

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Thursday, 28 April 2022 at 1.30 pm in the Whickham Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Minutes of last meeting (Pages 3 - 10) The Committee is asked to approve as a correct record the minutes of the last meeting held on 10 March 2022.
3	Foetal Alcohol Syndrome / Foetal Alcohol Spectrum Disorder - Update on NICE Guidance (Pages 11 - 14) Report of the Consultant Community Paediatrician and Designated Doctor for Looked After Children and Young People, Gateshead Health NHS Foundation Trust
4	Covid-19 Update - Impact on New Mothers and Babies (Pages 15 - 30) Report of the Director of Public Health
5	Corporate Parenting Arrangements Update (Pages 31 - 38) Report of the Deputy Strategic Director, Children Social Care and Early Help
6	Work Programme 2021-22 and Development of Work Programme for 2022-23 (Pages 39 - 44) Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

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GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 10 March 2022

PRESENT: Councillor M Hall (Chair)

Councillor(s): H Kelly, L Caffrey, B Clelland, P Craig,
S Craig, C Davison, S Gallagher, K McCartney, E McMaster,
J Mohammed, M Ord, R Oxberry and D Robson

CO-OPTED MEMBERS Rachel Walton

IN ATTENDANCE: Councillor(s): G Haley

F29 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Bradford, Councillor Buckley, Councillor Reay, Councillor Burnett and Ayodele Akin (co-opted member).

F30 MINUTES OF LAST MEETING

The minutes of the meeting held on 3 February 2022 were approved as a correct record.

F31 OFSTED IMPROVEMENT PLAN

The Committee received a report and presentation on the Ofsted Improvement Plan which came from the focussed visit in September 2021 and the short inspection in April 2019.

It was reported that the findings were very positive, however there were a small number of areas for improvement. Using the learning from both inspections an action plan was developed which identifies six areas of improvement;

- Improve the quality and focus of written plans to ensure they are specific and targeted to meet the needs of individual children
- Secure access to services for those children in care who live out of the borough
- Improve the quality and impact of supervision and contingency planning for children in need
- Ensure routine inclusion of children and their families' views in audits
- Development of contextual safeguarding arrangements
- Further development of domestic abuse provision

In terms of improving the focus of written plans it was reported that there has been the introduction of co-production of plan so social workers are able to support young

people to lead and be inclusive in their own plans. Training for social workers has been developed on this issue and will be delivered from March to July 2022 and it is anticipated that all plans will be written to the child by August – October 2022.

The action around the development of contextual safeguarding arrangements came from informal feedback. This has led to a Child Sexual Exploitation (CSE) worker post which will be incorporated into the contextual safeguarding team. There is also a Dedicated Return Home Support Worker (RHSW) in place to undertake return home interviews with all young people reported missing. There has also been a specialist Young People's Domestic Abuse Worker (YPVA) role developed to support young people experiencing abuse in their own relationships. These roles will work closely with the Contextual Safeguarding Team.

It was reported that return home interviews have to be offered to every young person who is missing, however the young person may not necessarily take up the offer. Previously, there was a 30% uptake, however the Return Home Support Worker has been in post since September 2021 and engagement rates have increased to 65%, as at January 2022.

It was questioned as to what the co-production of plans involve. It was confirmed that this involves working with partners, parents and young people to look at the language used and help write the plans to the child or young person in language they understand.

It was also questioned as to the obligations on the authority in relation to children placed out of the borough. It was confirmed that if a Gateshead child is placed outside of the borough the service continues to ensure the placement is regulated, the social worker will visit the child to maintain contact and family time. Care proceedings and legal work around that child is still the responsibility of the authority. In terms of children placed out of borough and attending schools outside of the area it was noted that Personal Education Plans (PEPs) are regularly reviewed and the child or young person will only be placed in a school which is at least 'good' or better. The point was made that the authority would always strive to keep its looked after children in Gateshead, however this is getting more difficult.

It was queried what are the indicators used to define if a child is 'missing' and how persistent absences are being dealt with. It was confirmed that any child that is missing is reported to the police. The Return Home Support Worker will respond to any missing child no matter how long they were missing or how often they go missing. There is no differentiation around risk levels, the worker will speak to all those young people who have a missing episode.

It was questioned whether there was any comment from Ofsted in relation to the number of out of borough placements. It was noted that Gateshead is no higher than other local authorities in this respect and Ofsted did not flag this as an area for improvement.

Committee was advised that the Mockingbird Programme is working with local authorities to focus on foster carer recruitment and retention, looking at a 'hub carer' who becomes a support network contact point for carers. This is commissioned through DfE funding and a consultant social worker will run the programme. This is a

national programme and it is hoped this will increase recruitment. Committee requested that a further report be brought back to a future meeting on the Mockingbird Programme.

Committee requested the rationale behind out of borough placements. It was confirmed that these can be placements across the UK and these are based on needs of the child, for example specialist providers which are not available in Gateshead. It is also around resources and what is available in terms of placement sufficiency. It was noted that a child could be placed out of borough but still live very local as only 10% of placements are over 10 miles away, also some Gateshead Foster Carers live outside of Gateshead. Committee asked for further information to be circulated around out of borough numbers.

It was questioned as to the meaning of 'radical candour principles'. It was confirmed that this is about practitioners not assuming the obvious; nothing is beyond impossible.

- RESOLVED -
- (i) That the Committee noted the information presented.
 - (ii) That further information be brought back on the Mockingbird Programme and out of borough placement numbers.
 - (iii) That a progress update be received in six months.

F32 OVERVIEW OF PERFORMANCE AND ACTIVITY OF THE ADOPT NORTH EAST REGIONAL ADOPTION AGENCY 2020/21

Committee received a presentation on the work of the Regional Adoption Agency (RAA).

In 2015 it came into statute that local authorities had to become part of a RAA and in 2016 Gateshead collaborated with Northumberland County, Newcastle City, North Tyneside and South Tyneside Councils to form a RAA; Adopt North East. This went live in 2019.

A hosted model was opted for and this sits with North Tyneside Council as the lead for Adopt North East. The delegated functions include; recruitment, assessment and approval of adopters, family finding for children and support for adopters, those adopted and those affected by adoption for all five local authorities.

In terms of governance for the RAA, lead members meet on an annual basis and also attend quarterly Executive Board meeting. The Senior Leadership Group meeting quarterly and an Operational Leadership Group meet monthly.

Adopt North East is made up of 46 staff; one senior manager, five team managers, one team co-ordinator, 31 social workers and 8 business support officers.

In terms of performance for 2020/21, 21 children have been placed with adopters

and 23 have been adopted (some of these are from 2019/20). Gateshead is good at placing children in fostering to adopt placements and has twice as many as other local authorities in the RAA. This arrangement places children with potential adopters before plans are endorsed by the courts, therefore social workers must be confident that the court will approve the placements. It was reported that so far, all fostering to adopt placements have had their legal adoptions order granted. Gateshead has also had no disruptions of adoptive placements, whereas this has not been the case for other authorities.

It was noted that there has been an increase in the initial contacts of potential adopters, however there is a fall off after initial contact. Therefore work is ongoing around this as there has been an increase in the number of placements required to be outsourced due to lack of placement sufficiency.

A number of adoption support mechanisms are in place and there has been positive feedback around fostering panels, however it was acknowledged that there have been issues around medical advisors availability which will be picked up at the next leadership meeting.

It was reported that there is no inspection framework for RAA's as this is picked up through individual local authority's inspection. So far there has been positive feedback in relation to Adopt North East. However, there are issues around sufficiency of places which is placing additional financial burden on authorities who have to pay for external placements on top of the fee to Adopt North East.

