



## *FAMILIES OVERVIEW AND SCRUTINY COMMITTEE AGENDA*

**Thursday, 8 September 2022 at 1.30 pm in the Bridges Room - Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 12)  The Committee is asked to approve as a correct record the minutes of the last meeting held on 16 June 2022
3	<b>CAMHS and Impact of Covid - Update</b> (Pages 13 - 20)  Report of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
4	<b>Ofsted Improvement Plan - Progress Update</b> (Pages 21 - 28)  Report of the Deputy Strategic Director, Children's Social Care, and Lifelong Learning
5	<b>Annual Report on Complaints and Representations - Children</b> (Pages 29 - 46)  Report of Deputy Strategic Director, Children's Social Care and Lifelong Learning
6	<b>Work Programme</b> (Pages 47 - 50)  Joint Report of the Chief Executive and Strategic Director, Corporate Services and Governance

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Tel: 0191 4332088, Date: Wednesday, 31 August 2022

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**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING**

**Thursday, 16 June 2022**

**PRESENT:** Councillor M Hall (Chair)

Councillor(s): D Burnett, H Kelly, D Bradford, L Caffrey, B Clelland, C Davison, K McCartney, E McMaster, J Mohammed, L Moir, A Ord, M Ord, D Robson and D Weatherley

Co-opted Member(s): A Akin

**IN ATTENDANCE:** Councillor(s): B Dick, J Green and G Haley

**APOLOGIES:** Councillor(s): P Craig, R Waugh and Rachel Walton

**F42 MINUTES OF LAST MEETING**

RESOLVED - that the minutes of the last meeting be approved subject to it being noted that Councillor Davison submitted her apologies and they were not recorded.

**F43 CONSTITUTION**

RESOLVED - that the constitution of the Committee for the 2022/23 Municipal year be noted.

**F44 ROLE AND REMIT**

RESOLVED - That the roll and remit of the Committee be noted.

**F45 PERFORMANCE MANAGEMENT AND IMPROVEMENT FRAMEWORK - YEAR END PERFORMANCE 2021-22**

The Committee received a report and presentation for the year end performance reporting from 1 April 2021 to 31 March 2022 against each of the 6 policy objectives of the Health and Wellbeing Strategy and the Balanced Scorecard.

The views of the OSCs which were reported to Cabinet following the 6 monthly position included:

- Prioritisation and Thrive Policy – clearer priorities to achieve Thrive, focus resources to achieve the biggest impact and emphasis on early intervention and reducing longer term demand - LIoN data to be refreshed end 2022 / early 2023 to understand changes post pandemic; Budget approach priority-

- based transformation review of Thrive and early intervention activity.
- Locality based working – ensuring that the right approach is taken with councillor and community involvement from the outset and recognising that different approaches may be needed in different areas of Gateshead – approach to locality working being developed in collaboration.
  - Housing repairs and maintenance – Housing Improvement Plan and timescales for tackling the issues and backlog to meet housing requirements and standards – Review in place to address challenges in delivery impacting on customers.
  - Place and Environment – importance of a clean, safe attractive environment to support the health and wellbeing of local people – part of budget approach.
  - Climate Change – Clarity on actions and progress the Council is making towards its Climate Change ambition with greater communications with local people – extensive engagement taking place.
  - Employees and Workforce – Improvements to employee morale and address recruitment and retention – proposals being developed •
  - Other comments also being incorporated into the PMIF i.e. use of dates, new measures, digital/ online presentation being developed, specific areas of focus such as Community Wealth Building, social care, jobs and employment

Some emerging cross-cutting issues were highlighted to the Committee:

- The continuing impact of Covid 19 on performance
- Widening inequalities, income and the longer term anticipated impact to health
- The demand pressures facing services such as social care
- The impact of EU Exit/Ukraine Conflict, rising costs for residents and in service delivery
- Staffing pressures including recruitment and retention across the Council
- There has been good progress in key policy areas such as climate change strategy and engagement
- There has been an increase in the shift towards digital and online services
- Support is being provided to local people and businesses for example the Household support grant
- There has been an effective response to supporting vulnerable people throughout the pandemic – i.e through local hubs, public health and vaccinations

The Committee heard from Gary Lewis with regards to an update in relation to Looked After Children:

The Committee were advised that research published in February 2022 by Association of Directors for Children’s Services (ADCS) reflected a national picture of increasing demand to social care services. This general trend has been emerging for several years and has been further complicated by the impact of Covid-19 and the cost of living crisis. Locally in Gateshead, we have not been immune to the national picture and have seen some significant activity pressures emerge.

The committee were advised of the following:

- As of 31 March 2022, there were 485 children looked after, a 10.2% increase on the previous year
- Since August 2021, the number has shown a month-on-month increase
- When expressed as a rate Gateshead is 123.1 per 10,000 population
- Compared to the same rates (from 20/21) we can see Gateshead is higher than Regional, Statistical and National Comparator groups
- The majority of LAC continue to be those between the ages of 10 to 15 years old
- The most noticeable change can be seen in those children aged 0 to 4 years old
- This represents a 40% increase compared to 20/21
- 207 children entered care with 182 becoming looked after for the first time (87.9%)
- 150 children becoming looked after (72.5%) were previously subject to a Child Protection Plan – compared to 62.7% in the previous year
- The number of children placed close by and at a distance was 85 as of 31 March 2022
- The proportion of children who are placed out of Gateshead in non-Gateshead provision remains similar to the previous year (19.5% compared to 19.3%)
- The number of children being looked after for a 2<sup>nd</sup> or subsequent time in the last 12 months is lower than the previous year (12.1%) compared to 15.7%)
- The proportion of children experiencing 3 or more placements in the previous 12 months remains low
- 6.6% (32) children had 3 or more placements
- Gateshead remains below the national and regional averages
- 161 (25%) children ceased to be looked after during the period compared to 27% the previous period
- The largest proportion left care to return home, followed by Special Guardianship Order and then those turning 18
- The trend over recent years shows a decline in the proportion of children leaving care

The Committee were advised that further LAC analysis is being conducted, taking a deep dive into some of the areas highlighted including age profiles, CP to LAC conversion and leaving care. A pre-birth team is being developed to focus on the rising proportion of younger children coming into care. Children impacted by the Adoption Somerset ruling are now progressing through the court process. Social Work practice models are being strengthened and new quality assurance audit framework is in place. Implementation of a trauma informed multi disciplinary therapeutic service. A review of the timeliness of children exiting care is also being undertaken.

It was suggested that we have the two young people back who spoke to Committee previously. It was also noted that previously councillors have asked that those leaving care are informed who their councillors are and that this is now being done as young people leave care.

It was queried how we make sure young people see this as a positive and what type

of resources are available. It was noted that we make sure children see entering care as a positive thing which is happening to them. It was also noted that there is a reasonably sized budget for these services. It was noted that Gateshead is very pro-active at looking at solutions.

It was noted that the papers are really difficult to study and it would be of a benefit to Councillors to have the presentations in advance of the meeting. It was also queried whether it would be possible to have a glossary of terms and introduce measure to strengthen the role of the members on the Committee given that they have to scrutinise the work of officers.

It was noted that this would be taken back and it was suggested that something be taken to Councillor Support and Development Group.

RESOLVED - (i) that the comments of the Committee be noted.  
(ii) that the performance report be recommended to Cabinet for consideration in July.

## **F46 BREASTFEEDING AND TONGUE TIE**

The Committee received a report to provide an overview of breastfeeding performance in Gateshead, support available for mums who wish to breastfeed and a tongue tie overview.

It is know that tongue-tie can prevent successful breastfeeding. It is estimated that 10.7% of babies born are with tongue-tie. In Gateshead 1900/2000 births, this would equate to about 200 babies.

Breastfeeding rates at 6 to 8 weeks had previously remained at around 35% to 36% in Gateshead for several years. The table below demonstrates the progress and improvements around breastfeeding rates since the contract for the 0-19 public health nursing service was award to Harrogate and District NHS Foundation Trust in July 2018 (note these figures include mothers who are fully breastfeeding and those who are partially breastfeeding).

<b>Breastfeeding at 6 to 8 weeks</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Gateshead	35%	38.7%	41.7%
England	47.3%	48%	47.6%

Gateshead is 3<sup>rd</sup> highest in the North East region for breastfeeding rates at 6 to 8 weeks.

The 0-19 public health nursing service (Growing Healthy Gateshead) received accreditation for stage 2 of the Unicef Baby Friendly Initiative (BFI) in September 2021. The baby friendly standards provide a roadmap for services to improve care and through the staged accreditation programme services are enabled to support all mothers with feeding and help parents build a close and loving relationship with their baby.

There are 3 stages to the accreditation programme as follows:

- Stage 1 Building a firm foundation

- Stage 2 An educated workforce
- Stage 3 Parents experiences

There are a number of standards that have to be met at each stage to achieve accreditation. Services have to submit all of their evidence for each standard and this evidence is then assessed by Unicef. They also interview practitioners within the service to verify the evidence and to see how the standards are being implemented in practice.

The service achieved 100% in some of the standards and received excellent feedback about the team and their communication skills used in antenatal discussions and beyond.

An early year's practitioner (EYP) in the service is also completing Unicef advocate training which will support families in Gateshead. This course is in the second intake and the cohort for the UK is only 8 members, so the EYP is really privileged to secure such a highly sought-after place.

During the pandemic the 0-19 service adapted and offered face to face, telephone and virtual support to clients and families with regards to infant feeding. Proactive support is offered to all women in Gateshead to assist with infant feeding issues or provide encouragement and praise to women who choose to breastfeed. Daily proactive telephone calls continue 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 and requirements.

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 also offers virtual antenatal sessions focusing on all aspects of infant feeding and the provision of realistic feeding expectations.

The North East and North Cumbria ICS Public Health Maternity Prevention Team worked with key delivery partners including peer supporters and parents/carers to develop a breastfeeding touchpoint pathway to improve the consistency and support across the North East. This covers all the key contact points during pregnancy until the baby is 6 to 8 weeks old where practitioners can have discussions to support mothers who want to breastfeed or who are breastfeeding

The following table shows the tongue tie activity demand by Newcastle Gateshead CCG. As can be seen from the table below the pandemic impacted significantly on tongue tie activity demand and this was seen across the whole of the North East.

2017/18	2018/19	2019/20	2020/21
229	167	142	42

Currently there is inequity of service provision across the North East region with some limited access and time restraints for assessment and division. Infant Feeding Leads without local services historically referred to the RVI when tongue tie division clinics ran weekly. However, as this service is no longer routinely available at the RVI all referrals were being made to Sunderland and South Tyneside Foundation

Trust. This service is commended for its rapid response to referrals, expert service provision and follow up communication; however, this has resulted in the following concerns:

- Length of time until appointment - for out of area this can be 2-6 weeks
- Sustainability for the large area currently supported by Sunderland and South Tyneside if the practitioner was to be absent or leave post
- Travel requirements – access to transport and cost for out of area families
- Parents who can afford costs are utilising private practitioners, whilst mothers who cannot are often left waiting for appointments. These appointments are not always communicated to Midwifery or Health Visiting services.

Frenulotomy can also be performed by tongue-tie practitioners in private practice. There are currently two private practitioners registered with the Association of tongue tie practitioners in the North East. Costs vary dependant on number of appointments, but division is around £225. Additional cranio-osteopathy may also be advised at an additional cost.

A paper written by the North East and North Cumbria (NENC) ICS Public Health Maternity and Prevention Team with considerations, options, and next steps was discussed at an inaugural meeting by NENC strategic Senior Leaders in June 2021. There was agreement that a joint regional approach to provision across the whole of the ICS footprint should be the standard.

However, the proposed work is on hold at present due to commissioning difficulties and access to Practitioners.

The Committee commented that all mums across the North East should have the same access. It was noted that this is not a service that is commissioned by Public Health.

It was felt that the report didn't cover the impact on new mums and there babies as it can be very difficult when your baby isn't feeding and the baby can become very dehydrated and failing to thrive.

It was commented that it isn't right that parents should have to pay for the treatment and it is concerning that there potentially could be quite a number of children suffering.

It was queried when this would be picked up as giving a child the best start in life is part of the Council's Performance Management Framework.

It was noted that the Integrated Care System is taking over and re-commissioning of services aren't currently taking place.

It was suggested that this issue be referred to Health Scrutiny and that the North East and Cumbria team be spoken to about providing further information to the Committee.

It was noted that breastfeeding should be promoted, given current financial circumstances and the cost of formula there are issues with regards to the questions of who does the body belong to and who do the breasts belong to, irrespective of what mams say, how far can we go in terms of pushing the breastfeeding route.

It was noted that it is really difficult but breastfeeding is being promoted with lots of work ongoing to support and encourage mams but at the end of the day it is their choice. It can be quite an emotive subject.

- RESOLVED -
- (i) That the comments of the Committee be noted.
  - (ii) That the matter of tongue-tie be referred to the Care Health and Wellbeing OSC
  - (iii) That a report be requested from the organisation who would commission the service to explain why the service can't be commissioned.

