

APPENDIX 5

REPORT FROM THE DIRECTOR OF CHILDREN AND ADULT SERVICES CHILDREN SOCIAL CARE

1. Children's Services have remained operational from the outset of the government measures coming into force in March 2020. Managers and teams have adapted exceptionally well to agile working practices, ensuring the continued safety of children and families. The Emergency Duty Team, out of hours service has continued to operate as it would normally.
2. Covid-19 risk assessments were completed for each child open to Children's Services, Early Help, Social Care and Youth Offending Services (YOS) within two weeks of the lockdown beginning. The risk assessments continue to be completed for all children who become active to the service and are also reviewed to ensure they remain live and reflect the child's current situation. The RAG rating of all children ensured that should there be a reduction through sickness in available practitioners and managers due to the pandemic, the situation for each child could be seen quickly and a decision made regarding frequency, type of visit and also whether there were any health issues that needed to be considered for the child, their parent or carer.
3. The development of standard operating procedures, updated safe systems of work, and revised health and safety risk assessments, has enabled staff to feel confident and competent in carrying out their duties whilst working from home. Additional ICT technology and communication applications has helped facilitate virtual home visits as well as helping children in care to remain in contact with their families.
4. In line with lock down measures and the introduction of virtual communication methods, the Supervised Contact Service, responsible for maintaining direct contact between children in care and their families, were deployed into other areas, supporting families by offering telephone support or ensuring that food and provisions were delivered to those in need.
5. Staff attendance and sickness levels have continued to be monitored daily with only minor levels of staff who were shielding or had positive tests recorded. This small cohort has ensured that staff capacity within children's services has been maintained allowing service delivery to continue with no services, other than direct supervised contact, having ceased as a result of Covid-19. Staff morale and wellbeing has been closely monitored by senior managers and initial buddying arrangements and telephone support from Therapeutic Social Workers were made available to staff from the outset.
6. Recruitment of staff has continued with interviews conducted remotely and with young people from the Darlo Care Crew in attendance as part of the interview panel.
7. Virtual decision-making forums for care planning of children have successfully been maintained with regular attendance from organisations and meetings such as Child Protection Conferences and Looked After Reviews continuing remotely, using varied modes of communication applications.
8. Children and their families have welcomed the interventions offered by workers, for example; children and young people have engaged well with different means of contact

with practitioners such as; “Whatsapp,” Facetime, and video calls. One family has reported their appreciation for having a weekly planner outlining when calls would take place. They were also aware of what work would be carried out, when and by whom using the planners. The worker commented that *‘we have been able to access all resources for this family including CAB and DWP throughout lockdown with minimal disruption to their family’*.

9. Children have also welcomed the Mind of my Own app, which is very interactive and captures the voice of the child as outlined by the worker of one young person;

‘They really enjoyed the mind of my own app and would send a statement over to check in and let me know how they were feeling and share their views. They felt it was simple to do and enjoyed using it. A lot of work was done via text as they don’t like facetime/talking on the phone. They thought me using emojis made it a bit easier to read and relaxed’.

10. As some children found it difficult to have sessions over the phone, staff put together packs which were dropped off for children, with gentle prompts as how to complete them. They would be accompanied by motivational and uplifting notes and/or care packs with hints and tips on mental health, contact details for key services and little activities to do as families and all found these helpful. For children out of the education environment, practitioners from children’s services, alongside Learning and Skills, have been instrumental in rotationally delivering learning packs to students.

Demand

11. Initially, referrals to children’s services were extremely low with 38 children being referred during April 2020 (compared to 104 children during April 2019), however, the numbers have steadily continued to rise back to what we would expect with 76 children referred during May 2020 (compared to 88 during May 2019). Adult on adult conflicts (5.3% of the referrals received during April and May 2020 compared to 1.6% of the referrals during April and May 2019). For children who are feeling the impact of living with parents who have poor mental health and physical abuse (15.8% of the referrals were received during April and May 2020 compared to 12.5% of the referrals during April and May 2019).
12. There has been an increase in anonymous calls, which has proven a challenge, but no child has been left unsafe, with the Front Door moving swiftly to undertaking contact enquiries in all situations. If more than one anonymous call is received about the same children, the assessment teams undertake a home visit.
13. Although the number of communications received regarding domestic abuse has seen a decrease (17.3% of the contacts during April and May 2020 compared to 20.9% during April and May 2019), a larger number of these were referred onto social care than last year. This suggests a rise in the severity of the abuse and a higher level of impact/risk/concern for the child.