RESOLVED - That the content of the report be noted and an annual Regional Adoption Agency report be brought back to Committee.

F33 HOW GATESHEAD IS MEETING THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

The Committee received a presentation on the needs of children and young people with Special Educational Needs and Disabilities (SEND).

It was reported that there has been a substantial increase in the number of assessment requests and Education Health Care Plans (EHCPs). The number of new requests for 2022 is 277, this figure was 196 for 2020 so this has meant a massive increase in demand. In terms of neighbouring local authorities Gateshead is slightly higher, with 3.9% EHCPs, regionally the average is 3.8% and national average is 3.7%. However, Gateshead is lower than the regional and national averages in terms of SEND Support.

It was noted that since 2017 there has been an increase in the number of primary SEN for Social and Emotional Health, Speech Language and Communication Needs and Autistic Spectrum Condition. There has been a decrease in the number of primary SEN for specific learning difficulty, moderate learning difficulty and severe learning difficulty. Figures have remained static in relation to hearing and visual impairments, physical disability and profound and multiple learning difficulties.

It was reported that in Gateshead there are higher numbers of EHCPs than regional and neighbouring authorities and therefore it is becoming harder to place these children in Special Schools. It was noted that work is underway to review the ARMS provision and it is anticipated that three new provisions will be opened from September 2022. Kells Lane Primary School is also providing an additional 10 places to meet demand, in partnership with Gibside School. There are also discussions with a further three primary schools to offer new provision from September which will create a further 24 places.

Schools are being encouraged to think about Preparing for Adulthood earlier, so from year 9 onwards, the four Preparing for Adulthood headings will be included in EHCPs;

- Higher education or employment
- Independent living
- Friends, relationships and community
- Being healthy

It was reported that the SEND Service has invested in a further 4.4 FTE posts to cope with increased demand. The Gateshead SENCO Network is being re-launched, including local peer groups and open door policy for support. Work is underway on participation and co-production, looking at how far the young people and carers influence strategic planning. The Parent / Carer Forum has been re-launched and meets regularly with senior leaders to discuss areas of concern. The SEND Youth Forum has also been relaunched following the appointment of a new Engagement Officer. An SEND newsletter is circulated to a wide range of stakeholders every half term, which provides updates across education, health and care.

In terms of next steps it was reported that the new Green Paper on SEND is expected soon, as well as a new SEND Inspection framework. There will be a review of Secondary ARMS provision and a step up of the monitoring role to reduce further increase in requests for top-ups. In addition parents and carers will be supported to engage in strategic SEND developments.

The point was made that there is a 20 week assessment for EHCPs but that it can take a long time to get to the start of the process for assessment. It was confirmed that the Code of Practice expects a graduated response as not all applicants will need EHCPs and many can get SEN support at mainstream school. It was confirmed that the start of the 20 week period is when a school or parent submits a written request for an EHCP assessment. The service then decides if an assessment is appropriate and then an action planning meeting is held. From the initial letter to outcome is a 20 week performance measure.

It was also queried that there has been a 46% increase in EHCPs but 26% were refused. It was acknowledged that there is no criteria or threshold for EHCPs, the service looks at what the schools have been doing for that child and will get a notional budget which needs to be fully used on that child before an EHCP would be granted. Committee felt it needed a better understanding of the whole process and asked that further updates be brought back to Committee on this issue.

Committee requested that, due to the increased numbers of children with social, emotional and mental health needs, a further report be added to the work programme to look at adverse childhood experiences.

It was suggested that more information should be provided to parents to prevent inappropriate self-referrals to the service which impacts on the demand put upon the service.

It was queried why Haskel School is not included in the report. It was confirmed that this is because it is an independent school and there is no jurisdiction over it, although the authority does commission places there. It was noted that there has been a lot of work with Haskel School in terms of Service Level Agreements and the school buying into the service. It was acknowledged that although this is not a maintained school and it is not public money that runs the school, there is still funding attached to those Gateshead children and young people attending that school. It was confirmed that children with EHCPs attending Haskel school are included in the overall figures presented in the report.

It was reported that 30% of children with EHCPs are going into mainstream secondary schools and that this is not sustainable. This year there has been more demand for year 7 Special School places than the authority can place.

- RESOLVED -
- (i) That the Committee noted the update report.
 - (ii) That a further update be brought back to Committee in 6-12 months to include information on Haskel Special School.
 - (iii) That a training / members development session be held around specific SEN processes.

F34 PERMANENT EXCLUSION DATA

Committee received an update report on permanent exclusion data. It was reported that, although this is a fluctuating picture, over the last four years there has been an overall downward trend in permanent exclusions.

Generally exclusions are at their highest rate over the autumn term and are most commonly due to persistent disruptive behaviour. In 2020/21, male students were more likely to be excluded. There were no exclusions in primary settings in the last year.

It was reported that 103 places are currently commissioned at River Tyne Academy. Work is ongoing to look at how young people are supported in our schools and help them before they become permanently excluded. Schools are being offered to work with the team on managed moves, 4-5 weeks prior to Fair Access Panel. It is hoped the early help work will prevent issues further upstream.

Work is ongoing to explore what the service has and needs with secondary leaders and what the main drivers are to prevent and reduce permanent exclusions.

It was noted that permanent exclusions for one-off major incidents will usually return to mainstream school as soon as possible through the Fair Access Panel. There is a strengthening reintegration of previously permanently excluded young people and River Tyne Academy support to reintegrate young people back into mainstream schools.

The point was made that some Headteachers speak to other schools and agree managed moves outside of the Fair Access Panel. It was noted that there is a consultation on permanent exclusions and it is expected that there will be additional guidance around offsite agreements which may change that going forward. All Headteachers are asked to inform the Fair Access Panel on any managed moves agreed outside of Panel.

Concerns were raised that permanent exclusion meetings can be daunting and therefore some parents may not engage with the process. It was noted that in terms of Pupil Disciplinary Committees parents are provided with information and evidence packs prior to the meeting. It was recognised that some parents may not be confident to attend and it was acknowledged that this may need to be strengthened in terms of a potential advocate for parents or helping parents to become more confident to advocate for themselves.

It was requested that data around free school meals in relation to permanent exclusions be included in the report to Committee next time.

- RESOLVED -
- (i) That the information be noted.
 - (ii) That an update report be brought back to Committee in 12 months time.

F35 WORK PROGRAMME

Committee received a report on the work programme for the remainder of the 2021/22 municipal year.

- RESOLVED -
- (i) That the Committee noted the provisional programme.
 - (ii) That the Committee noted that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....

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TITLE OF REPORT: Foetal Alcohol Spectrum Disorder update

REPORT OF: Dr Eleanor Dawson, Consultant Community Paediatrician and Designated Doctor for Looked after Children and Young People.
Gateshead Health NHS Foundation Trust

SUMMARY

The purpose of this report is to give a summary and initial response to the recently published NICE quality standards for FASD (<https://www.nice.org.uk/guidance/QS204> published on 16/3/22). This is in the context of the previous work in Gateshead to review diagnoses of Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Spectrum Disorder (FASD). The summary of this work was presented to the OSC in June 2021.

INTRODUCTION

The Quality Standard covers assessing and diagnosing Fetal Alcohol Spectrum Disorder (FASD) in children and young people. It also covers support during pregnancy to prevent FASD. It describes high-quality care in priority areas for improvement.

It is based on the Scottish Intercollegiate Guidelines Network (SIGN) guidance on FASD.

