overview and provide challenge of governance arrangements for Aycliffe Secure Services</i></li></ul>                                |
| <ul style="list-style-type: none"><li>• <i>Support and bring challenge to achieve the best outcomes for the children in our care who are in secure services</i></li></ul>                  |
| <ul style="list-style-type: none"><li>• <i>Agree the themes and performance, on an annual basis that enhance corporate parenting of our children who are in secure services.</i></li></ul> |

## Membership

1. The Corporate Parenting Panel is formed of 21 Members of the Council including the member of the Executive or Executive Support for Children and Young People's Services, and the Chair or Vice Chair of Children and Young People's Overview and Scrutiny Committee.
2. The Corporate Parenting Panel membership will include a maximum of 10 non-voting co-opted members, consisting of school representatives and representatives from other agencies.
3. The Chair of Corporate Parenting Panel (or vice Chair) will be a member of the Children and Young People's Overview and Scrutiny Committee.

## Accountability /Governance

1. Prepare and provide an annual written report to Cabinet, Scrutiny and Council setting out the Corporate Parenting Panel's achievements, challenges within the year and priorities for the year ahead.

2. Where appropriate the Corporate Parenting Panel refer matters to Children and Young People's Overview and Scrutiny for further investigation and similarly the Children and Young People's OSC refer matters to the Corporate Parenting Panel where appropriate.
3. Regular meetings held between the Chair of Corporate Parenting Panel, another panel member, an officer from Children's Services and representatives from Service Direct to discuss the fabric of our children's homes and any repairs that are planned or may be needed.
4. Prepare and publish the Corporate Parenting Panel's terms of reference and work programme on the Council's website on an annual basis.

### **Administration**

1. The Chair of Corporate Parenting and the Corporate Director of Children and Young People's Services or person designated as lead officer agree the agenda for each panel meeting as part of an ongoing work plan for the municipal year.
2. Legal and Democratic Services will provide administrative arrangements (including arrangement of meetings, publication and despatch of agendas and minute taking responsibilities) and constitutional guidance to the panel.
3. Corporate Affairs will support the Corporate Parenting Panel, and will manage the work programme and produce the annual report.
4. The Portfolio Holder for Children and Young People, the Chair of Corporate Parenting Panel and the Corporate Director of Children and Young People's Services will review the terms of reference of the Corporate Parenting Panel on an annual basis.

**Updated September 2024**

# Corporate parenting resource pack

# Foreword

Looking after and protecting children and young people is one of the most important jobs that councils do and when a child, for whatever reason, can't safely stay at home, it is up to us as the local authority to step in and give them the care, support and stability that they deserve. This isn't just up to the lead member or director of children's services – we need everyone looking out for our most vulnerable children and young people, and every councillor has a role to play in embedding the corporate parenting principles and doing all they can to support children in care to live meaningful and fulfilling lives. This pack aims to help them fulfil that role as effectively as possible.

Being a corporate parent means doing everything we can for every child in the council's care – and every care leaver – to give them the opportunities that other children get. This covers everything from keeping an eye on their progress at school, to looking after their health and wellbeing, to preparing them for life as independent adults – and supporting them when they get there. We need to be ambitious for the children in our care, encouraging them to dream big and take chances even if they don't feel like that's been an option in the past. We need to facilitate and empower our children in care to make a smooth and stable transition to adulthood and enable them to have a say in key decisions that affect their lives.

It's also about the smaller things that make life more fulfilling. It's about making sure children receive birthday cards, are rewarded when they do well (and supported when they don't), get to take part in the activities they enjoy and have new experiences. It's about making sure someone's on the end of a phone when a care leaver is having a hard day at work or university, or is there to help them navigate an application form. It's about doing the things you'd do for your own children.

The Children and Social Work Act 2017 defined for the first time in law the responsibility of corporate parents to ensure, as far as possible, secure, nurturing and positive experiences for looked-after children and young people, and care leavers. Councils across the country already do a fantastic job of this, and we've highlighted some examples in this pack. We'd be delighted to hear of any others to add to our online good practice database for others to learn from, to make sure every councillor has the tools they need to be a good corporate parent.

Many of the children who come into our care will face more challenges before they reach adulthood than any child should have to. It is our duty and our privilege to fight their corner and give them every opportunity to reach their potential.

**Councillor Judith Blake**

Chair, LGA Children and Young People Board

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# Corporate parenting

## An introduction

### What is a corporate parent?

The Children and Social Work Act 2017 says that when a child or young person comes into the care of the local authority, or is under 25 and was looked-after by the authority for at least 13 weeks after their 14th birthday, the authority becomes their corporate parent. This means that they should:

- act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- encourage them to express their views, wishes and feelings, and take them into account
- make sure they have access to services
- make sure children and young people are safe, with stable home lives, relationships and education or work
- promote high aspirations and try to secure the best outcomes for them
- prepare them for adulthood and independent living.

As corporate parents, it's every councillor's responsibility to make sure that the council is meeting these duties towards children in care and care leavers. Children can be in care in a range of different settings, with the authority acting as corporate parent to all of them. This includes foster care, children's homes, secure children's homes, young offender institutions, secure training centres and kinship care.

Every councillor and officer within a council has a responsibility to act for those children and young people as a parent would for their own child.

Lead members, those on corporate parenting panels, and overview and scrutiny committees will have particular responsibilities, but for all councillors, this is where your role as the eyes and ears of the community is particularly important.

Are there youth services in your ward that provide a vital service for looked-after children, and if so, how are you supporting them? Is there a children's home or care leaver accommodation in your ward? If foster carers in your ward provide care for disabled children, do they need any help to improve accessibility of local services? What feedback are you getting from residents?

How are you helping to dispel myths and challenge any stigma and discrimination faced by children and young people in care and care leavers? It's important to remember the need to protect the privacy of these children and young people, so work with officers to find out how you can best provide support.

For both officers and councillors, being a corporate parent means that when any service is being reviewed that could impact upon looked-after children and care leavers, or when you're hearing feedback from, or reports about, children in the council's care, consider:

**“What if this were my child?**

**What can we do to put this right?”**

Childhood is a time of huge potential and development. As corporate parents, all councillors will be committed to ensuring the fundamentals are in place for every child and young person in their care – just as any loving parent would. How does a child in care know that they are loved and they matter; who notices and encourages all the great things about them; and to whom can they turn when they are unhappy or want help to be heard? These are some starter questions for exploring how your council does its best for children in care and care leavers.

It is important to remember that, just as not all children are the same, looked-after children and care leavers are not one homogenous group. While it is true that some will have experienced trauma and disruption in their lives and need specialist support to cope with those experiences, others will have adjusted well to being in care and may be flourishing. Periods of stability can be followed by challenges, so councillors need to recognise the uniqueness of the children in their care, and make sure each child is getting what they need to thrive and be happy.

## Corporate parenting panel

As corporate parents, all councillors should seek to stay informed about children in the council's care, and care leavers. However, the establishment of a corporate parenting panel can provide a useful forum for regular, detailed discussion of issues, and a positive link with children in care councils and other forums. Members of the corporate parenting panel can also use their position to raise awareness of the role amongst colleagues, and provide support to the lead member for children's services.

It can be helpful to include senior officers on the panel, including from areas such as education, health and housing that have a significant impact on children in care and care leavers. In two-tier areas, consider how district council colleagues can be included.

The corporate parenting panel does not replace the duty of all councillors; members of all committees have a responsibility to consider how reports before them impact upon children in care and care leavers.

## Working with partners

Under the Children Act 2004, local authorities have a duty to promote cooperation between 'relevant partners', including the police, the NHS and education providers, while those partners have a duty to cooperate with the local authority in turn. Guidance on the Act highlights that corporate parenting is a 'task [that] must be shared by the whole local authority and partner agencies'.<sup>1</sup> Councils should consider how their partners can help them to deliver their corporate parenting role, especially in relation to the provision of services. The NHS has a responsibility to make sure looked-after children receive the physical and mental health support that they need, for example, while close working between schools and the virtual school head (VSH) can help to improve outcomes for children and young people in care.

## Information and data

The lead member for children's services and those on the corporate parenting panel should receive regular progress reports with regard to looked-after children and care leavers, while data will be available to all members through reports presented to Full Council and scrutiny committees.

Data will be able to provide an overview of medium-to-long-term trends, but statistics on their own are not enough. Make sure that data is presented with the necessary context and explanations – for example, if fewer children are going missing, is this the result of a positive intervention that should be continued? Or are there issues with reporting?

Also look for direction of travel, and comparisons with your statistical neighbours and national data to see where the council is performing well and what could be better.

However, as any parent will know, situations with children and young people change quickly, and statistics will not provide all the real-time data that you need. The corporate parenting panel should keep in close contact with the children in care council, independent reviewing officers (IROs), children's rights and advocacy services and the director of children's services (DCS) to make sure they're receiving up-to-date information and can respond quickly if needed.

## Listening to children and young people

Local authorities have wide-ranging duties to give due consideration to the wishes and feelings of children in care and care leavers. This applies to decisions and actions affecting children and young people as individuals, and to wider matters concerning children in care and care leavers. As corporate parents, all councillors should take an active interest in how well children in care and care leavers are listened to and how this is acted upon. Care experienced people of all ages have valuable, direct knowledge of how it feels to be in care, and what needs to change for the better.

## Safeguarding

Local authorities have a responsibility for safeguarding all children<sup>2</sup>, but there are certain risks that particularly affect children in care and care leavers that corporate parents need to be aware of.

Children in care are three times more likely to go missing than children not in care.<sup>3</sup> Processes must be in place to report missing children, take the appropriate action to find the child, and then to follow up with them when they are found to establish the underlying reasons for going missing.

Corporate parents should be monitoring instances of children going missing, and how regularly independent return interviews are taking place (including for children placed out of area), as well as any emerging themes. The local authority should also collaborate and share information and intelligence with other countries if a child in care goes missing and is thought to have travelled abroad.

Child victims of modern slavery are particularly vulnerable, with nearly two thirds of trafficked children in local authority care going missing at some point; some within just one week.<sup>4</sup> Councils need to make sure a strong multi-agency approach is in place to protect victims from further risk from their traffickers and preventing trafficking from taking place. In particular, there should be a clear understanding between the local authority and the police of roles in planning for this protection and responding if a trafficked child goes missing. Council representatives on local multi-agency safeguarding partnerships should make sure there is oversight of those arrangements, and monitor how well they are being implemented and reviewed.

Children in care are also disproportionately likely to be at risk of child sexual exploitation (CSE) than those in the general population, though it is important to remember that the vast majority of CSE victims are living at home. While those issues that led young people to need local authority care in the first place may increase their vulnerability to CSE, the experience of care itself can also be significant, especially if the child's placement lacks stability. Those at risk of CSE will need to have clear plans in place to protect them, and all social workers and partners should know how to spot signs of risk and deal with them appropriately.

There is also a growing threat of county lines and child criminal exploitation that children in care may be susceptible to due to increased levels of vulnerability.



In addition to ensuring plans are in place to safeguard young people, local authorities are encouraged through a national protocol<sup>5</sup> to work in partnership and have effective mechanisms in place to support children in care and care leavers from being unnecessarily criminalised.

There is also a high proportion of children in care within the youth justice system, either at young offender institutions, training centres or secure children's homes. Local authorities are responsible for children in custody who are the subject of care orders, and all remanded children automatically attain looked-after status. Councils should therefore have systems and processes in place to support this group of young people who may be going through a challenging time.

## Sufficiency

The council has a duty<sup>6</sup> to ensure, as far as is reasonably possible, sufficient accommodation is available locally to meet the needs of looked-after children and care leavers. This can be directly provided, or commissioned provision. Councils should regularly review their position on this, and report on how they intend to meet the sufficiency duty. This will be a valuable source of information for corporate parents.

## Foreign national children in care

As corporate parents, it can be useful for local authorities to be aware of how many children in care are foreign nationals and whether social workers have access to appropriate support and training to enable them to provide appropriate support to this group of children in care.

## Sources of information

### Children in Care Council and other feedback mechanisms

There should be mechanisms in place to hear from children in care, with this information being reported regularly to the corporate parenting panel. There may also be an annual report submitted to Full Council. The format for reporting should be discussed with children and young people; some may wish to meet with councillors to discuss issues face-to-face, some may prefer to use mediators, and others may prefer online methods.

This feedback can provide rich information to act upon to make sure children in care and care leavers are getting what they need – from concerns about how they're kept informed about their placements, to how often they can see any siblings they aren't placed with, right down to whether they're happy with their pocket money.

### Independent reviewing officer annual report

Amongst other duties, IROs are responsible for making sure that the local authority, as a corporate parent, gives proper consideration and weight to children's wishes and feelings in their care plans, and that it genuinely responds to a child's needs.

The IRO manager should produce an annual report for the consideration of the corporate parenting panel, which should include areas of good practice, and areas for development. It should include commentary on issues including the participation of children and their parents, and whether any resource issues are putting the delivery of a good service to all looked-after children at risk.

### Joint Health and Wellbeing Strategy

Joint health and wellbeing strategies (JHWSs) are developed by local leaders to enable the planning and commissioning of integrated services that meet the needs of their whole local community. They particularly work to reduce health inequalities and support the needs of vulnerable groups and individuals; the Joint Strategic Needs Assessment

underpinning the JHWS should include specific consideration of children in care and care leavers. The strategy (or associated delivery plan) will include targets, actions and who is responsible for implementing those actions.

The JHWS will be agreed by the health and wellbeing board, which should also monitor its implementation. Board meetings should be public, as should the JHWS, reports and meeting minutes.

### **Performance reports**

Reports should be published regularly updating on key indicators in relation to children in care, including direction of travel. These indicators are part of a nationally collected dataset reported to government, and include information on placement stability, outcomes for children in care and adoption. Your authority may also report on other indicators according to local priorities.

Key priorities to consider include:

- placement stability
- health data
- educational attainment
- proportion of care leavers in education, employment or training
- children in care being placed out of area or at a distance including overseas placements
- proportion of care leavers that the council has regular contact with
- availability of suitable housing for care leavers.

Further information on these points is included throughout this pack.

Performance reports should be publicly available and should also be presented to a locally agreed committee – for example the corporate parenting panel, the relevant scrutiny committee or cabinet.

### **Feedback from foster parents**

Most children who are in care live with foster parents, and the quality and experience of those foster parents is key to delivering good outcomes for children. Each council will have different ways of gathering feedback from foster parents, including surveys and focus groups, along with different ways of reporting that feedback. The corporate parenting panel should receive updates on foster parent feedback, and this should be used to help inform support for foster parents, and to improve recruitment and retention.

The panel may also wish to consider ongoing input from foster carers by co-opting representatives onto the panel, or having regular meetings with carers to hear about experiences and receive feedback.

### **Stability Index**

Stability for children in care, where they are in an appropriate placement that meets their needs, is an important element in helping them to secure positive outcomes. To help support improved placement stability, the Children's Commissioner has developed a Stability Index to measure three aspects of children's experiences of care – placement moves, school moves, and changes in social worker.

# Updates to legislation and practice

## National Quality Standards for children's homes

The Children's Homes (England) Regulations 2015 set out nine Quality Standards which outline the aspirational and positive outcomes that all children's homes are expected to deliver.

These quality standards are:

- quality and purpose of care
- children's views, wishes and feelings
- education
- enjoyment and achievement
- health and wellbeing
- positive relationships
- protection of children
- leadership and management
- care planning.

Further information on each standard is outlined in the Department for Education's (DfE) 'Guide to the Children's Homes Regulations'.

## New rules for out of area placements

Statutory guidance<sup>7</sup> has strengthened the responsibilities of local authorities to notify other local authorities if they place a looked-after child within their area. Children's homes are also now required to notify their host local authority when a child is placed with them by another authority.

An 'out of area' placement is classified as one outside of the council's geographical boundary, but within an authority that it shares a boundary with. If a child is placed in an authority that doesn't share a geographical boundary with the placing authority, that is classed as an 'at a distance' placement.

A responsible officer should be formally appointed by the DCS to approve out of area placements; this will often be an assistant director. All at a distance placements must be signed off by the DCS. This does not apply where the placement is with the parent, a connected person or a foster carer approved by the responsible authority.

The child's IRO should always be consulted prior to an out of area placement being made, and the wishes of the child should be taken into account. The host authority should also be consulted in advance in the case of out of area and distant placements, and notified when the placement is made.

## Staying put and staying close

'Staying put' is an arrangement that allows a looked-after child to continue to live with their foster carer after their 18th birthday, when they cease to be 'looked-after' by the local authority. This can take place where the council considers it appropriate, and both the young person and the carer want to enter a staying put arrangement.

A 'staying put' duty was introduced in the Children and Families Act 2014, which requires councils to monitor arrangements and provide advice and support (including

financial) to the foster parent and young person to facilitate the arrangement until the young person reaches 21. Guidance material has been produced (see references and further information).

A number of councils are trialling approaches to 'staying close' – a variant of staying put for young people leaving residential care – using funding from the DfE's Innovation Programme to enable care leavers to maintain links with their former children's home.

## Sir Martin Narey's Independent Review of Residential Care

Sir Martin Narey was commissioned by the Prime Minister in 2015 to carry out an independent review of children's residential care.

The final report was published in July 2016 and contained 34 recommendations. These included ways to improve commissioning of places in children's homes, and to encourage development of the right sort of provision where it is needed.

Sir Martin also recommended a review of fostering provision, and the need for sharing of best practice across a range of areas.

Several areas of national policy were also singled out as needing review, including guidance around planning, the use of restraint, and the recording of criminal offences to avoid the unnecessary criminalisation of children in care. Changes to Ofsted inspections of children's homes and guidance were also recommended.

Finally, Sir Martin highlighted ways to improve staffing, including making sure social work students spent part of their placement within a children's home to make sure new staff are getting experience across the sector.

## Independent review of foster care in England<sup>8</sup>

The DfE commissioned Sir Martin Narey and Mark Owens to look at the current state of foster care and how to improve the prospects of children in care. As part of the review there was a public call for evidence for a wide range of stakeholders to contribute. The review made 36 recommendations about how to improve outcomes for children in foster care including:

- ensuring that foster carers are supported and included in decision-making
- improving foster placement commissioning and matching
- greater stability and permanence for children and young people in foster care.

The Government published its response to the report in July 2018.<sup>9</sup> This outlined the actions the Government intended to take to improve practice and the experience of children in foster care, including amending guidance and developing new tools and resources to support better commissioning.

## Care Leaver Strategy 2016

The Government published a new Care Leaver Strategy in July 2016, entitled 'Keep on caring: Supporting young people from care to independence'.

The strategy strengthens the role of the corporate parent, paving the way for the provisions in the Children and Social Work Act 2017.

## Statutory guidance: Children who go missing from care

Statutory guidance was issued in January 2014 on children who run away or go missing from home or care.

The guidance highlights the need for a children's services authority to name a senior children's service manager as responsible for monitoring policies and performance relating to children who go missing from home or care. The responsible manager should understand the risks and issues facing missing children and review best practice in dealing with the issue.

Councils should agree a protocol, with the police and other partners, for dealing with children who run away or go missing in their area. Protocols should be agreed and reviewed regularly with all agencies and be scrutinised by local multi-agency safeguarding arrangements. Where appropriate, agreed protocols should also be in place with neighbouring authorities.

## Statutory guidance: Promoting the education of looked-after children and previously looked after children

The Children and Families Act 2014 places a duty on every children's services authority in England to appoint a virtual school head (VSH) – an officer employed to make sure that the council's duty to promote the educational achievement of its looked-after children is properly discharged. The VSH should also be an educational advocate for children in care and provide advice and guidance to support parents of previously looked after children.

This statutory guidance, issued in 2014 and updated in 2018, highlights that as corporate parents, councils should have high aspirations for the children they look after. The guidance outlines the ways in which authorities should work to close the attainment and progress gap between looked-after children and their peers, and to make sure that looked-after children have access to high quality education, including appropriate support for any special educational needs and disabilities (SEND). The Children and Social Work Act 2017 extended the role of the VSH to previously looked-after children. For these children, the VSH should promote their educational achievement through the provision of information and advice to their parents, educators and others who the VSH considers necessary.