## **F47 IMPLEMENTATION OF MOSAIC**

The Committee received a presentation on the replacement of Care First and the Implementation of Mosaic within Gateshead Council.

The Committee were advised that Care First had to be replaced as it was an end of life system which was developed in the 90s and was no longer going to be supported by the supplier.

16m records have been migrated into the new system. The data has all come from Car First. There are currently 500 users of the system. Mosaic is a work flow based system which ensures pathways are followed. This was developed by Gateshead Council to fit in with our work practices. Mosaic can be used on a lot more devices than care first including I phone and I pad and practitioners own devices at home safely and securely with just one login.

Mosaic is cloud based so it can be access from anywhere subject to the user having the correct security access. This will be particularly useful for partnership working.

Attachments can be added to a person's information and the system is also connected to Agresso as well as being integrated to the NHS Spine so that NHS numbers can be pulled through from the national database.

The presentation showed some of the forms and the way the system will work.

- All packages of care come from Mosaic
- Mosaic is interfaced into the Council's finance system Agresso
- Every package of care has to be authorised within Mosaic
- Auditing is much easier as the payments to suppliers are all derived from the child's record in Mosaic
- Financial risk is managed within Mosaic through protocols embedded into the system, i.e. a package of care cannot be paid unless it is all set-up within Mosaic

- Eliminates spreadsheet recording and keeps all records in one place
- Improved reportability of package data for Commissioners

Indirectly, Mosaic will allow more direct working with children and families as it is more intuitive and efficient to use so practitioners won't need to spend so much time on case recording. Life story work, child's journey and subject access requests will be much better presented and easier to understand. Management oversight through built in daily reports. Ease of auditing of cases. Mobile access to work with children and families within their homes. Quickly accessible financial information, i.e. children with disabilities families using Direct Payments

It was queried whether there was a joint data sharing agreement set up. It was noted that agreements were set up and were jointly signed by both partners. This is audited and is very thorough. Each different partnership will have to have different data sharing agreements. The access is controlled and all parties have different degrees of permissions. Permissions are restricted to make sure no one is ever able to access information they shouldn't be accessing.

It was queried whether we could do a survey 1 year into the use of the system to see what users think of the system. It was noted that the system went live in January and we have already surveyed users with positive responses. It was also noted that every year within Children's Social Care a health check is undertaken, some of the questions that are asked are about systems, there is also a case file audit. There is the ability to amend/adapt/improve the system if the work flow needs to change as a result of change in practice.

It was queried how this system would work in terms of safeguarding of children and reporting of concerns. It was noted that if a child is flagged on the system and presents at a hospital out of area the flag will show on the system. It was noted that there is an opportunity for reporting concerns anonymously through the Gateshead website, this information is passed directly into Mosaic and is a lot quicker and more efficient.

RESOLVED - That the information presented by noted.

## **F48 RESULTS OF COVID 19 SURVEY**

The Committee received a presentation on the results of the Covid 19 Survey conducted in March 2021. The aim of the research was to make sure that the pandemic emergency and recovery plans enable Gateshead to thrive as the borough adjusts to living with Covid.

The Objectives of the survey were to:

- Assess the ongoing impact of the pandemic
- Gather information to identify, estimate and address potential risks and issues – clarify the 'known unknowns'
- Generate insights to support effective decision making
- Facilitate emergency response and recover planning
- Understand the longer-term legacy and implications of the pandemic for

future service delivery

There were three themes to the survey:

1. Public Health Service planning; feasibility of self-isolation, attitudes to social distancing, access to mass testing, vaccination roll out and take up
2. Economic outlook; household sentiment, patterns of consumer demand (eg shopping, home working, access to public spaces, travel); changes to work, hours and earnings
3. Living standards; personal health and wellbeing, household financial resilience

The design and the delivery of the survey was undertaken in partnership with NE Local Authorities, the National Institute for Health Research (NIHR), NHS North East Integrated Covid Hub, Community Covid Champions and Durham University.

The survey was undertaken between 8 and 28 March 2021. The online survey was built on Gateshead Council's online consultation portal and then circulated by individual local authorities. Paper copy surveys were available on request.

Responses received were as follows:

• All participating authorities	–	5514
• County Durham	-	728
• Darlington	-	381
• Gateshead	-	1867
• Middlesbrough	-	138
• Newcastle upon Tyne	-	466
• North Tyneside	-	693
• Redcar and Cleveland	-	283
• South Tyneside	-	345
• Sunderland	-	613

The Committee were advised that the outcomes was summarised as follows:-

- Analysis of attitude to social distancing, testing, self isolation and vaccination shared with health partners to inform targeted public information and behavioural change campaigns and rollout of the vaccine programme
- Evidence used to estimate the ongoing economic and fiscal impact of the pandemic and resultant revenue/financial losses caused by a reduction in activity
- Generated feedback for local, regional and national audiences on the effectiveness of government support measures (Furlough, Self-employed Income Support Scheme (SEISS), Getting Building Fund (GBF), emergency grants (Local Restrictions Support Grant, Additional Restrictions Grant, Hospitality and Leisure Grants) and Welcome Back Funds)
- Influenced Gateshead's Local Economic Development Strategy
- Informing our approach to securing future investment in the borough

- Lessons learned will underpin future resilience planning

The survey contributed to a robust, reliable and statistically relevant evidence base to inform system-wide policy development, service planning, lobbying, and influencing to protect lives and livelihoods. Results were used to encourage public compliance with lockdown and social distancing measures, maximise the efficacy of mass vaccination, and support economic recovery planning.

The outcomes of the survey allowed for:

- Analysis of attitudes to social distancing, testing, self isolation and vaccination shared with health partners to inform targeted public information and behavioural change campaigns and rollout of the vaccine programme
- Evidence to be used to estimate the ongoing economic and fiscal impact of the pandemic and resultant revenue/financial losses caused by a reduction in activity
- The generation of feedback for local, regional and national audiences on the effectiveness of government support measures (Furlough, Self-employed Income Support Scheme (SEISS), Getting Building Fund (GBF), emergency grants (Local Restrictions Support Grant, Additional Restrictions Grant, Hospitality and Leisure Grants) and Welcome Back Fund).
- Influencing of Gateshead's Local Economic Development Strategy
- Informed approach to securing future investment in the borough
- Lessons learned to underpin future resilience planning.

RESOLVED - That the information presented by noted

#### **F49 ANNUAL WORK PROGRAMME 2022-23**

The Committee received the Annual Work Programme report which highlighted the work of the Committee over the previous municipal year 2021/22. The report shows the proposed work programme for the 2022/23 municipal year and the Committee were advised that partners and other stakeholders had been consulted on the work programmes for all of the Overview and Scrutiny Committees. Some proposals have been made, however, none of them were for the Families OSC work programme.

- RESOLVED -
- (i) that the information contained within the annual review be noted.
  - (ii) That the work programme for 2022/23 be endorsed and referred to Council on 21 July 2022 for agreement, subject to it being noted that the item on dentistry be brought forward to as early in the programme as possible. That a further update be brought from the Tongue-tie team and that the Tongue-tie item be referred to the Care Health and Wellbeing OSC.
  - (iii) that it be noted that further reports be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

**TITLE OF REPORT:** CAMHS and Impact of Covid - Update

**REPORT OF:** Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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## **SUMMARY**

The committee has requested a report in relation to the impact of the Covid 19 pandemic on the mental health of children and young people in Gateshead and the services supporting them. This report outlines the issues that have arisen including those affecting the delivery of services.

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## **Purpose of Report**

To inform the committee of the increased demand on services throughout the pandemic and the strategies being employed to manage this.

## **Background**

The impact of Covid 19 on the mental health of children and young people has been widely reported.

Public Health England swiftly recognised the need and issued guidance on supporting children and young people (CYP) with their mental health and well being. (Guidance updated September 2020 [Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus \(COVID-19\) pandemic](#))

The guidance offered advice on

- Ways to get urgent help for mental health and support
- How CYP might cope with stress during the pandemic
- How CYP might manage with physical health issues
- How CYP who care for others might be supported
- Strategies to address bullying
- Support for CYP experiencing grief or bereavement

Referrals into Children and Young People's Services (CYPS) during the first wave of the pandemic dropped. This was attributed to the loss of the school structure (education being a key referrer for children and young people) and concerns about attendance at GP or other appointments during lockdown.

However, many young people were clearly struggling with the changes to their routines, the fear of the unknown, worries about loved ones, the loss of social contact with peers and the increased pressure on families who were often under financial pressure and forced to be together for long periods of time. Sadly, there was a marked increase in domestic violence and many young people were exposed to

risk which they may otherwise not have faced had they been at school or able to socialise ([Domestic abuse and Covid-19: A year into the pandemic \(parliament.uk\)](https://www.parliament.uk))

As children returned to school, and more readily started to access primary care support – the referral rate to all pathways in the CYPS services increased and has continued to do so exponentially.

## 1. Service Response

Initially, all young people, including those waiting for services, were contacted and risk assessed to monitor their wellbeing. Face to face contact with appropriate Personal Protective Equipment (PPE) was maintained for those deemed to be at medium or high risk of deterioration or harm, but the service was also flexible in responding to changing needs over time, offering online/telephone appointments by preference and if the circumstances allowed. These platforms often suited young people who were very comfortable with video appointments particularly.

Young people were helped to understand and strengthen their internal resilience, learn helpful coping strategies, relaxation techniques and mindfulness. Parents were encouraged to promote confidence and support their children by understanding the importance of communication, empathy and the need for their children to feel safe and supported. Quality family time was encouraged in the weeks prior to and early stages of returning to school, and young people were encouraged to open up to their teachers and caregivers and made aware that it had been a real privilege whilst working with them remotely during lockdown

Good outcomes were achieved through online therapeutic groups, developed in response to the ongoing pandemic. A 24/7 crisis line was developed, supported by individuals with Child and Adolescent Mental Health Service (CAMHS), CYPS and crisis service experience.

## 2. Impact on Services

There has been a noticeable decrease in overall staff resilience in the service through the pandemic. The CYPS service has experienced high levels of staff sickness (made up of both covid and non-covid related sickness) and recruitment and retention of staff have become a significant challenge.

Staff comments have included:

*“Staff feeling worn out and stressed (and) mental health issues increasing”*

*“Demand outstrips capacity currently and with waiting lists grow(ing) this will only get worse”*

*“Caseload’s increasing with no cap”*

*“Lack of understanding of the pressures, stress of working from home”*

The volume of work and interruption to normal processes has regrettably led to incidents of avoidable mistakes, for example we have experienced a breach in confidentiality brought about by letters being sent out to an incorrect recipient which was reported appropriately. However, for assurance clinical leads have directly supervised safeguarding cases and there has been increased Point of Contact (POC) liaison with the duty team.

The capacity of the duty service has been increased from two band six nurses to two band 6 nurses and a band 3 support worker daily, in order to manage the increased demand placed on the duty service.

The duty team have continued to respond to calls from young people in crisis, professionals involved with young people's care/treatment and parents/ carers.

These duty workers support communication from the service, cancelling appointments and contacting children/young people whose care co-ordinators are absent from work in line with business continuity planning. This ensures routine appointments are cancelled appropriately but children who need to be seen are re-directed to alternative support to prevent them reaching a crisis.

Despite the difficulties, the service has continued to support student nurses, nursing associates and apprenticeships even though this comes at a cost to permanent staff who have to offer practice supervision and mentorship to ensure learning opportunities are maximised. The benefit is that students are offered a valuable opportunity to experience community mental health work with children in the hope that they will seek to join the workforce on qualifying.

### **3. Neuro-disability Pathway**

#### **3.1 Overview**

Staff sickness related to COVID has meant that a number of staff have been either absent, or more frequently, working from home at any one time. Face to face assessment appointments have consequently had to be rearranged and taken longer to complete.

Refurbishment of one of the office bases (Benton House, Newcastle) has resulted in the decant of staff into one base instead of two. This is impacting on how many young people can be seen face to face to complete assessments due to the temporary restriction on clinical space. This is expected to be resolved by October 2022 when the displaced staff will be able to return to their usual premises.

#### **3.2 Assessment**

The average number of referrals accepted over the past six weeks are 25 per week with the rate of referrals showing a continued increase.

Under a waiting list initiative, the Trust are transferring 25 cases per month to Toby Henderson Trust. A total of 292 cases have also been transferred to Psychiatry UK (P-UK) between April 2022-July 2022, with the total number of cases expected to be transferred to P-UK being 480 within the 22-23 financial year.