Quality standards help us to improve the quality of care we provide or commission and can help to:

1. Identify gaps and areas for improvement
2. Measure the quality of care
3. Understand how to improve care
4. Demonstrate we provide quality care
5. Commission high quality services

THE QUALITY STANDARDS

[Statement 1](#) Pregnant women are given advice throughout pregnancy not to drink alcohol.

[Statement 2](#) Pregnant women are asked about their alcohol use throughout their pregnancy and this is recorded.

[Statement 3](#) Children and young people with probable prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for assessment.

[Statement 4](#) Children and young people with confirmed prenatal alcohol exposure or all 3 facial features associated with prenatal alcohol exposure have a neurodevelopmental assessment if there are clinical concerns.

[Statement 5](#) Children and young people with a diagnosis of fetal alcohol spectrum disorder (FASD) have a management plan to address their needs.

INITIAL RESPONSE AND ACTIONS

- Patient information leaflet regarding alcohol use in pregnancy and the associated risks is now uploaded into the electronic hand held records of pregnant women in Gateshead.
- Ongoing work to develop and agree questions regarding alcohol use in pregnancy to be used by midwives.
- There is no commissioned FASD service in Gateshead and there are limited resources to access the high quality, detailed assessments as recommended for a neurodevelopmental assessment in those with possible FASD.
- We continue to see children and young people with a range of physical, developmental or behavioural difficulties who are referred for assessment, including those with probable prenatal alcohol exposure. Assessment, investigation and referrals are undertaken as needed and diagnosis of FASD considered within the previously agreed regional guidance.

Dr Eleanor Dawson, Consultant Community Paediatrician and Designated Doctor for Looked After Children and Young People.

Gateshead Health NHS Foundation Trust

June 2022

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TITLE OF REPORT: COVID 19 impact on new parents and their babies

REPORT OF: Alice Wiseman, Director of Public Health

SUMMARY

The purpose of this report is to give the Committee an overview of the impact of COVID 19 on new parents and their babies. This was requested by the Committee in addition to the general update that is given on COVID 19 at every meeting.

The report will cover the following areas:

- Background – national briefings and reports overview
 - Gateshead Picture including two case studies
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BACKGROUND

1. The evidence is unequivocal that the first 1,001 days of a child's life, from pregnancy to age two, lay the foundations for a happy and healthy life. The support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health.
2. 2,000 babies are born in the UK every day, which means that over 200,000 babies were born when lockdown was at its most restrictive, between 23rd March and 4th July 2020.
3. Several national reports and briefings were written on the impact of COVID-19 on new parents and their babies. Part of this report gives an overview of these national reports/briefings. Links to the full reports are in appendix 1.
4. Whilst these are national documents, they give a good indication of the issues new parents and their babies faced during various lockdowns and the ongoing pandemic. They also highlight that there were some positives during this period

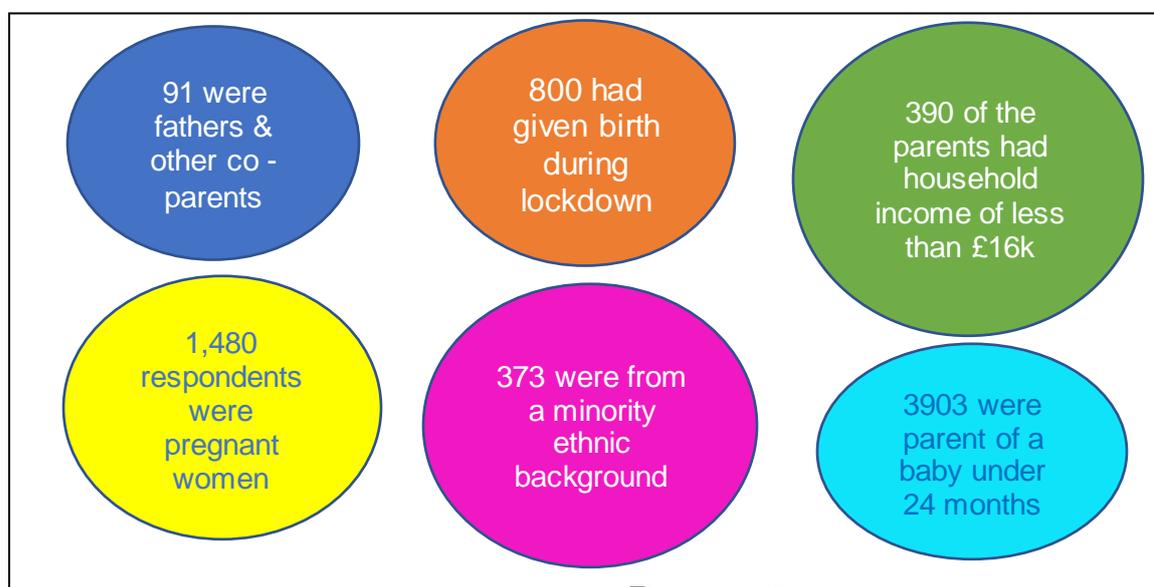
Lockdown babies: Children born during the coronavirus crisis Briefing from the Children's Commissioner (May 2020)

5. The briefing paper highlighted that whilst coronavirus would add to the challenges some new parents faced many would be able to respond in innovative ways e.g. introducing grandparents over zoom or having virtual meetups with friends. However, some families could be pushed into crisis due to the new pressures that the arrival of a baby can bring on relationships, finances, and mental health, to name but a few.

6. The Children's Commissioner's Office was particularly concerned about the limitations in support offered to new families under lockdown, the reductions in contact with health visitors, and the inability to maintain birth registers.
7. At the best of times around 10% of new mothers face perinatal mental illness but children's centres, playgroups and playgrounds were closed, the GP and health visitor were often visiting by phone or video link and access to mental health support was more challenging. There were reports that in some areas families had been stopped from playing outside together by heavy-handed policing of lockdown rules.
8. All the usual ways to identify if a family were struggling became far more limited under COVID-19 lockdown. Guidance stated that new birth visits from health visitors should take place remotely, except for families that were identified as vulnerable, whilst checks on older babies and toddlers did not have to take place at all.
9. Although the six-to-eight-week GP check for babies were still being offered there were signs that parents may have struggled to attend them or attend other healthcare provision. Accident and emergency attendances for children fell significantly.
10. Play sessions and support groups at Children's Centre's can be crucial opportunities to identify emerging needs and offer some parents help but due to restrictions many of these were cancelled.

Babies in lockdown – listening to parents to build back better (August 2020)

11. Best Beginnings, Home-Start UK and the Parent-Infant Foundation commissioned Critical Research to work with them to gain insights into the impact COVID-19 was having on babies and their parents of all backgrounds from across the UK. The online survey was live between 29th April and 3rd June 2020 and there were 5,474 respondents of which 224 (4%) were from the North East:



12. The first lockdown in spring 2020 was disruptive and challenging for everyone. The survey suggested that the impact of COVID-19 on these babies could be severe and may be long-lasting. It revealed the disproportionate impact of COVID-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. For generations, no other group of parents had to navigate pregnancy, birth and beyond under such extraordinary circumstances.

13. The headline findings were:

- a) COVID-19 has affected parents, babies and the services that support them in diverse ways
- b) Families already at risk of poorer outcomes have suffered the most
- c) The pandemic will cast a long shadow

14. The impact of covid on the survey respondents had been a mixed experience:

Positives

- Opportunity to relax and prepare
- Fathers and other co-parents able to spend more time with their babies and young children
- Time to bond with baby
- More time to play with babies and toddlers
- Valuing family relationships
- Outstanding care during birth

Negatives

- Fathers and other co-parents absent from ante-natal care, labour and birth
- Changed birth plans
- Birth traumas
- Fears of parents themselves becoming unwell or dying
- Fears about risks to babies – socially, emotionally and physically
- Difficulties with breastfeeding
- Crucial missed opportunities and cancelled appointments
- Loneliness and isolation
- Concerns about child behaviour
- Worries about socialisation for babies and toddlers

15. The pandemic had already been described as a “pandemic of inequality”. The survey findings were consistent with this analysis, showing that parents whose voices are seldom heard and whose children are at higher risk of poor outcomes, such as families with a low household income, young parents and those from minority ethnic communities were more likely to have a difficult experience of lockdown, further exacerbating existing inequalities.

