Agenda

Notice of a public meeting of

Young People Overview and Scrutiny Committee

To: **Councillors Janet Jefferson (Chair), Gillian Quinn (Deputy Chair), Val Arnold, Lindsay Burr, Stephanie Duckett, Mel Hobson, Cliff Lunn, Stuart Martin, John Mann, Zoe Metcalfe, Richard Musgrave, Joe Plant, Annabel Wilkinson**

Co-opted Members: Tom Cavell-Taylor, Stephen Maltby, David Sharp, Ross Strachan and David Watson

Date: **Friday, 10th December, 2021**

Time: **10.00 am**

Venue: **Remote meeting held via Microsoft Teams**

Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue (as informal meetings of the Committee Members), with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed in February 2022.

The meeting will be available to view once the meeting commences, via the following link - www.northyorks.gov.uk/livemeetings. Recordings of previous live broadcast meetings are also available there.

Business

1. Welcome and Apologies

Enquiries relating to this agenda please contact Patrick Duffy, Principal Democratic Services Scrutiny Officer.
Email: Patrick.Duffy@northyorks.gov.uk Tel: 01609534546
or e-mail Patrick.Duffy@northyorks.gov.uk
Website: www.northyorks.gov.uk

2. Minutes of the meeting held on 3rd September 2021 (Pages 3 - 10)

3. Any Declarations of Interest

4. Public Questions or Statements

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Patrick Duffy, Principal Democratic Services Scrutiny Officer *(see contact details)* no later than 12 noon on Tuesday 7th December 2021. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

5. Chair's remarks

Any correspondence, communication or other business brought forward by the direction of the Chair of the Committee.

6. Early Years Briefing: Support during Covid-19 and in the future - Helen Smith, Early Years Strategy Manager (Pages 11 - 20)

7. One Adoption Agency - North and Humber, Annual Report 2020/2021 - Martin Kelly, Assistant Director, Children and Young People's Service (Pages 21 - 40)

8. Child Death Overview Panel Annual Report 2020/2021 - James Parkes, Partnership Manager - North Yorkshire Safeguarding Children Partnership (Pages 41 - 50)

9. Work Programme - Report of the Scrutiny Team Leader (Pages 51 - 54)

10. Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Thursday, 2 December 2021

North Yorkshire County Council

Young People Overview and Scrutiny Committee

Minutes of the meeting held on Friday 3 September at 10.00 a.m.

Present: County Councillor Janet Jefferson in the Chair.

County Councillors: Val Arnold, Lindsay Burr, MBE, Cliff Lunn, Stuart Martin, MBE, Zoe Metcalfe, Richard Musgrave, Joe Plant, Gillian Quinn and Annabel Wilkinson.

Co-opted Members: David Sharp (North Yorkshire Youth), and David Watson (North Yorkshire Sport)

Portfolio Holders: County Councillors Patrick Mulligan and Janet Sanderson.

In attendance for the Item at Minute No. 229, Dr. Maggie Atkinson

Officers: All from Children and Young People's Service Directorate, unless stated – Patrick Duffy (Principal Democratic Services Scrutiny Officer, Central Services), Sarah Fawcett, Lead, Medical Education Service, Carol-Ann Howe, Head of Inclusion, Martin Kelly, (Assistant Director, Children and Families)

Apologies for absence were received from Councillors Stephanie Duckett and John Mann, Tom Cavell-Taylor (Governor Representative), Stephen Maltby (Primary Teacher Representative) and Ross Strachan (Secondary Teacher Representative),

---

Copies of all documents considered are in the Minute Book

---

223. Welcome and introductions

The Chair welcomed people to the meeting and Members introduced themselves.

The Chair made the following statement:

You will have seen the statement on the Agenda frontsheet about current decision-making arrangements within the Council, following the expiry of the legislation permitting remote committee meetings. I just want to remind everyone, for absolute clarity, that this is an informal meeting of the Committee Members. Any formal decisions required will be taken by the Chief Executive Officer under his emergency delegated decision-making powers after taking into account any the views of the relevant Committee Members and all relevant information. This approach has been agreed by full Council and will be reviewed this month.

224. Minutes

Resolved –

That the Minutes of the meeting held on 25 June 2021, be confirmed and signed by the Chair as a correct record.

225 Any Declarations of Interest

With regard to the Item on North Yorkshire Safeguarding Children Partnership Draft Annual Report 2020/2021, the Chair declared an interest as Vice-Chair of the Local Safeguarding Partnership for Scarborough Borough and Ryedale. She added that she was previously Chair of the Children Strategy Group – now the Local Safeguarding Partnership.

226. Public Questions

There were no public questions or statements.

227. Chair's Remarks

The Chair advised that she and Councillor Annabel Wilkinson had attended the Safeguarding Board and that she had attended two recent Executive Meetings. She was pleased that the Policy Statement on Elective Home Education, to reflect the new pathway and statutory requirements, had been approved. NOTED.

228. Portfolio Holder's Statement – Councillor Janet Sanderson, Executive Member for Children's Services

The Chair invited Councillor Sanderson, Executive Member for Children's Services, to update the Committee.

Councillor Sanderson highlighted the following areas:-

Finance
"Outstanding" is what we do - not what we spend on doing it. Our job is to work within the parameters and make the funding go as far as possible.

The Quarter 1 projected outturn is £3.7 million overspend against the revenue budget.

Pressures include:-

- Inclusion
- Disabled Children's Services
- Children and Families Placements
- Children and Families
- Pooled Placement Budget

All Local Authorities are facing the same problems. The Authority had had an Independent Care Review, "A case for change", which stressed that the care system must build, not break, relationships. Taking children away from their family must be the last resort.

Looked after Children
Our numbers of looked after children continue to fall – 426. This is bucking the trend.

Foster Care
The system is at capacity. We have combined with other authorities on advertising, which will save costs

Councillor Sanderson added that she takes every opportunity to lobby for change, including via a recent meeting with MPs and lobby groups. The message is that proper funding is required rather than piecemeal.

Afghan Families
These are transition placements, so it is important that the needs of these families are assessed before directing services towards them.

Focused visit to North Yorkshire County Council Children's Services
This is referred to later on the Agenda for today's meeting.

The Chair thanked Councillor Sanderson for her informative briefing and for all that she is doing.