## Statutory guidance: Health and wellbeing

Joint guidance from the DfE and Department of Health was issued to councils and clinical commissioning groups (CCGs) in 2015 to support them to promote the physical, emotional and mental health of children in care.<sup>10</sup> It emphasises that children in care should be proactively considered in the joint strategic needs assessment and when commissioning health services and advocates that children in care should never be refused a health-related service, including a mental health service, on the grounds of a placement being short-term or unplanned. CCGs and health authorities have a duty to respond to requests by councils to carry out health assessments for children in their care.

## Statutory guidance: Special guardianship

Guidance was issued in January 2017 on special guardianship, outlining the issues local authorities should take into account when preparing reports for the court to apply for special guardianship orders. This includes information about the child's needs, and more detailed assessments of the child's relationship with, and the parenting capacity of, the prospective special guardian, both now and longer-term.

## Children and Social Work Act 2017

The Children and Social Work Act 2017 defines, for the first time in law, the role of corporate parents, in addition to expanding and extending support for care leavers, for example through the publication of a 'local offer for care leavers' and making personal advisers available for care leavers up to the age of 25.

The Act also signalled the introduction of a set of corporate parenting principles to support councils to adopt a positive culture for their children in care and care leavers.<sup>11</sup>

The Act sets out revised arrangements for local multi-agency safeguarding partnerships to replace local safeguarding children boards (LSCBs). Under the new provisions, the local authority, CCG and the police have a shared responsibility to make arrangements for themselves and 'relevant agencies' to work together to safeguard and promote the welfare of children in the area. These statutory partners should make sure that all appropriate agencies are involved meaningfully in the partnership, and in particular should look at the engagement of schools, including academies and free schools, which have a key role to play in safeguarding children and young people.

## Foreign-national children and working with authorities overseas

The DfE has published non-statutory guidance for cases where a foreign-national child is taken into care, and when a local authority places a child in another country. The guidance emphasises the importance of notifying a country's consulate in the UK when a child who is a national of that country is taken into care (unless doing so would put the child at risk), and to seek permission from and notify the authorities of the other country when a child is placed abroad.

## National protocol to reduce the unnecessary criminalisation of looked after children and care leavers

This protocol encourages councils to work with partner agencies to avoid the unnecessary criminalisation of children in care and care leavers through, for example, the use of restorative approaches, better understanding of the potential causes of offending and positive parenting in care.<sup>12</sup> The protocol covers all children in care, in all types of placement.

## Non-statutory guidance:

# Key lines of enquiry for all councillors

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

Understanding the characteristics of children and young people is the first step to making sure that councils are able to act in their interests. The Children in Care team will have information on the children in the council's care, including:

- age and length of time in care
- where children are currently living
- number of children in foster care, children's homes or other settings (including residential schools, hospitals and custodial institutions)
- number of children awaiting adoption
- number of unaccompanied asylum-seeking children
- placement stability
- accommodation and employment information about care leavers
- education information
- foreign national children in care.

The corporate parenting panel and children's scrutiny committee should also receive information about social worker caseloads, to make sure that these are manageable and social workers are able to dedicate sufficient time to children, regardless of their needs.

Find out how this information compares to that of other councils in your statistical group, and to the national picture, and look at direction of travel to help spot trends and areas of concern.

Everyone with a local authority email address has access to LG Inform<sup>13</sup>, which provides a rich source of data for use by councils.

## Do all of our councillors and officers know about their corporate parenting responsibilities?

Every councillor should ideally have training on their corporate parenting role when first elected. It is every councillor's responsibility to consider how new plans and policies might affect children in care, and to ask questions to ensure that those children are getting the best care, support and protection.

There are certain departments within a council that this will be particularly important for, such as education, housing, leisure and skills, but every part of the council needs to consider how its work impacts on children in care and care leavers. Look at how business plans and reports are structured – are officers proactively considering the needs of children in the council's care, or could this be improved? How are the corporate parenting principles being applied?

Consider ways of raising awareness about the corporate parenting role, for example inviting all councillors to any celebration events, or inviting the children in care council to give feedback at Full Council or relevant committee meetings.

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

The council has a duty, under Section 10 of the Children Act 2004, to promote cooperation between local partners to improve the wellbeing of young people in the area. This includes:

- physical and mental health and emotional wellbeing
- protection from harm and neglect
- education, training and recreation
- the contribution made by young people to society
- social and economic wellbeing.

Relevant partners include the police, probation services, the NHS, schools and further education providers.

The participation of partners in work to promote the wellbeing of all children and young people is vital, and it's important that they understand the specific needs of children in care so that this can be taken account of in their plans. For example, children in care are more likely to need support with their mental health, so colleagues in the NHS will need to consider this, while close working with the police to protect children who are at risk of going missing or being exposed to child exploitation is essential. The phrase 'it takes a village to raise a child' is pertinent here; the council alone cannot provide all the support that a child in care needs, and all local services have a responsibility to keep children safe and well.

Consider how existing partnership forums, such as local safeguarding partnerships, health and wellbeing boards and crime and disorder partnerships, are taking into account the needs of children in care in their plans, and consider whether other partners might wish to support your ambitions for children in care.

For example, local businesses might consider offering apprenticeships to children in care, or leisure facilities might be able to offer discounts or free memberships.

## 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?

The UN Convention on the Rights of the Child and the Children Act 1989 state that every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. Children should be involved in developing their care plans, and provided with advocates to help them do this wherever necessary. It might be useful to also consider information about how the rights of children in care are positively promoted and upheld.

Likewise, care leavers need to be integral to the development of their pathway plans. Social workers make the necessary arrangements for this to happen, and IROs should ensure children and young people are listened to, and their views taken seriously. IROs should provide feedback on how well this is happening.

What arrangements are in place for children to have access to independent advocates and how many take this up? How are concerns raised through this service reported?

Most councils have established children in care councils, comprising any looked-after children and care leavers who want to take part (though some councils hold a separate care leavers' forum, depending on what young people ask for); for councils that haven't done so, it is worth considering this or an alternative method of feedback that's appropriate for looked-after children in the area.



They should be able to set the agenda so that they can talk about what matters to them, and they should also decide how they would like to engage with the corporate parenting panel – whether that’s through joint meetings, feeding back via a mediator, or something else.

Don’t forget, however, that not all children will want to take part in group forums – there should be mechanisms set up to allow all children and young people to express their views in a way that they’re comfortable with.

Also consider how to engage with children with special educational needs and disabilities, or those who may face cultural or language barriers to engaging in feedback processes. In some cases, there may be safeguarding concerns about children with particularly complex needs being asked to take part in certain ways of giving feedback – there should be sensitive discussions between the children’s carers, advocates, the complex needs team, social workers and any other relevant professionals to find the best ways of engaging these children, who should still have the opportunity to say how they feel about their care.

Very young children may also find it harder to explain their wishes and feelings, and there will inevitably be children and young people who actively disengage from review meetings or feedback forums. Consider also those children placed out of area and at a distance. All looked-after children and care leavers have a right to be heard, and support must be put in place to give them that opportunity.

Review how feedback from children in care and care leavers is fed back to the whole council so that it can be factored into all relevant decisions – from housing and employment to education and public health.

Regardless of how feedback is collected, make sure that all children and young people (not just those who attend forums or participated in the feedback exercise) find out what has been done as a result of that feedback – show the young people that their voices are being heard, and changes are being made as a result.

## How do we show children in our care that we have high aspirations for them?

Councils should be ambitious for every child in their care, working with and encouraging them to achieve their full potential, from overcoming early instability or trauma to progressing well in education, learning and training, to pursuing hobbies and developing their talents, depending on what’s most appropriate for the individual child.

It’s important to recognise that children in care are likely to have had very different experiences to their peers, therefore they might be at very different stages at school to other children of the same age. Additionally, in 2018, 55.5 per cent of children in care had a special educational need, compared to 14.6 per cent of all children.<sup>14</sup> Providing the appropriate support can help children begin to overcome earlier trauma and disadvantage, and research shows that children in care achieve better educational outcomes than children in need who stay at home, thanks to the protective factor of that care.<sup>15</sup> The VSH will keep the council updated with how looked-after children are progressing in school, what support is provided to those with learning difficulties, and what action is being taken to help them reach their potential.

Children and young people thrive on recognition and reward, and it’s important to make sure that children in care receive this in the same way children in the rest of the population do. Award ceremonies, money for carers to take children for a celebration of a sports win, or a congratulations card from the lead member for a good school report or a special birthday will all help to reassure children that their efforts are recognised, supported and cared about.

As young people approach leaving care, they should be getting support from their social worker and a personal adviser to consider their future options. The VSH can make sure that young people are encouraged to think broadly and ambitiously about their options, and how to get there.

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

Stability for children and young people is linked to improved mental health and educational attainment.<sup>16</sup> It also helps children to develop relationships, feel more secure and wanted, and build a sense of belonging.

That said, clearly statistics alone cannot be taken on face value. A child or young person should not stay in an unsuitable placement, while a change of social worker to one with a smaller caseload may ultimately be positive for the child – provided this is well managed.

Analysis by the Office of the Children's Commissioner found that one in ten children in care had two or more placement moves in 2017/18. The analysis also found that just over one in ten children in care had experienced a mid-year school move in the previous year, while, 27 per cent experienced two or more changes in social worker over the same time period.<sup>17</sup>

It's important that the council understands the reasons for any instability experienced by children, and takes action to limit this where it is not in their best interests, while recognising that some moves may be unavoidable.

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

The Joint Strategic Needs Assessment should include consideration of the needs of children in care and care leavers<sup>18</sup>, with an accompanying Joint Health and Wellbeing Strategy (JHWS) in place to meet those needs and minimise inequalities. The health and wellbeing board is responsible for monitoring the implementation of the JHWS. Particular issues to look out for include:

- mental health services – children in care are four times more likely to have a mental health difficulty than children in the general population<sup>19</sup>
- sexual health and family planning services – a quarter of young women leaving care are pregnant, and nearly half become pregnant within two years<sup>20</sup>
- drug and alcohol prevention services – a third of young people leaving care report problems with drugs or alcohol within a year.<sup>21</sup>

Do children and young people have good access to services to support with these, and other issues? How long do they need to wait for support?

It's important to remember that while many children in care will be happy and well-adjusted, some will have experienced significant trauma, others will have lived unstable home lives, and some may lack good support networks. It's the responsibility of councils, as corporate parents, to work hard to tackle those issues and support the children in their care as they work to overcome difficulties that most children in the general population might never have to deal with.

As corporate parents, councillors will want to challenge any stigma and discrimination faced by children in care and care leavers, and to avoid perpetuating negative stereotypes. It is important that councillors

believe in children and young people in care and care leavers, and fight their corner.

If a child has experienced one or more placement moves, check whether health records are being passed between carers so that things like regular dental check-ups and standard vaccinations aren't being missed. Looked-after children should receive an annual health assessment (every six months for under-fives)<sup>22</sup>, but make sure these are being carried out in a child-friendly way – some children find these intrusive and feel they are unnecessary, so make sure they understand why they are taking place and that they know their right to opt out. Pass on feedback about assessments to the CCG, which carries them out, and check whether this is being acted on.

Consider also issues like access to sports facilities and music lessons or other activities outside of school, which will contribute to a child's wellbeing and sense of belonging. What happens to these if a child changes placement? Are care leavers helped to keep accessing activities to support their wellbeing? And what is the local offer for care leavers?

A significant issue for looked-after children and care leavers is having a support network. If they aren't able to rely on family, and if they've experienced multiple placement or school moves, they might not have had a chance to build up a network of their own. Look at what's being done to help them develop relationships that will support them both now and when they leave care, and see what help is available locally – are there volunteer mentors or support groups, for example? All looked-after children should be offered the chance to have an independent visitor – a volunteer to befriend and support them consistently, providing a relationship with an adult who isn't their carer or social worker.

Having stable placements and social workers will also help children to feel more secure and help them learn to develop positive relationships.

It is important to respect the diversity and individual needs of children in care and care leavers, and to make sure that those needs are responded to appropriately. This includes catering for the cultural and religious needs of children, and support for children's emotional wellbeing including, for example, issues around gender identity and sexuality.

## What are we doing to ensure that our children in care are not unnecessarily criminalised?

With the growth of child criminal exploitation and county lines, it is important that as corporate parents, councils are doing all that they can to prevent children in care from being coerced into criminal activity.

Children in care who have been in the care system for more than 12 months are five times more likely to offend than other children.<sup>23</sup>

It is important to find out the proportion of children looked after by your authority that are involved in the youth justice system, and find out how this has been changing over time. Are things improving, or is there more work to be done? Have the types of offence changed, or the profile of young people involved? What arrangements are in place to support children in care to engage with restorative activities?

Research has also found children in care living in children's homes are being criminalised at excessively high rates compared to all other groups of children, including those in other types of care.<sup>24</sup> As a result children's homes and police are having to work closely to ensure incidents are dealt with more proportionally.

The council's corporate parenting panel should monitor the proportion of those in children's homes who are involved with the youth justice system, find out what arrangements are already in place to manage incidents in children's homes, and work with and support officers to find out if improvements can be made.

More information can be found in our 'Youth justice' resource pack for councillors.

## What are outcomes like for our care leavers?

As a corporate parent, it's up to you to make sure that care leavers are getting the support they need to lead successful lives.

Care leavers can face a wide variety of challenges and, depending on their individual needs, they might need the support of their personal adviser and social worker to overcome their own hurdles to progress – and they need to know that support is there as they make the transition from a looked-after child to independent living.

Each young person's pathway plan should consider their options for when they've left school, whether they want to go on to further study or straight into the world of work. Work should start on this plan well in advance of a young person leaving care.

For those aiming for university and further education, children in care should be getting support at school to help them get achieve the best results they're capable of, and the VSH will know what interventions are working best or could be expanded. It's also important to look at pathway plans to see how children are reassured about university – it's a scary prospect for most young people, so care leavers need to know how they'll manage their finances, and where they can go during the long university holidays.

For those that don't go on to university, how many are not in education, employment or training – and what is the council doing to improve that?

Are the statistics getting better or worse? Find out how care leavers factor into your authority's recruitment, skills and economic development strategies, including access to apprenticeships and work experience.

The availability of suitable housing is a key issue for care leavers, as is preparation for moving on to independent living. Care leavers should not be placed in bed and breakfast accommodation, and the type of housing that they will move into after leaving care should be included in the pathway plan. Some young people will need more support than others as they move towards independence, while all will need to know that there are fall-back options if things don't work out.

For more information on support and outcomes for care leavers, please see our 'Support for care leavers' resource pack.

## How many children are we placing in out of area placements and why?

Every children's services council has a 'sufficiency duty', which states that it must take steps to secure, as far as possible, sufficient accommodation within its area to meet the needs of children that it is looking after. But there is no one-size-fits-all approach to meeting the needs of individual children, and there are often very good reasons why some children are placed outside their home authority. This could be for their own safety, to break gang affiliation, to place them near other family members or to access specialist services.

If your council is placing a higher proportion of children out of area than its statistical neighbours, or than it was two years ago, for example, it is important to ask why. Is this because the children need very specialist placements that can only be found elsewhere, or because there are not enough placements locally? If the latter, what is being done to improve this?

If children are moved out of area, this may mean moving them away from their school, their friends and family, and the area they're familiar with – it's important that if that happens, it's for the right reasons and that appropriate support is provided to help the young person manage that transition.

## How are we planning for the future and commissioning services?

If a council has too many children and young people being placed out of area inappropriately or in accommodation that doesn't suit their needs, it will need to revisit its sufficiency strategy and revise plans and commissioning to address this. The council will need a strong understanding of what its needs are now and into the future, which it can identify by looking at the data and feedback available, and analysing local and national trends. Councils can then use this information to better manage the local market, whether through recruiting and training more foster carers; evaluating the use of in-house and external provision; and considering the balance of children's home places or foster care with high levels of support for children with complex needs.

Consider also the way in which services for looked-after children are commissioned; are services better commissioned at a local (how local?) or regional level? Would children and young people's outcomes be improved if resources were pooled with partners for specific outcomes, such as early intervention or wellbeing? Are young people involved at any point in commissioning processes, to make sure that services meet their needs?

If in-house provision is an issue, feedback from foster carers – both those that are still working for your authority, and those that have either stopped fostering or moved to an independent fostering agency (IFA) – will be important to find out whether things need to be improved to increase the number of in-house carers.

## How well do we support our foster carers?

It's vital that foster carers feel well supported so that they feel able to provide the best possible care to children and young people, and to encourage them to foster for as long as they are able.

The Fostering Network's State of the Nation Report 2019 identified the following three issues that foster carers would choose to change to improve their ability to care for children:

- recognised and valued as experts who best know the children they care for
- empowered to make day to day decisions for the child they are caring for
- better financial support.

These issues highlight the importance of making sure that foster carers are listened to and have access to the right kind of support when they need it. For example, how are foster carers involved in care plan reviews? Do all in-house carers have up-to-date training plans? Is there good support available if there's a problem in the middle of the night? How much freedom are carers given to make decisions for their foster children?

It's important to remember that a foster carers' role is to provide a loving, caring home for a child, rather than to be a council employee; being treated as professionals is about their being valued, respected members of the team whose knowledge and understanding of the child is given appropriate weight in all decisions.

It's also essential that wherever possible, foster carers are kept fully informed about children coming into and leaving their care, and up-to-date with planned changes. This allows them to provide the right support and ease transitions for their foster children.

Financial support can be an issue for any carer, but in particular there may be concerns around carers with young people in staying put arrangements. While they still receive fees and allowances, these are lower than for fostering placements, which can be problematic where fostering is a major source of income for the family, and may make it difficult for families to continue supporting a young person.

Your best source of information about whether your foster carers feel adequately supported is from foster carers themselves; feedback should be considered by the corporate parenting panel, who can then make recommendations for improvements.

# Local case studies

## Hampshire County Council

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Being a good corporate parent means getting involved, asking questions and making sure the voices of children and young people are being heard.

When the children's residential service was under review in Hampshire, the Lead Member for Children's Services took the opportunity to find out exactly what children wanted and needed, and to make sure their voices were at the centre of any new proposals. This included visiting existing homes – owned both by the council and other sectors – to find out about the experiences of the children living there, and to see what they thought made a 'homely environment'.

At the same time, work was underway to implement the evidence-based Pillars of Parenting model, an approach to move from 'looking after' children to 'caring for' them, and providing strong support for staff including access to an educational psychologist. Children were involved in board meetings as the new care model was put in place, ensuring that they could flag up any issues with the model and let officers and councillors know how they felt about the changes.

In one small children's home using the Pillars of Parenting model, stability for the children living there was found to be better, involvement in crime was reduced, and engagement in education was good. The improved outcomes for children as a result of the new care model and the small, well-located home provided a good evidence-base to support what young people were saying.

The Lead Member took those views and the evidence directly back to his fellow elected members, emphasising the benefits the council could realise – both in terms of outcomes for children in care, and financially thanks to those long-term outcomes – by selling old, larger children's homes with poor community links to support new homes more suited to caring for children. As a result, he was able to successfully bid for considerable investment from the council to provide six new homes.

The Lead Member has continued to champion children's views as the process has continued, attending workshops where children contributed to the design of the new homes, and regularly visiting the homes during the build process to make sure they met the varied needs of the children he'd been speaking to. He has also worked with officers on keeping his fellow corporate parents engaged, with many visiting children's homes, and some even taking their dogs along to meet the children – a great ice breaker.

For more information, please contact:  
[cathi.hadley@hants.gov.uk](mailto:cathi.hadley@hants.gov.uk)

# Gloucestershire County Council

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Gloucestershire aims to put the voice of children and young people at the heart of its approach to corporate parenting, with children in care, young people with experience of children's services and corporate parents working together on everything from strategic planning and service delivery to training and consultation.

One of the key ways that Gloucestershire is working to incorporate the voice of children and young people is through their Ambassadors for Vulnerable Children and Young People, which was highlighted as a strength in an otherwise difficult Ofsted inspection for the authority. These young people, aged 16-25, all have experience of children's social care – whether through being in care, experiencing early help, or receiving support for a disability, for example – and play a central role in developing the council's services. They also act as a link between children and young people and the rest of the council, making sure those voices are heard.

