North East and North Cumbria

CHILDREN IN CARE ANNUAL HEALTH UPDATE

FOR

DURHAM CORPORATE PARENTING PANEL

April 2022 – March 2023

Jo Gamble

Designated Nurse Children in Care

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[1] (NENC ICB) commissioned services in 2022 – 2023.

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

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

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

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

Children in Care fall into five main groups:

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

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

[2] Children Act 1989

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

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

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

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

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

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

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

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

The primary areas of unwarranted variation are:

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

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

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

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

National Profile of Children in Care

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

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

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

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

National Profile Health Findings

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

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

[3] Gov.UK *Children looked after in England including adoptions* [Reporting year 2022 published July 2023]
[4] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020
[5] National health data for 2021-22 is not due for publication until October / November 2023

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

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

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

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

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

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

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

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

Durham Children in Care living out of the local authority boundary

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

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

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

Children in Care from other local authorities living in Durham

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

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

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

[6] From a distance Looked after children living away from their home area Ofsted (2014)
[7] Promoting the Health and Well-Being of Looked After Children (DfE, DoH 2015)

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

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

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

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

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

STATUTORY HEALTH ASSESSMENTS

Initial Health Assessments (IHAs)

All IHAs should be completed by a registered medical practitioner which is a requirement set out in statutory guidance[8]. 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[9].

---

[8] Promoting the Health and Well-Being of Looked After Children (DfE, DoH 2015)
[9] Regulation 33(1) of the Care Planning, Placement and Case Review (England) Regulations 2010

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

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

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

Review Health Assessments (RHAs)

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

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

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

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

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

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

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

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

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

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

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

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

Primary Care

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

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

[10] Durham County Council SDQs Practice Guidance

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

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

Care Leavers

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

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

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

Unaccompanied Asylum-Seeking Children

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

[11] Children (Leaving Care) Act 2000

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

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

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

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

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

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

Health Justice and Offending

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

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

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

Conclusion

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