229. North Yorkshire Safeguarding Children Partnership (NYSCP) Annual Report 2020/2021 – Dr. Maggie Atkinson, Chair of NYSCP Executive and Independent Scrutineer

Considered –

A report by Dr. Maggie Atkinson, Chair of the NYSCP Executive, which summarised, reflected on and presented her formal scrutineer's assurance on the work of the NYSCP between 1 April 2020 and 31 March 2021.

Dr. Atkinson made the following points, in particular:-

- The report summarises her activity as Chair of the Executive and as Independent Scrutineer. The unusual nature of the report is that the whole period is covered by the Pandemic

- She can provide assurance, in accordance with *Working Together to Safeguard Children Guidance, 2018*, that the Partnership is better than sound

- A real benefit has been the continuity of expertise carried across from the former Local Safeguarding Children Board

- As Scrutineer, she has a reservation – the Partnership is acutely aware that, in 2021/2022, it will need to start to cover much of what the Children's Trust did so, for example, currently there is no Sub-Group on Education

- The Partnership will configure agencies in accordance with the main themes of *Being Young in North Yorkshire*

- She chairs the Executive in scrutiny mode – the partnership is mature; open and transparent and this enables difficult conversations

- There are risks and these are largely around reconfiguration of Clinical Commissioning Groups and Local Government Reorganisation. A lot of work will be required to get the new Authority to be the *do everything* body

- Despite the Pandemic, people have kept an eye on what is going on with children and young people. However, agencies are reporting fatigue among staff. A period of change will add to that pressure

- A further safeguarding thread is the rise in anxiety and the increasing number of parents choosing to home educate. A conundrum faced by agencies is how to

deal with youngsters who may be perfectly safe and receiving a great education at home - yet who are missing school; isolated; and not having their voice heard as to what they want from their education

In accordance with the *Working Together to Safeguard Children* Guidance, Dr. Atkinson concluded by providing formal assurance that the Partnership is set fair; knows what it needs to do; is in a healthy state; open and transparent; and provides challenge when this is required.

The Chair thanked Dr. Atkinson for her comprehensive report. The rise in mental health highlighted is a concern that is shared. Elective Home Education is an area that has been scrutinised by the Committee and the Policy updated. It is hoped that, through this, we can maintain children in school. As referred to in the report, we have some excellent services, including domestic violence.

Councillor Janet Sanderson also thanked Dr. Atkinson for her report. She had a concern that, because of the Pandemic, issues are probably likely to come through the system. With regard to the *Keeping Children Safe in Education Guidance*, she queried if these updates contain sufficient information – should they say more about what has happened in the Pandemic and, with the rise in home education, should there be information about this?

Dr. Atkinson responded that when *Keeping Safe in Education* is reviewed, if provides the ideal opportunity to take every Governing Body through it as it applies to all schools. In her view, it is not comprehensive enough and would benefit from a generic section on crisis management. It should also cover wherever a child is educated, including Further Education. North Yorkshire is several steps ahead of many places in tailoring what they tell schools about safeguarding. The Director and his Team do this on a regular basis, as do health partners.

Councillor Lindsay Burr felt that what we are doing about mental health issues could be broadened out in the report. She stressed that Practitioners need to be able to ensure their mental health is OK because, if it is not, they cannot do their safeguarding job.

Dr. Atkinson said she was happy to revisit her report to see where her involvement with the Partnership may have more to say about this aspect. She added that these are rolling reports, so there is the potential to refer to this next year.

She added that the next Partnership Day will look at what has been learnt; what we should not stop doing that has been done through the Pandemic; and next steps. The Partnership is on this, but it needs to be fedback to the people who do the delivery.

Councillor Annabel Wilkinson commented that the report contained a number of positives. The Pandemic had led to some reflection. What advice could Dr. Atkinson give us as we move forward? Dr. Atkinson felt that there was a need to be open and transparent; have an audit trail as to what changes are for the better and what still needs to be done. The methodology in Children's Social Care uses the 3Q Model, which looks at what is going well; what are we concerned about; and how are we going to address concerns so that, the next time we talk, they become part of *what is going well.*

Councillor Annabel Wilkinson advised that next year our young Inspectors will undertake a Peer Review of what it is like to be young in North Yorkshire.

The Chair thanked Dr. Atkinson, on behalf of the Committee, for her presentation and for engaging with the Committee.

230 Medical Education Service – Review/Update on Implementation

Considered -

A briefing by Sarah Fawcett, Lead for the Medical Education Service (MES), which advised Members of progress in its first year of operation.

Sarah highlighted the following:-

- It is a statutory duty to provide education for children and young people that are unable to attend school due to their medical needs

- The aims of the service include ensuring:-

    - compliance with our statutory responsibility;
    - that other key stakeholders are clear as to their responsibilities;
    - strengthened oversight of people with medical education needs; and
    - that children receive a better and swifter reintegration offer

- The service has been in operation for one year

- Referrals have increased each term

- One third of the referrals are from pupils with anxiety

- The offer includes an offer from the school, as well as MES, with an ethos to ensure that children continue to feel part of the school – via, for example, livestream education, or one-to-one education

- 32% of Review Meetings have been attended by a health professional. This is relatively low and is being addressed

- Of the 70 pupils referred:-

    - 42.86% are from Scarborough, Ryedale, Whitby
    - 22.85% are from Harrogate and Craven
    - 21.42% are from Selby; and
    - 12.86% are from Hambleton & Richmondshire

Sarah talked Members through a Case Study, which outlined how the system works in practice and which illustrated the positive outcomes that can be derived.

She added that MES will be delivering webinars to highlight the statutory duties of schools to support children with medical needs. The criteria may be reviewed, due to the impact of Covid - in terms of heightened anxiety in attending schools. Escalating low level of attendance of health professions, as mentioned earlier, will also be considered.

Councillor Joe Plant asked if there was any particular reason for the high figure of referrals for Scarborough Ryedale and Whitby? In addition, a breakdown for each area would be helpful. In response, Sarah advised that unmet need in schools and need not being identified early enough were factors. She will arrange for a breakdown, by area, to be sent to Members. Carol-Ann Howe, Head of Inclusion, added that the breakdown would include how the figures align with the percentage of school age population as, taken in isolation, the figures, by area, could be misleading.