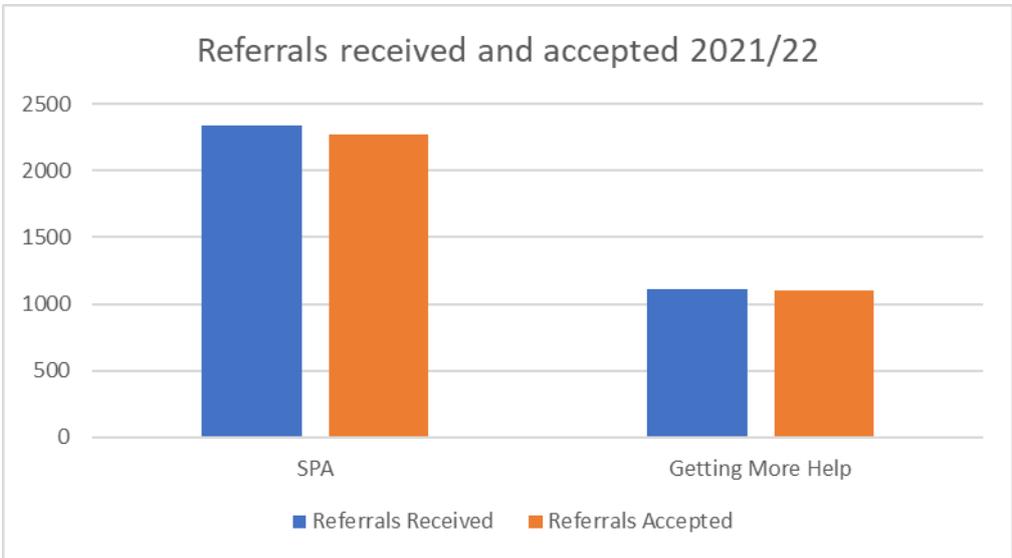
CNTW have also begun transferring cases to Helios, with 18 cases being transferred in July 2022. It is expected that the rate of transfer will accelerate each month with a total of 760 cases being transferred within the 22-23 financial year.

In order to help streamline the referral process, the team are in the process of reviewing the service referral criteria to include school information as essential to ensure we are receiving as much appropriate information at point of referral.

We are also in the process of reviewing the assessment pathway, looking at standard and complex assessments. We are trialling standard assessments being completed in a clinic model with one assessment day already having been trialled and more planned for September.

A clinician is allocated to a young person prior to their initial assessment appointment. Once allocated, they follow the young person through their journey so there is no wait for allocation after the initial appointment.

**4.0 Mental health (MH) pathway**



**4.1 Overview**

As per the above pathway, staff absence increased working from home, has resulted in assessment appointments taking longer to complete. The office decant has also interrupted service delivery in terms of clinical appointment availability.

**4.2 Assessment**

The average number of referrals accepted over past six weeks to this pathway is 13.3 per week.

Priority assessments are experiencing 6 weeks wait whilst routine assessments are waiting 16 weeks. Contact is maintained with children and young people whilst they are waiting, and any urgent/crisis needs escalated as required.

**4.3 Treatment**

Having been accepted into the mental health pathway young people will wait for allocation of a care co-ordinator. Based on the assessment, 5P formulation and Multi-Disciplinary Team (MDT) review young people are allocated a priority level of 1-5, 5 being urgent and 1 being least urgent.

The MH team are currently functioning with an average of 15 young people deemed priority level 5 who remain unallocated to a named worker. They are unallocated due to lack of caseload capacity within the care co-ordinators, this in turn being impacted by covid, retention and recruitment of staff and staff wellbeing. Additionally, there are a total of 125 young people unallocated following initial assessment.

Young people who have had an assessment and are waiting for treatment will be sent a waiting list letter which provides contact numbers for the Community Treatment Team, for Out of Hour's services and also signposts them to local organisations and self-help materials which may be appropriate to their needs.

Young people who are assessed in this team receive the following information on the outcome letters which are sent to referrer, young person/ Family and GP.

If you require additional support in the meantime, please do not hesitate to contact our CYPS Duty Team on 0800 652 2864. The Universal Crisis Team (CYPP) is also available 24/7 on 0800 652 2864. Additionally, you may find the following resources helpful:

- Young Minds - [www.youngminds.org.uk](http://www.youngminds.org.uk) – Important information for parents and young people around mental health and wellbeing.
- The Mix – helpline set-up for under 25s. Open Sunday to Friday, 2pm – 11pm. Call 0808 808 4994. Further information on The Mix website – crisis text message service available.
- RISE Mental Health support – [www.rise.childrenssociety.org.uk](http://www.rise.childrenssociety.org.uk) – Resources and information for parents and young people around mental health and wellbeing.
- [www.childline.org.uk](http://www.childline.org.uk) Free and confidential help for young people in the UK. Visit the Childline website now for Free Services: Bullying, Sex & Relationships, Abuse, Feelings, Home & Families, School.
- Kooth.com - Free online support for young people experiencing mental health difficulties.
- Giveusashout.org - Shout 85258 is the UK's first free, confidential, 24/7 text support service. It's a place to go if you're struggling to cope and need mental health support.

They will be allocated to Clinical Team Lead.

The Clinical Team Lead will routinely review the allocation waiting list alongside the pathway manager, twice weekly (allocations meeting). Within this risks that have escalated from duty/ UCT are noted and allocation status reviewed. Clinical team lead will also delegate waiting list management phone calls to more junior staff members, and feedback directly to clinical team lead for oversight. This has recently begun (last two/three months).

The aim is for those waiting to be contacted every 4 weeks, to have parity with adult colleagues. However, due to capacity we are not in that position yet. We are working hard to improve this and hope by the end of November this process will be rolled out.

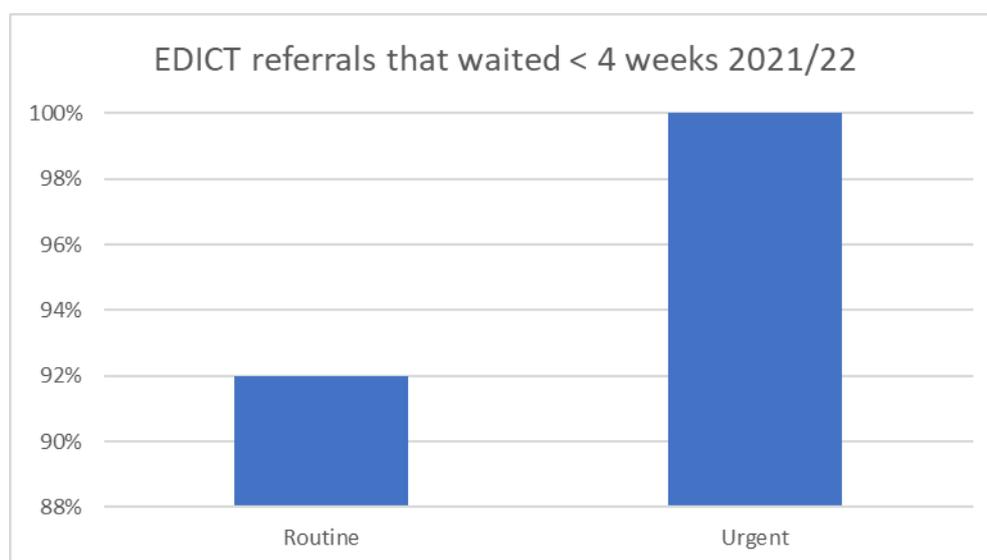
Our higher risk young people, as deemed by MDT, are offered weekly contact via our duty service, overseen by the clinical team lead who in turn feeds back into allocations meeting with the pathway manager.

## Getting Help Newcastle:

Once the initial assessment has taken place there is no wait for allocation, therefore no need for contact.

The Clinical Team lead has begun to call families and young people who have been awaiting assessment for 10 or more weeks. This process is in its infancy and will continue to develop with improvements made along the process. Feedback from families has been that this “check in” phone call has been supportive and helpful. Our aim is for this process to be implemented, reviewed and changes made within a three-month period.

There has sadly been a noticeable increase of children and young people presenting with eating disorders during the pandemic and these have been prioritised as necessary.



## 5.0 Learning Disability/ Positive Behavioural Support pathway

### 5.1 Overview

Throughout the pandemic (past 2 years) there have been a number of areas that have impacted the work carried out within the LD/PBS pathway. These are briefly mentioned below:

- Staff being redeployed for periods of time to inpatient areas within the trust – impacting the capacity within the team
- Increase demand within the CYPS wide duty team – for a period of time each nurse within the LD pathway was allocated to do a day of duty each week.
- Schools/respite units within the area closed at various points – impacting on the completion of assessments/interventions within the team.
- Lack of Social Care provision within the area has had a huge impact on our population and their parents/carers – leading in some cases to hospital admission.
- The team have had to support a large number of young people and their parents/carers in extremely difficult situations. Pressure from social care colleagues to assess/manage mental health issues when in fact they are social care issues has been a huge pressure for all team members.

- There has been a number of staff changes within the team and also 2 nurses on adoption/maternity leave that we were unable to back fill due to no applicants. Changes in our medical cover within the team has posed challenges too.

## 5.2 Assessment

In the month of June 2022 the team received 17 referrals, and in July 13 referrals.

In this service, the average wait for initial assessment is 8 weeks with the team currently offering 4 initial appointments per week.

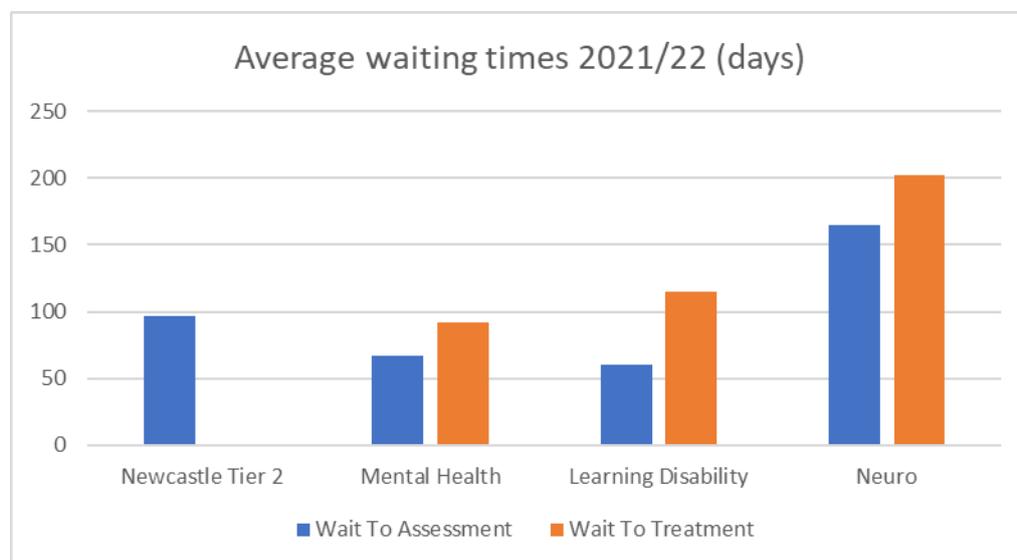
We are continuing to complete our initial assessments due to the complexity of our cases, to review risk and to review the assessment & treatment they will require.

## 5.3 Treatment

Following being accepted into the Learning disability/PBS pathway young people will wait for allocation of a Care Coordinator.

Due to the increase in referrals and the complexity of some cases currently in treatment, there has been a delay in the throughput and the ability to allocate new cases. Therefore, the waiting list for allocation of cases for assessment/treatment is increasing and the length of time before allocation is also increasing.

Table 1. Waiting Times



## Recommendations

1. The Overview and Scrutiny Committee is asked to note the contents of this report

**Contact:** Anna English, Group Director      Email: [anna.english@cntw.nhs.uk](mailto:anna.english@cntw.nhs.uk)

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**8 September 2022**

**TITLE OF REPORT: Ofsted Journey to Outstanding Plan**

**REPORT OF: Andrea Houlahan, Deputy Strategic Director,  
Children's Social Care and Lifelong Learning**

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## **SUMMARY**

This report and action plan provides Members with an overview and progress update in relation areas identified for improvement from inspection activity by Ofsted, which are supporting our objective to become an outstanding children services provider.

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## **Purpose of Report**

1. This report and attached improvement plan (appendix 1) provide Members with an overview and progress update in relation to the areas identified for development from inspection activity by Ofsted, specifically our focussed visit which took place in September 2021, and Short Inspection which took place in April 2019.