Early Help/Front Door

14. The Early Help Team has continued to respond to all contacts from professionals and members of the public, maintaining a focus of regular contact with families. Staff

have offered advice and guidance on how to manage stress, reduce conflict between parents and children, and using restorative practices to help families build relationships to help sustain positive changes they have made.

15. Services usually delivered through the children's centres have moved online, with advice about children's development and regular video sessions around play and positive interaction, proving very popular with families. Some families have needed more than virtual contact, one example being; a family who have recently had a devastating house fire. Early Help services were able to support the family throughout their crisis, including arranging and viewing another property, sourcing household items, clothing, toys and a whole host of other essentials. The team, with the aid of YOS, who provided vans and additional staff, helped the family move into the property. Longer term, the family will continue to be supported with the emotional and financial impact from the house fire.
16. In line with Covid-19 risk assessments, children that were identified as red and amber were monitored weekly by managers, with duty workers involved to conduct contacts and home visits. Some families required support by way of food parcels, which were delivered by staff adhering to appropriate social distancing measures and using PPE; and who used the opportunity to speak to children and families through windows and doors, gathering the voice of the child and gaining a better understanding of what life was like for them in lockdown.
17. Staff continue to review children who were rated as green; offering telephone and virtual home visiting support where necessary and have been creative in responding to need and have facilitated face book links, allowing for 200-300 parents to access sessions on Baby Massage, Interactive live singing sessions, Story Time, Play Activities and many more.
18. Communication with some children has proved challenging, and the Early Help team increased usage of the Mind of My Own (MOMO) app to try to support this. Video calls with young people on the autistic spectrum has brought a different range of challenges, and staff have been creative in engaging rapport and communication with children.
19. Most children have adhered to the lock down measures well with missing episodes reducing albeit being reported on new young people and have been one off occasions. (38 missing episodes relating to 28 children were reported during April and May 2020 compared to 66 missing episodes relating to 38 children reported during April and May 2019).
20. Return interviews with young people following a missing episode are conducted by virtual visits and overall, the experience in respect of this mode of communication, is positive with 93.5% of interviews being carried out in time (compared to 76.2% during April and May 2019) and 71.0% of the children engaged in their interview (compared to 55.5% during April and May 2019). Reasons for the missing episodes have been children feeling they needed to get out for a while and meet up with friends (usually saying at a safe distance). Most children and young people have understood the

implications of the Covid-19 pandemic, others had the idea that only 'old people can catch it'. Staff have educated them about the virus and have taken onboard advice given to them.

21. Feedback from parents/carers has been more positive, with workers having received better engagement due to phone contact however there have been occasions when parents have been in the background so the workers feel the young people have not been able to speak freely, especially in establishing details of community or family dwellings the young people have visited during the missing episode.
22. The Keeping Families Together service have had a decrease in referrals in April (2 requests received), however, this was ameliorated by the team extending the interventions for several families due to the uncertainty of the situation. 2 families were closed to KFT as the parents took the decision that having support from KFT was too high a risk in a pandemic situation, these families continued to receive support from their allocated social worker.
23. All families open to Keeping Families Together (KFT) were risk rated using the Covid-19 risk assessment and have been offered ongoing face to face support throughout lockdown. 71 visits were undertaken with 12 families in April 2020 (an average of 7 per family). 4/12 families were visited at least twice a week. In April and May 50% of the children open to KFT continued to attend education, with the support and encouragement of the KFT practitioners.
24. Preparation work for Family Group Conferences (FGCs) has continued with family members via telephone and various digital platforms. Some direct work has been undertaken with younger children utilising doorstep or garden visits, worksheets, flipcharts and pens have been delivered to families to support them in sharing their thoughts. Requests were received for an FGC for 7 families in April, a reduction on the previous month, however requests have increased in May and June.
25. Although it has not been possible to hold full face-to face FGCs under the current restrictions, most families have worked with their facilitator to develop an interim family plan; communicating by telephone or using virtual conferencing to gather the views of the whole family. Of the families open to the FGC team at the end of April, all but 3 either had an interim family plan or were making good progress towards a family plan. Timescales for completion of the interim family plan are generally shorter than that for a full face-to-face FGC due to the increased flexibility of using virtual and digital communication methods.

