

CORPORATE PARENTING COMMITTEE	AGENDA ITEM No. 7
17 MARCH 2021	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn Executive Director People and Communities	
Cabinet Member(s) responsible:	Lynne Ayres Cabinet Member for Children’s Services, Education, Skills and the University	
Contact Officer(s):	Alison Bennett Assistant Director for Safeguarding, Quality Assurance and Support Services	Tel. 01480 377685

REPORT ON THE FINAL STRUCTURE FOR CLINICAL OFFER FOR CIC

RECOMMENDATIONS	
FROM: <i>Nicola Curley, Assistant Director Children’s Services</i>	Deadline date: <i>N/A</i>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> 1. Notes the content of the report. 2. Raise any queries they have with the lead officer. 	

1. ORIGIN OF REPORT

1.1 This report is to be submitted to the Corporate Parenting Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update members of the progress in the mobilisation of the clinical team and the offer available to children in care in Peterborough, following the service being brought in house.

2.2 This report is for Corporate Parenting Committee to consider under its Terms of Reference No. 2.4.4.3 Ensure that the needs of looked after children and care leavers are addressed through key plans, policies and strategies throughout the Council overseeing interagency working arrangements.

2.3 This reports to the Children in Care Pledge by focussing on respect and health and wellbeing for children in care and care leavers.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
---	-----------	----------------------------------	--

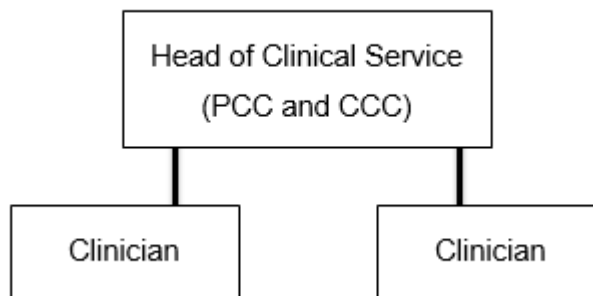
4. BACKGROUND AND KEY ISSUES

4.1 **Background**

- 4.1.1 Committee members will be aware that previously the clinical support offered to children in care within Peterborough was delivered by CPFT, and consisted of two clinical posts. These posts have been vacant for a considerable period. The need to review the way that clinical support to children in care in Cambridgeshire provided Peterborough with a good opportunity to review the clinical offer to our children in care.
- 4.1.2 Careful consideration was given to the question of whether to renew the contract with CPFT to deliver these services on behalf of the local authority. The eventual decision was taken to develop an in-house service. The main reason was the view that in these particularly challenging and changing times, the Local Authority wanted to retain the flexibility of being able to adapt the service should we need to.
- 4.1.3 The changes being proposed in Cambridgeshire required a formal consultation to take place. This was not necessary in Peterborough since the posts concerned were vacant, but we needed to await the outcome in Cambridgeshire as we were proposing some sharing of resources across the two councils.
- 4.1.4 During this period, clinical services for individual children and young people in care in Peterborough were commissioned on an individual basis. While this approach could not replicate what can be offered by a permanently staffed service, it did mean that more urgent needs for individual children in care could continue to be met.
- 4.1.5 The consultation in Cambridgeshire ended on 14 January 2021, with a formal response published by the Directorate. The local authority is now in a position to take forward a revised clinical service and offer in both authorities.
- 4.2 **Revised Clinical Offer**
- 4.2.1 Since the consultation ended, the team has been working to develop an operating framework congruent with current evidence-based practice, governance, and recruitment of interim clinical staff to the vacant posts.
- 4.2.2 The primary function for the clinical team is to enhance relational social work practice, our carers' therapeutic abilities, and to improve outcomes for children who are in care.
- 4.2.3 Foster carers, including some of our most experienced carers, can struggle with managing challenging behaviour on a daily basis; it can be exhausting. One of the key aims of the revised clinical offer is therefore to increase the support that we can provide to our carers.
- 4.2.4 Our revised clinical offer will include an improved training offer to foster carers focusing on supporting children in their care who have attachment disorders and who are exhibiting challenging behaviour.
- 4.2.5 In addition, the clinical team will contribute expertise at all levels of the wider service structure, to ensure that adults and professionals with the most influence in a child's life, are informed by evidence-based models relevant to the emotional health and wellbeing of children who are in care.
- 4.2.6 They will also contribute to the assessment of children's emotional health and wellbeing to inform care planning. This involvement may also include supporting decisions about contact with birth family, placement suitability, safety planning, reunification planning, sibling assessments and SDQs.
- 4.2.7 The revised clinical service will also build on existing relationships with other mental/emotional health and wellbeing services to ensure that more complex needs of children and young people are met.
- 4.2.8 Children and young people will continue to be signposted to appropriate services as needed.