## **Background**

2. Children's Services, as part of Ofsted's framework for inspecting local authority children services (ILACS), now receive almost annual inspection activity from Ofsted. The findings of our last two inspections have been overwhelmingly positive in relation to the service we are providing to children and families.
3. In our short inspection in 2019 the service was judged an overall Good, with inspectors concluding:

*"Children and families in Gateshead receive a good-quality service. There is good practice within most areas of the service, which has a demonstrably positive impact on improving children and family's circumstances".*

(<https://files.ofsted.gov.uk/v1/file/50083971> - page 1)

4. In our latest visit in September 2021, Ofsted found we continue to provide a good service, and that had in fact improved since their previous contact, with the report stating:

*"Continuously strong, ambitious and effective senior leadership has resulted in sustained improvements. The well respected and experienced director of children's services (DCS), together with her senior team, has created a culture where doing the right thing to help children and their families is embedded across teams"*

(<https://files.ofsted.gov.uk/v1/file/50171105> - p2)

5. While both inspections were positive about the services we are providing, as a Council we want to be an outstanding Children's Services provider. Both inspections identified a small number of areas where we needed to improve, in order to be judged outstanding next time.
6. We have taken the learning from both inspections and developed the attached action plan (Appendix 1 of this report) which identifies 6 key areas of improvement which the service is currently working on, these are:
  - i. **Improve the quality and focus of written plans to ensure they are specific and targeted to meet the needs of individual children**
  - ii. **Secure access to services for those children in care who live out of the borough**
  - iii. **Improve the quality and impact of supervision and contingency planning for children in need (and ensure consistency for all children)**
  - iv. **Ensure routine inclusion of children and their families' views in audits**
  - v. **Development of contextual safeguarding arrangements**
  - vi. **Further development of domestic abuse provision**
7. For each of the 6 areas of improvement in the action plan, broad improvement themed actions are identified which are supported by detailed operational activities designed to achieve the themed actions. A lead has been identified for each themed action.
8. The Service has already started to implement actions from the plan, and the plan highlights some examples of progress to date. The Services is seeking to complete the actions over the next 6 months, with good progress already being made over the last 6 months.

## **Recommendations**

9. The Overview and Scrutiny Committee is asked to:
  - Receive the report for information
  - Identify any activities they would like more information about
  - Agree to receive a progress update in 6 months

**Contact:** Gary Lewis, Service Manager QA

**Ext 2397**

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## Appendix 1 ILACs – Ofsted Journey to Outstanding Plan – Sep 2022

Recommendation (REC) / Area for Development (AFD)	Theme	Service Lead	Other operational Lead	Operational Detailed Actions	Progress update / evidence of impact
<b>REC 1 - Improve the quality and focus of written plans to ensure they are specific and targeted to meet the needs of individual children (to include pathway plans that are co-produced with young people to address all risks, and life-story work to help all children in care understand their histories.)</b>	<b>Establish a social-work led Practice Innovation Group (utilising an action research model) for the theme of ‘Collaborative and Strengths-based planning with children and families. Report to Practice Review Group.</b>	<b>Paige Thomason</b> (Principal Social Worker)	Team Managers	<ul style="list-style-type: none"> <li>Meet with consultant social workers and team managers bi-monthly to establish the group and co-op others into the group as required.</li> </ul>	Practice group consists of Consultant Social Workers and Principal Social Worker who meet monthly, and a work plan is developed which includes raising the profile of the Consultant Social Workers, sharing good practice, and developing quality assurance.
	<b>Reform templates, guidance, and implementation materials in response to above.</b>	<b>Paige Thomason</b> (Principal Social Worker)	Catherine Hardman	<ul style="list-style-type: none"> <li>Identify examples of good practice and develop a practitioner-led group to devise practice guidance which is shared across the service.</li> </ul>	Currently revising Supervision Policy, Appraisal and routes into social work which will be shared across the service when completed.
	<b>Deliver a series of practice shorts based on the above.</b>	<b>Paige Thomason</b> (Principal Social Worker)	Catherine Hardman  Chris Hulme	<ul style="list-style-type: none"> <li>Meet with young people (care leavers/ young ambassadors) to enable co-production and input into any proposed good practice and learning.</li> <li>Devise practice guidance and deliver practice shorts which is informed and co-produced.</li> </ul>	Workforce Development & Principal Social Worker have developed a series of practice shorts in collaboration with the ‘Young Dad’s Project to help understand and how to better engage with young father’s in Gateshead. Three sessions have been planned for November, January, and March.
	<b>Introduce co-production of plans focussing on ambition and risks sessions, so social workers can support young people to lead and be inclusive in their plans.</b>	<b>Ben Van Wagtendonk</b> (Practice Leader Looked After and Permanence, Care Leavers, Children with Disabilities)  <b>Suzanne Storey</b> (Practice Leader Assessment and Intervention, IRT and Complex CIN)	Catherine Hardman/Clare Cavanagh/Paige Thomason	<ul style="list-style-type: none"> <li>Training presentation to be delivered to all social workers.</li> <li>All plans to be written to children and young people by August-October 2022.</li> </ul>	An abridged version of the training has been delivered to Children Social Care Senior Management Team (SMT).  Training of staff to commenced on the 7th of March 2022 and ran until July 2022.  Feedback from young people and children is that they understand these plans, feel included in the process, and have a greater knowledge of the concerns shared by their families and professionals.  This work is ongoing and is part of the role out of the narrative practice approaches and is being monitored through the narrative practice task and a finish group.
	<b>Develop life story work tools and processes with children in foster care. Including the introduction of a standard that all CYP in long-term foster care have life story work including later life letters so workers are consistently demonstrating young people understand their life journey and situation.</b>	<b>Ben Van Wagtendonk</b> (Practice Leader Looked After and Permanence, Care Leavers, Children with Disabilities)	Suzy O’Reilly/Paul Kelly/Joshua Barr/Catherine Hardman/Clare Cavanagh	<ul style="list-style-type: none"> <li>Roll out of our internal model to start from 1<sup>st</sup> April 2022.</li> <li>Life Story Work (LSW) policy, procedures, and quality assurance models to be drafted.</li> <li>Internal model to be agreed at SMT</li> <li>Funding for the model needs to be agreed and secured</li> </ul>	18 month funded project ends 31st of March 2022, and internal model will commence from the 1 <sup>st</sup> April. Life Story Work policy, procedures and quality assurance models have been drafted to support the internal rollout.  For our life story work policy, we have secured funding for a further 12 months of the Blue Cabin/TLSWI programme. An implantation plan is due to be presented to SMT in September for our offer to 50-80 young people in the children in our care teams. This includes our own in-house life story work training and access to a redesigned life story work platform

	<b>Undertake themed audit on quality of the social work practice in collaborative planning</b>	<b>Paige Thomason</b> (Principal Social Worker)	Ben Van Wagtendonk Suzanne Storey Clare Morris Vicky McKay	<ul style="list-style-type: none"> <li>Develop audit schedule / tools that support themed audits.</li> <li>Work with Work Force Development and SMT to ensure that there is a triangulation from the findings from audits which evidence a learning culture. This is shared across the workforce through a range of learning including practice shorts, podcasts, practice guidance.</li> </ul>	<p>Quality Audit Framework and Audit schedule has been completed and Q1 audits have been completed during June alongside direct observations and family feedback.</p> <p>Q1 report and findings will be completed to evidence learning which will be shared with the workforce development and will include practice shorts and podcasts.</p>
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Recommendation (REC) / Area for Development (AFD)	Improvement Theme	Service Lead	Other Operational Lead	Operational Detailed Action	Progress update / evidence of impact
<b>REC 2 - Secure access to services for those children in care who live out of the borough</b>	<b>Strengthen out of borough placement review panels with partner agencies to support access to services for young people out of borough, ensuring young people have consistent and timely access to all necessary services.</b>	<b>Ben Van Wagtendonk</b> (Practice Leader Looked After and Permanence, Care Leavers, Children with Disabilities)	Joshua Barr/Paul Kelly/Team manager from SCP	<ul style="list-style-type: none"> <li>Ensure that when a child or young person moves out of borough that the right referrals are made to transfer their care/interventions</li> <li>Work with health, police, and education colleagues in our borough to make sure they understand their responsibilities for ensuring continuity of interventions and support when a child moves out of borough</li> <li>As part of placement planning meetings, ask independent providers what their arrangements are for return home interviews when children go missing etc. This needs to be added to current documentation.</li> </ul>	This will take place through the high needs panel, however there is further work and a meeting in September 22 to look at specific issues around education for our young people placed out of borough.
	<b>Develop initiatives to bring young people back into borough and enhance internal resources and commissioning strategy to mitigate the need for young people to be placed out of borough, and ensure young people have consistent and timely access to all necessary services.</b>	<b>Jill Little / Claire Morris</b> (Practice leader – Fostering, Placements and Residential Resources)	Andi Parker	<ul style="list-style-type: none"> <li>Internal residential resources are being increased by a further 2 children’s homes. Properties are currently being sourced and regular meetings are being held to look at potential options.</li> <li>Fostering recruitment and retention is a priority and a new marketing and recruitment strategy will be developed with an aim to recruit 30 new sets of foster carers every 12 months.</li> <li>Review foster carer payments and payment for skills to ensure we are competitive within the marketplace</li> <li>Mockingbird to be implemented (Mockingbird is one of a number of innovative programmes that The Fostering Network runs to improve foster care and outcomes for fostered young people)</li> <li>Looked After Children Sufficiency strategy to be updated jointly with commissioning Team.</li> </ul>	<p>Registration of a solo occupancy home to progress to meet current demand. This should be registered before the end of 2022 – staffing currently being appointed.</p> <p>A 3 bedded children’s Home for Children with additional needs (Church Road) has been purchased, further planning permission is being requested for some additional alterations to original plans, tendering process is on-going. Work will be 20 -25 week programme once tender is agreed and it is envisaged that we will be able to apply for registration in Spring 2023.</p> <p>New marketing strategy went live in May 2022, which has seen generic and targeted campaigns alongside a review of the social media challenges for improving marketing and the functionality / use of the website. First Awards event since Covid took place in May 2022. Regional UCAS campaign is being led by Gateshead and Newcastle, regional funding has been identified for this work. September</p>

					<p>fun day and Christmas experience is being finalised as part of our retention strategy. For Mockingbird Stakeholder analysis has been completed with a 1<sup>st</sup> implementation working group planned March 2022. A Liaison worker to be appointed.</p> <p>Peer review of the payment for skills is not a viable option. New approach to the payment for skills is being developed to ensure a cost-effective in-house solution is developed.</p> <p>Monthly steering groups have taken place, hub home carer has been approved, satellite families are being identified for roll out/implementation in October 2022. Launch is currently being planned. Stakeholder briefings are ongoing and will run until the launch.</p> <p>The Sufficiency Strategy has been reviewed and will be presented in September 2022. This will include Staying Close and the potential to develop further develop the service through external funding opportunities which align to our needs.</p>
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Page 5

Recommendation (REC) / Area for Development (AFD)	Improvement Theme	Service Lead	Operational Lead	Operational Detailed Action	Progress update / evidence of impact
<b>REC 3 – Improve the quality and impact of supervision and contingency planning for children in need</b> (and ensure consistency for all children)	<b>Use of supervisions and management oversight</b>	<b>Ben Van Wagtendonk</b> (Practice Leader Looked After and Permanence, Care Leavers, Children with Disabilities) and  <b>Suzanne Storey</b> (Practice Leader Assessment and Intervention, IRT and Complex CIN)	Team Managers	<ul style="list-style-type: none"> <li>• Paper to be taken to Children Social Care Senior Management Team (SMT) at the end of April to outline proposed amendments to Supervision processes and models</li> <li>• Agreement to implement the proposals to be agreed by SMT</li> </ul>	<p>A Task and finish group is currently working on the paper to develop the proposals.</p> <p>This work is very closely aligned to how we enhance and strengthen our supervisory practice. Moving from a perfunctory reporting of cases to analysis and planning.</p> <p>Work took place with Mosaic to agree with Team managers all of the tasks from Team and Service Managers that would constitute a management oversight</p>
	<b>Use of Unit Meetings – recording and structure</b>	<b>Paige Thomason</b> (Principal Social Worker)	Kate Aspray	<ul style="list-style-type: none"> <li>• Expand the use of Unit meetings which are already taking place within the ASYE academy.</li> <li>• Training short to be developed and delivered to all ASYE mentors and CSW's.</li> <li>• Timetable for unit meetings will be drawn up with a list of attendees for each service area.</li> <li>• Audit of unit meeting records on children's files to take place to understand the impact of their use.</li> </ul>	<p>Questions for staff around unit meetings to be included in the staff survey and the ASYE academy evaluation.</p>