16. Evidence from the survey demonstrated that the specific conditions of the first lockdown had increased parental stressors known to impact negatively on caregiving. Factors such as increased levels of stress; high levels of concern about mental health; low confidence in accessing mental health support; significantly reduced social support; and problems accessing reliable information

about risks for pregnant women and babies have all made parenting more difficult during the pandemic.

17. The report did acknowledge that whilst many parents will have been able to give their babies the nurturing care they need, some will have struggled, existing relationship problems may have been exacerbated and in the most extreme cases, there will have been new and recurring cases of abuse in all its forms.

Babies in lockdown – no one wants to see my baby (November 2021)

18. When the first report “Babies in lockdown – listening to parents to build back better” was published in August 2020, little did we know that there were more lockdowns to come, and that rates of COVID-19 would still be high in our communities more than a year later. For some families, this meant that the pressures caused by the pandemic had continued and additional adversities continued to accumulate.

19. In autumn 2021 the researchers returned to some of the parents who had taken part in the initial research to understand more about how the pandemic continued to impact them. The purpose of this was to capture in-depth the experiences and journeys of these particular parents since they first heard from them. They also surveyed professionals and volunteers around the UK who work with babies and their families. This follow up report captures the key themes from this research and additional emerging quantitative and qualitative evidence to complement those themes.

20. For the in-depth qualitative research with parents, they emailed a sample of parents who completed the initial survey. From this they undertook 11 in depth interviews, all of which were with mothers. They were conscious that the recruitment process meant that they were unlikely to have reached parents facing the highest levels of poverty and adversity. The professional survey was completed by 224 people.

21. The findings on the ongoing impact on families were highlighted as follows:

- Many parents in the sample reported that young children seem to be adapting well
- Families were still feeling the benefits of time together
- The pandemic was still affecting parents’ mental health
- Families were not able to access all the support they need from health visiting services and GPs
- Digital support has an important role to play but there are limitations of online and phone-based service delivery
- Parents were struggling to access baby and toddler groups
- Families were experiencing barriers accessing face to face care

22. The report identified 3 specific policy calls for the Government:

- a) The Government must support local authorities to invest in and rebuild health visiting services
- b) An evidence-based approach must be taken to ensure the appropriate use of digital and phone-based service delivery, and investment in relational, face to face support where this is needed
- c) Babies and the services that support them must be included in COVID-19 recovery policy and investment at a national and local level. This must include community and voluntary sector support

Education Recovery in Early Years Providers – Spring 2022

23. This latest briefing draws on inspection evidence gathered in the spring 2022 term, and discussions with early years inspectors about the ongoing implications of the pandemic on children.

24. It is based on evidence collected during inspections of 70 early years providers between 17 January and 4 February 2022. This included 38 childminders and 32 nurseries. This is around 10% of all early year's inspections carried out during this time. They looked at a sample of inspections, so they cannot assume the findings to be representative.

25. Providers reported that:

- There are still delays in babies' and children's speech and language development e.g., some have noticed that children have limited vocabulary or lack the confidence to speak
- Some babies have struggled to respond to basic facial expressions, which may be due to reduced contact and interaction with others during the pandemic
- Children have missed out on hearing stories, singing and having conversations
- Wearing face masks continued to have a negative impact on children's communication and language skills
- Children turning 2 years old will have been surrounded by adults wearing masks for their whole lives and have therefore been unable to see lip movements or mouth shapes as regularly
- There is an increased wait for external services for children needing additional support, such as speech and language therapists
- Personal, social and emotional development continues to be affected
- Children were lacking confidence and were shy in childcare settings, especially when taking part in group activities
- Babies were particularly anxious and not used to seeing different faces
- Children's social and friendship-building skills have been affected
- There continues to be an impact on children's physical development with delays in babies learning to crawl and walk
- Some children had regressed in independence and in self-care skills.

26. In terms of catch-up strategies children's communication and language skills and their personal, social and emotional development have been two of the main curriculum priorities during the pandemic.

GATESHEAD PICTURE

Maternity Service

27. At the start of the first lockdown The Queen Elizabeth Hospital maternity unit had to make decisions to ensure that they protected mothers, babies, their staff and their families. They followed national recommendations and guidance throughout the pandemic.

28. As in all other services ways of working had to be adapted and changed on a regular basis depending on the current situation and national guidance. Some of the initial measures included:

- Only mother and baby to be present at home visits
- Attending some appointments alone
- Some initial appointments via telephone
- Only one birthing partner allowed
- Visiting on the postnatal ward was not allowed unless mother and baby could not be discharged quickly
- If baby admitted to special care baby unit both parents could visit but other visitors were not allowed
- Postnatal review by telephone day after discharge from hospital with face-to-face visit at day 5 to complete blood spot test
- Day 10 contact before transfer to health visitor carried out by telephone unless there was a need for mother and baby to be seen face to face

29. The pregnancy assessment unit remained open 24 hours a day and was available for advice if women felt unwell or had any concerns.

30. Whilst measures were in place the service responded to individual need and circumstances where required so the response was based on giving mothers and their babies the best care possible.

31. It should be noted that measures were reviewed on a regular basis in line with national guidance, prevalence of COVID-19, new variants of concern, the local picture. Robust risk assessments were always in place and reviewed regularly. The hospital's website was updated on a regular basis and any changes to arrangements were highlighted. Women also had a pregnancy app which was updated to reflect any changes to measures.

32. Growing Healthy Gateshead is the 0-19 public health nursing service which comprises, health visitors, family nurses, school nurses, early years practitioners, school health screeners, safeguarding nurses and public health nurses.
33. With the country in lockdown it was essential that the service flexed its response to enable it to continue to protect the most vulnerable children, young people, and families. Initial government advice was that there should be no face-to-face contact with service users without appropriate PPE. Virtual contacts became the priority and face-to-face contacts only where absolutely necessary.
34. Initially Harrogate and District NHS Foundation Trust only had access to a small amount of PPE for community staff and this had to be prioritised for the most urgent visits. Safeguarding children was an absolute priority in the response to COVID-19 and face-to-face contacts for these children remained a priority on the service's business continuity plan.
35. In addition, to face-to-face contacts with families who were subject to a child protection plan other contacts were increased e.g. virtual contacts using digital technology and weekly welfare calls. Families who were the most vulnerable were also prioritised to ensure they had contact from the service.
36. The business continuity plans were reviewed on a regular basis relating to the prioritisation of face-to-face contacts. Any face-to-face contact was based on government guidance and an individual risk assessment in relation to COVID-19 and cumulative risk to children.
37. From June 2020 all antenatal contacts, primary visit (1st postnatal contact) and 6-to-8-week review contacts were carried out face to face. All safeguarding contacts were face-to-face. Review health assessments were undertaken on a virtual basis or face-to-face where required.
38. Plans were in place to restore all face-to-face visits from September 2020. Changing government guidance, national lockdowns, variants of concern and a surge in safeguarding across the service meant a full return to face-to-face contacts for the other mandated visits (aged 1 and 2 to 2 ½) had to be staggered.
39. At the start of lockdown the service developed a number of virtual clinics to offer additional support to new mothers and their babies such as infant feeding clinic, breast feeding café, weaning group, 0-5 child health clinic
40. Some mothers really appreciated the virtual clinics in the first year of the pandemic and felt really supported. In addition, the service offered more telephone calls and support via Microsoft teams to all mothers and their children. Some mothers found this helpful as they hadn't always felt comfortable talking to health visitors in the clinics in community settings.
41. The Growing Healthy Gateshead Facebook page was constantly updated with advice and guidance about a range of topics and the Little Orange Book (LOB)

was promoted via the page. The LOB is a resource from Gateshead/Newcastle Clinical Commissioning Group which gives expert advice on helping babies and young children when they are poorly.