Co-opted Member, David Watson, was interested to know what is/could be the role of the voluntary sector in supporting young people with anxiety. His organisation work with young people and he would welcome a conversation as to what more they can do. Carol-Ann and Sarah confirmed they would be happy to have a separate discussion about this.

Councillor Annabel Wilkinson referred to the attendance level of health professionals and asked if they are participating in the Review Meetings in other ways when they do not attend? In addition, will the AV1 robots still be required, now that we have Microsoft Teams? Sarah advised that new ways of working are being looked at. Discussions have been held with Children and Mental Health Services to ask what way they want to work to ensure the best way to ensure the *team around the child* approach. All health professionals receive a template to submit, but we will continue to seek to increase attendance, as the most practical outcomes are achieved when there is an open dialogue between the School; MES and Health. Regarding the AV1 robots, these will continue as part of a blended offer, as it is more interactive than Teams.

The Chair asked if AV1 helps prevent children going onto elective home education and Councillor Zoe Metcalfe asked about the situation where a child has an Education Health Care Plan (EHCP) – how is that delivered to them? Sarah advised that when a child comes to MES they often do not have an EHCP, or it will be related to a different need. MES look at how the banding is being used and the best way to meet the child's needs, whilst they cannot attend school. If the school is not in a position to utilise the banding, MES can look at how the banding can be used – such as additional one-to-one support.

Carol-Ann Howe advised that, strategically, Sarah's role has been expanded to include Elective Home Education, as well as children educated other than at school; children missing school; and oversight of attendance. As these elements are interlinked, this enables an overview of the relationships and trajectory and helps ensure that practice is informed by the views of Children and Adolescent Mental Health Services, as to ways to maintain an emotional attachment to the school.

The Chair asked for further information as to the 3% of pupils who had been referred with "Phobia" – is this OCD; anxiety; or something else? Sarah advised that this is not anxiety, as such – rather a fear of being in a room where doors are closed and physical restraints.

The Chair concluded the discussion by thanking Sarah and Carol-Ann for the excellent report. She welcomed the collaborative working in this area and looked forward to further updates in due course.

Resolved –

That a breakdown of referrals by area, to include percentage of school age population, be circulated to Members.

231 Focused Visit to North Yorkshire County Council Children's Services

Considered:-

A letter from Ofsted, dated 26th July 2021, concerning their visit to look at how child-centred planning had been delivered, in the context of Covid-19 restrictions.

Martin Kelly, Assistant Director for Children and Families, provided some background context to Members, before taking them through the content of the Ofsted letter. He advised that there are three types of Inspection:-

- Full Inspection - such as the one North Yorkshire Children's Services had in 2018, when it became the first Children's Services in the country to be adjudged "Outstanding" in all areas
- Joint Area Review
- Ofsted Focussed Visit

The visit had, in theory, been for two days but the Inspectors spent two weeks collecting data and holding discussions with agencies.

The focus had been on health and protection, looking at arrangements from *front door* to early help; statutory intervention; and child protection. Also examined, were quality of assessment; planning for children in need of child protection and those subject to child protection; how work is managed; and how the Directorate supported colleagues across the Pandemic.

In terms of the findings, these were extremely positive and included:-

- Stable Leadership Team
- Strong partnerships
- Highly effective multi-agency screening of cases with clear management direction
- Prompt and highly effective strategy meetings
- Well written Court Assessments
- The number of children entering care is low and, when this is required, staff act decisively
- Social Workers are positive about working in North Yorkshire
- Confident and skilled leaders and managers who know their service well.

One area identified that could be improved was that most children's plans would benefit from SMART (Specific; Measurable; Achievable; Realistic; and Time bound) actions. The Directorate has moved to a Signs of Safety Module, which will assist this process.

Martin Kelly added that all services cost less to provide, compared to our statistical neighbours and nationally. The focus is on keeping children with their families, where it is safe and possible to do so.

Councillor Joe Plant added his thanks to all staff on such as fantastic letter.

The Chair asked that the congratulations of the Committee be passed on to all staff.

232 Work Programme

Considered:-

A report by the Principal Democratic Services Scrutiny Officer which invited Members to consider the Committee's Work Programme for 2021/22, taking into account the outcome of discussions on previous Agenda Items and any other developments taking place across the county.

He highlighted that:-

- There are two further meetings of the Committee currently scheduled, together with three Mid Cycle Briefings, as per the dates stated on the report.

- The Work Programme is a useful guide for Members and officers, but it is always likely to be fluid. For example, the recently published report by the Rural Commission: *Rural North Yorkshire The way forward* - contains several recommendations for the County Council. Officers will look at which are of particular relevance to this and other Committees. A number relate to Young People e.g. *The Commission believes that the Council must invest in career guidance for young people in rural and remote schools.*

- Members are welcome to contact him at any stage to suggest Items to be considered.

Resolved –

a) That the next Mid Cycle Briefing be used to consider whether any recommendations in the Rural Commission Report, referred to above, need to be considered in the Committee's Work Programme

b) That a copy of the Rural Commission Report be circulated to Members of the Committee.

233. **Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances**

There was no urgent business but the Chair mentioned that Councillors Richard Musgrave and Joe Plant were doing various things for charity and they were welcome to send on details to Members.

The meeting concluded at 11.25 a.m.

PD

Early Years support during COVID-19 and in the future

Helen Smith – Early Years Strategy Manager

Impact of Covid-19 from 23rd March – July 2020

- As at January 2020, there were 580 PVI providers and 152 school based early years providers in NYCC – 732 in total.