As Participation Manager Della Keith highlights, "Ambassadors help us to keep our focus on, and communicate effectively with, children and young people; they challenge us, work with us, and often identify areas of our work that might be neglected. Most importantly, they've changed our attitudes, understanding and awareness of the issues that are important to children and young people".

Ambassadors are recruited two to three times a year, with 15 currently in post, and are paid for their time and expenses whenever they attend meetings or events. They attend the Children in Care Council so that they can feed back to the Corporate Parenting Group, which they are co-opted onto, and have led consultation with looked-after children to help improve everything from the activities children do with their social workers, to issues around contact with family; their own experiences make them ideally placed to

help communicate the needs and wants of children back to corporate parents.

They have also been part of task groups to improve the quality of care plans, improve questions on fostering panels, and to secure a pilot of personal budgets for children in care who need mental health support. The early involvement of young people in the latter was instrumental in gaining the support of NHS England for the pilot, highlighting the way in which the council places the voice of young people at the heart of their work for looked-after children.

The council has involved the ambassadors in the design of information for young people, which has been highly successful, for example leading to more young people attending fostering panels as they now understand better what goes on, and improving the use of the 'Mind of my Own' app so that children in care can get help with things they are worried about more easily.

All councillors are invited to receive training from the ambassadors about the role of members as corporate parents, and to give them an increased awareness of children's lived experience of their journey into and through care. The Ambassadors have also helped the Children in Care Council to host meetings with councillors, which have had excellent feedback from the children, who feel listened to, and the councillors, whose understanding of being a child in care has improved significantly.

For more information, please contact:  
[della.keith@gloucestershire.gov.uk](mailto:della.keith@gloucestershire.gov.uk)



## London Borough of Lambeth

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Any good parent will know that the needs of their children always come first – and Lambeth Council is committed to putting that philosophy into practice with all the children for whom it is a corporate parent.

Where children are placed in residential care, the council works hard to develop and maintain strong partnerships with those providers to make sure that the children's individual needs and wants are properly taken care of.

In the case of 14-year-old Amy, this has meant support to feel stable in her children's home, and honouring her wish to stay in that home with those she describes as 'family', rather than transferring into foster care. The council and the children's home have worked together to find ways to help her develop her confidence and self-esteem, including providing piano lessons to nurture her passion for music.

Amy is now considering whether she wants to move on to foster care as she gets older, so both the children's home and the council are starting to plan with her. Most importantly, they are working at a pace that suits her, rather than trying to rush her, making sure that her voice is at the forefront of any decision – as any parent knows, children and young people need support and encouragement to work through big decisions, to make sure that they can come to the right decision long-term.

The relationship between the council and the provider is a vital one – much like the relationship between two parents. Trust, mutual respect and good communication mean that both parties can concentrate on working towards the same outcome – a successful and positive care experience for all children being looked-after.

For more information, please contact:  
[communications@lambeth.gov.uk](mailto:communications@lambeth.gov.uk)

## Trafford Metropolitan Borough Council

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When a young person presents as homeless to a local authority, and they have not been in care before their 16th birthday, the authority's responsibilities in law are very limited, requiring only advice and assistance. In Trafford, the Corporate Parenting Board and officers felt that, despite not being corporate parents in such cases in legislative terms, they still had a responsibility to these vulnerable young people, who were homeless and in need of trusted professional support; doing the bare minimum was not good enough. They agreed to provide these young people with a full leaving care service, with support from a personal adviser, a pathway plan, safe and appropriate accommodation, support to live independently and help to engage in education, employment and training. The leaving care grant could also be awarded in certain circumstances. Ofsted was very supportive of the approach, which is an example of how councillors and officers can and do still step in to help young people – even where they don't have to, and where it isn't easy, just as other good parents would.

For more information, please contact:  
[aftercare@trafford.gov.uk](mailto:aftercare@trafford.gov.uk)

# Key resources and further reading

Centre for Public Scrutiny, Safeguarding children: A practical guide for overview and scrutiny councillors, June 2016

Department for Education, Children Act 1989 statutory guidance: Care planning, placement and case review, March 2010 (updated July 2015)

Department for Education, Statutory guidance on children who run away or go missing from home or care, January 2014

Department for Education, Promoting the education of looked after children and previously looked after children: Statutory guidance for local authorities, February 2018

Department of Education, Promoting the health and wellbeing of looked after children, March 2015

Department for Education, Applying corporate parenting principles to looked after children and care leavers, February 2018

Department for Education, Guide to the children's homes regulations including the quality standards, April 2015

Department of Education, Home Office, Ministry of Justice, National protocol on reducing the criminalisation of looked after children and care leavers, November 2018

Department for Education, Working with foreign authorities: Child protection cases and care orders, July 2014

Department for Education, Special Guardianship Guidance, January 2017

Fostering Network, Staying Put: Guidance for children and young people services, fostering services and leaving care services, September 2017

HM Government, Keep On Caring: Supporting young people from care to Independence, July 2016

Local Government Association, Youth justice resource pack, April 2018  
[www.local.gov.uk/youth-justice-resource-pack](http://www.local.gov.uk/youth-justice-resource-pack)

TACT, Language that cares, March 2019  
[www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019\\_online.pdf](http://www.tactcare.org.uk/content/uploads/2019/03/TACT-Language-that-cares-2019_online.pdf)

# Glossary of useful terms

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<b>Advocacy</b>	An advocate's role is to make sure that the child's views and experiences are considered when decisions are made about their future. Every child has the right to be supported by an advocate and councils must have a system in place to provide written, age appropriate information to each looked-after child about advocates and how to request one.
<b>Child and adolescent mental health services (CAMHS)</b>	Services that work with children and young people experiencing emotional, behavioural or mental health difficulties.
<b>Care order</b>	A court order approving the case for a child to be taken into care.
<b>Care plan</b>	A care plan should be developed for every child and young person when they come into care. This should identify how the child will be accommodated, how long it is anticipated that the care order will last, and formulate planned outcomes for the child with associated actions. The plan should be reviewed at least every six months.
<b>Clinical commissioning group (CCG)</b>	These commission most hospital and community NHS services in their area, including mental health and learning disability services.
<b>Child sexual exploitation (CSE)</b>	Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
<b>County lines</b>	A term used when drug gangs from big cities expand their operation to smaller towns and exploiting children and young people to sell drugs.
<b>Children's home</b>	A residential facility where groups of children are cared for by qualified workers.
<b>Former relevant child</b>	A care leaver aged 18-21 who was a relevant child or was in care until the age of 18. Young people who are still getting help with education or training remain 'former relevant' until their training has finished.

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<b>Foster care</b>	Foster care is a way for children to be cared for within a family setting when their own family is unable to care for them. It is considered temporary in that there is no legal split from the family (as with adoption), but can be long term where this is in the best interests of the child.
<b>Independent fostering agency (IFA)</b>	IFAs provide fostering services to local authorities. They recruit, train and support their own foster carers who the council can then place a child with on payment of a fee. IFAs can be charities, not-for-profit or profit-making.
<b>Independent reviewing officer (IRO)</b>	An IRO chairs a looked-after child's review(s) and monitors the child's case on an ongoing basis. They ensure that the care plan for the child fully reflects their current needs, wishes and feelings, and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
<b>Joint Strategic Needs Assessment (JSNA)</b>	JSNAs identifies the current and future health needs of the local population to inform and guide commissioning of health, wellbeing and social care services within local authority areas.
<b>Joint Health and Wellbeing Strategy (JHWS)</b>	The JHWS outlines how local partners will work to improve health in the local population and reduce health inequalities.
<b>Kinship care</b>	Kinship care is where a child is looked-after by a relative or friend. This can be an informal arrangement, through a Special Guardianship Order, or through friends and family foster care, where the local authority still has legal responsibility for the child.
<b>Modern slavery</b>	Modern slavery encompasses slavery, servitude, and forced or compulsory labour and human trafficking. A person is trafficked if they are brought to (or moved around) a country by others who threaten, frighten, hurt and force them to do work or other things they don't want to do.
<b>Pathway plan</b>	A pathway plan is developed by the local authority with a young person in care as they approach their 16th birthday to help them effectively make the transition from care to living independently. It includes areas such as accommodation, education, life skills and health.
<b>Personal Education Plan (PEP)</b>	The PEP is a statutory part of a child's care plan, making sure that all relevant partners are engaged in a child's education, tracking their progress and giving them the support they need to achieve and be aspirational in their education.
<b>Private arrangement</b>	An informal arrangement where a child or young person is looked-after by a close relative such as grand-parents, aunts or uncles.
<b>Private fostering</b>	An informal arrangement where a child or young person is looked-after by someone who is not their parent or close relative. The local authority should be informed of the arrangement, but is not responsible for the child and is therefore not the corporate parent.

<b>Secure children's home</b>	Secure children's homes offer specialist care and intensive support in a secure setting to young people sentenced by the courts and to young people detained for their own welfare (for example, where children are at risk of child sexual exploitation, and likely to place themselves in risky situations). These are referred to as youth justice beds, and welfare beds respectively.
<b>Special guardianship</b>	Special guardianship means that a child lives with carers who have parental responsibility for them until they turn 18, but legal ties with the parents are not cut as with adoption. The child is no longer the responsibility of the local authority.
<b>Staying Put</b>	An arrangement whereby a looked-after child can stay with their foster carer after the age of 18, as long as both the young person and the foster parent is happy with this arrangement, and it is in the young person's best interests. The council has a duty to support the arrangement up to young person's 21st birthday.
<b>Sufficiency duty</b>	The duty for a council to take steps that secure, as far as possible, sufficient accommodation within its area to meet the needs of children that it is looking after.
<b>Unaccompanied asylum seeking children (UASC)</b>	<p>The definition of an unaccompanied asylum seeking child is set out in the Immigration Rules as someone who:</p> <ul style="list-style-type: none"> <li>• is under 18 years of age when the claim is submitted;</li> <li>• is claiming in their own right; and</li> <li>• is separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so.</li> </ul>
<b>Virtual school head</b>	All local authorities must have a virtual school head (VSH) in charge of promoting the educational achievement of the children looked-after by that authority and previously looked-after children. Their role is to know how the looked-after children are doing, and help school staff and social workers to find out about the extra needs of these children and any additional support available to them. VSHs also work with the children's services department and all schools in the area on initiatives to promote the education of children in care.



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**Corporate Parenting Panel****13 September 2024****Care Experience – Protected  
Characteristic****Report of Rachel Farnham, Head of Children’s Social Care, Children  
and Young People’s Services, DCC****Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 The purpose of the report is to present the findings of a survey conducted with Children in our Care and Care Leavers and consider a proposed motion to Council to treat care experience as a protected characteristic.

**Executive summary**

- 2 Protected Characteristics for Children in Care and Care Leaver was highlighted in the Independent Review of Children’s Social Care 2022. The report highlighted “Many care experienced people face discrimination, stigma, and prejudice in their day to day lives. Public perceptions of care experience centre on the idea that children are irredeemably damaged and that can lead to discrimination and assumptions being made”. Whilst the report advocated for a legislative change to the Equality Act 2010, this has not progressed, however councils throughout the England have undertaken work to consider adopting the principles of Protected Characteristics for care experienced young people.
- 3 So far 90 Local Authorities have adopted the Protected Characteristic for care experienced young people within the UK. It has raised awareness about the unique challenges faced by care experienced young people, leading to more empathy and understanding from the public and professionals.
- 4 By recognising care experience as a protected characteristic, there has been a reduction in stigma and discrimination in areas such as housing, education, and employment.

- 5 Local authorities and organisations are now more committed to providing tailored support to care experienced individuals, ensuring they have better access to resources and opportunities driven by the councils commitment and statutory responsibility as Corporate Parents.
- 6 With increased recognition, care experienced young people are finding more opportunities for personal and professional growth, leading to improved stability and quality of life.
- 7 The survey conducted to consider this was undertaken by Investing In Children and Durham County Council. A 19% response was received from the survey with the majority of respondents supporting the need for Durham to recognise the experiences of our care experienced young people and to consider adopting the principles of Protected Characteristics.
- 8 It is recognised that in Durham County Council there is commitment to supporting our young people who are care experienced, including guaranteed interviews in-line with other groups who have legal recourse under equality legislation.
- 9 These findings provide valuable insights that can inform policy decisions and initiatives aimed at supporting care experienced young people. It is crucial as Corporate Parents that the voices are heard and that their experiences are taken into account when shaping policies and practices that affect care experienced young people, and the Council as lead corporate parents drive systemwide change to improve services for care experienced young people.

## **Recommendations**

- 10 Corporate Parenting Panel are recommended to:
  - (a) consider the content of this report; *and*
  - (b) agree that the Corporate Parenting Panel present the motion to Council proposing the adoption of the principles of protected characteristics for care experienced young people.



## **Background**

- 11 The County Durham Children in Care Council became aware of the Independent Care Review, led by Josh MacAlister between July 2021 and May 2022. The review suggested that Local Authorities should consider making care experience a protected characteristic to help prevent care experienced young people from being unfairly treated. Whilst this recommendation is not a statutory requirement, it serves as a guideline to influence and effect change at a local level. Whilst there is no requirement to implement the recommendation, treating care experience as a protected characteristic would help shape Council policies and practices to further support care experienced young people.
- 12 In response to the MacAlister Review, County Durham's Children in Care Council members decided to collect additional ideas and opinions from other young people. To this end they conducted a survey, which was distributed to all care experienced children and young people by all of Durham County Council Children in Care and Care Leaving teams.
- 13 The aim of the survey was to understand what other young people thought of making care experience a protected characteristic and to share these findings with Durham County Council. This is a proactive step towards involving young people in decisions that directly affect them, ensuring their voices are heard and considered in policy-making processes.

## **Methodology**

- 14 Two surveys were completed: one by the Investing in Children (IIC) and one by Durham County Council in partnership with the Experts Through Experience panel. Both surveys posed identical questions to ensure that there was consistency.
- 15 The Durham County Council survey was launched in April 2024 for all care experienced young people aged 16 and over and completed during a four-week period.
- 16 This launch of the on-line survey was communicated by email to colleagues working in in-house residential services, the Fostering Service, the Care Leaving Service, and the Children in our Care Service. County Durham commissioning services also communicated with external residential and Independent Fostering Agencies to ensure that we reached as many young people as possible.
- 17 The survey was either completed independently with a link being sent to the child or their carer, or the child was supported by their worker to

complete the survey either in person or during a telephone conversation.

- 18 The survey asked specific questions in relation to a young person's views of being cared for by Durham County Council and their views on how this impacted on them. There were options to provide additional information within the survey which further ensured that their views are accurately and comprehensively represented.

## Findings

- 19 The key findings from the survey on the experience more generally of our care experienced young people are as follows:
- 20 70% of the participants believe that being care experienced should be a protected characteristic. This suggests a strong sentiment among the majority of participants that their experiences and challenges as care experienced individuals should be recognised and safeguarded.
- 21 Conversely, 9% of the participants do not support the idea of making care experience a protected characteristic. This indicates a minority viewpoint that may stem from various personal beliefs or experiences.
- 22 The young people highlighted that they had experienced challenges with different organisations due to their background. This feedback underscores the need for organisations to better understand and address the unique challenges faced by care experienced young people.
- 23 The charts below indicate the gender and age breakdown of the 90 respondents out of 464 care experienced young people aged 16 to 25 years old within Durham Children's Social Care.

### *Gender Breakdown*

<b>Gender</b>	<b>Number</b>	<b>Percentage</b>
Male	41	46%
Female	46	51%
Non-binary	3	3%

### *Age Breakdown*

<b>Age</b>	<b>Number</b>	<b>Percentage</b>
Under 18s	21	23%
18-24	61	67%
25 or over	6	7%
Prefer not to say	3	3%

- 24 The 90 responses equate to 19% of care experienced young people completing this survey. According to experts, these numbers provide a representative sample to inform a decision.
- 25 It was noted that the vast majority of the respondents were White British. However, as the IIC/CICC's survey did not collect this data, it is not reported within the findings of this report.

### **Survey Questions**

*Do you think being care experienced should be a protected characteristic?*

- 26 70% of the participants believe that being care experienced should be a protected characteristic. This indicates a strong consensus among the participants on this issue.
- 27 9% of the participants did not support the suggestion to make care experience a protected characteristic.
- 28 21% of young people did not give a definite response to the question posed
- 29 These findings highlight the diverse perspectives among care experienced young people on whether their experiences should be recognised and protected. This diversity of opinion is important to consider when making decisions or policies that affect this group.

*Do you think being care experienced means people treat you differently?*

- 30 71% of the young people stated that they felt they were treated negatively due to their care experience. This suggests a significant proportion of care experienced young people perceive a difference in treatment.

- 31 However, 29% of the young people felt they were treated the same as those without care experience.
- 32 These findings further emphasise the varied experiences and perceptions among care experienced young people. It is crucial to consider these diverse perspectives when developing policies or practices aimed at this group, in order to support and create an ethos of help and support that is driven by the council as Corporate Parents.

*Have any of the following treated you differently? (Housing Services, Support Services, Police, Education, Health Services, Social Services, In your community, other)*

- 33 73% responded that they had been treated negatively in Education. Education is the most interacted service, possibly due to its broad reach and impact on individuals from all age groups, from children to adults pursuing higher education or vocational training.
- 34 57.9% felt they had been treated differently in their community. Stigma within the community can significantly impact the quality of interaction with community services.
- 35 42.1% indicated that they had been treated negatively by the Police. Interaction with police services can vary greatly depending on various factors such as location, and accommodation type.
- 36 Housing services may primarily impact those aged 18 and over, as they are typically the ones seeking independent living arrangements. 36.8% of respondents said they had been treated differently, however we must also consider those young people aged 16 -17 who live within supported accommodation, and the impact of discrimination during this fragile period of moving from a care setting.
- 37 Universal Services included any kind of support such as with benefits and money, from a health visitor or early help support. 31.6% said they had been treated negatively.
- 38 26.3% felt that Children's Social Care had treated them negatively and 23.7% said the same of Health Services. It is clear that age plays a significant role in how individuals interact with these services. Younger individuals may have more contact with educational services, while older individuals may interact more with the housing or benefits services. Understanding how we adapt the services provided and tailor them to young people needs at that time will support them as they grow and develop.

*Do you think that being care experienced has created barriers in your life that wouldn't be there for other young people who are not care experienced?*

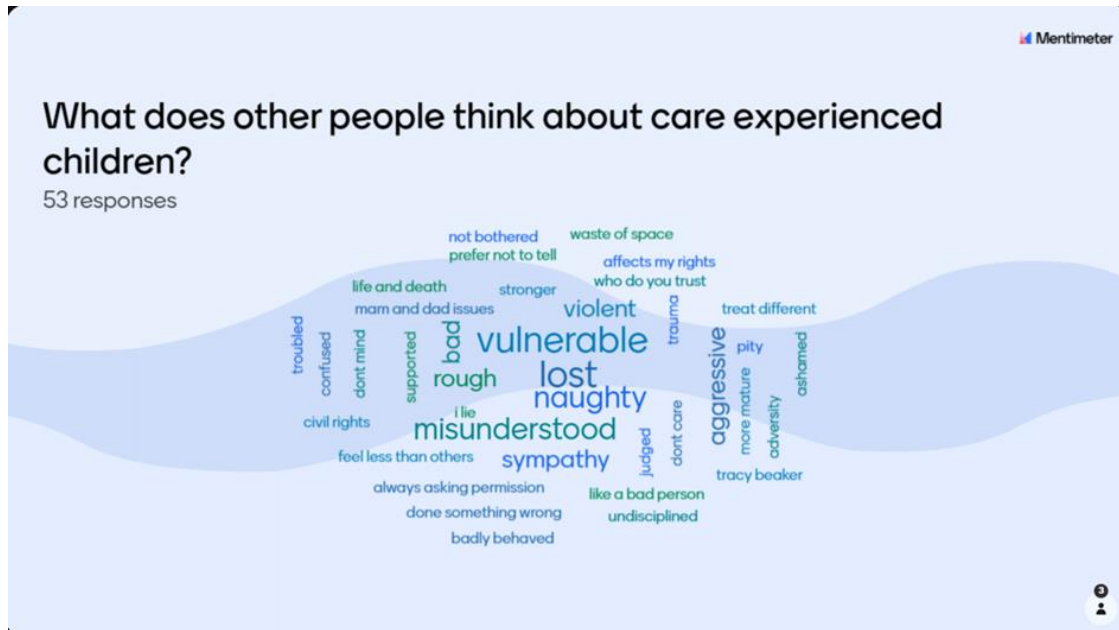
- 39 61% of the responses highlighted it was their view that being care experienced had created barriers in their life that would not exist for other young people who were not care experienced. This represents a majority consensus among the participants.
- 40 16% of the participants said No indicating a smaller, yet significant, portion of the participants held a different viewpoint.
- 41 23% of the 90 participants were unsure or did not know. This suggests that a certain number of participants might need more information or are uncertain about their stance on the issue.