42. In response to a national rise in non-accidental injuries in babies under 1, ICON training was delivered to all 0 to 5 practitioners in the service:

Infant crying is normal
Comforting methods can help
Okay to walk away
Never, ever shake a baby

43. This is a national programme which offers coping techniques to families and was found to be particularly helpful as COVID-19 presented many more major stressors for families which they could not control e.g. loss of income, self-isolation, restrictions on activities.
44. The service is a key partner in the pre-school referral panel. This is a key vehicle for development in early years and is crucial where additional needs are identified that require interventions and a multi-agency approach. In one quarter out of a total of 76 referrals to the panel 47 were made by the 0-19 service.
45. Face to face wellbeing clinics were reintroduced in September 2021 with a new focus on the whole 0-19 population. They are run through an appointment-based system which enables staff to better manage infection and prevention control risks. These clinics cover things such as growth monitoring, advice and support, diet, speech, behaviour, toileting, sleep, development concerns. They currently take place across the Gateshead locality with a clinic offer each day of the week, Monday in Leam Lane, Tuesday in the Elgin Centre, Wednesday in Teams, Thursday in Blaydon and Friday in Chowdene.
46. Infant feeding cafes have been set up in partnership with the children's centres at Elgin and Blaydon. These offer support around breastfeeding (positioning, blocked ducts, cluster feeds, attachment) and peer support from other mothers. The service has also offered virtual ante natal sessions focusing on all aspects of infant feeding and the provision of realistic feeding expectations. Throughout the Covid pandemic daily pro-active telephone calls have continued to be offered to breast feeding mothers during the first weeks after birth and these calls are continued as needed during the first 6 weeks based on each individual family's needs.

Early Help Service and Children's Centres

47. While babies aged 0-12 months form a minority profile within open family cases within Targeted Family Support (26 families out of 378 on current caseloads) family intervention staff work closely with health visiting colleagues in the Team Around the Family (TAF) process to support parents with routines, feeding, sleep and sourcing of bedding, clothing and safety equipment.

48. The early help service also runs an Incredible Years (Babies) programme for parents of babies aged 0-6 months and a series of approaches to identify, assess and respond to relationship conflict where research shows that relationship distress can be higher between couples after the arrival of a new child. This includes the online *Me, You and Baby Too* digital pathway.
49. Children's Centre buildings remained open throughout the pandemic to provide essential services for families including childcare, health services and supervised family time. There were robust risk assessments in place at all times to protect both staff and the families that attended.
50. Some Children's Centre and Play Service staff were deployed to School's, children's care homes and local charities to help our partners to deliver essential services. Staff kept in touch with families to provide parenting advice/support. They also provided activities on social media and delivered activity packs, food and other essential items directly to families at home.
51. Children's Centre's and Play Service are now providing a full offer with 3,844 children and young people attending 2,638 sessions since 1st April 2021. Families with babies can now benefit from Parent Programmes, Baby Time, Infant Massage, Time Together, Stay and Play, Sensory Rooms, Soft Play, Baby Yoga, Baby Sign, Baby Movers, Messy Play & Mark Making, Health and Wellbeing Clinics and Breastfeeding Support.

NEXT STEPS

52. In the main, service provision for families and their babies is running as it did prior to COVID-19. The pandemic did give services the opportunity to work in different ways e.g. developing/extending the digital offer. Services continue to identify any issues that may have affected those children born during the various lockdowns and over the last two years. The relevant support, via a multi-agency approach, is put in place to address any issues that may have arisen and meet any identified needs.
53. Gateshead's Health and Wellbeing Strategy sets out where we will focus our attention to reduce levels of inequality through altering the circumstances that lead to inequality. Giving every child the best start in life, with a focus on conception to age 2, is a central element of the strategy to ensure everyone in Gateshead thrives. Taking forward the key elements of the Health and Wellbeing Strategy will allow us to address some of the issues/difficulties that have been outlined in this report.
54. To give every child the best start in life we will:
- Focus our efforts on supporting confident, positive and resilient parenting, to those who most need our support
 - Increase the focus of existing expenditure on early years to reduce inequalities in early development
 - Build the resilience and wellbeing of all children and young children

- Make sure maternity services, parenting programmes, childcare and early year's education are of high quality and meet needs of all groups
- Support our schools to deliver an effective curriculum that addresses the skills required for later life and supports emotional wellbeing
- Develop a framework to support Gateshead as a child friendly place

55. The Government has allocated £301.75m over the next three financial years to enable 75 upper-tier local authorities in England to deliver a package of family support and Start for Life services. This includes:

- £100 million for bespoke parent-infant mental health support
- £81.75 million to create a network of Family Hubs, improving access to a wide range of integrated support services for families with children of all ages
- £50 million to establish multicomponent breastfeeding support services in line with local needs
- £50 million to fund evidence-based parenting programmes
- £10 million to support local authorities to publish a clear 'Start for Life offer' and ensure that parents' and carers' voices are heard in the design, planning and delivery of services

56. Gateshead Local Authority has been notified that it is eligible for funding from the Family Hubs and Start for Life programme, subject to confirmation that we can deliver the programme's requirements.

57. The funding is to enable areas to take forward the recommendations in The Best Start for Life (a vision for the 1,001 critical days) review report. This will enable us to build on the firm foundations we have in Gateshead and help us to take forward and further develop the six action areas in the report:

- Seamless support for families
- A welcoming hub for families
- The information families need when they need it
- An empowered Start for Life workforce
- Continually improving the Start for Life offer
- Leadership for change

58. A series of webinars and focus groups are being held during April and officers from the Local Authority will be in attendance to learn more about the requirements of the programme and how we can take this work forward in Gateshead.

RECOMMENDATIONS

The committee is asked to note the contents of this report.

Contact: Moira Richardson – Public Health Advanced Practitioner, Ext: 3034

Links to National Surveys and Reports

[Children's Commissioner Lockdown Babies- May 2020](#)

[Babies in Lockdown: listening to parents to build back better](#)

[Babies in Lockdown: No one wants to see my baby](#)

[Education Recovery in Early Years Providers - Spring 2022](#)

Lockdown Babies-Gateshead 0-19 Healthy Child Service Case studies

Case Study 1

Universal Health Visiting Service

Background

This baby was born 3 months into the Covid 19 Pandemic, she was a planned baby born to a family who had never dreamed that they would be restricted in such a way as they were during the pandemic.

Hopes and dream were made pre pandemic of having a baby, socialising with family and friends, and taking part in all the activities that were available pre pandemic to all families and babies

What did the 0-19 Service Do

A New Birth Visit was undertaken, first by telephone and then face to face with the Health Visitor in full PPE. Baby was breast feeding, parents were enjoying having a baby but missing the family and friend support. A breast-feeding assessment took place and a health needs assessment. It was identified that baby had jaundice that was resolving, and mum was successfully breast feeding although the baby had wind.

Mum's mood was dipping a bit in response to her feelings of isolation and missing out on a new birth experience.