First Lockdown Period: 23rd March – 31st May 2020

- Early years providers and schools were required to close to all children with the exception of children of critical worker families and children deemed to be most vulnerable.
- By April 2020, 27% of PVI settings were open or partially open.
- By May 2020, 31% of PVI settings were open or partially open.
- From 1st June 2020, early years settings and schools could re-open to more children within certain guidelines.
- By June 2020, 66% of PVI settings were open or partially open.
- By end of summer term 2020, 74% of PVI settings were open or partially open – nationally between 48% and 50% were open.
- From 20th July, restrictions were relaxed and settings were asked to prepare to welcome back all children without the need to keep them in "bubbles".
- As at August 2020, there were 573 PVI providers and 153 school based early years providers in NYCC – 726 in total

North Yorkshire County Council

Communications and support for the sector and families during this period

- The Families Information Service (FIS) telephone line remained open to families and providers throughout the pandemic providing individual support, advice and interpretation of the guidelines by the Families Information Service Assistant.
- The Early Years Strategy Manager and the Early Years Funding Team were available by telephone and email for advice, support and interpretation of guidelines.
- Between 4th February – 23rd March 2020, 26 separate communications were sent to providers in addition to the monthly Key Messages which continued.
- Between 24th March – 31st December 2020, a further 48 separate communications were sent to providers.
- The Early Years Funding Team issued 23 support documents with guidance.
- A dedicated website on CYPS and a dedicated COVID-19 email address were created.
- Eleven Early Years hubs were created across the county.
- Termly Engagement sessions with sector providers and LA staff took place.

North Yorkshire County Council

Monitoring of the early years sector

- In April 2020, the DfE launched a twice-weekly data collection process with all local authorities. All early years providers were asked to complete a twice-weekly survey.
- The DfE asked Ofsted to monitor which providers on the early years register were open or closed.
- Close monitoring of early years providers to ensure childcare needs were being met.
- Greater number of childminders remained open compared to group providers.
- DfE data collection survey reduced to weekly during Autumn Term 2020.
- DfE data collection survey reduced to monthly from January 2021 and continues currently with expectation it will cease in December 2021.
- Coram Childcare Annual Survey.

North Yorkshire County Council

Social Media Re-assurance for families

- Utilised the “Grow and Learn” and Early Help Facebook pages to promote positive messages to parents about the safety and benefits of children attending early years provision.
- This was in response to the first lockdown when parents lacked confidence in sending their children into childcare provision even if eligible and found alternative forms of childcare such as grandparents etc. Parental hesitancy and parents being confused about latest government guidance were also factors.

Financial support for the sector during this period

National Funding Support

- Coronavirus Job Retention Scheme (known as Furlough)
- Self-Employment Income Support Scheme
- District or Borough Council Discretionary Grant Fund
- A Business Rates 'holiday' for one year
- COVID-19 Bounce Back Loan Scheme
- COVID-19 Business Interruption Loan Scheme
- VAT deferral

NYCC Funding Support

- Up-front payment to registered providers of 80% of Summer 2020 term funding payment made on 14/4/2020 with balance paid in August 2020; replacing monthly payments.
- Payments to registered providers open over Easter and May half term for key workers' children and vulnerable children when early years funding would normally stop.
- Double funding for key workers' children and vulnerable children unable to access their normal funded place and accessing funded place at alternative provision from 23/3/2020 – 31/5/2020.
- Early Years Financial Support Fund to support the sector to continue the delivery of provision.
- Disability Access Funding (DAF) paid for year even if child not attending.

North Yorkshire County Council

Support during Autumn 2020

- The Early Years Leaders' Forums resumed on Teams during Autumn Term 2020.
- Key Messages issued and government updates continued to be issued.
- During Autumn 2020, NYCC gave providers the option of being paid 75% of their income upfront if they required the payment for cash flow reasons.
- In Autumn term 2020, 570 providers offered Government funded childcare places.
- NYCC paid 285 providers (50%) additional funding based on their Autumn 2019 headcount hours due to the number of Government funded 2, 3 and 4- year- old children attending in Autumn 2020 being lower.
- DWP Covid-19 Winter Food Grant Support. Distributed through PVI providers and schools for funded two-year-old funded children and three and four year old children in receipt of Early Years Pupil Premium. The value of the Grant distributed was £140,000 to early years.

North Yorkshire County Council

January 2021 onwards

- A further national lockdown came into force on 5th January 2021. The instruction was that "Early Years provision should remain open and continue to all children attend full time or their usual timetable hours. Only vulnerable children and children of critical workers should attend on-site reception classes." All other education settings closed.

- As part of the School Readiness "Grow and Learn" pilot, the Behavioural Insights Team identified that two-year old funding was an area where a BI approach could be used to increase take up of funding by auto-enrolment. Families on the DWP were issued with "Golden Ticket" letters to enable them to access a government funded two-year old place from January 2021 without the need for them to apply.

- Auto–enrolment into the library by registrars.

North Yorkshire County Council

Ongoing and new support for the sector

- In January 2021, there were 556 PVI providers and 156 school providers – 712 in total. In November 2021, there are 528 PVI providers and 159 school providers – 687 in total.
- Two new posts (Early Years Advisors) established from 1st September 2021. Core work to improve standards across sector including an SLA.
- Impact of Grow and Learn pilot (January 2020 – June 2021) on sector:-
  - Two-year-old funding take up and revised process implemented using BI techniques following new data sharing agreement implemented by DfE.
  - Well Comm Assessment and Early Talk Boost Intervention Pathway - Multi agency pathways to assess early speech, language and communication needs. Possible roll out across the county.
  - Integrated Review Pilot in Craven for two-year-old checks with Early Years providers, Healthy Visiting Service and Early Help. Pilot finishes at Easter with possible roll out across the county from September 2022.
  - Small Grants Funding for eligible settings in pilot areas until September 2022.

North Yorkshire County Council

Ongoing and new support for the sector

- Secured support from the Local Government Association to:-
  - Help develop and write an Early Years and Childcare Strategy
  - Provide free Sustainability Health Checks and Business Support Events
- Healthy Early Years Award
- Nutrition in Early Years
- MOD Grants for settings with children from Service Families
- Development of Family Hub Networks
- Safeguarding Audit Toolkits and cpd webinars/events
- Advice, support and guidance to schools considering nursery provision
- Monitoring of childcare market to ensure LA is meeting its statutory duties inc. providing information, support and guidance to sector and families
- Early Years SEND and Early Help support
- Comprehensive Spending Review – more funding available to support early years including £153m for training.
- BookTrust Early Years Storytime Pilot
- Early Years Professional Development Programme

North Yorkshire County Council

One Adoption Agency NORTH & HUMBER

Annual Report
One Adoption North and Humber
1st April 2020-31st March 2021

Impact of Covid

2020-21 has been impacted by the ongoing pandemic and the implications of providing adoption services during several periods of lockdown. New practices and ways of working were developed to manage the changing health situation. This included implementing fully remote panels.