*How do you feel about telling people that you are care experienced?*

- 42 27% of the responses indicated that the participants were “Not Bothered” by the issue or statement presented in the survey. This suggests a significant portion of the participants may be indifferent or neutral towards the issue.
- 43 73% of young people commented that they felt that their care leavers experience and status did impact their everyday lives and experiences within the community, and accessing services
- 44 This information provides further insight into the range of attitudes and feelings among the care experienced young people who participated in the survey. Understanding this indifference or neutrality is also crucial when considering the impact of decisions or policies on this group, so that we can consider how we provide the right targeted support for our care experienced young people, and the impact that this has, for example which service has got this right, and how do we learn from this?

*What do you think other people (in society) think about care experienced young people?*

- 45 Please see below a visual representation of the words used to describe how participants of the survey believe other people in society think about care experienced young people.



- 46 Durham is not unique in how young people perceive how others feel about them and based on the experiences they describe in interactions with services and within their communities this is somewhat unsurprising. We do however, as Corporate Parents hold responsibility to ensure young people who have experienced care receive the right support at the right time from services and agencies that understand their needs and complex backgrounds and develop systems that meet their needs. In addition, advocate as parents their rights and challenge prejudices held. The survey findings would indicate for Durham Children in Care and Care Leavers, they feel strongly we as Corporate Parents recognise their lived experiences and drive and develop through recognising their unique characteristic a wider system approach through agencies that work with our young people, to create tailored support, provide training around trauma and care and the impact and challenges this creates and that our young people face.
- 47 In light of the survey findings, Corporate Parenting Panel is asked to consider submitting a motion on notice to a meeting of full Council, which seeks agreement to treat care experience as a locally protected characteristic.
- 48 The Council already guarantees an interview to care experienced people who meet the essential criteria. By treating care experience as a protected characteristic would mean that care experience would be considered alongside all other protected characteristics when conducting equality impact screenings and assessments as part of decision-making processes. This will help address the inequalities that our care experienced young people referred to in their survey responses.

49 Nationally, 90 council have considered and adopted a motion to include Protected Characteristics for Care Experienced Young People. Locally, Darlington, Redcar and Cleveland, Sunderland, Hartlepool and Middlesbrough Councils have all approved a motion.

50 The proposed motion for consideration is recommended to include:

51 *'This council notes:*

- (a) Care experienced people face significant barriers that impact them throughout their lives;
- (b) Despite the resilience of many care experienced people, society too often does not take their needs into account;
- (c) Care experienced people often face discrimination and stigma across housing, health, education, relationships, employment and in the criminal justice system;
- (d) Care experienced people may encounter inconsistent support in different geographical areas;
- (e) As corporate parents, councillors have a collective responsibility for providing the best possible care and safeguarding for the children who are looked after by us as an authority;
- (f) All corporate parents should commit to acting as mentors, hearing the voices of children and young people in our care and to consider their needs in any aspect of council work;
- (g) Councillors should be champions of the children in our care and challenge the negative attitudes and prejudice that exists in all aspects of society;
- (h) The Public Sector Equality Duty requires public bodies, such as councils, to eliminate unlawful discrimination, harassment, and victimisation of people with protected characteristics.'

52 *'This council therefore resolves:*

- (a) That it recognises that care experienced people are a group who are likely to face discrimination;
- (b) That it recognises that Councils have a duty to put the needs of disadvantaged people at the heart of decision-making through co-production and collaboration;
- (c) That future decision, services and policies made and adopted by the Council should be assessed through Equality Impact

Assessments to determine the impact of changes on people with care experience, alongside those who formally share a protected characteristic.

- (d) That in the delivery of the Public Sector Equality Duty the Council includes care experience in the publication and review of Equality Objectives and the annual publication of information relating to people who share a protected characteristic in services and employment.
  - (e) That this Council will treat care experience as if it were a Protected Characteristic.
  - (f) To formally call upon all other bodies to treat care experience as a protected characteristic until such time as it may be introduced by legislation.
  - (g) For the council to continue proactively seeking out and listening to the voices of care experienced people when developing new policies based on their views.'
- 53 Should Corporate Parenting Panel be in support of the proposal, it is proposed that the chair/vice chair move the motion on notice on behalf of the Corporate Parenting Panel at Full Council.
- 54 Should a motion be presented to Full Council and be agreed, this would, based on the findings of the survey, demonstrate significant commitment to addressing the inequality of experience by care experienced children and young people in County Durham. This would demonstrate a clear message to firstly the young people but also to the wider partners and community in its recognition of equity for this group of young people.
- 55 In conclusion, the majority of care experienced young people are in favour of Durham County Council adopting the principles of the survey findings. The young people have demonstrated, through their answers, that they have experience of discrimination that impacts on their daily lives. This underpins the importance of such commitments in supporting care experienced young people and highlights the potential benefits of wider adoption. This would also be in line with the recommendations of the Care Review.
- 56 The differing opinions among the young people surveyed demonstrate a wide range of experiences and thoughts on the subject. The survey provides detailed insights into how these young people have been impacted by their care experience. This emphasises the importance of understanding individual experiences and tailoring support services to meet diverse needs. It also highlights the role of Local Authorities in



shaping these experiences, which further emphasises the need for the council's consideration to adopt the Protected Characteristics principles to safeguard and enhance our children and young people both now and in later life.

**Author**

**Rachael Riley**

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## **Appendix 1: Implications**

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### **Legal Implications**

To recognise care experience as a protected characteristic within the Equality Act 2010 would require legislative change. However, the Council can adopt a policy position whereby care experience is considered as if it were a protected characteristic for the purposes of equality impact screening, assessments and decision making.

### **Finance**

There are no financial implications.

### **Consultation and Engagement**

Children in Care participated in this survey.

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

The service continually seeks to address inequalities and the proposed motion is designed to further support and address equality and diversity for children in our care.

### **Climate Change**

No implications.

### **Human Rights**

The proposed motion is consistent with Article 12 of the United Nations Convention on the Rights of the Child.

### **Crime and Disorder**

No implications.

### **Staffing**

There are no staffing implications.

### **Accommodation**

No additional accommodation is required.

### **Risk**

Safeguarding of all young people will be a priority of the group, which is supported by Children's Social Care Staff. Surveys were confidential and voluntary.

If the motion is adopted, communications will be issued to all staff so that they are aware that care experience should be considered as a protected characteristic. The Equalities team will be consulted with a view to amending the equality impact templates to include care experience as a protected characteristic.

### **Procurement**

No implications.

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## Appendix 2: Additional Comments Received

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### **Do you think being care experienced should be a protected characteristic?**

*“Yes because people can judge a person in care for being in care and they can think what have that young person done wrong to be there”*

*“Because I have a care order I cannot change my name until I am 18. Other young people can do this at age 16. Also financially penalised with staying put because I have an apprenticeship. Others get housing benefit”*

*“A lot of young people may use their parents in things such as finding work or helping them financially so it would be good if DCC could do something similar to discourage a lot of unfairness due to not having parents there to help”*

*“Care leavers should be given the skills to be able to deal with adversity, not handed everything, yes we need support but not a protected status”*

### **Do you think being care experienced means people treat you differently?**

*“You feel like you are less than the people around you.”*

*“Some of them treat you different not so much badly but sometimes good in a way.”*

### **Have any of the following treated you differently? (Housing Services, Support Services, Police, Education, Health Services, Social Services, In your community, other)**

*“I don't like people to know that I was in care because they treat you like you are broken and fragile, they feel pity for you. They never treat you like a normal person.”*

*“This makes me feel ashamed of the fact I've been in care.”*

*“It makes me feel like a bad person even when I haven't done anything wrong to them”*

**Do you think that being care experienced has created barriers in your life that wouldn't be there for other young people who are not care experienced?**

*"Because you're always moving and it makes it hard to get to know people and in education."*

*"Having to get permission to do stuff. A lot of paperwork for people to agree"*

*"I got told when I had my boy that being a care leaver was a barrier to have him home"*

*"One of the biggest things is when I fell pregnant my midwife and nurses said because I've been in the system and have a social worker my baby would have a social worker and also there was a high chance I wouldn't be able to keep my baby."*

*"In a way no, my life has become much better after being in care and opened a lot of stuff up to me, however because of that I can't probably compare if it actually has opened up more or if I could've done some things without being in care"*

*"Having to pass everything through social has made me miss out on a lot of events to the point where I've stopped asking because I know the answer will either be no or inconclusive."*

**How do you think that being care experienced will affect your future?**

*"I don't know. Hopefully people will accept that I'm my own person."*

*"Make me stronger"*

*"I don't know Difficult start after leaving care."*

*"I think no matter how old I am I will be judged for a past that wasn't my fault whether that be for work or other things. People don't look at us the same".*

*"I think it has matured me in many ways personally and helped gain communication skills due to being constantly moved and feeling the need to be heard".*

*"I will not allow it to affect my future".*

*"I know I've got support whenever I need it".*

*"My life chances are better because I am in foster care".*

## **How do you feel about telling people that you are care experienced?**

*"I'm not bothered if it's something they need to know about me but if it's something I don't want them to know I will tend to avoid telling them unless it is needed."*

*"It is what it is".*

*"It really depends on who you're speaking to".*

*"I prefer not to say as it's not something that needs to be mentioned".*

*"I do not care".*

*"I Don't tell people unless it is necessary even then it feels awkward to talk about because people don't see care experienced people not as normal people but as naughty children that their parents couldn't look after because of their behaviour but sometimes it not the child's fault."*

*"When I was in school, I didn't tell know one I was scared of people finding out I cried when they did on the fact I knew I'd get bullied over it."*

*"I don't tell people as I don't know how they will react."*

*"Scared It's seen as a bad thing so I don't really like telling people I don't mind if I trust them and know they will judge, but sometimes I lie and talk about my parents and my great family I have at home, which is untrue."*

*"I'm fine with it because most people are really normal about it but some people are so confused by it and it's tiring to explain"*

*".... Growing up I remember being ashamed and looked down/treated differently to other children in school".*

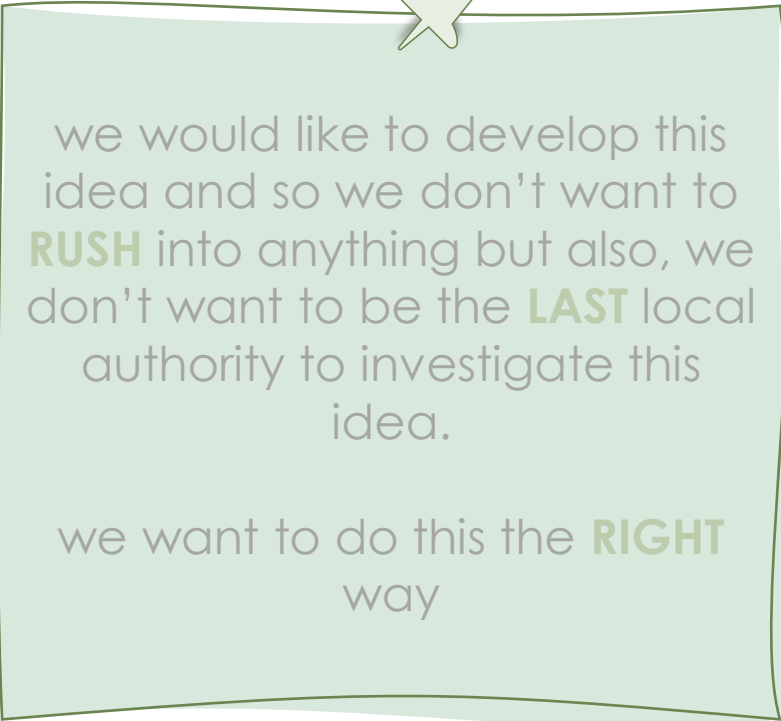
# ADOPTING CARE EXPERIENCE AS A PROTECTED CHARACTERISTIC STATUS



# THE CONTEXT DURHAM'S APPROACH.....

90

Local authorities have now adopted care experience as a protected characteristic status



we would like to develop this idea and so we don't want to **RUSH** into anything but also, we don't want to be the **LAST** local authority to investigate this idea.

we want to do this the **RIGHT** way

## STATS -

70% ↑

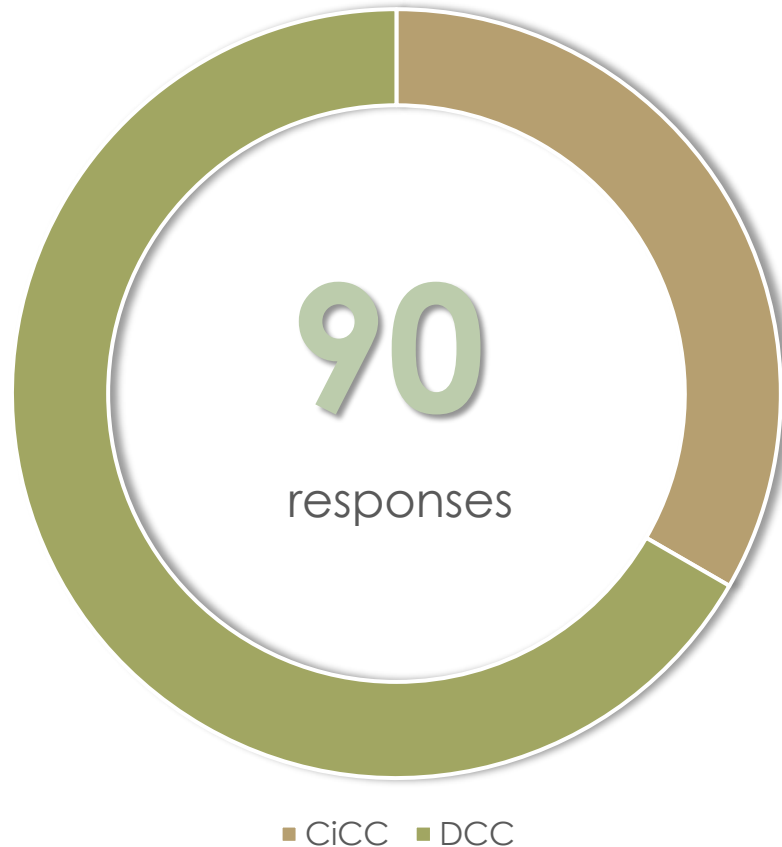
higher mortality rate

40% 

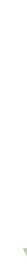
of the population within the criminal justice system are care experienced



# THE QUESTIONNAIRE .....



Children in Care Council produced a questionnaire in which **30** young people had responded

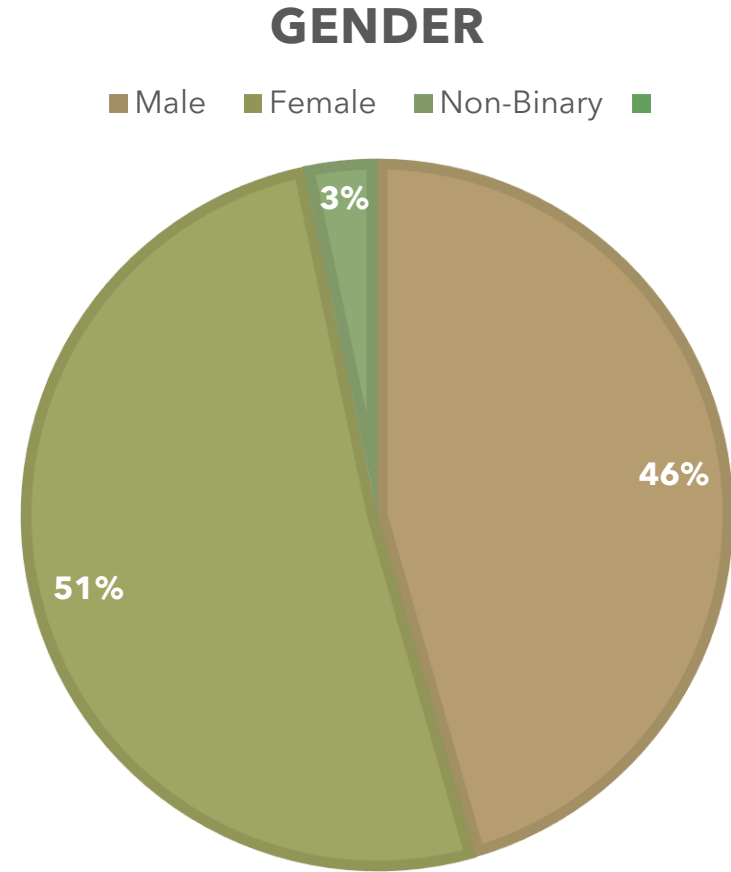
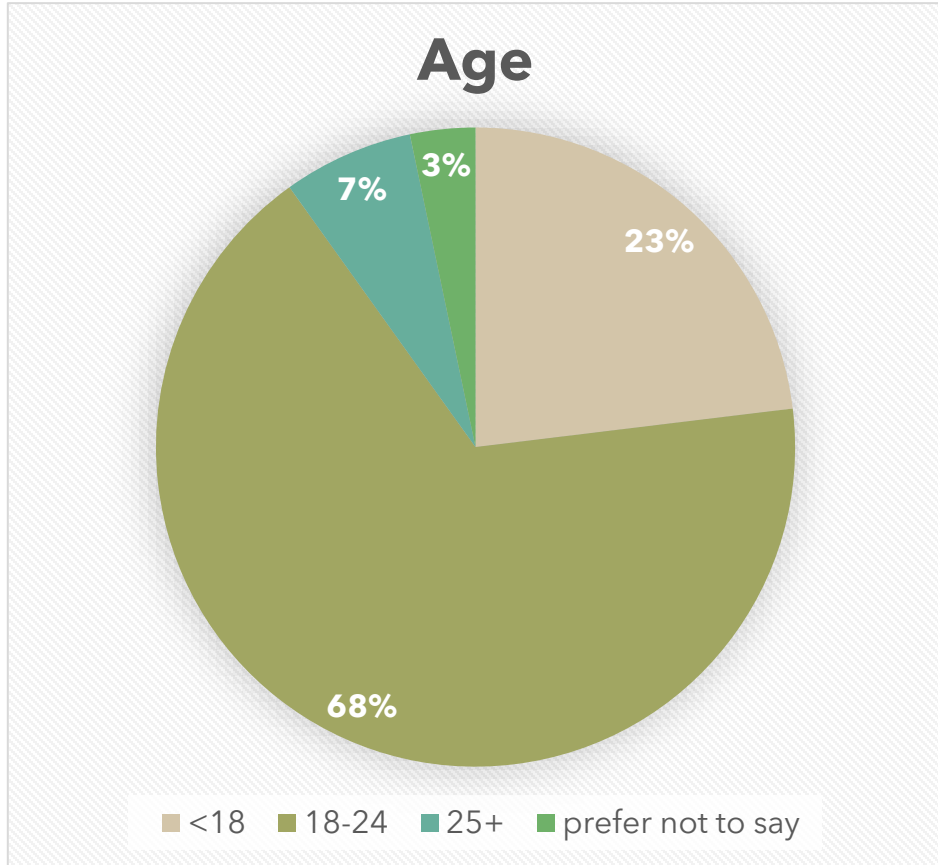


Durham County Council then had a questionnaire that went live and received **60** responses from young people

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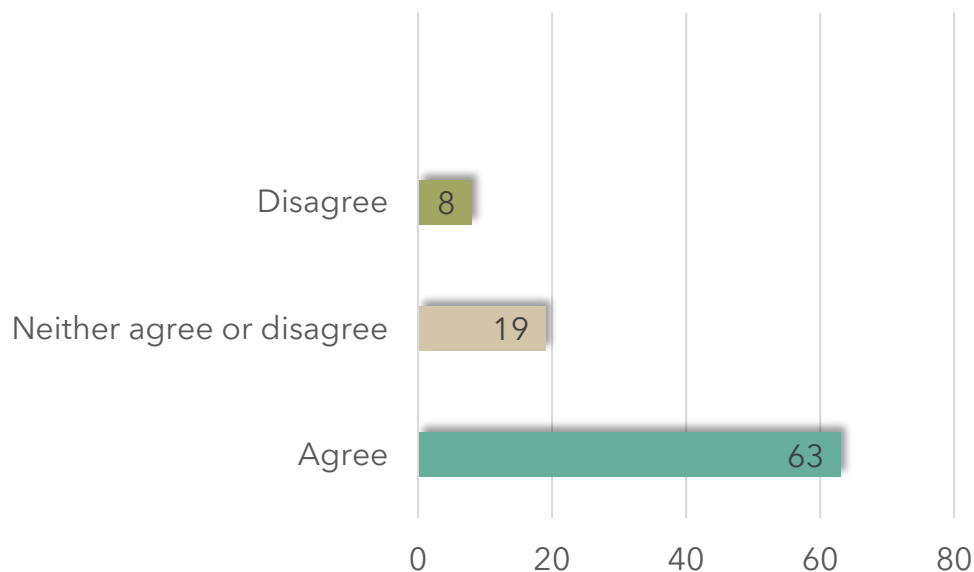
# DEMOGRAPHICS

Demographic of young people that completed our survey-





# YOUNG PEOPLE'S VOICE .....


Do you **agree** or **disagree** that Durham County Council should do more to prevent care experienced people from being treated unfairly by giving them a protected status?