Page 26	<b>Practice around visits when children are not seen</b>	<b>Victoria McKay</b> - (Practice Leader – Safeguarding and Care Planning)	Team Managers	<ul style="list-style-type: none"> <li>Managers to review data at regular intervals, including Practice performance clinics, to ensure that visits have taken place and children seen</li> <li>Audits of files will ensure recording of visits completed and visits timely to meet child's needs</li> <li>Visits discussed in supervision.</li> </ul>	<p>Performance data has been developed and in place to support this and is being circulated 3 times per week.</p> <p>Supervision will note visit and quality of visit.</p> <p>The performance data is discussed in supervisions between Senior Managers and Team Managers.</p>
	<b>Practice around Child in Need (CIN) assessment – timeliness of updated assessments</b>	<b>Suzanne Storey</b> (Practice Leader Assessment and Intervention, IRT and Complex CIN)	A & I Team Managers	<ul style="list-style-type: none"> <li>Managers to give clear timescales to social workers for assessments to be completed, based on an evaluation of need.</li> <li>Management decision to be recorded on Mosaic for all assessments that are longer than 25 days with clear rationale for extension.</li> </ul>	<p>Data will show that assessments are being completed in a timelier way.</p> <p>Audits will look at quality of assessments and if they are meeting the needs of the family.</p>
	<b>Practice around Child in Need (CiN) long term work, senior leadership oversight – Early Permanence Panels</b>	<b>Andrea Houlahan</b> (Deputy Strategic Director)	Rachel Hough / Danny McCormick / Jon Gaines	<ul style="list-style-type: none"> <li>The families receiving support via a Child in Need plan will be reviewed within Early Permanence Panel.</li> <li>Develop data measures which will be reviewed in the monthly Early Permanence Panels by managers, service managers and the deputy strategic director, including CIN open for 3/6/12months CIN checkpoints, CIN reviews, Care team meetings and closures.</li> </ul>	<p>The change in process is intended to ensure Families receive intervention responsive to their needs within a timely way.</p> <p>CIN data is now included in the monthly EEP meetings. Further work is underway to ensure that data is accurate and to agree an approach for case reviews/updates in panel.</p>
	<b>Enhance our supervision with approaches that strengthen practice improvement through critical reflection and peer review, embracing principles of 'radical candour'. Support peer development and challenge for Managers through action learning sets</b>	<b>Paige Thomason</b> (Principal Social Worker)	Ben Wagtendonk Suzanne Storey Clare Morris Victoria McKay Catherine Hardman	<ul style="list-style-type: none"> <li>Principal Social Worker and practice supervisors to meet on a bi-monthly basis to identify areas of good practice to share and develop training / practice shorts that gives supervisors the confidence and the skills to enable a more reflective and purposeful approach to supervision.</li> <li>Develop supervision policy, practice guidance and form which supports peer development.</li> </ul>	<p>Principal Social Worker / Work Force Development have commissioned Action Learning Sets with Dave Basker to strengthen practice improvement in reflective supervision. The sessions have commenced in July and will continue through to October 22.</p> <p>Further evaluation and Quality Assurance will be planned once sessions have been completed.</p>

Recommendation (REC) / Area for Development (AFD)	Improvement Theme	Service Lead	Other lead officer (if any)	Operational Detailed Action	Progress update / evidence of impact
<b>REC 4 – Ensure routine inclusion of children and their families' views in audits</b>	<b>Audit programme – moderations, inclusion of parents, carers, young people, training for staff who complete auditing</b>	<b>Paige Thomason</b> (Principal Social Worker)		<ul style="list-style-type: none"> <li>Review the current Quality Assurance Framework /schedule and ensure that there is a work plan of activity for the next 12 months which includes direct observations of practice and feedback from families.</li> <li>Review current audits, practice week to ensure that they align with the work plan from the framework.</li> <li>Work with Work Force Development and SMT to ensure that there is a triangulation from the findings from audits which evidence a learning culture. This is shared across the workforce through a range of learning including practice shorts, podcasts, practice guidance and evidence that family feedback is inclusive in learning.</li> </ul>	<p>Work plan has been completed with Performance Team for the next 12 month to ensure a plan of audit activity. Any learning will be triangulated with Senior Management Team / Workforce Development once learning is identified from Q1. There is now a focus on direct family feedback and experience which will be included in quarterly reporting and learning will be shared with the workforce to ensure we are learning from experience.</p> <p>Any learning will be triangulated with Senior Management Team &amp; Workforce Development once learning is identified from Q1.</p>

Recommendation (REC) / Area for Development (AFD)	Improvement Theme	Service Lead	Other lead officer (if any)	Operational Detailed Action	Progress update / evidence of impact
<b>AFD 1 - Development of contextual safeguarding arrangements</b>	<b>Redesign the contextual safeguarding role/remit</b>	<b>Ben Van Wagtendonk</b> (Practice Leader Looked After and Permanence, Care Leavers, Children with Disabilities)  <b>Linda Whitehead</b> (Service Manager – Specialist Support Services, Family Group Conference Service, Domestic Abuse Team)	Suzanne Storey	<ul style="list-style-type: none"> <li>The Child Sexual Exploitation (CSE) worker post has now been incorporated into the contextual safeguarding team and is part of the offer that is being worked on for the front door. The post is a full time social worker and will be providing advice and guidance around the contextual safeguarding risks</li> <li>Dedicated Return Home Support Worker (RHSW) in place to engage with and undertake return home interviews with all young people reported missing.</li> <li>Development of specialist Young People’s DA Worker (YPVA) to support young people experiencing abuse in their own relationships.</li> <li>RHSW &amp; YPVA to develop close working relationships with Contextual Safeguarding Team</li> <li>Mapping of CSE – disruption planning, evidence on children’s files</li> </ul>	<p>RHSW in place from September 21. Implementation planned for other actions from April 2022.</p> <p>YPVA role in development and implementation planned from September 2022.</p> <p>RHSW role embedded. This has resulted in an improvement in RHI engagement rates (62% June 2022) and high-quality interventions. E.g., RHS Worker has development good relationships with those young people who go missing regularly. YP have requested the support of the RHS Worker at CAMHS and other wellbeing related appointments.</p> <p>Intelligence is shared with police and Gateshead Safeguarding Partnership.</p> <p>Missing and RHI work is consolidated into wider corporate responsibilities and networks such as Strategy meetings, MSET, Multi Agency exploitation Hub and Gateshead Joint Strategic Exploitation Group.</p>
	<b>Redesign the CCIN/Edge of Care/Contextual Safeguarding team</b>	<b>Suzanne Storey</b> (Practice Leader Assessment and Intervention, IRT and Complex CIN)	Deb Lorraine	<ul style="list-style-type: none"> <li>Workers to become exploitation champions and offer consultations across the service.</li> <li>Edge of Care (EOC) Intervention offer reviewed to ensure it supports families in crisis and young people at risk of requiring care. 12 week intervention programme devised to support young people at the edge of care.</li> </ul>	<p>Feedback from families will demonstrate that they have been supported in a time of crisis and change has occurred.</p>

Recommendation (REC) / Area for Development (AFD)	Improvement Theme	Service Lead	Other lead officer (if any)	Operational Detailed Action	Progress update / evidence of impact
<b>AFD 2 – Further development of domestic abuse provision</b>	<b>Develop the offer for referrals to DAT for children living with domestic abuse</b>	<b>Linda Whitehead</b> (Service Manager – Specialist Support Services, Family Group Conference Service, Domestic Abuse Team)	Bev Coombes	<ul style="list-style-type: none"> <li>• Dedicated children’s Domestic Abuse (DA) Worker to provide specialist support to children affected by DA in their home and/or family environment.</li> <li>• Development of specialist Young People’s DA Worker (YPVA) to support young people experiencing abuse in their own relationships.</li> <li>• YPVA role to offer training and support to foster carers and Children’s Home Staff.</li> <li>• YPVA role to provide training via practice shorts for wider workforce.</li> </ul>	<p>Expansion of the dedicated children’s DA resource dependant on DA Grant.</p> <p>Planning underway. Backfill Domestic Abuse Workers commenced 12-month contracts on 8th August 2022, currently undergoing induction. Case transfer planned for 22nd – 29th August 22. Additional capacity will consist of 1 additional Children’s DA worker and 1 Young People’s DA Worker.</p>

8 September 2022

**TITLE OF REPORT:** Children and Families Service - Annual Report on Services  
Complaints, Compliments and Representations - April 2021 to March  
2022

**REPORT OF:** Andrea Houlahan, Deputy Strategic Director, Children's Social Care,  
and Lifelong Learning.

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## **Summary**

Cabinet considered the attached report on 21 June 2022.

Cabinet approved the referral of the report to a meeting of the Families Overview and Scrutiny Committee in line with procedure.

It is a statutory requirement that the report is considered by a formal committee to ensure the Council has an effective complaints procedure that follows the legislation set out in The Children Act 1989 Representations Procedure (England) Regulations 2006.

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## **Background**

1. The Health & Social Care (Community Health and Standards) Act 2003 requires that Councils with Social Services responsibilities produce an Annual Report of their Statutory Children's Services Complaints Procedure. This annual report sets out details of the complaints and representations made during the period April 2021 – March 2022.
2. Information contained in the report provides a summary of the statistical information together with a review of the effectiveness of the procedure. Some examples of service improvement are also included together with details of future objectives.

## **Annual Report Complaints and Representations**

3. The report is consistent with the Sustainable Community Strategy – Vision 2030 and the Council's Corporate Plan. The report supports the Corporate Priority for serving our customers by continuously improving services and targeting areas of under achievement.
4. The Annual Report is specifically about Children Act 1989 Statutory Complaints about Children's Social Care Services, with information on complaint related queries and compliments that are received about staff or services. The report covers the period from 1 April 2021 – 31 March 2022.

## **Operation of the Procedure**

5. The procedure has three stages:

- **Stage 1 Local Resolution** – response within 10 working days. The timescale can be extended to 20 working days if the complainant agrees to this extension.
- **Stage 2 Investigation** – formal response within 25 calendar days. Extensions to this must be negotiated with the complainant. Maximum is 65 working days.
- **Stage 3 Independent Review** – Panel consisting of Independent Chair and Independent Panel members who consider the complaint. Full response by Assistant Strategic Director of Social Services within 20 working days.

## Statistical Analysis

6. In 2021/22 the number of complaints and representations dealt with was as follows:
- The number of formal contacts received, including compliments, about Children's Services decreased by 13.2% (187) compared with the number of contacts received during 2020/21, (215).
  - The number of contacts raising dissatisfaction increased by 11% (79 to 88).
  - This is the same level of dissatisfaction received during 2019/20.
  - Children's Services received 11 Stage 1 complaints during 2021/22. This is almost a 35% decrease on Stage 1 complaints received during 2020/21, (17).
  - The number of complaint related queries (low level issues not requiring a written response) increased by 3% compared to those received during 2020/21 (26 from 27).
  - 59% (16) of complaint related queries were regarding the quality of services provided.
  - All complaint related queries received about Children's Social Care were dealt with directly by either the team manager of the service complained about or by the Complaints Section after prior discussion with the worker concerned.
  - There were no complaints registered at Stage 2 of the complaint's procedure during 2021/22.
  - However, there were three Stage 3 Review Panels held during this time.
  - Two of the Panels held were in respect of the same complaint. The first Panel was stood down due to new information submitted by the Service.
  - During 2021/22, 53% (99) of all Children's Services contacts were compliments.

## Points of Interest

7. The following key points may be of interest:
- Complaints brought by relatives of children receiving a service accounted for 91% (10) of all complaint referrals.
  - One complaint was raised directly by a cared for young person. This complaint was regarding the actions of staff in a commissioned residential facility. This complaint was partially upheld after investigation.
  - Children and young people receiving a service have recourse to the Council's Children's Rights Officer. The Children's Rights Officer works closely with those who raise concerns and, in most cases, can resolve these successfully.
  - 36% (4) of all complaints received were in respect of services provided by the Safeguarding and Care Planning Teams. However, it should be noted that most children receiving a service are allocated a social worker from the Safeguarding and Care Planning Teams.
  - 27% (3) of complaints were regarding the services provided by the Assessment and Intervention Team.
  - The key theme identified from complaints about the Assessment and Intervention Service were disputes to information within assessments or the assessment process.

- 27% (3) of complaints received were regarding services provided by the Cared For Children Team. This is at the same level as the number of complaints received about the team in 2020/21, (3).

### **Learning from complaints and representations:**

8. Learning from complaints is critical to prevent recurrence of the cause(s) of the original complaint. It is important that we make sure that people's experiences help us to improve services where we can. Changes can include policy, procedure or employee development.

### **Examples of Service Improvements identified during 2021/22**

- As a result of a Statutory complaint, where it was alleged that the social worker failed to recognise a child's religious and cultural upbringing, it was arranged that specific training in respect of religious awareness for social workers will be included in the portfolio option for staff and will be a regular occurrence.
- It was also recommended that all staff across Children's Services are mindful of any cultural and religious differences across the communities in Gateshead and that these are considered during social work involvement with BAME families. This issue was also addressed by the Local Authority carrying out mandatory Equality and Diversity for all Local Authority staff.
- After a Data complaint about the presentation of personal records following a Subject Access Request, (SAR), the Service responsible for administering the requests carried out a review of the process. All current applications were subsequently reviewed to ensure that they were being dealt with efficiently and appropriately. In addition to this SAR Officers are now able to dedicate sufficient time to deal with each request in line with service requirements.
- Following a complaint where the parent of a child receiving a service complained about the lack of support during the Covid19 lockdown period, it was found that the family's self isolation period along with sickness within the Social Work Team did slightly impact on support provided. An apology was given at the time and was also reiterated within the response letter. The complainant was satisfied with the service support following the ceasing of the Covid-19 restrictions.
- After a LG&SCO investigation into a complaint about the removal of a cared for child from the foster placement along with concerns about the quality of the LADO process the Ombudsman did identify recommendations which were shared with the Council. The Council accepted the recommendations and implemented the changes required.
- After a complaint about delays in receiving Child Protection Review Reports, the worker was instructed to ensure all future reports are shared in line with timescales. This will then provide an opportunity to consider the content of the reports and to allow the family member to raise any concerns or queries before the Review Conference takes place.