Assessment and Safeguarding

26. The Assessment and Safeguarding teams have continued to undertake assessments, reviews, multi-agency meetings by adapting to virtual mediums such as Microsoft Teams, face-time, and Whatsapp video calls. Where it has been safe to do so and social distancing could be applied, or PPE available and worn, face to face home-visits have taken place for Children in Need, children subject to Child Protection Plans and children who are in care. Where it has not been safe to undertake physical home-visits, virtual visits have taken place, and the children seen via video and spoken with also.

However, as PPE became more available to the teams over the weeks, the number of physical visits that are completed has significantly increased.

27. The number of children subject to a child protection plan remains low at present however the length of time that children are remaining subject of a child protection plan remains stable. Children in this cohort are being monitored effectively by the teams to determine that risks do not escalate and robust safety planning, including increased home visits are put in place to minimise risk.
28. All of Darlington's schools have made arrangements that enable children with a social worker to continue to attend, and they are encouraged to do so. Children's social workers have risk-assessed each individual child's circumstances and made recommendations about school attendance based on the child's best interests. The assessment includes the wishes and views of the family, Head Teacher and Health colleagues.

Children with Disabilities:

29. The Lifestages 0-25 team have continued to support children with disabilities and their families. The team have kept in regular touch with service providers and commissioning colleagues to ensure that service delivery is maintained, or other provisions considered where regular service provision is not available.
30. The team have continued to work closely with colleagues in education and schools to ensure that children have attended school wherever possible. The team continues to provide social care advice to inform Education Health Care Plans for children known to Lifestages, or not open to children's social care. This helps ensure that the vital work of providing appropriate plans to support children's education can continue
31. To minimise and reduce the risk of cross infection of Covid-19, changes were made to the number of children accessing Harewood Hill Lodge short break centre. Risk assessments identified the most vulnerable children and the Lodge have been providing a limited service to a targeted group of vulnerable children/ young people with a disability. Staff have been grouped into different 'bubbles' so that if any child or staff member show any Covid-19 symptoms, the specific 'bubble' can isolate and not affect others.
32. Children and families supported by the Lifestages 0-25 team have been very understanding of the change to the way social workers have stayed in touch by virtual contact. As a result of the medical vulnerabilities of some of these children, parents and carers have been "shielding" so have accepted virtual visits as being beneficial by keeping everyone safe, but also providing a good level of support.

Children in Care

33. The government gave local authorities 'flexibilities' in care planning processes for children in care and adoption pathways with the Adoption and Children (Corona Virus) (Amendment) Regulations 2020 that came into force on the 24th April 2020, however, other than introducing virtual methods of working, including initial and review health assessments, the LA has not implemented any of the amendments for children in care.

Placement Stability

34. There has been minimal movement within placements as a result of Covid-19 and moves have only taken place when there have been risks of infection with a need to protect the child, other children in placement and/or their carers. 46.5% (38 moves) less placement moves were needed during April and May 2020 compared to those during April and May 2019 (71 moves).
35. This reduction in placement moves has resulted in an improved performance regarding the three or more-placement moves in a rolling 12-month period for a child. The figure at the end of March 2020 was 11.1% and this positively reduced to 8.9% at the end of April 2020.
36. During the pandemic the Family Courts have needed to adapt to new processes and as a result have reduced the type of hearing they will list in order to manage virtual Court hearings. Therefore, the Courts have only been open for urgent applications in respect of children who are at risk of significant harm and require oversight of the Court, resulting in children who require safeguarding by being accommodated with the Local Authority has continued throughout this period.
37. However, as non-urgent applications have been unable to be lodged with Court, this has meant that some children have not been able to exit care in the timescales that would ordinarily have been applied, and has also caused some delay in being able to progress with care planning. Consequently, the number of children in care is continuing to rise as the number of children who are able to leave care has been significantly reduced. At this current time there are:
 - 9 children who are currently in their adoption placements but have not yet been adopted. This is due to the Courts not being able to progress non-urgent adoption applications during the lockdown period.
 - 4 children have been formally matched with adoptive parents and are awaiting a decision based on a risk assessment regarding when they can begin introductions. The lockdown has prevented these children from progressing to their adoptive home and will mean they will have remained in care for longer due to the impact of the pandemic.
 - 2 children are currently progressing through Court to have their Care Order discharged.
 - 9 children have been identified for progression of a discharge of Care Order and are awaiting an initial Court hearing once the Courts re-open to non-urgent matters on 1 July 2020.
38. It should be noted that although the Family Courts will re-open to non-urgent applications on the 1 July 2020, they will have a backlog of matters from several Local Authorities including Darlington to have to timetable. Therefore, there will be further delay in progressing with care planning matters.
39. From the beginning of April there has been a total of 26 children have come into care with 61.54% being placed with extended family members. The circumstances have

been varied with some as a result of care planning pathways in progress and others due to immediate safeguarding needs.