Please explain your responses to help us gain a better understanding of your views

for  Because I have a care order, I cannot change my name until I'm 18. Other young people can do at the age 16. Also financially penalised staying put because I have an apprenticeship. Others get housing benefit.

against  Care leavers should be given the skills to be able to deal with adversity, not handed everything, Yes, we need support but not a protected status

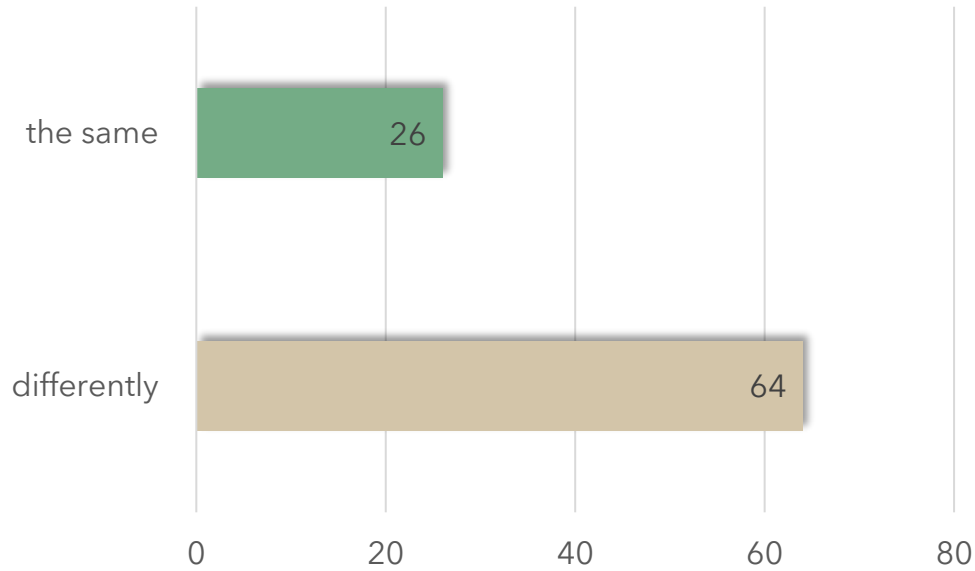
for  For all, I think this is a brilliant idea. Some people are ashamed of their past and being labelled, I don't think they should be treated differently. I think they should be treated as equals. Giving them a protected status could make some care experienced young people feel more welcomed.

for  YES, because people can judge a person in care for being in care and they can think what has that young person done wrong to be there"

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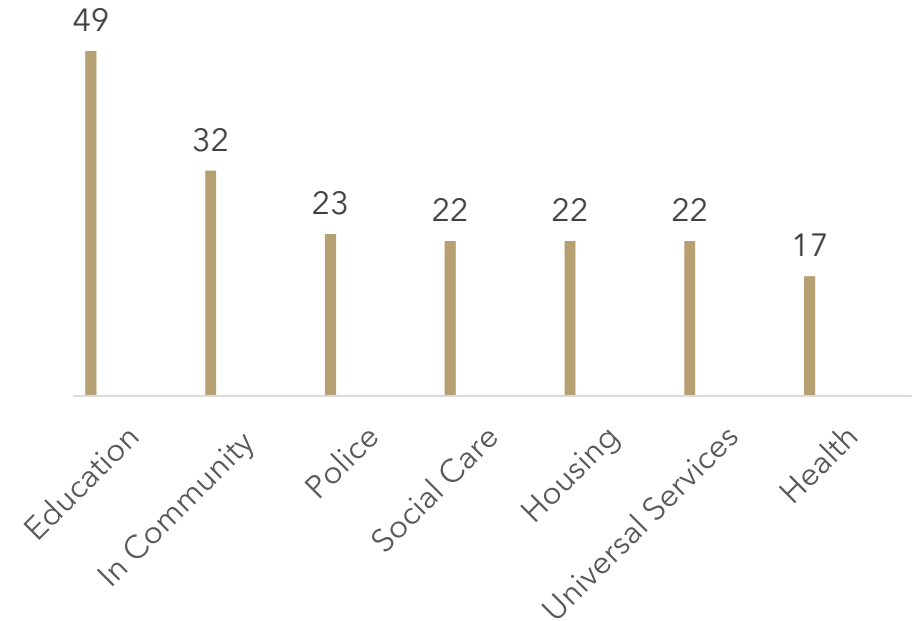
# YOUNG PEOPLE'S VOICE

**Do you think being care experienced means people treat you differently or the same as people who are not care experienced?**



You feel like you are less than the people around you

How many of the following treated you differently?  
Please tick all that apply



Some of them treat you different not so much badly as sometimes its in a good way

# YOUNG PEOPLE'S VOICE .....

can you tell us how this affected you?



Most experiences have been positive, however, there have also been some experiences where it has been negative and where false assumptions about someone's family life or personal issues are stereotyped, misunderstood or misconstrued



You feel less that the people around you



" I don't feel like people know that I was in care because they treat you like you are broken, fragile and feel pity for you. They never treat you like a normal person"



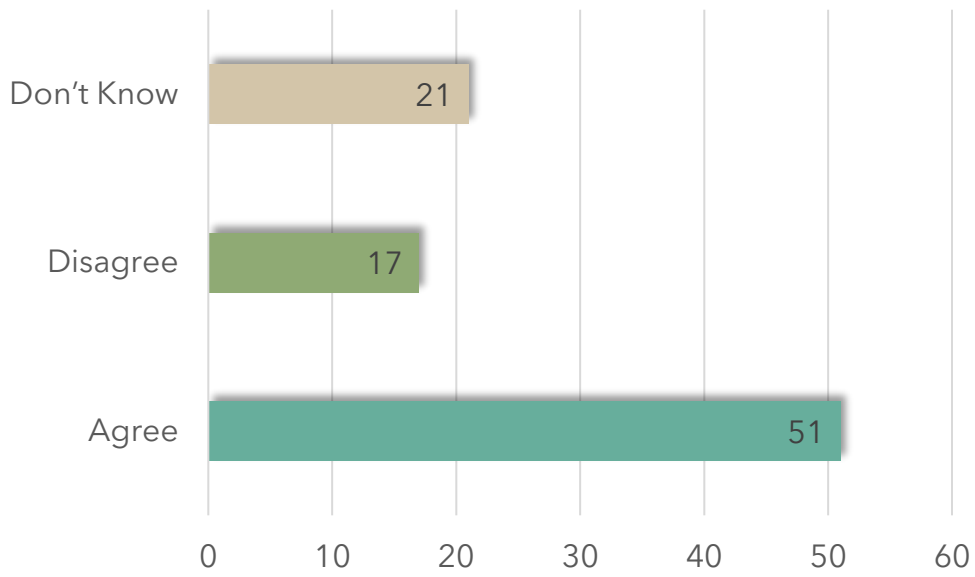
It made me feel every time I feel I have made a step forwards the people around me push me two steps backwards and I thought this would impact me for the rest of my life.





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# YOUNG PEOPLE'S VOICE .....

**Do you think that being care experienced has created barriers in your life that wouldn't be there for other young people that aren't care experienced?**

Please explain your responses to help us gain a better understanding of your views



-  Because you are always moving, and it makes it hard to get to know people in education
-  Having to get permission to do stuff, a lot of paperwork for people to agree
-  Overall. I believe it hasn't created any barriers however as a child I was unable to join in things such as being on the school website/ public photos which made me feel left out as a child at the time
-  If a parent of a friend, who my carer deemed to be safe asked me to go on a trip last minute trip for the weekend, my carer would have to say no because she couldn't contact a social worker. Things take so much longer to do when waiting for a social worker. Especially if you have lots of different workers.

# YOUNG PEOPLE'S VOICE .....

Makes me stronger

I know I have support  
whenever I need it.

how do you think being care  
experienced will affect your future?


I will not allow it to affect my  
future


Always being judged


**how do you feel about telling people that you  
are care experienced?**

**“Not Bothered”**

mentioned **12** times in total

 Personally, I'm not fazed about telling people I have previously been in care, however growing up I remember being ashamed and looked down/ treated differently to other children in school

 I don't mind if I trust them and know they won't judge, but sometimes, I lie about my parents and my 'great' family which is untrue

 I'm fine with it because most people are really normal about it, but some people are so confused by it and it's tiring to explain



# YOUNG PEOPLE'S VOICE .....

what do you think other people think about  
care experienced young people?



- People can be nosey and might think it's my own fault for being in care
- That we are mostly likely to end up in prison, unlikely to go to uni
- That it's is our fault and that it is like Tracy Beaker

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# YOUNG PEOPLE'S VOICE .....

comments and thoughts in relation to our proposal-



Treat us like people, **not just a box to fill**, we have wants and needs like everyone else, we need guidance for some of the maybe unorthodox ideas but if we have strong emotional connection with support workers, we can work through anything in time



Young people can do anything we put our minds to

# CONCLUSIONS & REFLECTIONS .....

**63** out of **90** respondents felt adopting care experience as a protected characteristic was a good idea

An example of why would be to minimise stigma and discrimination that young people face by services

Some young people did not want to adopt it as a protected characteristic because they think it would be an extra label and cause more problems in the long run

Our **reflections** as Experts in taking part in the survey would be:-

- Give more thought or attention to what young people may need to better inform them about the issue, its significance the potential difference it makes – taking learning from other local authorities .
- In respect of question design consider using Likert scaling to represent different strengths of opinion in responses young people give back
- Formally launch and cascade the survey so that we maximise the opportunities for care experienced young people to know about it and think that responding to it is meaningful for them

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**Corporate Parenting Panel**

**13 September 2024**

**Unaccompanied Asylum-Seeking  
Children Update**



**Report of Rachel Farnham, Head of Children’s Social Care, Children and Young People’s Services, DCC**

**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.

**Executive summary**

- 2 The UASC Team was formed on a temporary basis in February 2022. The team is currently in the process of becoming permanent, with recruitment underway.
- 3 The UASC Team sits within the Care Leaver Service and uses resources and knowledge within the wider service including the Peer Mentoring Project, Staying Close and the Emotional Wellbeing Worker.
- 4 The focus of the UASC Team 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 arrival.
- 5 There are currently 84 UASC in our care and 54 UASC Care Leavers engaged with the service.
- 6 The UASC Team have continued to work well within a multi-agency group with bi-monthly meetings taking place. Colleagues involved include, health, education, fostering and placements, amongst others.
- 7 A range of social activities including football, cricket and cooking continue to be offered as well as activities arranged with other care leavers such as the recent drumming session.
- 8 There is a focus on development of staff within the team and increasing knowledge externally to understand and support the needs of UASC.

The team manager also delivers sessions to a range of professionals to increase wider knowledge of this cohort.

### **Recommendation**

- 9 Corporate Parenting Panel is recommended to:
  - (a) receive and note the update report.

## **Background**

- 10 The Unaccompanied Asylum-Seeking Children (UASC) Team was established in February 2022 in response to the increased demand for social work capacity and caring provisions for UASC referred to Durham by the Home Office National Transfer Scheme (NTS). Until this point UASC had been allocated social workers through the Children Looked After Service.
- 11 The Team Manager was appointed in February 2022 and the team was set up as part of the Care Leaver Service.

## **Understanding the Young People**

- 12 There are currently 84 UASC in our care and 54 UASC Care Leavers engaged with the service.
- 13 Since July 2023 the Team has taken 58 young people from the Home Office NTS. Some of these are now Care Leavers as there is a constant through flow of young people who transition into adulthood.
- 14 Our threshold capacity, in line with the Home Office NTS, stands at 98 young people under the age of 18 years. When a young person becomes a care leaver on reaching the age of 18, they are deducted from the overall number.
- 15 Currently there is no pattern to how often we receive Home Office referrals. The County Durham UASC Team have, on occasion, requested additional referrals when there has been social worker and housing capacity for young people, so that we can ensure there are more planned moves. Since December 2023 we have taken 11 referrals in addition to those routinely allocated by the Home Office. This allows for more of a planned approach when allocating social workers and housing to young people.
- 16 In addition, there have been four spontaneous arrivals since October 2023. One of those is now closed following an age assessment.
- 17 The Team has completed three age assessments since July 2023 when there has been evidence which has led the service to believe that the reported age of the young person may be incorrect.
- 18 The Team are supporting young people from 15 different countries; the majority of young people arrive from Afghanistan, Sudan, Iran or Iraq.
- 19 There are 17 children looked after with Leave to Remain.
- 20 There are 37 Care Leavers, aged between 18 and 25 years, with Leave to Remain.

- 21 From July 2023 any young person arriving in the country via what was deemed as an illegal route was deemed unable to claim asylum.
- 22 Overall, young people settle well into the community and their new homes, they attend education and enjoy social inclusion opportunities.
- 23 The Team are supporting three young people who have had frequent missing periods. The main concern being that they could become victims of exploitation.
- 24 There are 25 young people in foster homes outside of County Durham. The distances of those placed out of area range from South Shields to Oxford.
- 25 Recently, we have been able to place two young people with a DCC foster home.
- 26 There is one young person who has graduated from university and is now in employment with the NHS. Another young person is currently enrolled at university with another planning to attend this year.
- 27 Links have been made with the Morrison Busty Depot, a DCC facility which has a plant nursery. They are supporting sessional employment for young people with Leave to Remain and we currently have two young people going through the HR recruitment process.

### **Structure of the Team**

- 28 The temporary team currently consists of a Team Manager, seven Social Workers, (three of these are part-time, one Social Worker is based in London) and four Young People's Advisors.
- 29 The permanent team will consist of a Team Manager, a Consultant Social Worker, five Social Workers and three Young Peoples Advisors.

### **Developments**

- 30 Having a focussed team allows training and development to take place, some areas this has been achieved in are:
  - (a) Age Assessment Training
  - (b) Trauma Informed Training related to UASC
  - (c) The Illegal Migration Act
  - (d) No Access to Public Recourse
  - (e) Human Rights Act Assessment



- (f) Unaccompanied Asylum-Seeking Children/Care Leavers – Care Planning training
  - (g) The Team Manager has delivered numerous training sessions to areas such as Families First, EDT, Early Help, and the Social Work Academy.
  - (h) The Team Manager has delivered information sessions to external agencies such as Durham University and regional practitioner groups. The Team Manager attends a monthly regional group where we learn from the experience of other authorities, including Redcar and Cleveland who also have an Unaccompanied Asylum-Seeking Children focussed team.
- 31 The Service Manager attends the refugee and resettlement meeting to support in partnership working to provide support and services for our young people.
  - 32 The UASC multi agency group meets bi-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.
  - 33 The Care Leavers Hub is used by UASC including for support from the Refugee Council.
  - 34 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. This has been further developed with Prayer Mats, Sleep Hygiene Packs as the team have linked in with charities and gained further funding.
  - 35 The UASC Team has New Arrival Packs which include clothing, toiletries, and stationery also from the work completed with charities.
  - 36 There has been a toolbox of information developed for young people in other languages. These are resources that can be shared by social workers with young people quickly or when needed. The Emergency Duty Team now have some of these resources to allow young people who may have arrived out of hours to have some initial information provided to them in their language.
  - 37 Our cohort of UASC and young people are now represented on the Children in Care Council. A young person is involved in numerous groups such as the New Venture Fund and Experts from Experience Group, and is to become a Peer Mentor. We are exploring a paid position with a local charity.

- 38 Community and celebration events continue including for Eid, Cricket days, weekly football sessions. Sessions have taken place with other Care Leavers such as a recent Peer Mentoring Event.



## Challenges

- 39 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 Durham County Council's fostering recruitment team to encourage and target possible foster carers. There is now an in-house foster carer caring for two young people and this experience will be used positively to recruit other foster carers.
- 40 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. This has been compounded by young people not being able to claim Leave to Remain from July 2023.
- 41 Ensuring Initial Health Assessments happen within timeframes is difficult, but we are working with Dr Christine Powell on a system to improve this.
- 42 Registering with a dentist is a challenge for young people, however, this is now improving with only one young person noted as not having a dental appointment within the last year.

- 43 The Emotional Wellbeing Worker within the Care Leavers Service is meeting with groups of young people and including them in the support groups taking place.
- 44 How the Illegal Migration Act would be put into practise has not yet been fully outlined. This is now further complicating as the act was created by a former government.
- 45 There is now a new government and its unclear what changes will be made to legislation.

### **Main implications**

- 46 Young people who are UASC are well supported within County Durham.
- 47 The experience of the bespoke UASC Team is being used to develop services both internally and externally and increase understanding of this group of young people.

### **Conclusion**

- 48 The team has continued to function well over the last year focussing on the very individual needs of young people who have suffered trauma travelling to this country, come from a range of cultures and with different languages. Their knowledge of these young people is increasing and the resources to support young people continue to be developed.
- 49 Future developments will take place once the permanent team is established, and any new legislation is understood. Developmental areas include:
  - (a) Building capacity in local foster homes to prevent under 16's being placed outside of the local area.
  - (b) Continuing to work with the Home Office and supported accommodation providers to ensure that young people are moved in a more planned way.
  - (c) Understand the challenges of young people being placed out of the area becoming Care Leavers and have little access to housing support and how we can build better links with housing providers in the areas that they live.
  - (d) Use the new Care Leavers Hub at Stanley Leisure Centre to increase the use of emotional wellbeing support and have a more inclusive approach to activities with other children looked after and care leavers.

## **Authors**

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## **Appendix 1: Implications**

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### **Legal Implications**

Young people who come into the care of DCC under the 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 and Engagement**

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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# Unaccompanied Asylum-Seeking Children (UASC) Team Update

Corporate Parenting Panel

13 September 2024

Nathan Head – Team Manager  
Lesley Baldry – Service Manager



# Terminology

- Unaccompanied Asylum-Seeking Children (UASC) are children and young people who are seeking asylum in the UK but have been separated from their parents or carers. While their asylum claim is considered, they are supported by a local authority.
- The National Transfer Scheme (NTS) has been established to enable the safe transfer of UASC 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 Kent and Croydon Home Office Intake Units where young people are often placed in temporary accommodation upon arrival.
- Spontaneous Arrivals is where the child/young person arrives in the UK by their own means and presents to the local authority in an unplanned way. They are usually encountered by public/police in the first instance. The local authority in which the child first presents is then responsible for their care.