The pandemic has delayed the adoption process for children, as courts had reduced capacity to deal with Placement Orders and Adoption Orders.

It also had an impact on adoption support and adopter assessments. The staff worked hard to find innovative ways to continue to support adoptive families and undertake preparation, training and assessments over virtual platforms.

Adopter approvals

There has been a significant increase in the number of approved adoptive families this year. OANH approved 100 adoptive families (10% up)

The Children

There has been an increase in the number of children placed from the 5 OANH LAs, 94 children placed with adopters (6% up)

91% of the 5 LAs children were placed with OANH adopters (90% 3 yrs) this affords the social workers the scope to offer greater support than can be achieved when placements are made further afield. It continues to enable the development of close inter agency work between the 5 LAs and OANH.

86% of OANH adopters took placements of 5 LAs children (89% 3 yrs) which means that adoptive families will receive more localised support during the placement phase prior to adoption order from social workers in 5 LAs, who are accustomed to working together with OANH and its adopters.

Early permanence

32 children were placed under early permanence arrangements (100% up). This is evidence that there is proactive exploration of early permanence opportunities, which has increased the confidence of LAs, Agency decision makers, the courts and adopters to plan such placements.

Sibling Groups

20 sibling groups placed (66% up). This evidences that the needs of children requiring placements with their sisters and brothers are being prioritised.

External placements

One Adoption North & Humber still needs to find some placements for children externally through inter agency placements, as these may be the most suitable placements available. Similarly a small proportion of OANH's approved adopters are matched with children from LAs across the United Kingdom, as this reflects the placement matching requirements of those children and adopters.

Post adoption additional support

Adoption Support continues to remain a key priority for OANH adoption teams and all teams have the capacity to support prompt assessment. There remains a variation of the number of open cases and referrals across the region.

The contract for birth family services, mediation services, adopter voice, Adopteens and birth family voice remains in place provided by PAC UK and Adoption UK. These services have continued virtually after the onset of Covid-19.

The peer mentoring service for OANH is in place provided by Adoption UK. This service is growing with 16 trained peer mentors providing support to 37 adoptive families. There are 8 trained parent partners supporting transitions with 6 families. There are 34 prospective adopters supported in a facilitated Whats App group.

The Inter Country Adoption contract remains in place with The Yorkshire Adoption Agency guaranteeing the Inter Country service for up to five years.

Annual Report, One Adoption North & Humber

1st April 2020 - 31st March 2021

Contents

1 Introduction

1.1 This is the third annual report of the Regional Adoption Agency (RAA), One Adoption North and Humber, summarising the work of the agency in the period 1st April 2020 to 31st March 2021. This was the third full operating year as a regional agency, after establishment in February 2018. This report should be read in conjunction with the Annual Performance Report for One Adoption North and Humber 2020/2021 (ANNEXE A).

2 Headlines

2.1 2020-21 has been impacted by the ongoing pandemic and the implications of providing adoption services during several periods of lockdown. New practices and ways of working were developed to manage the changing health situation, rules on social distancing and staff availability. This has delayed the adoption process for children, as courts had reduced capacity to deal with Placement Orders and Adoption Orders. The pandemic had an impact on adoption support and adopter assessments. The staff worked on finding innovative ways to continue to support adoptive families and undertake preparation training? and assessments over virtual platforms.

2.2 One Adoption North & Humber continues to concentrate on driving best practice, listening to the voice of our customers, and seeking to innovate. There has been development of the adopter voice and this has progressed to co-development and delivery of services, with an emphasis on empowerment of the adoption community to support one another.

2.3 There has been a significant increase in the number of approved adoptive families this year. OANH approved 100 adoptive families (10% up)

2.4 Also there has been an increase in the number of children placed from the 5 OANH LAs, 94 children with adopters (6% up)

2.5 91% of 5 LAs children were placed with OANH adopters (90% 3 yrs) this affords the social workers, who visit the placements the scope to offer greater support than can be achieved when placements are made further afield across the United Kingdom. It continues to enable the development of close inter agency work between the 5 LAs and OANH.

2.6 **86% of OANH adopters took placements of 5 LAs children (89% 3 yrs) which means that adoptive families will receive more localised support during the placement phase prior to adoption order from social workers in 5 LAs, who are accustomed to working together with OANH and its adopters.**

2.7 **32 children were placed under early permanence arrangements (100% up). This is evidence that there is proactive exploration of early permanence opportunities, which has increased the confidence of LAs, Agency decision makers, the courts and adopters to plan such placements.**

2.8 **20 sibling groups placed (66% up). This evidences? that the needs of children requiring placements with their sisters and brothers are being prioritised.**

2.9 **One Adoption North & Humber still needs to find some placements for children externally through inter agency placements, as these may be the most suitable placements available. Similarly a small proportion of OANH's approved adopters are matched with children from LAs across the United Kingdom, as this reflects the placement matching requirements of those children and adopters.**

2.10 **Adoption Support continues to remain a key priority for OANH adoption teams and all teams have the capacity to support prompt assessment. There remains a variation of the number of open cases and referrals across the region.**

2.11 **The contract for birth family services, mediation services, adopter voice, Adopteens and birth family voice remains in place provided by PAC UK and Adoption UK. These services have continued virtually after the onset of Covid-19.**

2.12 **The Inter Country Adoption contract remains in place with The Yorkshire Adoption Agency guaranteeing the Inter Country service for up to five years.**

2.13 **The peer mentoring service for OANH is in place provided by Adoption UK. This service is growing with 16 trained peer mentors providing support to 37 adoptive families. There are 8 trained parent partners supporting transitions with 6 families. There are 34 prospective adopters supported in a facilitated Whats App group.**