40. Contact between children in care and their families has been via virtual methods. Skype, WhatsApp and Zoom have been favourites of the children and family members and although this has been challenging for all concerned, everyone has adapted well with this way of working. Young people have found it extremely positive and for some children in specific circumstances, they have been able to have increased virtual contact, which has been of benefit to all.
41. Therapeutic Practitioners are providing extension over their core tasks by offering consultation to social workers about young people and family mental health and well-being, enabling signs and safety issues to be addressed and plans put in place to reduce risk and escalation.
42. Social Workers have used notelets and postcards as well as Moonpig cards to celebrate young peoples' birthdays and have also been sending texts and using facetime to conduct virtual visits. This virtual contact has included a "check-in" with carers prior to the phone being handed over to the child to view their room. The participation workers have held a weekly consultation to reflect how young people are dealing with the Covid-19 restrictions on a Thursday afternoon and captured their thoughts followed by a quiz with the Darlo Care Crew.
43. Darlington Youth Parliament has also been helped via the use of Microsoft Team to discuss the current issues in the town with virtual meetings taking place with the Member of Parliament for Darlington on Tuesday and Wednesday afternoons.
44. Residential Homes have been working as per regulations and standards, however; Regulation 44 visits are being conducted virtually. The staff have maintained a focus on safeguarding children in their care and despite some challenging situations, there has been very little movement in placements.

Care Leavers

45. Support provided to care leavers during the Covid-19 pandemic has included:
 - (a) Increased telephone support/ virtual contact with all care leavers.
 - (b) Home visits have continued with some care leavers who have required this level of support.
 - (c) Taking care leavers for walks / picnics in local parks.
 - (d) The normal weekly fare share food delivery for Care Leavers has been re-diverted to Kings Church and workers have been collecting food hampers and delivering to care leavers that need this support each week.
 - (e) Requests have been made for Government Laptops and 4g dongles for several Care Leavers.
 - (f) Continued weekly access to the Psychological Well-being Practitioner for Care Leavers has continued albeit virtually over the phone but there are plans to progress this further to video calls. Appointments are being offered on an evening and Saturdays.
 - (g) Purchased mobile phones for a small number of care leavers to enable practitioners to keep in touch.
 - (h) Personal advisors have been running a weekly quiz in the newly established "WhatsApp group" with a prize for the winner.

46. Corporate Parenting Panel last met on the 18 February 2020. It has been unable to meet since this date due to the Covid-19 restrictions that have been in place.

Fostering

47. Our foster carers have been flexible to help us to provide placements to meet the needs of children. A small number of foster carers are in the shielding category however; only one child had to move from placement due to their health needs, all children therefore have been able to remain in placement with only moves taking place as a result of care planning purposes.
48. Foster carers have continued to receive virtual support from their supervising social workers and have maintained the buddying arrangements in place with other carers. They have facilitated a range of methods in encouraging contact between children and their families.
49. Supervising social workers have continued to progress prospective foster carers and provide virtual visits and training sessions. In line with the Adoption and Children (Corona Virus) (Amendment) Regulations 2020 the fostering team have been unable to secure the provision of medical reports for prospective foster carers, as GP's have not been available to provide medical examinations. This flexibility has meant that prospective foster carers have been able to progress through the assessing stages albeit they will not be approved without the full medical report. The Designated Doctor for Looked After Children has worked with the medical adviser to the Fostering panel to plan for "virtual medicals".

Adoption

50. Adoption Tees Valley has remained operational using remote means to engage adopters and liaise with the assessment social workers. For children who have an approved plan for Adoption, Family Finding is continuing, and children are being matched. Virtual matching panels are taking place with matches being recommended to the Agency Decision Maker for approval.
51. The Courts not hearing adoption applications at this time, will ultimately generate delays in the making of Adoption Orders. The cohort of children are being tracked by the local authority and the data is being used to inform the Teesside Court Recovery Group as to the scheduling once the Courts commence hearing of cases.