Parents were given details of how they could access our service which included Facebook, and access to a virtual breast-feeding clinic which although would not replace a face-to-face service would keep parents in touch with services.

The Health Visitor then completed an additional visit 1 week later and a home environment assessment was completed so any advice relevant to home conditions could be offered and it was reassured that baby had safe sleeping arrangements.

During this visit it was identified that baby may have a tongue tie, mum agreed to a referral to the RVI for assessment of tongue tie and possible division she also agreed to further additional breast-feeding support as baby was finding attachment difficult and was referred to an Early Years Practitioner (EYP).

EYP visited at home in full PPE, to give breast feeding support and emotional support to mum. It was identified that the RVI were not taking referrals for tongue tie. The EYP pursued an alternative arrangement at Sunderland Royal Hospital unfortunately there was a waiting list with no appointments available. The EYP continued throughout this to contact mum via video call and telephone calls. During one of these contacts mum informed her she had a private appointment for tongue tie assessment. This took place and was successful.

The Health Visitor completed a face to face 6 week contact and baby was feeding and settling, mum's mood was improving but she still felt she was missing out on contact with other mothers.

Mum was encouraged to use the virtual infant feeding clinic which allowed contact with other mums. Access to the virtual health clinic was also offered as well as access to information on the Growing Healthy Gateshead Facebook page.

At 3 months the family were offered a virtual weaning group, again another opportunity to speak to professionals and other parents

Case Study 2

Family Nurse Partnership - Grace and Georgina, navigating a pandemic and what made a difference ?

February 2020

Grace aged 17 years found out she was pregnant with her first baby. This was an unplanned pregnancy and Grace was living in a hostel where she had met the baby's father who was 5 years older than her. She had little family support and was unemployed. Grace did not have a safe or permanent home or consistent support and was unsure about the relationship she had found herself in, but she was sure that she wanted her baby.

April 2020

Grace booked early with the maternity services to commence antenatal care and the midwives notified the Family Nurse team. By then, everyone had been hit by the pandemic and provision and delivery of care had changed but we still wanted to provide the best support we could to a young person finding her way at a critical time in her life.

A family nurse contacted her quickly (she was about 12 weeks pregnant). As face-to-face visiting was limited in line with national guidance and the availability of PPE, the family nurse Grace information about the programme electronically and made a Facetime call to Grace to introduce herself. Grace accepted the call but seemed unsure and distracted and informed the family nurse that her boyfriend was present but didn't want to be on the screen. This was a recruitment visit to see if Grace would agree to work with a family nurse as the programme is voluntary. She agreed to enrol on the programme recognising that she needed some support and thought this would be a way "to learn how to be a good mam"

May 2020

We continued with weekly Facetime contacts and sharing programme information via email starting to build a relationship. This was a very different way of working and a challenge to create a positive connection with a new client. The aim was to help Grace think about what needed to change in her life so she could become the mam she wanted to be and create an emotional connection with her baby, so she considered her baby's needs with every decision she made.

June 2020

By June we were able to make face to face visits starting with “walk and talk” visits in the community with Grace. What was much easier to see when I had “eyes on” Grace was the trust that had developed but when we started meeting in the community that became stronger and Grace started to disclose trauma from her own childhood and concerns about her relationship with her boyfriend and their current housing situation.

Grace engaged with FNP, welcoming programme content and began to disclose fears, anxieties, and an increased sense of isolation. Having her first baby when the country was in lockdown, exacerbated her anxieties, and lack of a support network. At this time, most services were only telephone or email contact, there was no face-to-face contact. We supported Grace and her boyfriend to accept support from, housing department, Gateshead Young women’s outreach service and the North East Lads and Dads’ team.

July-October 2020

Face to face visiting continued every 2 weeks creating a structured reliable visiting pattern and providing a safe space to allow Grace to talk about her concerns and anxieties. We worked together on improving diet, building support networks and being able to trust other professionals and support. We had some difficult conversations about healthy and safe relationships, what was neglect and poor home environments that were not good enough for a baby.

Without the face to face contact the family nurse would not have been aware of the urgent need to improve home conditions or realise how much the pandemic was impacting on Graces emotional wellbeing, feelings of isolation and low self-esteem and the lack of support from her boyfriend. By now the relationship with her nurse was established and Grace welcomed the visits and accepted support from other agencies. It was clear she had a positive bond with her baby, and she was taking every opportunity to make positive changes in her life.

By the end of October, she gave birth to a healthy full-term baby girl. She breast fed her for the first few weeks and the emotional bond was clear from the beginning. Grace was able to focus on her baby and was starting to look at the world through her eyes.

November 2020

Grace and her baby Georgina went back to the home she had created with her boyfriend, but very quickly she disclosed abuse and control within the relationship and left returning to live with her family. Early in the postnatal period housing support was needed again as this family relationship was strained and fragile. Grace was having weekly contacts as her mental health was poor.

December -March 2021

Working face to face, doing walk and talk contact visits, supported an ongoing relationship between Grace and family Nurse, and created a safe space to reflect, make disclosures and accept support and make plans. Other agencies worked in partnership to wrap around Grace and Georgina enabling Grace to achieve positive changes for herself and her child, in a worldwide pandemic.

Did we make a difference?

By starting to work with Grace early in the pregnancy and being able to create a respectful and trusting relationship through regular contact and support we enabled Grace to make many positive changes in her life. Returning to early face to face contacts when nearly all other preventative services were still virtual strengthened the relationship and supported the work we were doing with Grace.

We may not have been aware of how concerning the home environment was if we had not made home visits and Grace may not have realised the importance or accepted support. It is unlikely that Grace would have been able to disclose the domestic violence or control without the information provided to her and the trust she had in her family nurse. The biggest difference we made was being there when she had nobody else to turn to. She knew that even if she could not text and ask that a visit would be offered, and she would be given a safe space to reflect on what was happening in her life and how she was feeling.

The pandemic impacted on her already fragile mental health increasing anxiety and isolation, but she was able to recognise this and ask for help. She is aware of the impact of her emotional wellbeing on her baby, and this has encouraged her to seek support and with her family nurse she tries to understand some of her past experiences.

Grace has grown in to a confident, loving and responsive parent and Georgina is a sociable toddler who is developing well in all areas. They both enjoy attending fun sessions at the local children's centre. They still have some challenges and once again are hoping to be rehoused so they can have a safe and secure tenancy. Grace recognises the need for some ongoing support to make sense of her own childhood experiences and build her emotional resilience.

Note: permission has been given by the families to share their stories and the names have been changed.

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TITLE OF REPORT: Corporate Parenting Board Update

REPORT OF: Andrea Houlahan, Deputy Strategic Director,
Children’s Social Care and Early Help

EXECUTIVE SUMMARY

This report provides an update following the Corporate Parenting Board meeting which was held on 1 March 2022.

Policy Context

What is Corporate Parenting

1. Corporate parenting operates at strategic, operational, and individual levels. It has three key elements:
 - A statutory duty, detailed in the Children Act 1989 and the Children and Social Work Act 2017, on all parts of a local authority to co-operate in promoting the welfare of children and young people looked after, and a duty on other partners and agencies to co-operate in fulfilling that duty.
 - Co-ordinating the activities of the many different professionals and carers who are involved in a child or young person’s life and taking a strategic, child centred approach to the delivery of services.
 - Shifting the emphasis from “corporate” to “parenting”, making sure our moral and statutory responsibilities towards children looked after and care leavers are being fulfilled.

Legislative Framework

2. Local authorities must have regard to the seven needs identified in the Children and Social Work Act when exercising their functions in relation to children looked-after and care leavers as set out in the guidance.