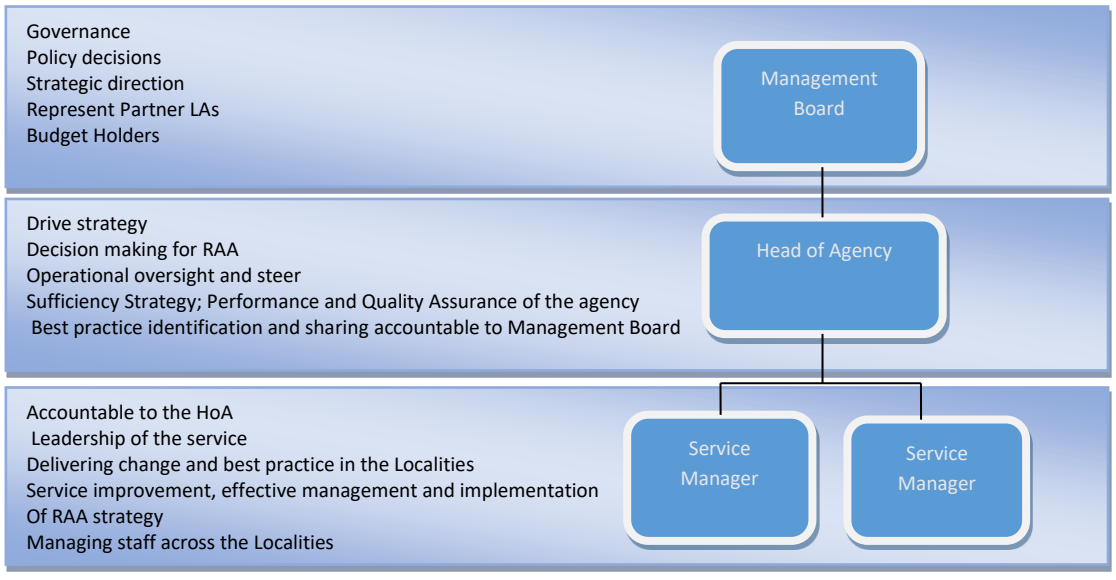
3 Context – National, Wider Region and Regional picture

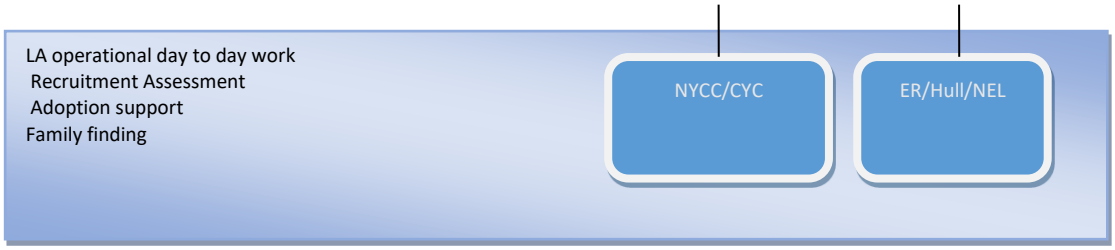
3.1 Regional Adoption Agencies have been established across England since 2017. One Adoption North & Humber work closely with One Adoption West Yorkshire, hosted by Leeds City Council, and One Adoption South Yorkshire, hosted by Doncaster Children's Trust sharing the 'One Adoption' brand and website, and running a joint marketing strategy. Emphasis in the marketing strategy has been upon engaging with the #youcanadopt national campaign. The national campaign is targeting the recruitment of adopters for children whom adoption agencies struggle to find placements for including older children, those in sibling groups, children with additional needs and children from some ethnic minority backgrounds.

3.2 The One Adoption North and Humber Board oversees the Regional Adoption Agency, working towards a consistently high quality adoption service across the region. Hosted by the City of York, it delivers a single service whilst retaining many functions at a local level.

3.3 The One Adoption Hub that consisted of 15 local authorities in the region and run by Barnardos was closed in 2020, after the members considered that the new RAAs were fulfilling most of the former functions of the Hub or consortium.

3.4 Organisational Structure




LA operational day to day work
Recruitment Assessment
Adoption support
Family finding
NYCC/CYC
ER/Hull/NEL

3.5 **The five local authorities contribute equally to the core functions of the Regional Adoption Agency. These include posts for the Head of Agency, Development Assistant, Communications and Marketing Officer and Business Intelligence Officer. These posts are located in the host local authority that also provides finance and legal support to the RAA.**

3.6 **The funding also includes a joint marketing budget combined with One Adoption West Yorkshire to fund the One Adoption website and shared marketing activity. Marketing strategy is detailed in the annual marketing report.**

4 Children

4.1 **In 2020-21 there were 102 children with placement orders granted (20% up) These figures include increases for Hull, NE Lincolnshire and East Riding and decreases in North Yorkshire and York. The variability between LAs needs consideration in each area as regional variation is likely.**

4.2 **Only 63 children adoption orders were granted in 2020-21 which is a 33% reduction from previous years. This reduction is reflected in national figures and relates to the impact of the pandemic on the courts and the adoption process.**

4.3 **Across the region, 29 children had their decision for adoption reversed in the year; this is a consistent number compared with 29 and 28 in the two previous years. Reasons for reversals are varied. 1 child had changing needs, 13 children did not have a Placement Order made by the Court, for 1 child we were unable to find an adoptive family and 14 were due to other reasons. The outcomes for this group of 29 children varied and 11 returned to the care of their parents or kinship carers, 12 became fostered long term and 6 children were made subject of special guardianship orders.**

4.4 When it is established that a child's plan may become adoption, a search is made across the regional agency using dedicated family finders, family finding forums, and Linkmaker: an electronic national searching tool. The intention is to link children where possible by the time a plan for adoption is made by the agency decision maker (ADM) in the local authority. This prevents delay for children. The time that a child waits from entering care until being placed with their adoptive family has fallen across the region in all local authorities that were not meeting the national target, all local authorities are significantly better than the national average.

4.5 One Adoption North and Humber takes satisfaction from the high percentage of children who are placed with adopters approved by OANH However, they have to be the right adopters for the children waiting, and at times, it is not possible to find the right match for a child within the region. If this is the case a decision is made early by the child's local authority that a search should be made on a national basis. Some children will wait longer due to a national shortage of adopters for sibling groups, older children, and children with disabilities.

4.6 The agency has been successful at placing 20 sibling groups. This year saw 19 sets of two children and one set of three children placed. This is consistent performance which has increased over three years.