# At a glance – where we are at

- We are in the process of becoming a permanent team following our foundation in February 2023
- There are currently 84 UASC in our care and 54 Care Leavers supported within the service
- Since July 2023 we have taken 58 young people as part of the NTS
- Our threshold for capacity in line with the scheme stands at caring for 98, under 18 years old young people, at any one time
- There have been 4 spontaneous arrivals since October 2023
- We have young people from 15 different countries who we support
- There are 17 Children Looked After with Leave to Remain status
- There are 37 Care Leavers with Leave to Remain aged between 18 and 25
- There are 25 young people in foster homes out of our area. The distances of those placed out of area range from South Shields to Oxford

# What's working well?

- We have one young person who has graduated from university and is now in employment within the NHS. We have another young person at university who is due to graduate and one planning to attend this year.
- Links have been made with Morrison Busty Depot, a DCC facility that has a plant nursery, and they are supporting sessional employment for young people with Leave to Remain
- Community and celebration events continue including for Eid, cricket days, and weekly football sessions. Sessions have taken place with other Care Leavers such as a recent Peer Mentoring Event.
- We now have a UASC young people represented on the Children in Care Council. He is involved in numerous groups such as the New Venture Fund and Experts from Experience Group. He is to become a Peer Mentor.
- There is a toolbox of information for young people in other languages as well as a welcome pack for when they arrive in our care
- A multi-agency approach to supporting these young people remains prominent as well as ensuring an overview of the regional approach

# Challenges

- 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
- It is unknown whether the recent change in government will lead to amendments in legislation such as the Illegal Migration Act which states that people who have entered the country “illegally” will forgo the right to claim asylum – this currently has a big impact on the young people we support
- There have been significant concerns about 3 young people who we support as they have had frequent missing periods and there has been concerns about them being victims of exploitation
- It is difficult to find a foster home for young people under 16 in the North East of England
- Supporting the emotional and mental health needs of young people is difficult as they find these feelings difficult to talk about and there are few resources to support their trauma recovery – furthermore, they must tell their stories/traumas to other professionals as part of on-going legal processes in respect of claiming asylum such as solicitors and the Home Office

# What's been going on



Durham County Council  DURHAM CRICKET FOUNDATION

## LET'S PLAY CRICKET!

FRIDAY 10TH MAY - 12PM - 2PM (THEN EVERY FRIDAY IN TERM TIME)

NEW COLLEGE DURHAM SPORTS HALL - DH1 5ES




**Corporate Parenting Panel****13 September 2024****Annual Health Update****Report of the Designated Nurse for Children in Care, North East North Cumbria Integrated Care Board - Durham****Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 To provide an annual update from North East North Cumbria Integrated Care Board (NENC ICB) for Durham Children in Care covering the period of 2023-2024. The annual NENC ICB Safeguarding Report 2023-24 has already been shared with the Chair of the Board, which provides oversight of priorities and developments for Children in Care from across ICB, and highlights the one organisation approach as we develop from Clinical Commissioning Groups (CCG's) to the larger ICB model.
- 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 14 local authorities within the NENC ICB footprint has been shared centrally from the Director of Nursing for Safeguarding 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**

- 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 2023-2024.
- 12 The numbers of Children in Care including UASC within Durham have continued to increase year on year with 2023-2024 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.

## **Authors**

Karen Watson, Designated Nurse Safeguarding Children and Children in Care NENC ICB, and  
Jo McCarthy, Deputy Designated Nurse Safeguarding Children and Children in Care NENC ICB

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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 2023 – March 2024**

Karen Watson

Designated Nurse Safeguarding Children and Children in Care NENC ICB

Jo McCarthy

Deputy Designated Nurse Safeguarding Children and Children in Care NENC ICB

**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 2023 – 2024.

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<sup>2</sup>. 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.

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<sup>3</sup>.

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<sup>3</sup>.

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<sup>1</sup> NENC ICB covers 14 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>[Joint Forward Plan NENC ICB](#)

<sup>3</sup>[Promoting the Health and Wellbeing of Looked After Children](#)

Accountability for Designated Professionals for Safeguarding and Children in Care is set out within the Safeguarding Accountability and Assurance Framework (NHS England, 2024)<sup>1</sup>. Designated Professionals for Safeguarding and 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.

## Local Priorities 2023-2024

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

A Dental Recovery Pathway is now in place across the ICB. This is not specific to Children in Care, but as a group that quite often requires dental treatment they are included in this Pathway. The Pathway has been shared with Provider Teams and Childrens Social Care, this advises Practitioners which Dental Practices are part of the Pathway and will see more vulnerable groups who may require assessment and treatment. This does not include recall for appointments therefore Carers will be responsible for making routine check up appointments when they are due.

Additionally, the ICB is providing some urgent dental clinics, for those that are experiencing pain or problems with their teeth. This service is currently being piloted in Darlington and North Cumbria, but the plan is for this service to be offered across the ICB footprint.

Dental data is recorded at the time of the Initial Health Assessment and at the time of the Review Health Assessment, therefore up to date information regarding dental appointments are difficult to record and require monitoring via Care Teams and Children in Care Reviews.

## 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. Due to prolonged absence the Designated post is currently being overseen in the interim by the Named Doctor for Children in Care.

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.

Both CDDFT and HDFT have internal quality assurance processes in place to ensure the quality of the health assessments.

## **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>2</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>3</sup>.

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<sup>2</sup> [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

<sup>3</sup> [Regulation 33\(1\) of the Care Planning, Placement and Case Review \(England\) Regulations 2010](#)

Table 1: IHA Data		2022 -23	2023-24				
			Q1	Q2	Q3	Q4	total
	Total children requiring an IHA	370	118	112	108	113	451
	Total IHAs undertaken within statutory timeframes (<20 working days)	239	65	56	56	62	239
	Total % IHAs undertaken within statutory timeframes (<20 working days)	65%	55%	50%	52%	59%	53%

- The amount of Initial Health Assessment requests have increased by **81** (this figure does not include the requests for Unaccompanied Asylum Seeking Children – these figures are recorded separately as they often present after the 20 day compliance timeframe).
- Delays receiving notification and consent continues to impact on IHA timeframe compliance. The team continue to record from receipt of notification and consent to time of Initial Health Assessment, which demonstrates that compliance could be 81% for 23-24 period.

### 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.

Table 2: RHA Data		2023-2024				
		Q1	Q2	Q3	Q4	23/24
Overall Compliance 1.2 CDDFT Compliance	TOTAL number of RHAs due		260	274	288	822
	Total number completed within timescales		213	226	255	694
	Total number completed out of timescales		47	48	33	128
	% compliance within timescales		87%	82%	88.5%	84%

Please note that the dashboard was changed in Q1 and therefore unable to report this period.

**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.

Table 3 IHA completed by Out of Area Teams 2023-24	22/23	Q1	Q2	Q3	Q4	Total
County Durham children placed Out of Area (OOA) <b>requiring an IHA by OOA provider</b>	23	4	8	4	6	22
IHAs undertaken OOA within statutory timeframes (20 working days)	8	0	0	1	1	2
% of IHAs undertaken OOA within statutory timeframes (20 working days)	35%	0%	0%	25%	17%	9%

- Timescale compliance remains low for IHA requests for out of area.
- It is challenging to request the IHA timely when there is delay in notification and consent, i.e. within the 20-working day timescale.
- Some of our Young People are not ready for a medical assessment and delay in completing the IHA is in their best interest.
- Although the IHA's have breached timescales no young people are waiting for their IHA, all have been completed.

	Table 4 RHA's completed by Out of Area Teams	Q1	Q2	Q3	Q4	total
<b>OUT OF AREA</b>	b) Durham children living out of area beyond 20 miles (OOA)		36	10	21	67
	c) Number of RHAs undertaken OOA within statutory timeframes		15	8	15	38
	d) % of RHAs undertaken OOA within statutory timeframes		42%	80 <sup>i</sup> %	71%	57%

- The team have had a vacancy and sickness within the admin team which may account for the reduced compliance in Q2. This has had an obvious impact on the annual percentage.
- Q3 and Q4 compliance has greatly improved, with recruitment within the team and timely requests for health assessments being sent out.

## **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.

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.

**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>4</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

**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 redeveloped.

- GP compliance in providing timely health information to inform statutory health assessments remains poor at around 60%.
- CDDFT have introduced a new pathway to help improve this and will be using the electronic health record as a means of requesting and sharing information. This will be reviewed in this new financial year.

### Care Leavers

The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000<sup>5</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.

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

- The ICB secured funding from NHSE to develop a Health Passport App – this will provide up to date signposting to services and support and also act as an umbrella over the NHS APP which will provide Care Leavers access to their GP record and therefore access to their health assessments and health information.

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<sup>4</sup> [Durham County Council SDQs Practice Guidance](#)

<sup>5</sup> [Children \(Leaving Care\) Act 2000](#)



- There is no launch date as the APP requires final approval through governance, we are hopeful that there will be a soft launch before the end of 2024.

### Unaccompanied Asylum-Seeking Children

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

Table 6: UASC Data		2022 - 23	2023-24				
			Q1	Q2	Q3	Q4	
1	Total number of UASC coming into care in County Durham	109	5	21	13	7	46
	Total number of UASC requiring an IHA		2	16	11	7	36
	Number of UASC requiring IHA by CDDFT	35	2	6	4	5	17
	Paperwork received within 5 working days from start of care <b>(LA indicator)</b>	4	2	1	1	0	4
	IHA completed within 20 working days of start of care <b>(statutory indicator)</b>	6	1	0	1	0	2
	First appointment offered within 20 working days of start of care.	5	2	0	1	0	3
	First appointment offered within 15 working days of receiving correct and complete paperwork <b>(CDDFT indicator)</b>	21	n/a	2	1	0	3
2	Number of UASC requiring IHA by OOA Health Provider	15	0	7	6	2	15
	Paperwork received within 5 working days from commencement of care <b>(LA indicator)</b>	4	n/a	1	1	0	2
	IHA completed within 20 working days of commencement of care <b>(statutory indicator)</b>	2	n/a	1	0	1	2
3	Number of UASC with IHA completed by Kent	11	3	4	1	0	8
	Number of UASC awaiting confirmation of IHA completed by Kent	4	1	4	0	0	5
	Number of UASC who did not attend / were not brought to appointment	2	0	1	0	0	1

Number of appointments for UASC cancelled / re-arranged	7	0	0	0	0	0
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- The number of UASC young people coming into care in Durham has reduced by 63, comparing to last years figures.
- Of the 46 young people 36 required an IHA, 17 of which were completed by CDDFT. This suggests that 19 young people were living in homes outside of Co Durham.
- Numbers of UASC Young People are difficult to predict although the NE Refugee Council reports that numbers of Young Separated Children continue to rise.
- CDDFT have a UASC Pathway in place to ensure that their health needs are considered.
- A double appointment is offered as they can have complex health needs.
- 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. There are also issues of multiple NHS numbers being given. NHSE are completing work nationally to prevent this from happening as this can impact on outstanding health needs being missed or delay in them being met.

## Conclusion

To conclude the Designated Nurse and Deputy Designate Nurse for Safeguarding Children and Children in Care continues to work with Durham Local Authority to improve outcomes for our children.

We have listened to our children and will be taking forward their identified priority

'Physical and Emotional Health right service, right person, right time'

This will be our focus for the current year going forward.

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This report is subject to internal governance oversight within NENC ICB.

# NENC ICB Health Update for Durham

## Corporate Parenting Board

13 September 2024

Karen Watson

Designated Nurse Safeguarding Children and Children in Care

# NENC ICB Wide Update



North East and  
North Cumbria

## Priorities and Ways of Working 2024/2025

- Provide strategic leadership, influence and support for our ICB safeguarding arrangements and strengthen and improve the quality of safeguarding across the ICS system within partnerships and local delivery teams
- Continue to deliver our statutory responsibilities and those outlined within the SAAF (2022) for Safeguarding (Children, Cared for Children and Adults) on behalf of the ICB. (New SAAF expected)
- Ensure the voices of people remain central to safeguarding across the ICB and the wider safeguarding system
- Continue to progress improvements in the four workstreams focussing on our Joint Forward Plan priorities
- Strengthen governance and reporting mechanisms to our Boards and partners with underpinning dashboard
- Develop and embed a model of restorative supervision for ICB safeguarding practitioners
- Create a more interactive space on the ICB website to publicise our training and supervision offer, best practice and engagement opportunities
- Develop systems to embed learning from statutory reviews particularly where ICB wide themes have been identified
- Develop an ICB wide assurance and audit plan to support the NHSE Safeguarding Commissioning Toolkit (S-CAT) and Looked After Children data set returns
- Continue to review workforce skills and capacity in line with the Intercollegiate Guidance and undertake a detailed workforce survey to inform our workforce plans
- Continue to review all our safeguarding and cared for commissioned services and arrangements to maximise the more strategic opportunities afforded by the ICB ways of working

# Joint Forward Plan Priority

## Care Experienced and Care Leavers

NENC ICB responsibilities for Cared for Children are set out in Promoting the Health and Wellbeing of Looked After Children (DfE, 2015) and Working Together To Safeguard Children (2023). ICBs in collaboration with other NHS commissioners and local authority partners have a responsibility to ensure the timely and effective delivery of health services to Looked After Children and Care Leavers. ICB is the responsible commissioner for health services to NENC cared for children whether they are resident within or outside the ICB

Care Experienced and Care Leavers	Assurance and Key Areas of Development
ICB Statutory Functions	<ul style="list-style-type: none"> <li>Executive Chief Nurse is the organisational lead with responsibility for cared for children and young people and care leavers to ensure the organisational statutory responsibilities are fulfilled.</li> </ul>
Policy, procedures and systems to monitor the Cared for and Care leaver agenda	<ul style="list-style-type: none"> <li>Cared for and Care Experienced Children is a key workstream in the Safeguarding Framework and one of the Joint Forward Plan priorities</li> <li>Designated professionals have maintained oversight of the commissioned services compliance with Looked after Children requirements via the NENC ICB provider safeguarding contractual standards to ensure system oversight and assurance</li> <li>Designated Nurses represent and contribute to place Corporate Parent Boards to ensure statutory requirements are fulfilled</li> <li>Support for the delivery of the NHS Universal Family Programme for Care Leavers</li> </ul>
System developments for 2024-25	<ul style="list-style-type: none"> <li>Reduce unwarranted variation in commissioning arrangements for Cared for Children across the ICB</li> <li>Share and embed ICB wide learning from safeguarding reviews that will improve outcomes for looked after children and care leavers</li> <li>Strengthen governance and reporting mechanisms to the 14 Corporate Parenting Boards</li> <li>Develop a consistent and standardised data and performance dashboard for NENC ICB</li> <li>Support the completion of the new NHSE national data set for Assurance of Statutory Health Assessments that aims to improve the timeliness and quality of health assessments within the statutory timescales, to improve the notification of placements and to provide continuity of healthcare.</li> <li>Unaccompanied Asylum-Seeking Children (UASC) – system development to identify and meet their health needs plan</li> </ul>

# 2023-2024 Priorities



North East and  
North Cumbria

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.

- Timescale compliance remains low for IHA requests for out of area.
- It is challenging to request the IHA timely when there is delay in notification and consent, ie within the 20-working day timescale.
- Some of our Young People are not ready for a medical assessment and delay in completing the IHA is in their best interest.
- Although the IHA's have breached timescales no young people are waiting for their IHA, all have been completed.

## Mental Health and emotional wellbeing

- To understand the number of Children in Care accessing CAMHS services and to have assurance that their needs are fully met.
- Physical and Emotional Health is a priority for 24-25

## Primary Care

- 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 redeveloped

## Care Leavers

- Every care experienced young person should be offered a health passport to understand their health history.

## UASC

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

# 2024 -2025 priorities

## National perspective

- Work is being undertaken around new NHS numbers for children who are adopted.
- The national group are working with NHSE looking at NHS numbers for UASC – to help prevent duplicate NHS numbers.

## Durham priorities 2024- 2025

- CLASP development day.
- Continued 'Health Partnership' meeting.
- Focussing on our Young Peoples priority: Physical and Emotional Health – right person, right service, right time.
- First steps:
  1. To consider any mapping of emotional wellbeing services.
  2. Strengthening Notification Process to health when young people come into care.

# ICB CiC Priority Group

- Benchmarking Tool
- Dental Health - A Dental Recovery Pathway is now in place across the ICB.
- Development of a CiC Dashboard
- Care Leavers Pathway for GP's
- Digital Health Passport
- Early Deaths of Care Experienced
- CiC week



**Corporate Parenting Panel**

**13 September 2024**

**The Full Circle Annual Performance  
Report: 1 April 2023 – 31 March 2024**



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**Report of Rachel Farnham, Head of Children’s Social Care, Children and Young People’s Services, DCC**

**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 2023 - March 2024

**Executive summary**

- 2 The past year has proved yet again to be very busy for The Full Circle, team with lots of developments and many competing demands upon staff time.
- 3 The Full Circle have worked hard to provide therapeutic input and support trauma informed approaches to practice throughout Children’s Services, as well as offering both post-adoption support utilising the Adoption and Special Guardianship Fund (ASGF), and traded services to other local authorities in our journey to become more financially sustainable longer-term.

**Recommendation**

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

## **Background**

- 5 The 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, The Full Circle provide consultation and training where children have not met our criteria for direct therapeutic support to ensure children have safety and stability promoted, as well as support from other social care staff that is trauma informed.
- 6 Durham County Council is unique in that it has employed a therapeutic team since 1995 in order to meet the emotional mental health needs of children and young people being supported by the Local Authority.
- 7 The Full Circle provides therapeutic support directly to children and young people, their families and carers, and offers consultation and training to parents, carers and a wide range of professionals.
- 8 The Full Circle is licensed to provide the NSPCC post sexual abuse programme 'Letting the Future In' so that children in Durham do not have to travel out of county for this support.

## **Staffing**

- 9 Staffing levels are 1x Team Manager (TM), 1x Social Work Consultant (SWC) (currently vacant), 7.5 x FTE Therapeutic Social Workers (TSW's), 1x Enhanced TSW Practitioner (EP), 1x Therapeutic Trainer and Assistant, 1x Consultant Clinical Psychologist (CCP), 1x Clinical Nurse Specialist (CNS) and 1x Clinical Psychologist (CP).
- 10 Staffing remained stable over the first three quarters in the last financial year, with all permanent posts remaining filled. The team manager post became vacant in Quarter 4 following the team manager gaining a position elsewhere.
- 11 A recruitment episode for the team manager post was successful in appointing the existing Consultant Social Worker (CSW) within the team. This has the ongoing knock on effect of the CSW post being vacant, with a further recruitment episode underway with interviews in May 2024. A further part time post became available following reduction in some staff hours, and a new Therapeutic Social Worker will start in June 2024.
- 12 During this financial year, maternity leave has also resulted in the Team working at reduced capacity. We have x1 EP on maternity leave that commenced in Quarter 4, and x1 TSW who returned from maternity leave in Quarter 4.
- 13 In Quarter 3 of 2022/23, a new Clinical Psychology post was created within Full Circle to focus on support to Residential Services, funded by

their service. Unfortunately, following two recruitment episodes, we had not been able to fill the post with a suitably experienced candidate and revised the role to be a development role. A further recruitment episode in Quarter 1 of 2023/24 was successful, and the Clinical Psychologist commenced with The Full Circle Team in Quarter 3. It is hoped the new post will significantly increase the psychology support to children in our residential care and support to the residential staff caring for them.