### **Future Objectives**

9. Objectives for 2022/23 are to:
  - a. Continue to meet regularly with Senior Managers from Children's Services to consider what further action needs to be taken to;
    - i. Resolve complaints at the earliest opportunity.

- ii. Improve the number of complaints being investigated and resolved within statutory timescales.
  - iii. Ensure that the number of complaints progressing to Stage 2 and 3 remain low.
  - iv. That any identified improvements to services are implemented where appropriate and monitored to ensure compliance by teams across Children's Services.
- b. Ensure that staff members who receive compliments continue to pass the details on to Social Care Customer Services so that they or their team receive the recognition they deserve.

## **Recommendation**

10. Committee is requested to:
- I. Consider and comment on the annual report.
  - II. Indicate whether it is satisfied with the performance of Children's Services in responding to complaints and ensuring that this results in continuous service improvement.

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Contact: Alison Routledge, Ext: 2408

**TITLE:** **Children and Families Service** - Annual Report on Services Complaints, Compliments and Representations - April 2021 to March 2022

**REPORT OF:** Alison Routledge, Complaints Manager

**SERVICE:** Quality Assurance and Commissioning (Gateshead System), Children, Adults and Families

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## SUMMARY

The Children Act 1989 Representations Procedure (England) Regulations 2006 sets out the procedure that Local Authorities have a responsibility to follow when a complaint is made about Children's Social Services. Regulation 13 (3) of this Act states that all local authorities must publish an Annual Report (1 April to 31 March) to identify the number, detail and outcomes to all complaints received. The information within this Annual Report fulfils Gateshead Council's obligations under this regulation and covers the period from 1 April 2021 – 31 March 2022.

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### 1.0 The Statutory Complaints Procedure

- 1.1 This procedure is for all representations received from children and young people, their parents, foster carers, or other qualifying adults about Gateshead Council's Children's Services.
- 1.2 There are three stages to the procedure:

#### Stage 1 - Local Resolution

Operational managers investigate stage 1 complaints. Complaints at this level are expected to be concluded within ten working days, with an extension of further ten working days, (with the agreement of the complainant), if necessary. The maximum time for a Stage 1 investigation is twenty working days.

#### Stage 2 – Investigation

Investigations at Stage 2 are conducted at arm's length to the operational service complained about, with full and formal reporting to the complainant by an Adjudicating Officer, (usually at Service Director level), within twenty-five working days, with extension up to sixty-five working days, if necessary, which must be negotiated with the complainant.

#### Stage 3 – Review Panel

If there is any residual dissatisfaction with the outcome at Stage 2, the complainant can request that the issues are taken to a Review Panel, (Stage 3). A Stage 3 Review Panel must be requested within twenty working days of receipt of the Stage 2 investigation findings. A Stage 3 Review Panel is the final stage of the statutory complaint's procedure.

### 2.0 Publicity and Information

- 2.1 Information about the complaint's procedure can be made available in key languages and formats. Requests for information in these formats or from customers with sight or hearing impairment are provided via the Council's Communication Team.

- 2.2** There is also a leaflet for children and young people receiving a service. This leaflet was designed with help from the children and young people from One Voice, the Children and the Young People's Forum. The leaflet includes a pre-paid slip that can be completed and posted back free of charge.
- 2.3** When young people are admitted into Local Authority care, part of the 20-day review requirements state that they are to be visited by the Council's Children's Rights Officer. The young person also receives a 'Welcome' pack', which includes information, leaflets and other guidance on how to make a complaint.
- 2.4** Children and young people are now able to use their smartphones or tablet computers to contact the services via Mind of My Own. Mind of My Own is an app which allows the child or young person to comment positively on the service they receive but if necessary, to raise dissatisfaction.
- 2.5** The Children's Rights Officer, Independent Visitors and Independent Reviewing Officers are important links between the child and the Complaints Manager and ensure that any issues of dissatisfaction are resolved at the earliest opportunity.

### **3.0 Advocacy and Special Needs**

- 3.1** The purpose of advocacy in complaints procedures is to ensure that children and young people are given assistance when making or intending to make a complaint. Advocacy is about empowering children and young people to make sure that their rights are respected and that their views and wishes are fully considered and reflected in decision-making about their own lives. It is a legal requirement that any child or young person wishing to make a complaint must always be offered the services of an advocate.

### **4.0 The Independent Element**

- 4.1** Under the complaint's procedure, there is a requirement to provide Independent Persons for all Stage 2 complaints. There is currently a consortium arrangement with South Tyneside Metropolitan Borough Council and Sunderland City Council, which provides Independent People for Children Act 1989 complaints. There is also a requirement to ensure that Stage 3 Review Panels consist of three members who are fully independent of the Council.

### **5.0 Training and Employee Development**

- 5.1** Training for Investigating Officers is undertaken on an annual basis. All investigating skills training courses are commissioned from the Local Government & Social Care Ombudsman, (LG&SCO). This ensures that investigating officers are trained to the Ombudsman's investigation standard with the focus being on swift resolution, proportionate investigations, and appropriate redress.
- 5.2** An LG&SCO Investigating Skills Training Course took place in April 2022. All current and new managers across Children's Services operational teams were invited to attend the course. Feedback from previous courses has been extremely positive and provides managers with the necessary skills to investigate and resolve complaints at all stages of the procedure.

### **6.0 Complaints from Children in Residential Facilities**

- 6.1** All children's residential homes have their own "in-house" complaints process to resolve low level concerns. Residential staff work with the young person and allow them to identify themselves how their issues can be resolved to their satisfaction. Information about low level concerns is retained within the facility and is available in the event of OFSTED inspections.

## 7.0 Equalities Monitoring

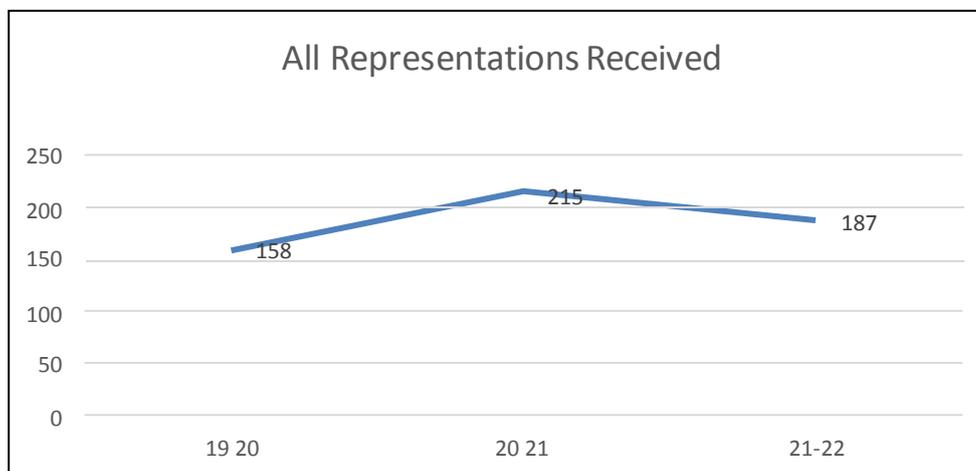
7.1 Gateshead Council recognises that equality monitoring of service delivery is crucial for effective planning and scrutiny of the services that it provides. This monitoring can identify which groups are using services and gauge their level of satisfaction. The information can then be used to highlight inequalities, investigate their underlying causes, and address any unfairness or disadvantage. However, as complainants tend to be from relatives, it is not possible to collect this information with any accuracy as diversity forms, which were sent out to complainants, were not returned.

7.2 Information about the complaint's procedure can be made available in key languages and formats. Information for customers with sight or hearing impairment can also be provided on request.

## 8.0 Complaints & Representations Received

Stage 1	2009 2010	2010 2011	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	2021 2022
	10	19	29	36	34	45	37	32	49	40	35	17	11
%		90%	53%	24%	6%	32%	18%	14%	53%	18%	13%	51%	35%

Representations	2019/2020	2020/2021	2021/2022
Stage 1 Complaints	35	17	11
Stage 2 Complaints	2	2	0
Stage 3 - Review Panels	1	1	3
Comments	3	2	3
Corporate Complaints	2	14	19
Complaint related queries	27	27	26
Data Issues	10	1	15
Insurance Claims	1	1	5
LGO Referrals	3	3	6
Safeguarding Partnership Complaints	0	0	0
MP / Councillor Referral	4	2	0
<b>Total</b>	<b>88</b>	<b>79</b>	<b>88</b>
<b>Compliments</b>	<b>71</b>	<b>136</b>	<b>99</b>
<b>All Representations Received</b>	<b>159</b>	<b>215</b>	<b>187</b>
<b>Trend</b>	<b>-4.24%</b>	<b>35.22%</b>	<b>-13.02%</b>



## 8.1 Key Points of Interest – Statutory Complaints

- The number of formal contacts received, including compliments, about Children's Services decreased by 13.2% (187) compared with the number of contacts received during 2020/21, (215).
- The number of contacts raising dissatisfaction increased by 11% (79 to 88).
- This is the same level of dissatisfaction received during 2019/20.
- During 2021/22, 53% (99) of all Children's Services contacts were compliments.
- Children's Services received 11 Stage 1 complaints during 2021/22. This is almost a 35% decrease on Stage 1 complaints received during 2020/21, (17).
- 55% (6) of complaints related to the quality of services provided.
- Only 9% (1) complaint was in respect of the actions or professional conduct of workers.
- This complaint was about the actions of staff employed at a commissioned residential facility for cared for young people. This complaint was partially upheld.
- 45% (5) were regarding the quality of support provided by individual workers or services.
- The number of complaint related queries (low level issues not requiring a written response) increased by 3% compared to those received during 2020/21 (26 from 27).
- 59% (16) of complaint related queries were regarding the quality of services provided.
- All complaint related queries received about Children's Social Care were dealt with directly by either the team manager of the service complained about or by the Complaints Section after prior discussion with the worker concerned.
- There were no complaints registered at Stage 2 of the complaint's procedure during 2021/22.
- However, there were three Stage 3 Review Panels held during this time.
- Two of the Panels held were in respect of the same complaint. The first Panel was stood down due to new information submitted by the Service.

## 8.2 Key Themes of Complaint

- 8.2.1 After full consideration of all Stage 1 complaints received during 2021/22, only one key theme of dissatisfaction was identified.

### 1. Quality of Service - Quality of Worker Support / Involvement

Quality of services provided continues to attract the largest number of complaints with six being received during 2021/22. However, two complaints were subsequently closed or informally resolved during the investigation process.

Complaints about quality cover several areas and can range from low level disputes to significant concerns about the actions or decisions of the services involved.

During 2021/22, three of the complaints received about quality were regarding the quality of support provided by the social worker or service. Two complaints were regarding allegations of bias by the worker involved and one complaint was about the quality of support provided to the mother when dealing with issues about the children's contact with a parent.

After investigation, two complaints about worker support were found to be partly upheld and one complaints remains under investigation.

One complaint about quality was about the assessment process. It was felt that the process was not followed and as a result the assessment report was considered unfair and prevented the complainants from being accepted as connected foster carers.

After consideration of these concerns, it continues to be an issue that families of children receiving a service may misinterpret the reasons for assessments that are undertaken and often feel that assessment outcome is biased in favour of either parent. All social workers are trained to undertake objective assessments and to reflect the family situation to the best of their professional judgement given the information and allegations presented by both parties and it is unfortunate that this does sometimes cause allegations of bias against the worker.

### 8.3 Specific Areas of Complaint

Service Area	2019 2020		2020 2021		2021 2022	
Assessment & Intervention / CCiN	25.71%	9	35.29%	6	27.27%	3
Children with Disabilities	11.43%	4	5.88%	1	0.00%	0
Fostering Team	2.86%	1	11.76%	2	9.09%	1
Cared For Children Team	31.43%	11	17.65%	3	27.27%	3
Safeguarding, Care Planning	25.71%	9	23.53%	4	36.36%	4
Safeguarding Children Unit	2.86%	1	0.00%	0	0.00%	0
Other	n/a	0	5.88%	1	0.00%	0
<b>Total</b>		<b>35</b>		<b>17</b>		<b>11</b>

- 36% (4) of all complaints received were in respect of services provided by the Safeguarding and Care Planning Teams.
- However, it should be noted that most children receiving a service are allocated a social worker from the Safeguarding and Care Planning Teams.
- 27% (3) of complaints were regarding the services provided by the Assessment and Intervention Team.
- The key theme identified from complaints about the Assessment and Intervention Service were disputes to information within assessments or the assessment process.
- 27% (3) of complaints received were regarding services provided by the Cared For Children Team. This is at the same level as the number of complaints received about the team in 2020/21, (3).
- One complaint received was from a cared for young person. This complaint is still under consideration.