4.7 Hull have placed significantly more children for adoption than in the previous two years. Other LAs are placing roughly comparable numbers of children to preceding years. The regional aggregate of placements is 94, the highest level achieved in 3 years of operation. 91% of 5 LAs children were placed with OANH adopters (90% 3 yrs)

4.8 Early Permanence Placement is when children are placed directly with a family that foster them with a view to adoption if Court agreement is given. 32 children were placed in an Early Permanence arrangement in 2020-21, this is a significant increase from the previous year when 16 children were placed. The majority of these placements were from Hull with that LA placing 22 of the 32 children in an Early Permanence Placement.

4.9 Adoption performance is measured by the Adoption Scorecard published annually by the Department for Education, a year in arrears, delayed this year due to the impact of the pandemic. The most recent scorecard relates to outcomes in 2019 and a three year period from 2016-2019, this was reported in the annual report for 2019-20 and therefore, there is no updated information.

5 Adopters

5.1 There continues to be a national shortage of adopters particularly for sibling groups and harder to place children. Most regional agencies report a shortage of adopters and rely on other regional adoption agencies or voluntary adoption agencies for between 20% and 50% of their placements for children, the national average is around 25%. One Adoption North & Humber's 5 LAs only placed 9% of children with other adoption agencies. This is the lowest percentage of inter-agency placements in England.

5.2 This year One Adoption North and Humber have seen a rise in their approval of adopters, with 100 families approved compared to 89 families last year. There is a steady flow of prospective families in the approval process which has remained consistent with preceding years.

5.3 One Adoption North and Humber have a joint marketing and recruitment strategy with One Adoption West Yorkshire, with local delivery organised by the North and Humber marketing officer.

5.4 This year there has been an emphasis on ensuring that the quality of assessment was not affected by virtual working and making sure that all our adopters move through the system and their adoption journey in as timely way as possible. The increase in the number of approved adopters is evidence of the success of this approach.

5.5 Families wishing to adopt from abroad are offered a service through the Yorkshire Adoption Agency with a contract across Yorkshire and Humber LAs.

5.6 Assessment has two stages: during stage one statutory and other checks are undertaken; in Stage two the in-depth assessment, report for the Adoption Panel and Agency Decision regarding suitability to adopt. Due to the pandemic regulations were changed and until September 2020 adoption agencies could progress prospective adopters into stage two without a medical or DBS check. In One Adoption North & Humber, we took advantage of this change in regulation to allow families to move with as little delay as possible. However, a managerial decision was still required for progression and these checks need to be in place before approval can be made. Since January 2021, the utilisation of this flexibility has not been necessary, as completion of adoption medicals and DBS checks have reverted back to their previous process.

5.7 The performance timescale for stage one is two months and stage two four months. The outcomes are included in the annual performance report.

6 Adoption Support

6.1 Adoption Support continues to be a large area of work with 90 new assessments started in 2020-21 and 265 open cases across the region. The numbers of adoption support cases vary significantly across the region with a higher concentration in North Yorkshire, City of York and East Riding.

6.2 The Adoption Support Fund (ASF) continues to be used throughout the region to provide families with therapeutic interventions. This fund has been expanded to offer Covid-19 assistance to families and new interventions including trauma intervention for carers and Child on Parent violence initiatives have been put in place.

6.3 **Adoption Support is an area that continues to develop in the region. A peer-mentoring project was commissioned in response to our adopter voice; this is now well established with many peer mentors providing support to a large range of families. There was a new development for peer mentoring for all prospective adopters in stage one, meaning that most families will be part of a peer mentoring group for their whole adoption journey. Peer Mentors will also be part of the support being offered to families in adoption support. This scheme has been expanded with additional training given to experienced peer mentors becoming parent partners to offer specialist support in transitions and trauma.**

6.4 **Peer mentors are co delivering preparation training for adopters and information events and although these have moved to virtual delivery this is still working really well.**

6.5 **The peer mentoring service for OANH is in place provided by Adoption UK. This service is growing with many trained peer mentors providing support to a large range of adoptive families. There are also trained parent partners supporting transitions with families. All prospective adopters can be supported in a facilitated Whats App groups, if they wish to engage.**

6.6 **Adoption UK undertook an external review with the University of Newcastle. The key findings of the research were that the peer mentoring programme in Yorkshire and Humber was highly valued by participants and partners. It has supported significant numbers of adopters in their journey both as mentees and mentors - reducing isolation, building confidence and increasing access to adopter lived experience within practice delivery.**

6.7 **There is a process being undertaken in June 2021 to procure peer mentoring services under a Yorkshire and Humber tender, led by Leeds City Council.**

6.8 **A contact review has been undertaken in the region with a comprehensive survey produced and completed by over 200 adopters, the information is being analysed currently.**

7 Adoption Panels

7.1 Joint adoption panels for North Yorkshire and York and East Riding, Hull and North East Lincolnshire continued to run well, in spite of the impact of the pandemic. They follow the same procedures and contribute to establishing and aligning best practice across the region. All panels have continued to sit despite the pandemic, by moving to virtual sessions. Regulation changes allowed a reduced quoracy (3 members) for panel or a move to Agency Decision with no panel held. This flexibility was utilised in very few instances and the usual pre pandemic arrangements have returned with full quoracy and panel recommendations to the agency decision makers. Panels continued to mitigate any delays for children's planning.

7.2 There is exploration of the scope for Panel operation to be continued as a virtual meeting, as the recovery from the effects of the pandemic reduce on 2021-22. A review will be undertaken to ensure compliance with social distancing and Covid safety, while ensuring suitable continued scrutiny of social workers' recommendations.

8 Raising Practice Standards

8.1 One of the purposes of the formation of a Regional Agency was to raise practice standards in adoption across the region. Live audits and dip samples of cases are undertaken regular and standardised to monitor and ensure best practice.

8.2 Heads of Service from the five local authorities meet to discuss and scrutinise developments and practice with the Head of Agency and Service Managers, making sure the needs of the Local Authorities are met by their regional agency.

8.3 All staff events took place twice during 2020-21 and a further day is planned for June 2021. Workshops will be held on early permanence placements, support to prospective adopters and adoption support.