## **Governance and Multi-Agency Involvement**

- 14 The Full Circle sits under the umbrella of Countywide Specialist Services.
- 15 The Full Circle therapeutic service is integrated with CAMHS (Child and Adolescent Mental Health Service) and the Consultant Clinical Psychologist and Clinical Nurse Specialist are both employed through TEWV (Tees, Esk and Wear Valley) NHS Trust, with their posts in Full Circle funded by the Local Authority. This has allowed additional skills and enhanced services to be provided.
- 16 Work continued 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 in Care and those eligible for Traded Services. The Clinical Nurse Specialist (CNS) now attends a weekly CAMHS SPA huddle so discussions can take place to ensure children access the most appropriate service to meet their needs. This is for both Durham children and young people in care under Durham Local Authority, as well as those living in County Durham from another local authority who can access traded services from Full Circle.
- 17 The Clinical Nurse Specialist (CNS) has been able to support a multi-agency approach in respect of considerations of ADD/ADHD and Autism queries. The Full Circle are currently exploring with the neurodevelopmental team how we can streamline the process of ADHD and Autism assessments for children who are looked after who are open to The Full Circle given the wealth of knowledge that is often held by our practitioners and the current waiting times for these assessments.
- 18 The team manager is a member of the Adoption Panel and has provided a valuable link for those families adopting Durham children.
- 19 We place children and young people at the heart of our work and therefore their views are vital. We value the contribution they make to our service through feedback and discussion. They have actively been involved in our recruitment processes. Ongoing work and consultation with the Children in Care Council planned for 2024/2025 will encourage further input and will hopefully support the ongoing renewal of this award.

- 20 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.
- 21 This year, the Full Circle leadership team and staff have sat on a variety of multi-agency working groups, including:
- Self-harm task and finish group
  - Mental Health Lessons Learnt group
  - MHST (mental health support team) overview and advisory group
  - Clinical Nurse group
  - Life story action plan group
  - Looked After Health Assessment working group
  - DfE Adoption Support Fund users' group
  - Emotional well-being locality forum working group
  - Emotional well-being locality forum
  - Voice and Change Champion - Network and Participation and Engagement Toolkit sub-group
  - Voice and Change Champion - Network meetings
  - Virtual School review group
  - County Durham Network meeting (Harrogate & district NHS Foundation Trust)
  - Unaccompanied Asylum-Seeking Children Group
  - Sexual Harm Group monthly clinic
  - Supporting Solutions & Homelessness Operational group
  - Permanency Management group
  - Signs of Safety Practice Lead & Champions groups
  - Domestic Abuse Champion group

### **Therapeutic & Psychological Intervention**

- 22 The Full Circle use a range of evidence-based approaches to therapeutic intervention. There have been key messages about the efficacy of therapeutic approaches and of particular importance are those that address complex childhood trauma due to abuse or neglect. Such approaches are detailed in NICE/SCIE guidance.

- 23 Childhood trauma can lead to developmental trauma, it can affect the way the child views themselves, others, and the world around them. It can also negatively impact upon brain development, educational and social achievement, emotional development, and physical health. Developmental trauma and vicarious trauma can be significant contributing factors to placement breakdown and breakdown of family living situations that can lead to a child becoming looked after. The impact of trauma can also last long into adulthood, therefore effective and targeted services are essential.
- 24 Based on evidence from research we currently use the following approaches:
- Therapeutic assessment
  - Psychological assessment
  - Formulation and Behaviour Modification (Positive Behaviour Support) plans
  - Psycho-education and stabilisation work
  - Marshak Interaction Method (MIM) video assessments
  - Theraplay informed sessions – both individual and group therapy
  - Dyadic Developmental Psychotherapy (DDP)
  - Dialectical Behavioural Therapy (DBT)
  - Attachment and trauma based therapeutic parenting approaches support
  - Life process work
  - Therapeutic stories and explanations
  - Trauma Focussed Cognitive Behavioural Therapy (TF CBT)
  - AIM under-12s work (to reduce incidence of harmful sexual behaviour)
  - NSPCC Letting the Future In (intervention for those who have experienced sexual abuse)
  - Attachment and trauma training to a range of parents, carers and professionals both (in-house and externally)
  - Consultation to parent/carers and professionals
- 25 Full Circle work includes individual sessions with children and young people (where the conditions are appropriate) as well as work with carers and parents and dyadic work with both the parent/carer and child

together. Also significant is the support provided to the care planning team, their education provision or to the child's residential home.

### Outcomes: Full Circle

- 26 Full Circle have seen a decrease in the number of referrals this year compared to 2022/23.

Time period	Number of referrals (and percentage increase/decrease)
Quarter 1	143 (12% decrease from previous year's Quarter 4)
Quarter 2	124 (1% decrease from Quarter 1)
Quarter 3	162 (31% increase from Quarter 2)
Quarter 4	159 (2% decrease/increase from Quarter 3)
<b>Total</b>	<b>588 (8% decrease on 2022/23)</b>

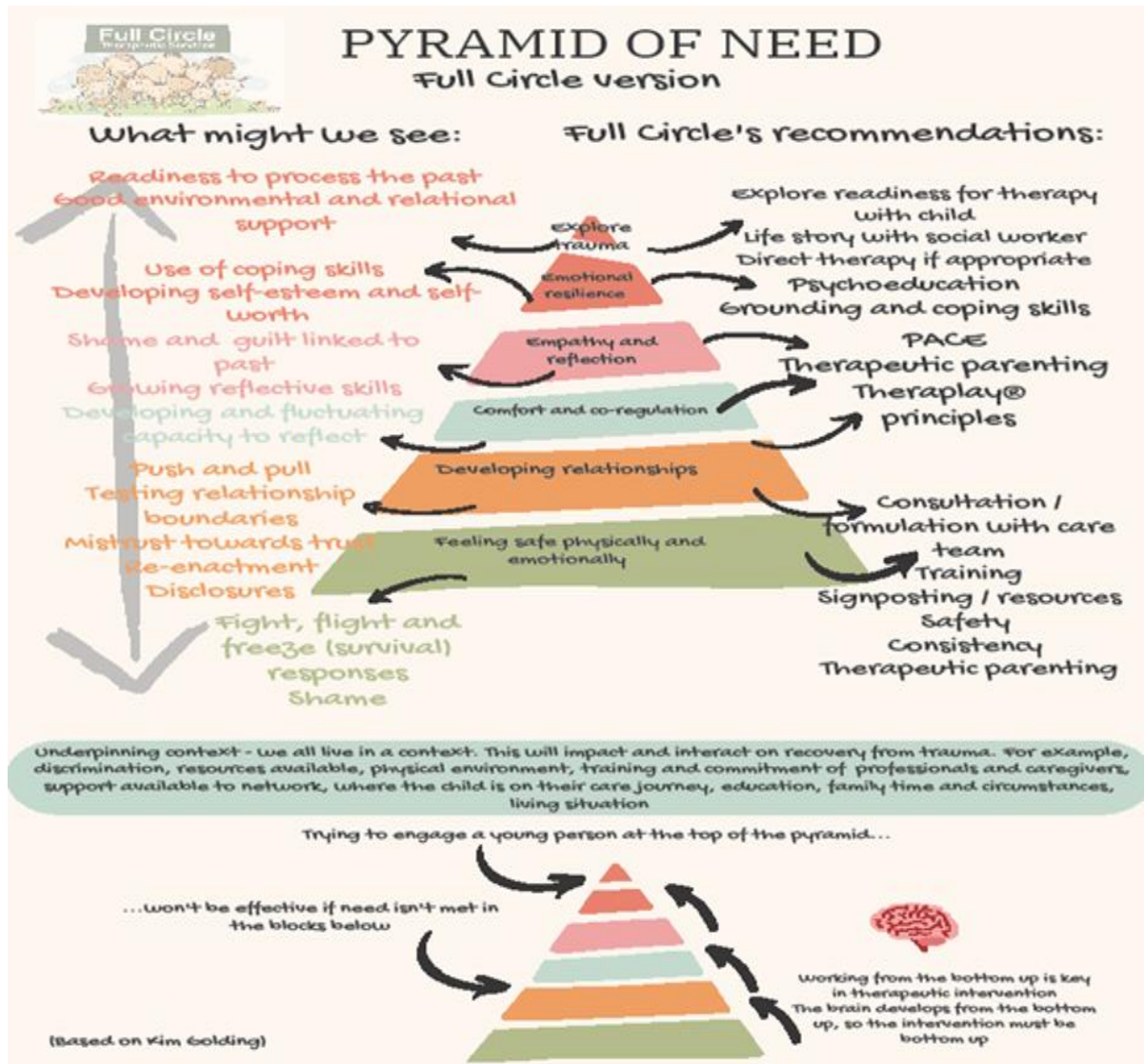
- 27 In comparison to last year we have also seen a reduction in consultations by 86% and increased number of screenings by 39%.

	Consultations	Screenings
<b>Total provided 2023/2024</b>	<b>216</b>	<b>207</b>
<b>Total provided 2022/2023</b>	<b>302</b>	<b>168</b>

- 28 In regard to the decrease in referrals, screening and consultations compared with 2022/23, it was identified last year that referrals being made were not often appropriate, the wrong timing or the workers had failed to consider environmental factors around the child/family that could be responsible for the current worries.
- 29 To try and tackle this, the leadership team have developed a Full Circle Pyramid of Need (shown below), Care Proceedings leaflets, and have at the point of referral provided appropriate advice, guidance and resources to help aid the understanding of the impact of trauma and reduce unnecessary screenings/consultations taking place. We have also directed practitioners and care team members towards the various training we deliver to increase their own understanding and knowledge of the impact of trauma.
- 30 The impact of this has led to more appropriate referrals being made and decreased the pressure on The Full Circle team allowing them to

concentrate on completing high quality work with the children and families open to us.

- 31 Going forward with the development of the performance dashboard, we would like to explore if the more appropriate referrals are resulting in an increase direct work with children and young people.



*Child Global Assessment Scale outcome measures for active cases closed*

- 32 The Full Circle use the Child Global Assessment Scale (CGAS) to chart the progress made by children who receive a therapeutic service.
- 33 Data gathered shows us that in Quarters 1,2,3 and 4, 93% of our children's CGAS had increased. An increase in the CGAS score indicates improved functioning. Higher scores correspond to better

overall psychological and social functioning. If a child's CGAS score increases over time, it suggests positive progress.

- 34 An increasing CGAS score may also reflect the effectiveness of interventions or treatments. The Full Circle use this information to evaluate the impact of therapeutic approaches. An example of this is noted below:

**Example of how the CGAS score is used to measure impact of therapeutic interventions:**

E is a 6 year old boy who at the point of initial referral into The Full Circle was looked after by the Local Authority but placed with his prospective adoptive parents. E was struggling to accept nurture and allowing adults to take any control due to his experiences within his birth family of witnessing domestic violence and scary adults around him which led to him being physically hurt. Several consultations were held to support the family including a pre-match consultation, follow up once placed within his adoptive home and another follow up once adopted which led to an allocation to support the family and E.

During these consultations CGAS scores were recorded as the following:

- prior to being placed in his forever home as 69 at point of closure
- once placed 54 at point of closure
- prior to work beginning with E and the family at 38.

Examining these scores it could be reflected that the move to his adoptive home led to a lower score which could be due to his stability and relationships changing and at the time advice and guidance was given in how to support E to feel more secure and support the new relationships. During the follow up this score had increased but by the point of the last referral they had dropped to 38 and E was noting to be struggling both at home and school. Theraplay informed sessions were completed with E and his adoptive mum alongside some sessions within school. The aim of the intervention was to enable E to tolerate adults being in control and feeling moments of joy and connection to his mum and later to feel safer within his school environment. At the point of closure E's score had increased to 60. The following was recommended as it was acknowledged that the score was not back up to the original 69 that he scored prior to his move his adoptive home:

Care team to continue to support E whilst the long term needs of his educational needs are known and explored. E is currently in a provision where the class sizes are smaller which is benefitting him and an educational health care plan meeting has been held. Theraplay informed practice has supported E's relationship and attachment with his parents but the issue at present appears to be the safety he feels in school.

Therefore, the therapeutic intervention has been successful but the environment around E was acknowledged to be the current issue.

### **Strengths and Difficulties Questionnaire (SDQ)**

- 35 SDQ score alerts are received by The Full Circle for children who score over 16 and are reviewed within the leadership referrals and allocations meetings each week.



- 36 SDQs are completed for children when they become looked after and are reviewed annually. These are often completed by the person who knows the child best, which is often the carer, but can also be completed by the Social Worker for the child.
- 37 If a high SDQ is received then the leadership team will explore whether the child is already open to The Full Circle and alert the allocated worker if this is the case, explain what the questionnaire reflects in terms of the difficulties noted, and explore case notes and summaries to identify if there are any reason for the high SDQ that may be environmental or due to significant needs of the children that therapeutic work would not be suitable.
- 38 Following this the Social Worker will be contacted by our administration to advise that a consultation/screening may be appropriate, and it will then be the Social Worker's role to make a referral to The Full Circle team.
- 39 In Quarter 1, 21 SDQ alerts were received, eight of which were already open to The Full Circle and 10 consultations took place. The remaining three children were noted to be settled in their foster homes with clear reasons why the SDQ was raised.
- 40 In Quarter 2, 72 SDQ alerts were received, 14 of which were already open to The Full Circle. 18 Consultations took place, four already had another more appropriate service involved (i.e. CAMHS, Children with Disabilities team, etc.), 34 were settled in their foster homes with clear reason why the SDQ was raised and two were noted to be moving on.
- 41 In Quarter 3, 10 SDQ alerts were received with three already open to The Full Circle, five Consultations held and two children already receiving a service elsewhere.
- 42 Finally, in Quarter 4, 95 SDQ alerts were received with 36 of those children already open to The Full Circle, 23 Consultations held, 16 receiving a service elsewhere, five Consultations were offered but not yet responded to by the Social Worker despite follow ups, 13 settled in foster home and two noted to be moving.
- 43 Below is a case example of how after receiving a high SDQ score work was progressed for child K. In the example of child K, a referral may not have been received into the service without the identification of a high score on the SDQ.

**Example of the therapeutic work completed following a High SDQ and impact:**

K is a 9 year old boy who is looked after by Durham and lives with his foster carer and brother. K was referred into The Full Circle after a high Strengths and Difficulties Questionnaire (SDQ) alert was received by the team after being completed by his foster carer and identified some worries. The Social Worker was contacted by The Full Circle and the referral made. Following a screening, exploring these worries and strengths, K was opened to the team and allocated to Kelly and Rachael to complete the Letting The Future Programme (LFTI-NSPCC) with the foster carer and K. Kelly is working with K and Rachael with the foster carer.

K has experienced a lot of difficult and scary situations in his young life. He witnessed his father being violent and controlling towards his mother. K experienced his parents use alcohol to extents which left him and his siblings without their emotional and physical needs being met. K has also suffered the trauma of being separated from his mother, father and paternal grandparents, and also their younger sister, who is now adopted. Because of these issues the K's ability to manage his big feelings and emotions can sometimes be difficult for him. K has been brave enough to tell the adults around him that he was also sexually abused by his father.

Rachael and Kelly have both worked to help both K and the foster carer understand the impact of this sexual abuse on K's sense of safety, self-worth, relationships, emotions and help them both understand and process this. This has been so tough for all involved but K is finding ways to be able to talk about it creatively and more importantly is being given the message this was not his fault. The foster carer now has a better sense of the impact of this trauma and how to support K now and in the long term. K is observed to be more trusting of the adults around him and his relationship with his carer has been strengthened.

**Development Activity**

- 44 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**

- 45 Whilst the Team were due to move back to our substantive building in July 2022 following a regeneration project, this was significantly delayed, with the move not happening 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**

- 46 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 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.

- 47 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).
- 48 A full day TIA training by The 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.

### **Full Circle Review & Process Development**

- 49 A development day was held with the Full Circle Management Team in Quarter 4 of 2022/23 to review Team criteria, functioning and processes across all Children's Services. Following on from this, processes have been finalised and in Quarter 4 of 2022/23, our operating guidance was added to Durham Resources Library alongside helpful resources and handouts. Over the last year this has continued to be embedded and has provided a clear criteria for professionals.
- 50 In Quarter 4 of 2022/23 and throughout this financial year, we also initiated monthly development sessions between the team manager, social work consultant, consultant clinical psychologist and clinical nurse specialist. The purpose of these: to review our clinical pathways in line with smarter working and good practice. These have provided our staff, families and young people with consistency and quality interventions and assessments.
- 51 Going into 2024/25 we will continue to improve the quality of the training provided to professionals, foster carers, adoptive families and relative carers and development sessions have been set up for Quarter 1, 2, 3 and 4 to streamline the training.
- 52 We will continue to hold discussions with CAMHS neurodevelopmental team to explore The Full Circle's role in supporting the ADHD and Autism assessments of those Looked After children open to The Full Circle given the wealth of knowledge we often have on them.

### **Income Generation**

- 53 Key sources of income within the Full Circle are ASGSF (Adoption and Special Guardianship Support Fund) funded post-adoption work and Traded Services.

- 54 A revised cost list was created in line with the agreed inflation rate and approved at finance panel.
- 55 Traded services consist of providing costed service provision externally to children and their carers/families, through providing training and consultation, financed by another local authority. This is supported by robust processes to continue to promote income generation. Where we have provided a service, we have had really positive feedback. However, in Quarter 4 we saw a drop in the numbers of Traded Services which is currently being explored.
- 56 To compliment the Trauma Strategy and to also support income generation, as highlighted, training around TI approaches has been developed and rolled out in conjunction with the DSCP. External agencies and other local authority staff have also attended these dates which we have been able to charge for and also use as a platform to promote Traded Services.
- 57 The Virtual School (VS) SLA continues and runs up until end of the academic year. This is paid for via Pupil Premium funding and is due for further review in April 2024.
- 58 The table below shows an increase in the income generated. There has been a significant increase in income via the ASGSF (Adoption and Special Guardianship Support Fund). This has come from closer working with the Adoption Team, streamlining procedures to allow a simpler referral system and at the point of pre-match consultations talking to prospective adopters about our post adoption offer.

<b>Income source</b>	<b>Income amount 2023/24</b>	<b>Income amount 2022/23</b>
ASF	£165,456.36	£88,194.90
Virtual School	£39,000.00	£39,000.00
Traded Services	£6,275.50	£16,181.00
<b>Total overall income</b>	<b>£210,731.86</b>	<b>£143,375.90</b>

### **Virtual School Offer**

- 59 The VS agreement funds the delivery of support via duty calls and 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).

- 60 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.
- 61 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. This feedback has included mention of how valuable having the training delivered by our Therapeutic Assistant and Trainer has been due to her education background. Education staff have found her examples and ability to empathise with challenges faced by staff but also remain child focused helpful.
- 62 The 'baseline' training has also continued for those who have not yet attended the Trauma Informed Approaches in the classroom training.

To Alison from a school:

***“The feedback from the staff training was extremely positive and the year 3 team are really keen to work with you some more.”***

### **Young People / Experts By Experience Involvement**

- 63 The Full Circle has an expert by experience evaluation steering group. The aim of this group is to develop introduction and feedback systems within the Full Circle, focusing on the services we provide. The experts by experience were young people and parents / carers who had had accessed The Full Circle services. This work was completed and introduced to the team at the end of the last financial year, they are now embedded into the work that we do. This will continue to provide feedback to support continuous development in providing an excellent service to children, young people and their carers/families.
- 64 Young people were involved in the recruitment of a new Therapeutic Social Worker; three young people helped develop questions and were on the recruitment panel and contributed to the decision of who the successful candidate was. They have also provided feedback of what worked well and what could have been improved on which will be used for any further recruitment in the future.
- 65 A suggestion from the last Investing in Children award discussions and subsequent report, was that young people wanted staff profiles to be available so they could understand who was in The Full Circle team and know a little bit about them and their role, this was followed up on. Staff have developed their own individual profiles and there is now a copy of this in reception and each of the residential homes for young people to access and read.

- 66 In Quarter 1, a visit to both the older and younger Children in Care Council was undertaken by the Team Manager and Consultant Social Worker; the purpose was to talk about Full Circle, discuss the Full Circle offer, and obtain feedback on what they thought of it. We received positive feedback as well as suggestions such as a request for 18+ Care Leaver status young people to have the option to self-refer into The Full Circle. Discussions are ongoing, with the Care Leaver Service to support further developments.
- 67 In the final quarter of this year, the team are aiming to talk to those involved with The Full Circle now, and other young people previously involved with the service, about ways to share the tremendous support offered with new young people who may be accessing The Full Circle for the first time, and reassure young people who are hesitant to make contact that being involved in The Full Circle is a good thing that will really help them. This was a recommendation made by the last Investors in Children Award.