Main Complaint Issues	2019 2020		2020 2021		2021 2022	
Delay	0.00%	0	0.00%	0	0.00%	0
Lack of Service	8.57%	3	11.76%	2	18.18%	2
Quality of Service	71.43%	25	64.71%	11	54.55%	6
Refusal of Service	0.00%	0	17.65%	3	18.18%	2
Staff Issues	20.00%	7	5.88%	1	9.09%	1
<b>Total</b>		<b>35</b>		<b>17</b>		<b>11</b>

- Only one Stage 1 complaint was received during 2021/22 regarding allegations of inappropriate staff conduct. This is at the same level as the number received during 2019/20.
- The complaint was not regarding Council staff but was in relation to the actions of staff in a commissioned residential facility.
- This complaint was found to be partially upheld after investigation.
- Where there is evidence that workers have acted inappropriately or failed to follow processes or procedures, the matter is always addressed directly with the member of staff concerned and appropriate measures are then taken to reduce the risk of any similar situations occurring. Although the Council do not have jurisdiction to insist on employment action for anyone working in commissioned services, they can ask for improvements to be made under the Council's contractual arrangements.
- Quality of Service remained the key theme of all complaints received. Almost 55% (6) of complaints received were regarding the quality of the services provided.
- Quality of service includes:
  - Missed or late contact visits.
  - Contact visits that are cancelled at very short notice.
  - Conflicting or incorrect information by workers.
  - Allegations of poor support from the services involved in individual cases.
  - Poor communication between the workers and family members.
- After investigation, no complaints about quality of service were fully justified. However, 40% (2) were found to be partially justified and 20% (1) was found to be unjustified.

40% (2) were either closed or informally resolved during the investigation process. One complaint remains outstanding.

## 8.4 Methods of Complaint

Method of Complaint	2019 2020		2020 2021		2021 2022	
Complaint Form – Online	2.86%	1	0.00%	0	0.00%	0
E - mail	37.14%	13	58.82%	10	54.55%	6
Children’s Leaflet / MoMo	0.00%	0	5.88%	1	0.00%	0
In Person	0.00%	0	0.00%	0	9.09%	1
Letter	25.71%	9	23.53%	4	9.09%	1
Telephone	34.29%	12	11.76%	2	27.27%	3
<b>Total</b>		<b>35</b>		<b>17</b>		<b>11</b>

- Email continues to be the main method of complaint referral accounting for 54% (6) of all statutory complaints received.
- Emails and letters tend to raise multiple areas of complaint. Therefore, it is important that an Investigating Officer speaks with the complainant at the earliest opportunity to identify the key issues of concern and to highlight areas that are not able to be responded to or are outside of the remit of the complaints procedure.
- 27% (3) complaints were received by telephone. Complaints made by telephone tend to be following communication with the family which raise immediate issues.
- Complaints brought by relatives of children receiving a service accounted for 91% (10) of complaint referrals.
- One complaint was raised directly by a cared for young person. This complaint was regarding the actions of staff in a commissioned residential facility. This complaint was partially upheld after investigation.
- Children and young people receiving a service have recourse to the Council’s Children’s Rights Officer. The Children’s Rights Officer works closely with those who raise concerns and, in most cases, can resolve these successfully.

## 8.5 Timescales and Outcomes

Complaints Completed within 20 Working Days	2019 2020	2020 2021	2021 2022
Resolved	17	5	4
Not Resolved	15	11	2

- The statutory timescale for Stage 1 resolution is ten working days. This can be extended to twenty working days with the complainant’s agreement.
- From the six complaints responded to, four were completed within twenty working days.
- This evidences that only 67% of complaints met the extended timescale of twenty working days.

Outcomes of complaints	2019 2020		2020 2021		2021 2022	
Outstanding	3				2	
Not upheld	62.50%	20	50.00%	6	22.22%	2
Partially upheld	18.75%	6	25.00%	3	44.44%	4
Upheld	9.38%	3	8.33%	1	0.00%	0
Closed or withdrawn	9.38%	3	16.67%	2	33.33%	3
<b>Total</b>		<b>32</b>		<b>17</b>		<b>11</b>

- In 2021/22, 22% (2) of complaints were not upheld after investigation.
- 44% (4) were found to be partially justified. Partially justified highlights that the main issue of complaint was found to be unjustified, but there were areas where the service could have performed better, for example communication, delays in returning calls or late/missed visits or that processes may not have been followed in line with standard guidance.
- In each case where it is found that there had been some fault by the service, the complainant will always receive a written apology within their response letter. The

Investigating Officer will also be expected to identify ways in which the service can improve.

- After investigation, no complaints were found to be fully justified.
- 33% (3) of complaints were closed or withdrawn by the complainant or moved to an alternative procedure.

## 9.0 Stage 2 and 3 Complaints

Stage 2 Complaints	2019 2020	2020 2021	2021 2022
	2	2	0

Stage 3 Review Panels Held	0	1	3
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- There were no Stage 2 requests during 2021/22.
- There were three Stage 3 Review Panels held during 2021/22. However, two Review Panels held were in respect of the same complaint as the initial Review Panel was stood down by the Review Panel Chair and subsequently rearranged following further investigation.

### Stage 3 Review Panels Held

- Three Stage 3 Review Panel were held during 2021/22.
- Two of the Review Panels were regarding the same complaint and were about disputes around the level of Direct Payments provided for two children receiving a joint social care and health care package. During the first Review Panel, it was identified that new information had come to light following the investigation. Therefore, the Panel Chair agreed to stand down the Review Panel to allow further investigation to take place.

The Investigation Report was subsequently updated and shared with the complainant by the Investigating Officer. The complainant was then given the option to pursue this matter again to a Stage 3 Review Panel.

The second Review Panel was later reconvened and subsequently took place in January 2022.

Following this consideration, the Review Panel issued their findings to the Council with recommendations for the Service to consider. The Review Panel also agreed with the Council's offer for a time and trouble payment for the delays encountered during the investigation process.

- A Stage 3 Panel was held following further dissatisfaction after a Stage 2 complaint from the parents of an adopted child. The complaint was in relation to financial support following adoption along with the standards of care provided to the child whilst he was in foster care.

The Review Panel considered the information presented by the Council and the complainants and subsequently issued their findings within five days of the Review Panel being held. Following the Stage 2 and Stage 3 investigation / review, recommendations were identified which are detailed within this report.

## 10 Corporate Complaints

Between 1 April 2021 and 31 March 2022, Children's Services received twenty Corporate Complaints. Corporate Complaints are for complaints received from those who do not have parental responsibility, or issues relating to Child Protection matters and Early Help Services. Issues complained about via the Corporate Complaint Procedure included refusals of contact with extended family members during RADO investigations, issues which were

regarding current family care proceedings and where the complainant did not have the right to information held within case records.

Corporate Complaint - Service Area	2021 – 2022 Total	%
Access & Intervention	6	30.00%
CWD	0	0.00%
Early Help	3	15.00%
Cared For Children Services	3	15.00%
Safeguarding & Care Planning	1	5.00%
Safeguarding Children Unit	6	30.00%
SEND	1	5.00%
<b>Total</b>	<b>20</b>	

Corporate Complaint - Main Element	2021 – 2022 Total	%
Delay	0	0.00%
Lack of Service	2	10.00%
Quality of Service	11	55.00%
Refusal	5	25.00%
Staff Conduct / Actions	2	10.00%
<b>Total</b>	<b>20</b>	

Corporate Complaints - Outcome	2021 – 2022 Total	%
Currently Outstanding	3	
Not Upheld	14	82.35%
Partially Upheld	2	11.76%
Fully Upheld	1	5.88%
Withdrawn / Closed	0	0.00%
<b>Total Completed</b>	<b>17</b>	
All Complaints	<b>20</b>	

Following Investigation 82% (14) of corporate complaints received were not upheld. However, once the complaint has been responded to, all complainants are advised of their right to request a Chief Executive Review of their complaint should they remain dissatisfied. The Chief Executive will then arrange for a full review of the complaint to be carried out.

## 11 Local Government & Social Care Ombudsman Referrals

11.1 Between 1 April 2021 and 31 March 2022, Children's Services received six Local Government and Social Care Ombudsman's referrals.

LG&SCO Referrals - Service Area	Total 2021 - 2022	%
Access & Intervention	0	0.00%
Children with Disabilities	1	16.67%
Cared For Children Services	2	33.33%
Safeguarding & Care Planning	3	50.00%
Safeguarding Children Unit	0	0.00%
<b>Total</b>	<b>6</b>	

<b>LG&amp;SCO Outcomes</b>	<b>Total 2021 - 2022</b>	<b>%</b>
Closed - No Further Action	3	50.00%
Closed - LA Remedy Appropriate	1	16.67%
Fault Causing Injustice	1	16.67%
Outside LG&SCO Jurisdiction	1	16.67%
	<b>6</b>	

After information was provided by the Council to allow the LG&SCO to consider the issues raised with them, it was found that three referrals were subsequently closed by the Ombudsman after initial enquiries. One referral was considered by the Ombudsman, but the Ombudsman considered that the remedy proposed by the Council was appropriate to the level of injustice caused and subsequently closed the complaint.

One referral was outside of the Ombudsman's jurisdiction as the issues were subject to Court Proceedings.

The Ombudsman did consider issues relating to the quality of support to a previous foster carer when a cared for child was removed along with the subsequent LADO investigations carried out. Following this consideration, the Ombudsman did find fault in two areas. The recommendations proposed by the Ombudsman were accepted by the Council and are set out within this report.

## **12.0 Learning from Complaints**

- 12.1** At the end of every investigation, the investigating officer is responsible for identifying any improvements or recommendations resulting from the complaint. Changes can include policy, procedure, or staff development.
- 12.2** Complaints about individual practice or failure to follow procedures are dealt with by reinforcement of processes and reiterating customer care standards through service / team meetings or individual supervision sessions. In addition to this, if it is felt that additional or refresher training is required for either workers or teams, this will be progressed by the relevant team manager.
- 12.3** In respect of complaints about staff attitude or conduct, if it is found that an employee has deliberately acted inappropriately, the issue will be dealt with in line with internal employment procedures.
- 12.4** Children's Services have recently developed a Quality Assurance process which allows the Services to consider recommendations and improvements identified from all complaints that have been responded to. The process will now monitor the agreed recommendations to ensure that they are implemented within a timely manner, and to ensure that learning from complaints is shared across all Children's Services Teams.
- 12.5 Improvements to service identified following a complaint:**

- As a result of a Statutory complaint, where it was alleged that the social worker failed to recognise a child's religious and cultural upbringing, it was arranged that specific training in respect of religious awareness for social workers will be included in the portfolio option for staff and will be a regular occurrence.

It was also recommended that all staff across Children's Services are mindful of any cultural and religious differences across the communities in Gateshead and that these are considered during social work involvement with BAME families. This issue was also addressed by the Local Authority carrying out mandatory Equality and Diversity for all Local Authority staff.

- Following a Statutory complaint in which a relative of a child receiving a service raised concerns about factual inaccuracies within a Child Protection Chairs Report, the Reviewing Unit updated the Report and the child's record with the correct spelling of all family names.
- A Statutory complaint was received, which although it was not upheld, found that the relative of a child in care may not have received copies of all the Core Group minutes. Although this was disputed by the service, they agreed to send the relative copies of the most recent reports.
- After a Data complaint about the presentation of personal records following a Subject Access Request, (SAR), the Service responsible for administering the requests carried out a review of the process. All current applications were subsequently reviewed to ensure that they were being dealt with efficiently and appropriately. In addition to this SAR Officers are now able to dedicate sufficient time to deal with each request in line with service requirements.
- A Corporate Complaint was received about a social worker who had taken information given to her by a member of a family she was working with as fact. This information was not checked, but it was subsequently used to raise a referral to the Front Door Team. It was also shared within a referral to a professional body.

Following the complaint investigation, it was found that as the referrals were unsubstantiated, they should have been verified before they were shared with Front Door Team. As an outcome to the complaint, the social worker was required to undergo refresher training in respect of the referral process. A letter was also sent to the Professional body advising that the family were not involved with the Local Authority.

- A complaint was received which included an issue where family member had requested that specific professionals were invited to attend a SEND case meeting. However, it was found that the Business Support Team did not share this request with the relevant managers before the meeting took place.

Following this complaint, the service identified that when parents ask Business Support officers for other representatives to attend meetings, the Admin Team must share this request with the Service Manager as soon as possible. This has now been implemented.

- Following a complaint where the parent of a child receiving a service complained about the lack of support during the Covid19 lockdown period, it was found that the family's self isolation period along with sickness within the Social Work Team did slightly impact on support provided. An apology was given at the time and was also reiterated within the response letter. The complainant was satisfied with the service support following the ceasing of the Covid-19 restrictions.
- After a complaint about delays in receiving Child Protection Review Reports, the worker was instructed to ensure all future reports are shared in line with timescales. This will then provide an opportunity to consider the content of the reports and to allow the family member to raise any concerns or queries before the Review Conference takes place.
- A complaint was received about an alleged breach of data, which raised issues about sharing information within court reports.

Following the investigation into this complaint, it was identified that when information from people contributing to an assessment that may be filed in Court, it is made clear to the person sharing the information, that the details of any discussions may be recorded within the assessment document and shared with others who are party to the proceedings. This recommendation was shared with Service Managers within the Safeguarding and Care Planning Teams and Assessment and Intervention Teams who have raised this requirement within their own Team Meetings.