4.2.9 The overall aim of the revised service is to improve placement stability and so reduce the need for out of county placements, minimising unnecessary disruptions and improving the child's care and family experience.

4.3 **Staffing**



4.3.1 The vacant Clinician posts are due to be advertised by the first week of March 2021.

4.4 **Inclusion Criteria**

4.4.1 The service is open to any child in care or on the edge of care, the latter will more likely be adolescents. The following criteria will be applied, however, there will always be some flexibility:

- a) Any child or young person who is or has experience of care, is at risk of placement breakdown, family placement breakdown or multiple placement breakdowns.
- b) Carers of children experiencing care to develop and support their therapeutic parenting skills and maintain placement stability.
- c) Consultation to Social work teams and the network around the child where they are experiencing challenges supporting the child and carers.

4.5 **Exclusion Criteria**

4.5.1 Any child with a moderate to severe mental health need that meets the threshold for secondary mental health services.

4.5.2 Any child with mild to profound autism, learning disabilities or behaviour that challenges.

4.5.3 In such cases the Clinical Team will review needs with the network to refer the child or young person to the appropriate mental health service.

4.6 **Delivery**

4.6.1 The Clinical Team will employ a developmental trauma informed framework to deliver support to the network and child.

4.6.2 Developmental trauma is an umbrella concept for a spectrum of specific difficulties, resulting from the impact on the brain development, due to early trauma. This complex spectrum of difficulties means that parenting and educating a child with developmental trauma is commonly challenging and fraught.

4.6.3 It is a complex, fluid spectrum which the child can move along as life and family stressors and protective factors change. Quite often the child will have secondary difficulties that require intervention as Care experienced children are commonly anxious, sad, show ADHD, disordered eating, self-harm and autistic traits. (This list is not exhaustive.)

4.6.4 This spectrum of difficulties tends to ripple into the systems surrounding the child or young person. This is characterised by high levels of distress and emotional dysregulation in the child and network supporting the child.

4.7 **Model**

4.7.1 The delivery model focusses on therapeutic approaches that are relational, that build strong relationships around the child, increase family regulation, parental sensitivity, attunement, and attachment security to their primary carers, as well as stronger relationships between siblings, and wider family network.

4.7.2 Due to the spectrum of need within Developmental trauma, and how the impacts ripple out into the systems surrounding the child, there is no one approach which will be sufficient to meet the complexity of need.

4.7.3 Early trauma can have a significant impact upon the development of the nervous system, which can then have lasting effects on sensory processing and attachments across the lifespan. Sensory integration helps the child or young person by exposing them to sensory stimulation in a structured, repetitive way. The theory behind it is that over time, the brain will adapt and allow the child to process and react to sensations more efficiently.

4.7.4 Therefore, the model of care will be multi-modal, to meet this complexity of need.

4.8 **Conclusion**

4.8.1 We are confident that the revised clinical offer to foster carers, children and young people within Peterborough will contribute to stability of placements and support the emotional and wellbeing of children. Our next steps are to advertise the current vacant posts as well as those currently covered by interim clinicians and to share our operating procedures/framework with the wider service and to begin to embed the new operating model.

5. **CONSULTATION**

5.1 Staff have been consulted throughout this process.

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 To contribute to the stability of placements for children in care and support the emotional and wellbeing of children and young people.

7. **REASON FOR THE RECOMMENDATION**

7.1 *N/A*

8. **ALTERNATIVE OPTIONS CONSIDERED**

8.1 None

9. **IMPLICATIONS**

Financial Implications

9.1 Posts are budgeted for as part of the current establishment.

Legal Implications

9.2 There are no legal implications as the report is for information only.

Equalities Implications

- 9.3 To ensure Children in Care and Care Leavers are afforded the same opportunities.
- 9.4 None
- 9.5 This report is about a service being implemented for Children in Care and Care Leavers.

Carbon Impact Assessment

Meetings are held remotely during Covid-19 lockdown restrictions. As no meetings are being held face-to-face the carbon impact is neutral.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 None

11. APPENDICES

- 11.1 None

This page is intentionally left blank