### **Liquidlogic**

- 68 Further work has been ongoing across the course of this financial year with the Liquidlogic (LL) / Systems Team. Work has been ongoing with the Full Circle episode area to allow us to have more accurate and thorough data collation for a Full Circle data dashboard. We are now undertaking a trial period utilising the system against previous data collation methods, to ensure accuracy and troubleshoot any issues going forward. This will allow the service to report on referral and assessment timescales and outcomes, length of involvement, intervention type and outcomes achieved for children and young people. The dashboard will also provide us with the opportunity to understand the consistency of performance and explore emerging lines of enquiry through the quality assurance auditing and reporting.
- 69 Also completed this financial year were adaptations to the Full Circle episode, recordings and permissions access in respect of traded services and post-adoption support. This means that young people's data and records are protected and can only be seen by those professionals that have access.
- 70 The Full Circle area on Liquid Logic continues to promote a Signs of Safety/Signs of Healing approach and language.

## **Signs of Healing**

- 71 Full Circle have adopted the Signs of Healing model as part of Durham embedding Signs of Safety into their practice Framework, and have fed back regularly into the Signs of Safety Board.
- 72 The Signs of Healing expectations document for The Full Circle is available on Tri.x. The team are clear as to the expectations of them in terms of recording, and monthly Signs of Healing group sessions also take place. Regular themed audits have been held to promote staff engagement with the expectations around recording.

## **In-house Support and Provision**

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

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

- 74 **Clinical supervision** – Group supervision is provided by the Full Circle Enhanced Practitioner (EP). While the Enhanced Practitioner is on maternity leave, this was covered by another TSW in the team who has worked closely with the EP and delivered jointly.
- 75 **Consultation Clinics/Unit Meetings** – The EP and a TSW (with experience in edge of care work) provide weekly consultation clinics for SS staff to discuss young people and their families/carers who are particularly complex, and there may be a therapeutic need. This is now supported by the Clinical Psychologist in the Team and another TSW whilst the EP is on maternity leave.
- 76 **Staff Training** – The EP and a TSW has provided training to all staff members across SS, ASET, Rapid Response Team and ERASE Team around trauma informed practice, secondary and vicarious trauma and self-care, the teenage brain, self-harm and therapeutic closure letters.

### **Care Leavers Team**

- 77 The team continue to have a link with one of our TSW's who provides ad-hoc support/training and guidance and is developing a tool kit for workers in the team
- 78 In Quarter 4, training for Staying Close Providers has been developed and is due to be delivered in Quarter 1 of 2024/25 by two of our Therapeutic Social Workers. This will support these providers to have a greater understanding of the impact of the trauma on our young people and how to respond to this in a trauma informed way.

79 In Quarter 4, the Care Leavers Team employed an Emotional Wellbeing Worker. This role continues to be developed and is being supported by The Full Circle team by the TSW link to the team and includes access to group supervisions, individual supervision, and any training the team take part in.

### **Residential Services**

80 Following the successful recruitment of the Clinical Psychologist to the team we have now increased our offer of consultations for the children's homes alongside our Consultant Clinical Psychologist and this continues to develop. The team are currently offering a monthly consultation to each home, alongside any other support we are providing in respect of a particular child or young person.

81 Training has continued to be provided to residential staff this financial year; using a Trauma Informed Approach, and more bespoke training in respect of a child where a need for this has been identified. We have now put together a more formalised package of training, which is led by the new Clinical Psychologist.

82 The Manse and Hudson House are good examples of staff teams who have engaged in training and supervision and have stabilised two young people who had previously had a number of failed placements.

83 A member of staff from one of the residential homes initially attended our training thinking that it probably wouldn't work but has noted how it has really been the right approach for one of our young people who resides in the home.

84 A formal review of the offer is planned for the next financial year.

### **Future Hope (formerly PAUSE) / Pre-birth Team**

85 Group supervision is provided to both teams by the Clinical Psychologist once a month. Feedback from this is noted to be positive and the staff have benefitted from having the space to reflect on the challenges of their work in a safe space.

### **Training Provision to Parents and Carers**

86 The Kinship Carers and Nurturing Attachments training courses have now both returned to face-to-face training at our base.

87 Our Kinship Carers training has been reviewed and updated. Kinship Carers training was previously only available to Kinship Carers with a Special Guardianship Order (where their child was previously looked after) and therefore eligible for Adoption and Special Guardianship



Support Fund (ASGSF). In addition to the ASGSF extending their funding to Kinship Carers (with a Child Arrangement Order or a Residence Order where their child was previously looked after), which allowed us to extend this training to a wider cohort from 1st April 2022, we also recognised the need to support and upskill kinship carers. As such, as part of the review of services we have added three reflection days to the training. The aim is to provide the Kinship Carers with support following the training to implement and have the opportunity to return and explore the challenges and successes of using PACE therapeutic parenting within the group.

- 88 The Nurturing Attachments course has continued to be delivered three times a year and is co-delivered with the Fostering team, which gives the direct link to support foster carers who attend the training.

### **Training Provision to Professionals**

- 89 Virtual and face-to-face training and consultations have been provided to schools, CAMHS, CYPS, Early Help staff, internal and external residential provisions, ASYE's, Supporting Solutions, Erase, Rapid Response, ASET, YPS & Supported lodgings staff, among many others included as part of DCC staff induction, to encourage an understanding of The Full Circle, of trauma and attachment, and to promote trauma informed practice. As part of this we promote The 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 2023/24**

<b>Training</b>	<b>Sessions / Hours</b>
Nurturing Attachments Group	3 sets x 7 days training
Kinship carers training	4 sets x 3 day training + 3 reflection days 3 x 1:1 sessions
ASYE/SW academy cohort	3 sessions
School training/education staff	59 training sessions
Residential	6 training sessions
Trauma Strategy (Children's Social Care – via workforce development)	11 training sessions
Care Leavers/Supported Lodgings Training	1 training session

CAMHS	1 training session
Other (conferences/regional events etc)	<p>Understanding health needs within care planning – trauma recovery and healing (session with CiC service)</p> <p>Disclosures Workshop</p> <p>Recovery from trauma presentation to UASC team</p> <p>Session on Theraplay informed approaches with a child in mind to The Blossoms – L’s private residential home</p> <p>Presentation at Private Provider Forum Sept</p> <p>Investing in Children Emotional Wellbeing Event did a short transitions in schools presentation, event in Peterlee and Consett</p> <p>Meeting with the School Counselling Service about their trauma-informed training</p> <p>Trauma informed approaches for Durham safeguarding week</p> <p>Re-enactment workshop</p> <p>SEND Champions meeting</p> <p>Feb Newbiggin School advisory teams</p> <p>Using Trauma Informed Language Workshop</p> <p>University teaching – Year 3 Doctorate in Clinical Psychology workshop on applying for jobs post qualification</p>

## Staff Development and Training

- 90 New staff or staff changing post through promotion have received support to develop competently into their roles. The team manager is part of the Leadership Academy and the new consultant social worker will be invited to the CSW group. The EP and one Therapeutic Social Worker (Sarah Pattison) have successfully completed the Frontline Leadership Pathway 1 programme.
- 91 In addition, x 2 Student SW’s have undertaken their placements within The Full Circle, commencing in Q3 with the hope of successfully passing their placements in the new financial year. The team have also had two Trainee Clinical Psychologists in the team who have been supported by the Consultant Clinical Psychologist.
- 92 In terms of wider team development, in addition to training and monthly Signs of Healing sessions, the leadership team (TM, SWC, CCP, CNS)

ran monthly team reflective/development sessions around therapeutic input and related topics. In addition, reflective sessions have also been sought individually or as a group with Strengthening Practice.

93 Staff members have individually or collectively attended a variety of virtual and face-to-face training opportunities throughout the last financial year to include the following training topics:

Quarter 1	Quarter 2
<ul style="list-style-type: none"> <li>• Theraplay Level 2</li> <li>• ADaPT trial focus group</li> <li>• GDPR refresher</li> <li>• Team development session – observation</li> <li>• Children in Care Focus: Life Story Worker</li> <li>• Understanding and meeting the Needs of Children and Young People with Attention Difficulties</li> <li>• Neglect mandatory training</li> <li>• CBT Adapt top up training</li> <li>• Understanding Gangs and Exploitation from a Child's Perspective</li> <li>• Climate Change (Corporate Mandatory)</li> <li>• Code of Our Values, Behaviours and Conduct (Corporate Mandatory)</li> <li>• Diversity, Equality and Discrimination (Corporate Mandatory)</li> <li>• Harassment and Victimisation (Corporate Mandatory)</li> <li>• Information Security (Corporate Mandatory)</li> <li>• Introduction to UK GDPR (Corporate Mandatory)</li> <li>• The Lone Worker Monitoring System</li> <li>• Neglect Attachment and Brain Development</li> <li>• Signs of Safety &amp; Durham Harm /Worry Matrix</li> <li>• Impact of Coercive Control on Children</li> </ul>	<ul style="list-style-type: none"> <li>• MOMO</li> <li>• Signs of Safety Practice Lead event</li> <li>• See Me, Hear Me, Help Me! Conference</li> <li>• Safer Recruitment</li> <li>• SEND, EHCP and social care advice</li> <li>• Cumulative harm &amp; chronology</li> <li>• Life Story work in practice</li> <li>• Mental health awareness</li> <li>• LTFI community of practice event</li> <li>• TFCBT final focus group</li> <li>• Diversity and cultural sensitivity to practice</li> <li>• Safeguarding Training for Adoption Panel</li> <li>• Connected, Listening and Learning Together</li> <li>• Graded care profiling 2</li> <li>• Helpful Resources for trauma informed approaches – videos</li> <li>• Theraplay research – reading and watching videos</li> <li>• Beacon House – research/videos</li> <li>• Full Circle videos</li> <li>• Enhancing the Response to Child Abuse Linked to Faith and Belief</li> </ul>

Quarter 3	Quarter 4
<ul style="list-style-type: none"> <li>• Therapeutic stories workshop</li> <li>• Momo Refresher</li> <li>• Court Skills for Family Workers and Adoption Workers</li> <li>• ASF Provider Outcome Measures</li> <li>• ASF Onboarding tools</li> <li>• Adoption Panel Training</li> <li>• Team Development/reflective session – Coercive Control</li> <li>• Frontline pathway 1 cohort</li> <li>• Safeguarding level 3 (TEWV)</li> <li>• AIM Assessment for Children Under 12 who Display Harmful Sexual Behaviour</li> <li>• DDP Level 2</li> <li>• Signs of Safety Practice Lead Event,</li> <li>• Mind of my own</li> <li>• DCSB trauma informed practice</li> <li>• Paternal Perinatal MH</li> <li>• Autism Awareness</li> <li>• Single View Staff Briefing Sessions</li> <li>• RoSPA Fire Safety and Evacuation</li> <li>• Team Development Day – new procedures and processes</li> <li>• LADO mandatory training</li> <li>• Mandatory training for CPR (TEWV)</li> <li>• Flash technique supervision</li> <li>• Signs of Safety</li> <li>• Action Counters Terrorism (ACT) Awareness (Home Office PREVENT)</li> <li>• Working with hostile and resistant families</li> <li>• Foetal Alcohol Spectrum Disorder Awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Life Story Work in practice</li> <li>• Diversity and Cultural Sensitivity</li> <li>• Impact of neglect on adolescents</li> <li>• LTFI Community of practice event</li> <li>• Pathway Leadership programme residential</li> <li>• Pathway programme – risk management and decision making workshop</li> <li>• Adapt Trauma focused CBT</li> <li>• Domestic homicide timeline training with Professor Jane Monkton</li> <li>• Lunch &amp; Learn - Must Do: We will use mapping to inform our work</li> <li>• We will use kinder language.</li> <li>• Frontline pathway</li> <li>• Positive Approaches to managing violence and aggression</li> <li>• Safeguarding level 3</li> <li>• Working Psychologically with Babies and Families</li> <li>• Intra familiar CSA</li> <li>• An introduction to compassion focused therapy</li> <li>• Accredited Supervisor Training</li> <li>• Diversity and cultural sensitivity – DSCP</li> <li>• Celebrating Practice Week 'Signs of Belonging'</li> <li>• Understanding ADHD</li> <li>• SEND Ofsted Inspection</li> <li>• Gangs and exploitation</li> <li>• Signs of safety</li> <li>• EMDR 3 Days level 1</li> <li>• Teesside Accredited Supervisor Training</li> <li>• Positive and Safe Care – Mandatory NHS training</li> </ul>

## Main Implications - Income

### Adoption Support Fund

ASF	Income amount
ASF <i>income received</i> for Full Circle Work Quarter 1	£26,127.38
ASF <i>income received</i> for Full Circle Work Quarter 2	£39,999.46
ASF <i>income received</i> for Full Circle Work Quarter 3	£49,932.76
ASF <i>income received</i> for Full Circle Work Quarter 4	£49,396.76
<b>TOTAL ASF income received for The Full Circle FINANCIAL YEAR 2023/2024</b>	<b>£165,456.36</b>

### Virtual School Collaboration

Virtual School	Income amount
Autumn Term	£13,000.00
Spring Term	£13,000.00
Summer term	£13,000.00
<b>TOTAL Virtual School collaboration income received for The Full Circle FINANCIAL YEAR 2023/2024</b>	<b>£39,000.00</b>

### Traded Services

Traded services	Income amount
<b>TOTAL Traded Services income (invoices raised) for The Full Circle FINANCIAL YEAR 2023/2024</b>	<b>£6,275.50</b>

### Total Income Generation April 2023 - Mar 2024

Income source	Income amount
ASF	£165,456.36
Virtual School	£39,000.00
Traded Services	£6,275.50
<b>Total overall income</b>	<b>£210,731.86</b>

## Qualitative Feedback

- 94 Below is a small selection of the positive feedback we have received from professionals, parents/carers and the children/young people the team have worked with and supported over the last year:

For Emily and Rachael from the Designated Social Care Officer:

***"I do some dip sampling of Social Care Advice and I usually ask to give some verbal feedback to the manager rather than sending them the feedback as it is not an audit as such.***

***However, in this case I decided to send it as it was such a lovely piece of work and there were no areas for development.***

***With your permission I would like to anonymise and send it to Shelley Gill and we could then perhaps use it as a good practice."***

For Emily from an adoptive parent:

***"Thank you for working with us. You have been Amazing. I think the life story is great."***

For Chloe from an adoptive parent:

***"I just wanted to say thank you for coming to see us today. It was lovely to meet you and we look forward to working with you.***

***Even from the snippets of conversation we had it has been really helpful trying to start to understand what might be going on with C. I think there is a lot to unpick but most importantly I just want to get her any help she may need to make things easier for her. She said at bedtime "I like Chloe mammy" so that's a wonderful start."***

For Sarah from an adoptive parent:

***"Yes that would be great. I did mention it last week but I think it would be good to come from you too. Not sure if he took it in. I hope its not the end of seeing you as I loved seeing C around you, he really absorbs himself into the sessions now and it is a lovely nurturing time for him.***

***I feel that there will be a time to return as he has such affection for you. He is very comfortable with you and he has relaxed so much over time."***

For the team from the ADAPT trainer:

***"It was so great working with the teams, and having Full Circle's expertise and experience was fantastic. I really enjoyed the few days of training and thanks so much for having me."***

For Diane from a fostering worker:

***"Just wanted to drop you a line to say how impressed I was with the progress you have identified the foster carer making with G during your Theraplay sessions with them both."***

To Kelly from one of our young people:

***“Hi Kelly this is K thanks for the compliment I have been practicing a lot but yes I have been trying to practice a new song I hope your ok and everything is good 👍 we had a good time together.”***

To Kelly from a young person and residential worker:

***“I understand it was your last session with R today. I’ve just spoken with her and she said that she is sad to see you go. I know you had a lovely relationship and I would like thank you for all you have done. I know she will keep in touch with you as she moves on to her next chapter. Again BIG thank you and it was lovely to meet you.”***

To Rachael from a foster carer:

***“You're an amazing support to CJ and we can't thank you enough for that.”***

To Diane from a Social Worker:

***“I went out to visit J last night just thought I would say both him and the foster carer were positive about the work that you were doing with them and thought it had made a difference! Overall, the foster carer said things had been settled.”***

## **Service Development Plan 2024/25**

95 Below outlines the high-level developments for The Full Circle in 2024/25:

- (a) Establishing governance arrangements for The 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 LCS and the development of a Power BI Dashboard 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 children in County Durham.
- (d) Continue to work with Residential Services to understand the level of resource required to provide clinical psychological and trauma informed support to Durham Children’s 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
- (f) Ongoing team development through bespoke training based on emerging need.

### **Conclusion**

Members of the Corporate Parenting panel will be sighted on the work of the Full Circle Team.

### **Author**

Louise Woolfe

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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**

The team manager post became vacant in Q4 23/24 following the team manager gaining a position elsewhere. A recruitment episode for the team manager post was successful in appointing the existing Consultant Social Worker (CSW) within the team. This has the ongoing knock on effect of the CSW post being vacant since. Maternity leave has also resulted in the Team working at reduced capacity.

### **Accommodation**

Whilst the team were due to move back to our substantive building in July 2022 following a regeneration project, this was significantly delayed, with the move not happening until July 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 support could mean that children who are in our care and adopted children who have experienced complex trauma through

neglect and abuse would not receive specialised, integrated children's mental health support. In addition, The Full Circle also provide consultation and training where children have not met our criteria for direct therapeutic support to ensure children have safety and stability promoted, as well as support from other social care staff that is trauma informed; this support would be lost should the service be discontinued.

**Procurement**

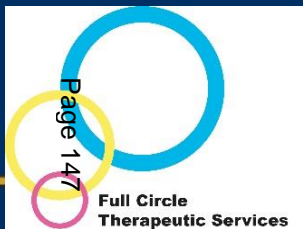
None

# Full Circle Service Update

Corporate Parenting Panel  
13 September 2024

Louise Woolfe

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 2023/2024

- 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 continues to be embedded
- Virtual schools offer extended
- 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.

# Summary of Outcomes

- In 2023/2024, 588 referrals were received into The Full Circle – an 8% decrease on referrals received the previous year, with an average of 147 cases open for ongoing work / support at any one time.
- Decrease in referrals, screening and consultations compared with 2022/23 - it was identified last year that referrals being made were not often appropriate, the wrong timing or the workers had failed to consider environmental factors around the child/family that could be responsible for the current worries.
- To try and tackle this the leadership team have developed a Full Circle Pyramid of Need, Care Proceedings leaflets and have at the point of referral provided appropriate advice, guidance and resources to help aid the understanding of the impact of trauma and reduce unnecessary screenings/consultations taking place. The impact of this has led to more appropriate referrals being made and decreased the pressure on The Full Circle team allowing them to concentrate on completing high quality work with the children and families open to us.
- 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)
  - 6 training sessions to residential staff
  - More than 87 hours of training to social care professionals and partner agencies

# Development Aims 2024/2025

- 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 Children in County Durham.
- Continued work with Residential Services to review the clinical psychological and trauma informed support to Durham Children's Homes provided over the last year.
- 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.
- The focus for 2024/25 is to improve the quality of the training provided to professionals, foster carers, adoptive families and relative carers and development sessions have been set up for Quarter 1, 2, 3 and 4 to streamline the training.

# The benefits – service feedback

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

*“I understand it was your last session with R today. I’ve just spoken with her and she said that she is sad to see you go. I know you had a lovely relationship and I would like thank you for all you have done. I know she will keep in touch with you as she moves on to her next chapter. Again BIG thank you and it was lovely to meet you.”*

## **Feedback from parents/carers**

*“Even from the snippets of conversation we had it has been really helpful trying to start to understand what might be going on with C. I think there is a lot to unpick but most importantly I just want to get her any help she may need to make things easier for her.*

*I hope its not the end of seeing you as I loved seeing C around you, he really absorbs himself into the sessions now and it is a lovely nurturing time for him. I feel that there will be a time to return as he has such affection for you. He is very comfortable with you and he has relaxed so much over time.”*

## **Feedback from professionals**

*“The feedback from the staff training was extremely positive and the year 3 team are really keen to work with you some more.”*



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