- Following a complaint at Stage 2 which was regarding the quality and communication following a request for post adoption financial support, the following recommendations were agreed and implemented.

That following financial assessments in relation to requests for post adoption support, all outcomes to assessments now include clear and transparent details of how to appeal the decision.

A policy regarding meeting the socialisation needs of a child has been developed and is shared with all Foster Carers. This will then be measured in Cared for Children and Foster Carer Reviews.

That the child's case, whilst in the care of the Local Authority, will be reviewed by an Independent Reviewing Officer within the Child Protection Unit.

- Following a Stage 3 Review into a complaint about Direct Payments, the Panel noted that there were some issues following discussion of the Stage 2 Investigation Report with the Complainant. The Panel requested that the information to Investigating Officers should be updated to include guidance that if there is contradictory information provided by the complainant at the Stage 2 report feedback session, this should be considered. This documentation has since been updated.

In addition to this, the Council advised that a review of the Direct Payment scheme was currently being undertaken, this review will consider all documentation provided to parent to ensure that information about direct payments is clear and concise.

- After a LG&SCO investigation into a complaint about the removal of a cared for child from the foster placement along with concerns about the quality of the LADO process the Ombudsman did identify recommendations which were shared with the Council. The Council accepted the recommendations and implemented the changes required.

The Council sent a formal email around all officers within Children's Social Care Services to remind them that when LADO investigations are carried out in respect of the actions of foster carers, that in all cases, foster carers must be communicated with throughout the LADO process.

Everyone involved with the carer and/or the child who is in their care and is aware that the carer is subject to a LADO process must communicate with foster carers and allow their voices to be heard during a LADO investigation.

Details of the LADO process must be recorded on the foster carers file to demonstrate that they have been spoken to by the supervising social worker or their IFA agency (if the carer is external to the Council's fostering service) and that these lines of communication are kept open throughout the process.

All minutes from LADO meetings must demonstrate that the foster carers views have been sought, considered and part of the investigations.

## 13 Compliments

- 13.1 Between 1 April 2021 and 31 March 2022, Children's Services received 99 compliments about either individual workers or teams. This means that compared with the number of statutory and corporate complaints received during 2020/2, (31), 76% (99) of all representations about Children Services were compliments.
- 13.2 The Table below shows the distribution of all compliments received.

<b>Compliments - Service Area</b>	<b>Total 2021 - 2022</b>	<b>%</b>
Assess & Intervention	14	14.14%
C&F Business Support	1	1.01%
Children with Disabilities – including Grove House	32	32.32%
Early Help Services	8	8.08%
Cared For Children Services	17	17.17%
Safeguarding & Care Planning Teams	22	22.22%
Safeguarding Children Unit	1	1.01%
Qual Assurance & Commissioning	4	4.04%
<b>Total</b>	<b>99</b>	

<b>Children's Services Teams</b>	<b>Total 2021 - 2022</b>	<b>%</b>
Assess & Intervention Team	7	7.07%
Children & Family Business Support Team	1	1.01%
Complex Child in Need / Rapid Response Team	2	2.02%
Children's Residential Homes	2	2.02%
Children with Disabilities Respite - Grove House	27	27.27%
Children with Disabilities Team	5	5.05%
Domestic Abuse Team	5	5.05%
Early Help - Specialist Support Team	3	3.03%
Fostering Team	10	10.10%
Cared For Children Team	5	5.05%
Safeguarding, Care Planning Teams	21	21.21%
Safeguarding Children Unit	1	1.01%
Social Worker in Schools Team	6	6.06%
Travel Care Team - Children's	4	4.04%
<b>Total</b>	<b>99</b>	

## 13.2 Examples of compliments received

### Assessment & Intervention Team

*'Hi R My name is GL, one of your colleagues, SB, has been working with a family in our school and I just wanted to send a nice message to let you know that we have really enjoyed working with her. She is proactive, efficient and keen to get the family the support and help that they need. In the short time that she has had the case, she has already put a comprehensive support plan in place. I just wanted to take the time to pass on our thanks. Kind regards G' – GL*

*"Thank you S... you know for getting my head together you know it really sad my tears are still falling down my face. S.. thank you for being the kick start I need u know, and just having u there and some1 as kind and as nice an completely understanding and the thing is I will man. THANKYOU S.. for being there"*

### CCiN & RR Team

*'Good Morning N.. I just wanted to rant one more time haha. I just wanted to say how amazing you have been in standing by our side all these years. We were very lucky to have met you and C.... as the people to help us go through all that we have. As a family we want to wish you all the luck in the world for the future. You have genuinely changed not only our lives but the way we see everything around us. Myself, J, E, K and L will forever remember all that you have done for us. We will keep dropping the scarf and emptying the buckets and one day we can all be happy together. Wishing you the best of luck. M & J. Ps: If allowed please do keep in touch i promise we won't rant at you anymore.'* - MP

### **Children's Homes – Kites Rise**

*'One year ago today, i walked in here with no hope in hell that i would have such an amazing team of staff around me who are the most loving and supportive people I've come across. Words will never be able to even explain how grateful I am for everything you have all done for me, before coming to Kites Rise, I had no hope of being loved and cared about but you've proved me wrong, We have such good laughs. On my bad days you all sure know how to pick me back up and put me on my feet again. I really can't thank you enough for your love and support. I look forward to spending many more years here at Kites Rise.'* - EU

### **Children with Disabilities - Grove House Respite**

*'PM told me Grove House is fantastic, it feels to her that LS is being cared for by a big family, not by carers. The standard of care is very high, and they meet all of LS needs, he is growing and getting big, but they have all of the specialist equipment to move and handle him safely to and from his bed, chair etc. PM said she can't fault anything at Grove House, communication is excellent, they use the home/school communication book, and they telephone before and after visits to check if there are any changes and to give updates. This gives PM peace of mind so she can have a break, knowing LS is safe, happy and well cared for.'* – PM

*"S... had her last stay at Grove House prior to her 18th Birthday. S gave staff a thank you card which she had written herself with the following message: 'Thank you for looking after me, I have really enjoyed coming to Grove House and will miss you all, From S...*

*'MR aunt/carer for CR said she is very happy with the care provided for CR at Grove House. CR doesn't say a lot about his short breaks, but he is always happy to go for short breaks and seems happy when he returns home. Staff know CR well and he gets on well with staff. Communication is good and staff always telephone to let her know how CR has been on his short break. MR said Grove House is a great service for families, they can have a break without worrying as they know their young people are well cared for. MR told me she has no concerns at all about Grove House she only has praise for the good work they do.'* – MH

### **Children's Travel Care Team**

*'Hi A..., Thank you so much for responding so quickly to this last-minute change. You have, as ever, been amazingly helpful and supportive as you have throughout this most difficult year. On behalf of the entire Cedars community could I thank you for your outstanding work this year. Have a wonderful holiday and well-deserved break. Our best wishes, M...*

### **Early Help Service – Domestic Abuse Team**

*"I met J.. at a very hard time in my life. She was so lovely and supportive, she made me feel at ease. I was able to disclose some of the most horrendous details of my life that i haven't shared to anyone. Without her i would never have been able to do that. She supported me with Marac and with information with Police. Without her i would not be where i am today. I couldn't thank this lady enough. Thank you - women like me need more women like her."*

### **Early Help Service – Specialist Support Team**

*'Without the help and support i received from RS, I do genuinely believe my circumstances and frame of mind would be a stark contrast from confident happy person i am now due to her help. She made me laugh when i needed it most and made talking to her about intimate and distressing situations that had happened to me very easy. RS really was a beacon of support when i need it most and for that I am forever thankful :)'*

*"R and the support she gave me from the very first phone call was second to none. I can only describe her as an angel, she supported me through one of the worst times of my life and I don't know how i would have gotten through it without her. She was real, relatable, and so incredibly supportive. I always felt able to approach R and for a long time the only person I felt able to confide in, in which she responded in a non-judgmental but honest and appropriate way. i am so thankful that R helped save me. I don't think she realises her own worth - an incredible woman, an asset to your team, Thank goodness for R x.' – SR"*

**Fostering Team**

*'M is coming out on Wednesday to me too. I'm so grateful I've eventually found some support and people in the same position as us. I'm usually not a moaning person just loads going on at moment & it's feels massive that there is someone to help me or direct me in the right direction. Thanks again L.'*

*'To whom may concern. I would like to thank CC for all the help and support she gave me and family through the fostering process past few months. She was so caring and understanding and giving information when needed and being there when I needed anything. I was confused in this process, but she told us how works and what to expect etc, which put us especially myself at ease. When you have member of staff like CC that gives her all to her work and cares and understanding with the people she works with. I believe she needed recognition for her work. Yours, KM"*

**Cared For Children Team**

*"The reason for my email is just to say how much we appreciate all the support NH has given us as a family over many years but especially during this last very trying year and with our new arrival, N has been so helpful and supportive with the transition of LB into our family. I just would love it if there was a way to recognise how much he is appreciated! Many thanks J & D M "*

**Safeguarding & Care Planning Teams**

*'Many people slate Social Services, but I think from my own point of view, my case has been a huge help as its enabled me to get help I would have dragged my feet over getting!! D... has been instrumental in helping us all get through this, So I would like to make you aware that she deserves some recognition before she leaves!!' – NU*

*'To L..., Thank you so much for all your support that you have given us, it has been tough i must admit hah, and the support you and your team has given us had been brill. So, thank you L... it means a lot to us and good luck in your new job x (we may even see or hear from you again)  
Take care, all our love, L,S,J,C, A & J... xxxxxx'*

**Contact Officer:** Alison Routledge, X2408

**TITLE OF REPORT:** Annual Work Programme

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

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### Summary

The report sets out the provisional work programme for Families Overview and Scrutiny Committee for the municipal year 2022/23.

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1. The Committee's provisional work programme was endorsed at the meeting held on 16 June 2022 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes / additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands. Any changes proposed to the programme will be set out in bold and italics for ease of identification.

### Recommendations

3. The Committee is asked to
  - a) Note the provisional programme;
  - b) Note 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.

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<b>Draft Families OSC Work Programme 2022-23</b>	
<b>16 June 2022</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Performance Management &amp; Improvement Framework – Year End Performance 2021-22</li> <li>• Breastfeeding and Tongue Tie (to focus on targets and support available)</li> <li>• Implementation of Mosaic (the new Children’s Services ICT system) how it is improving processes etc and provide a demonstration to Committee</li> <li>• Results of Covid 19 Survey</li> <li>• Work Programme</li> </ul>
<b>8 September 2022</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Ofsted Improvement Plan – Progress Update</li> <li>• CAMHS &amp; Impact of Covid – Update (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.)</li> <li>• Annual Report on Complaints and Representations – Children</li> <li>• Work Programme</li> </ul>
<b>20 October 2022</b> <b>5.30pm</b>	<ul style="list-style-type: none"> <li>• Youth Justice - impact of SALT</li> <li>• Poverty Proofing Schools / affordability of school uniforms</li> <li>• Mockingbird Programme – Progress Update</li> <li>• <b>Children’s Social Care /Early Help– Demand pressures, children in care and child protection (moved from September’s meeting)</b></li> <li>• Work Programme</li> </ul>
<b>1 December 2022</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Performance Management and Improvement Framework – Six Month report?</li> <li>• SEND Tribunal data (to focus on the number of Tribunals that are taking place and highlighting any themes arising and the outcomes) &amp; Local Offer – SEND – Update (to include figures / information on Haskel Special School / the Jewish community) <b>(combined reports into one)</b></li> <li>• Safeguarding Children - GSCP Annual Report and Plans</li> <li>• Inclusion in Mainstream</li> <li>• Work Programme</li> </ul>
<b>19 January 2023</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Ofsted – Annual Report</li> <li>• Performance of Secondary Schools</li> <li>• Ofsted Inspections / School Data – progress update</li> <li>• Permanent Exclusions / Suspensions and Elective Home Education – Update (to include the practice of “informal” suspensions).?</li> </ul>

	<ul style="list-style-type: none"> <li>• Work Programme</li> </ul>
<b>9 March 2023</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Trauma Informed team update</li> <li>• Impact of Covid on new mothers – Update</li> <li>• Regional Adoption Agency Annual Report</li> <li>• Annual Conversation with Head Teachers of Special Schools</li> <li>• Work Programme</li> </ul>
<b>27 April 2023</b> <b>1.30pm</b>	<ul style="list-style-type: none"> <li>• Safeguarding Children – GSCP – Emerging Priorities</li> <li>• Children and Young People's Access to Dental Health Services in Gateshead – Update</li> <li>• Corporate Parenting Board - Annual Update</li> <li>• CAMHS – Progress Update</li> <li>• Work Programme</li> </ul>

**Issues to Slot In –**

Outreach Youth Work – targeted and universal

**Training identified**

- SEND – Training on the process and the statutory responsibilities of the local authority (for Families OSC only)
- Adverse Childhood Experiences (for OSC and other members of the council)