The Corporate Parenting Principles

3. The Corporate Parenting Principles set out seven fundamental requirements for looked after children and care leavers, as follows:
 - To act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
 - To encourage those children and young people to express their views, wishes and feelings

- To take into account the views, wishes and feelings of those children and young people
 - To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners
 - To promote high aspirations, and seek to secure the best outcomes, for those children and young people
 - For those children and young people to be safe, and for stability in their home lives, relationships and education or work
 - To prepare those children and young people for adulthood and independent living
4. Gateshead Council has a unique responsibility to children who are cared for by the authority and care leavers as their 'corporate parents'. As such, the Council has legal and moral responsibilities towards them and as a corporate parent should carry out many of the roles a parent would. We must aspire to provide everything a loving parent does and should still be able to provide our children and young people with the best possible support and care so they can achieve good outcomes in life.
 5. For the Council to be a good corporate parent, we need to have the highest ambitions for our children and young people looked after and have a 'whole council' approach to their care and upbringing, involving staff, carers, Elected Members, and partner organisations alike. We will encourage everyone to do as much as they can to make sure that children and young people feel in control of their lives and able to overcome the barriers they face.
 6. Gateshead Council has a strong commitment to corporate parenting, making it a priority for everyone as if they were our own children and young people.
 7. Whilst specific corporate parenting responsibilities do not apply to partner agencies, the Statutory Guidance to the Act (2018) notes that councils with the highest ambitions for looked after children and care leavers will seek to engage other agencies in meeting the needs of their young people. Gateshead Council alone cannot meet the needs of Looked After Children and Care Leavers and needs to work effectively with partners to implement the statutory Corporate Parenting Principles.

Corporate Parenting Board Update

8. See appendix 1 for the reports which were submitted to the board in March. These included
 - Workforce development training
 - MSET Annual Report
 - Safeguarding Children Unit - Annual Report
 - Learning from Inspections, Peer Reviews and Learning Reviews Annual Report
 - Youth Justice Service Update
 - Regional Adoption Agency Report

9. Attendance has remained strong with elected members and partner agencies. Membership includes police, health, the council's children's right officer, public health, a foster carer, the virtual school head, mental health services, Gateshead Housing, and the CCG. There continues to be a challenge in recruiting a member from the voluntary community sector.
10. The function which is to ensure that all the activity in the council continually contributes to improving outcomes for looked after children and care leavers in a thread throughout the agenda and meeting forward plans. The agenda will remain dynamic and be changed in response to local and national activity as required.
11. Since the last Corporate Parenting Board, the young ambassadors have delivered Corporate Parenting training to Councillor members, the session was held via teams and was very well attended. This training will be part of an annual schedule and it was agreed that the training will be expanded and delivered to CMT as well.

The Role of Partners

12. Accountability to the Corporate Parenting Board continues to be via the Corporate Partnership Group which has been established to promote a strong corporate parenting ethos and consider how services can be delivered differently to meet the needs of the care population as effectively as possible. Partnership group membership will also include a young person ambassador who will have lead responsibility for two of the sub-groups.

The Partnership Group

13. The Corporate Parenting Partnership Group is made up of colleagues from the Council, Health Services, Education, the Voluntary Sector, and other relevant organisations. This group is chaired by the Assistant Strategic Director – Social Work and the Service Manager – Looked After Children is the vice chair.
14. The group will take forward issues and decisions arising from the Corporate Parenting Board which require the engagement of operational services in and outside the council. The actions and recommendations agreed by this group will be shared with the Corporate Parenting Board.
15. Further work is being undertaken to develop the partnership action plan which will be presented to the next Corporate Parenting Board in May 2022.

Conclusion

16. The Corporate Parenting Board will continue to meet every 4 months and consider pertinent activity which impacts on the children and young people of Gateshead. All information shared will be circulated to all elected members who are corporate parents.

Recommendation

17. It is requested that Families Overview and Scrutiny Committee

- note the contents of this report

CONTACT: Andrea Houlahan

EXTENSION: 2782

Appendices 1

Link to Corporate Parenting Board reports;

[\(Public Pack\)Agenda Document for Corporate Parenting Board, 01/03/2022 14:00](#)

Corporate Parenting Governance Chart

CORPORATE PARENTING BOARD

CORPORATE PARENTING PARTNERSHIP

Chair: Deputy Strategic Director,
Children’s Social Care and Early Help
Vice Chair– Children and Families and
Service Manager – Looked After Children

ARTS, LEISURE & CULTURE WORKSTREAM

VACANT
Rebecca Pedlow
Chris Myhill
Julie Nicholson
Gavin Bradshaw
Chris Hulme
Valerie Ender
Lynn Littler
Karolynne Hart
Steve Jinski (ext)
Wendy Smith (ext)
Vikas Kumar (ext)
Martin Hylton (ext)
Annie Bedford (ext)
Steve Sullivan (ext)
Anne Fountain (ext)

EDUCATION, TRAINING & EMPLOYMENT WORKSTREAM

Jean Thompson
Danny Meek
Karen Ruddick
Lauren Collinson
Sonia Anderson
Emma Blackwell
Danny Meek
Beverley Hunter-Smith
Martin McDonald

HEALTH WORKSTREAM

Linda Hubbucks
Ellen Robinson
Jon Gaines
Moiria Richardson
Jackie Ingram
Shauna Garrett
Clare Cavanagh
Maxine Duffy
Jean Hubble
Dawn Harvey
Susan Walker

PARTICIPATION WORKSTREAM

Chris Hulme
Laura Cassin
Jackie Ingram
Lucy Peart
Beverley Hunter-Smith
Martin Hanson

PLACEMENTS & ACCOMMODATION WORKSTREAM

Andi Parker
Jennifer Neill
Martin Hanson
Jill Little
Martin Hanson
Joanne Waters
Julie Young
Penny St Bernard
Kathryn Reeve
Paul Kelly
Jane Skittrall
Ben Van
Wagtendonk
Emma McManus

CARE LEAVERS WORKSTREAM

Beverley Hunter-Smith
Kate Sheldon
Care Leaver

PERFORMANCE WORKSTREAM

To be agreed in 2022

Corporate Parenting Workstreams

All workstreams will be underpinned by the principles of:

- Co-production with children, young people, carers, and other stakeholders
- Focusing on the impact of any actions on the lives of children and young people in care, and Care Leavers
- Proactive solution focused approaches

Workstream	Three Key Priorities for 2021	
Education, Training & Employment	5.1a	Ensure that all Gateshead children have an effective, high quality PEP
	5.2a	Develop a process to ensure that all post-16 young people have a written career plan
	5.2b	Ensure the consistency of engagement of post-16 young people with EET and to achieve 90% attendance
Health	4.1a 4.1b	Recovery – return to face to face health assessments and access to health services including dental and identifying health needs of care leavers. Monitoring compliance with statutory timeframes via score card.
	4.1b	Strengthen provision of emotional & mental health support to meet local need and ensure that children placed at distance receive the service they require. Strengthen assessment of mental health needs on entering care.
	4.1c	Improve support and advice to reduce unplanned pregnancies and the number of babies of care leavers coming into the care system.
Participation	1.1a	Planning session for CSCMT to be delivered by young people so that they understand the current challenges faced by children and young people.
	1.1b	Voice of the Child Audit to highlight areas for development to strengthen the voice of the child in LAC reviews and explore styles of recording, consultation documents and how the IROs code participation in the process.
	1.1c	Organisation of a virtual celebration event to recognise and reward the achievements of our children and young people during the difficult pandemic period.
Placements & Accommodation	2.1e	Look at specific provision to enable CYP to reside in or return to Gateshead. This may increase Gateshead provision or work alongside it

	5.1g	Ensure work to bring CYP back into Gateshead dovetails with active work on alternative education provision
	2.1e	Develop the Shared Lives offer to work with CYP from 16yrs as an alternative to fostering and residential placements.
Care Leavers	6.1a	Develop a multi-agency Care Leavers group to consult with young people and inform and improve service delivery
	6.1a	Consult with young people regarding their transition to the Leaving care team, accommodation, and the SAILS panel process.
	6.1c	Consult with young people in relation to their awareness of their entitlements as care leavers.

