

Corporate Parenting Panel

13 September 2024

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



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)
Total	588 (8% decrease on 2022/23)

- 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
Total provided 2023/2024	216	207
Total provided 2022/2023	302	168

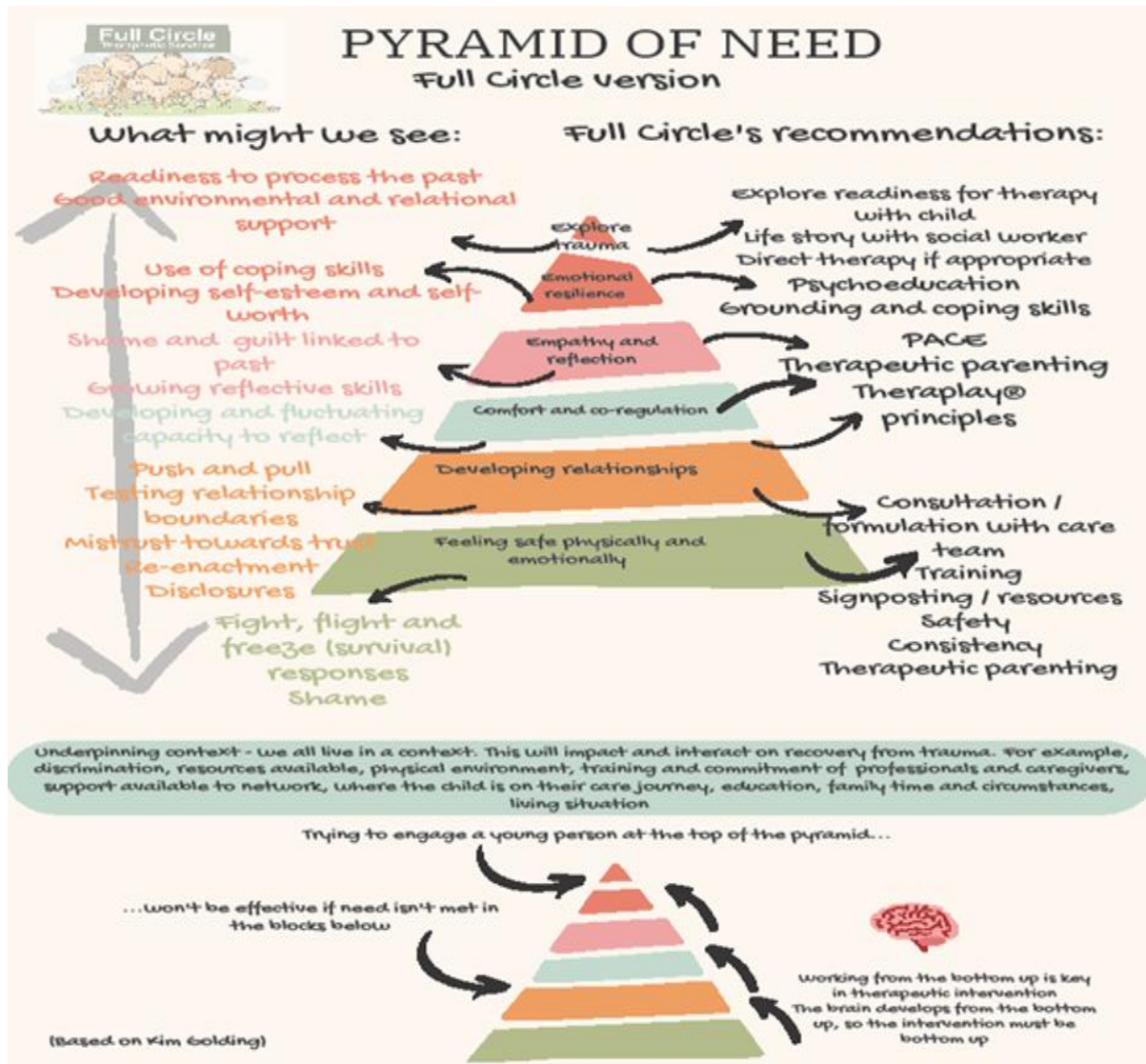
- 28 In regard to the decrease in referrals, screening and consultations compared with 2022/23, it was identified last year that referrals being made were not often appropriate, the wrong timing or the workers had failed to consider environmental factors around the child/family that could be responsible 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.

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

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

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

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

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
TOTAL ASF income received for The Full Circle FINANCIAL YEAR 2023/2024	£165,456.36

Virtual School Collaboration

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

Traded Services

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

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
Total overall income	£210,731.86

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.

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Appendix 1: Implications

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