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TITLE OF REPORT: **Work Programme 2021-22 and Development of Work Programme for 2022-23**

REPORT OF: **Sheena Ramsey, Chief Executive**
Mike Barker, Strategic Director, Corporate Services & Governance

Summary

This report is set out in two parts. The first part sets out the current work programme for the Families Overview and Scrutiny Committee for the municipal year 2021-22 and the second part details the current position / next steps in the development of the work programme for this OSC for the municipal year 2022-23.

2021-22 Work Programme

1. As a result of the continued uncertainties arising in relation to the Covid -19 pandemic, along with the pressures on services that this brought and having regard to the Council's approach to the development of a new performance framework, a more flexible approach continued to be adopted for scrutiny during 2021-22.
2. This approach recognised the demands on services and the Council as a whole but, at the same time ensured that we have been meeting our statutory obligations to provide an effective scrutiny function and scrutiny has concentrated on delivering work that is of genuine value and relevance to the work of the wider Council.
3. The work of this OSC was refocused on the current Covid-19 related priorities and the impacts of that alongside other priority issues for the Council / partners which are already being progressed elsewhere to avoid placing any additional burdens on service areas and a reduced programme of meetings was initially agreed. Subsequently, however, it became feasible to progress all but one of the meetings identified.
4. The Committee's current work programme is set out at Appendix 1 and any changes to the programme have been highlighted in bold and italics for ease of identification.

Development of 2022-23 OSC Work Programmes

Background

5. Given the Government's position in relation to the easing of restrictions nationally with regard to the Covid 19 pandemic and the ongoing move from a pandemic to an endemic situation it is now proposed to move back to "business as usual" for the Council's Overview and Scrutiny Committees and a full programme of meetings for each OSC for 2022-23.

Current Position

6. With this in mind, an initial consultation with OSC Chairs and other elected members and officers on the proposed priority issues for the new work programmes for 2022-23 was carried out between 16 February and 2 March 2022.
7. It was highlighted that any suggestions for the work programmes should focus on priority issues that would support the Council's Thrive agenda and add value, taking account of the priority areas outlined in the budget consultation; the development of the Council's new Performance Framework; the Gateshead Strategic Needs Assessment and the Council's Health and Wellbeing Strategy.
8. At this OSC meeting on 28 April 2022 there will be an opportunity for the OSC to comment on / discuss emerging issues for this OSC / put forward additional issues for consideration.

Next Steps

9. Subsequently, in line with usual practice, partner organisations will be consulted on the emerging issues for each OSC for 2022-23 with a view to OSCs considering any feedback/ additional suggestions / endorsing their respective work programmes at their June 2022 OSC meetings and referring them to Council for agreement.

Recommendations

10. The Committee is asked to:-
 - a) Note the work programme for 2021-22;
 - b) Comment on the emerging issues for this OSC's 2022-23 work programme / highlight any additional issues for consideration.

Contact: Angela Frisby

Ext: 2138

Draft Families OSC Work Programme 2021-22	
17 June 2021 1.30pm	<ul style="list-style-type: none"> • New Performance Framework – Update • Covid-19 Updates • Free School Meals Update • New Corporate Parenting Board/Partnership/OSC arrangements • Foetal Alcohol Syndrome – Update • Work Programme
9 September 2021 1.30pm	MEETING CANCELLED
21 October 2021 5.30pm	<ul style="list-style-type: none"> • Covid-19 Updates • Children and Young People who are Home Schooled or Not in Education • Corporate Parenting Board Update • Work Programme
2 December 2021 1.30pm	<ul style="list-style-type: none"> • Corporate Parenting Board Update • Ofsted Visit Outcome
3 February 2022 1.30pm	<ul style="list-style-type: none"> • New Performance Framework - Update • Covid-19 Update • Children and Young People’s access to Dental Health Services in Gateshead – Update • Corporate Parenting Board Update • Work Programme
10 March 2022 1.30pm	<ul style="list-style-type: none"> • Permanent Exclusions Update • EHCP/SEND Update • <i>Update from Regional Adoption Agency</i> • <i>Ofsted Improvement Plan</i>
28 April 2022 1.30pm	<ul style="list-style-type: none"> • FAS/FASD – Update on NICE Guidance • Covid-19 Updates (<i>to include impact of Covid on new mothers and babies</i>) • Corporate Parenting Board Update • Work Programme

Issues to Slot In –

- **Results of Covid 19 Survey**
- **Poverty Proofing Schools / affordability of school uniforms**
- **Outreach Youth Work – targeted and universal**

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Strategic Vision – Making Gateshead a place where everyone thrives

Five Pledges

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future

OSC Remit

- Education
- Social services for children and young people
- Health services for children and young people
- Children in the Council's Care

Emerging Issues

- **Poverty Proofing Schools / affordability of school uniforms** – (requested by OSC and rolled forward from 2021-22 work programme)
- **Outreach Youth Work – targeted and universal** (requested by OSC and rolled forward from 2021-22 work programme)
- **Mockingbird Programme – Progress Update** (requested by OSC March 2022)
- **Ofsted Improvement Plan – six - month progress update** (requested by OSC March 2022)
- **Regional Adoption Agency – Annual Report** (requested by OSC – March 2022)
- **Adverse Childhood Experiences** (requested by OSC – March 2022)
- **Permanent Exclusions / Suspensions and Elective Home Education – Update** (to include the practice of “informal” suspensions) (requested by OSC – March 2022)
- **Children and Young People's Access to Dental Health Services in Gateshead – Update** (requested by OSC and rolled forward from 2021-22 work programme)
- **Results of Covid 19 Survey** (requested by OSC and rolled forward from 2021-22 work programme)
- **Breastfeeding and Tongue Tie** (to focus on targets and support available) – **joint scrutiny with Care, Health and Wellbeing OSC**
- **Inclusion in Mainstream**
- **SEND Tribunal data** (to focus on the number of Tribunals that are taking place and highlighting any themes arising and the outcomes)
- **Local Offer – SEND – Update** (to include figures / information on Haskel Special School / the Jewish community)
- **Youth Justice - impact of SALT**
- **CAMHS and impact of Covid** (to focus specifically on the waiting lists – what are the timescales, reasons for referrals etc and what are the interim arrangements which are being put in place given the reported length of the waiting list.)?
- **Implementation of Mosaic (the new Children's Services ICT system)** to focus on how it is improving processes etc and provide a demonstration to Committee
- **Children's Social Care /Early Help– Demand pressures, children in care and child protection**
- **Trauma Informed team update – CCG and Children's Social Care**

Issues where OSC has asked for continual updates/ specific issues

- Performance Framework
- Corporate Parenting Board Annual Update
- Ofsted – Annual Report
- Ofsted Inspections / School Data – Progress Update
- Annual Conversation with Head Teachers of Special Schools
- LSCB Annual Report and Plans and Emerging Priorities
- CAMHS – Six Monthly Reporting
- Performance of Secondary Schools
- Annual Report on Complaints and Representations – Children –
- **It is proposed that these issues are retained as items within the OSC work programme?**