8.4 **The assessment framework for adoption support developed by the Centre of Excellence was adapted and training and guidance provided for OANH. This aims to unify the approach to adoption support through the region and raise the standards of assessment, planning and reviewing for our adoptive families. Emphasis is being made on outcome led plans and support being wider than therapeutic or social work interventions.**

8.5 **Managers had the opportunity for management and leadership training via First line, part of the Front Line organisation. This aimed to align the management approach across OANH and ensures managers have an emphasis on strong leadership and driving best practice.**

9 Finance

9.1 **The Local Authorities contribute equally to the costs of the core staff of the RAA employed by the host City of York and the marketing and website costs for the joint branding with One Adoption West Yorkshire. This contribution is £40, 000 per Local Authority.**

10 Recommendation

10.1 **That the Board notes this information on the activity of One Adoption North and Humber in the year 2020-21**

Head of Agency

13 May 2021

Enter

Child Death Overview Panel (CDOP) Annual Report

2020-2021

North Yorkshire Safeguarding Children Partnership

City of York Safeguarding Children Partnership

Child Death Overview Panel Annual Report 2020-2021

Foreword

As I write this, the nation is looking forward to the easing of the lockdown measures put in place to protect us from the threat of the global coronavirus pandemic. However, not everyone will emerge from this difficult year unscathed. People have been bereaved, lost employment and educational opportunities which the effects of which may be delayed. All these thing will have an impact on children and young people, by recognising this CDOP members are continuously working to build children and young people's resilience and reducing the negative impacts of the pandemic. During the last year the child death review partners have not been notified of any child deaths relating to COVID-19, however they are mindful of an increase in drug related deaths which may well be an indication of reduced mental wellbeing amongst young people, for which coronavirus could be a contributing factor. This is something as a panel we will be monitoring closely.

The two task and finish groups formed to look at our priority areas of safer sleep and suicide prevention will be reporting back their findings to the panel . It has been agreed that this work continues over throughout 2021/2022 to ensure learning and recommendations can be embedded into service provision.

Working remotely is now a way of life and CDOP have continued to review child deaths effectively and efficiently. Multi-agency membership is robust and meetings are conducted inclusively. I feel that this is a testament of the commitment from panel members to safeguard children and young people and reduce the risk of child death. I would like to take this opportunity as CDOP Chair to thank everyone involved.

Anita Dobson, Nurse Consultant
Public Health, City of York Council,
Child Death Overview Panel Chair

Contents

Introduction

The death of a child is a devastating loss that profoundly affects all those involved. Since April 2008 all deaths of children up to the age of 18 years, excluding still births and planned terminations are to be reviewed by a CDOP to accommodate the national guidance and statutory requirement set out in Working Together to Safeguard Children 2018.

The publication of the Child Death Review Statutory and Operational Guidance in 2018 builds on the requirements set out in Chapter 5 of Working Together to Safeguard Children 2018 and details how individual professionals and organisations across all sectors involved in the Child Death Review should contribute to guided standardised practice nationally and enable thematic learning to prevent future child deaths.

Child Death Review partners, the Local Authorities and Clinical Commissioning Groups for North Yorkshire and City of York now hold responsibility for the delivery of the Child Death Review Process as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017. The CDOP is multiagency with differing areas of professional expertise. This process is undertaken locally for all children who are normally resident in North Yorkshire and City of York.

As part of the new Child Death Review requirements set out in Working Together (2018), North Yorkshire and City of York Local Authorities and Clinical Commissioning groups created a Strategic Child Death Review Overview group to provide strategic oversight for the Child Death Process in the county and city. Meeting are held twice a year and the membership includes:

- Directors of Children and Young People's Services (NYCC and CYC)
- Chief Nurses for the Clinical Commissioning Groups (VoY CCG and NY CCG)
- Designated Doctor for Child Death (VoY and NY CCG)
- Child Death Overview Panel Chair (CYC Public Health)
- Child Death Review Coordinator (NYSCP)
- Partnership Business Unit Managers (NYSCP and CYSCP)

The collation and sharing of all learning from Child Death Reviews and the CDOP is managed by the National Child Mortality Database (NCMD) which has been operational since 1st April 2019. The NCMD gathers information on all children who die across England with the aim to learn lessons that could lead to changes to reduce child mortality.

The purpose of the Child Death Review Process is to try to ascertain why children die and put in place interventions to protect other children and prevent future deaths wherever possible. The process intends to;

- Document, analyse and review information in relation to each child that dies in order to confirm the cause of death, determine any contributing factors and to identify learning arising from the process that may prevent future child deaths
- To make recommendations to all relevant organisations where actions have been identified which may prevent future deaths or promote the health, safety and wellbeing of children
- To produce an annual report on local patterns and trends in child death, any lessons learnt and actions taken, and the effectiveness of the wider Child Death Review Process
- To contribute to local, regional and national initiatives to improve learning from Child Death Reviews.

Membership and Panel Meetings

The Child Death Overview Panel meetings are held on a bi-monthly basis and the membership can be seen below:

Membership of the Child Death Overview Panel

Member	Organisation
Anita Dobson (Chair)	Nurse Consultant in Public Health, City of York Council
Victoria Ononeze (Vice Chair)	Public Health Consultant, North Yorkshire County Council
Dr Sally Smith	Designated Doctor for Child Deaths & Consultant Paediatrician, York and Scarborough Teaching Hospitals Foundation Trust
James Parkes	Safeguarding Children Partnership Manager, North Yorkshire
Sophia Lenton-Brook	Interim Safeguarding Children Partnership Manager, City of York
Rose Howley	Group Manager, Multi-Agency Safeguarding Hub, City of York Council
Danielle Johnson	Head of Safeguarding, Children & Families Service, North Yorkshire County Council
Jemma Cormack	Safeguarding Manager, North Yorkshire Police
Carol Kirk	Detective Inspector, North Yorkshire Police
Freya Oliver	Head of Midwifery, York Teaching Hospital Foundation Trust
Alison Pedlingham	Head of Midwifery, Harrogate District Foundation Trust
Dr Natalie Lyth	Children's Designated Doctor for Safeguarding, VoY and NY CCG
Dr Sarah Snowden	Children's Designated Doctor for Safeguarding, VoY and NY CCG
Andrea Pitman	0-19 Healthy Child Service West Team Manager, City of York
Sarah Neale	Named Nurse for Safeguarding, Harrogate District Foundation Trust
Ali Firby	Child Death Review Officer for North Yorkshire and City of York

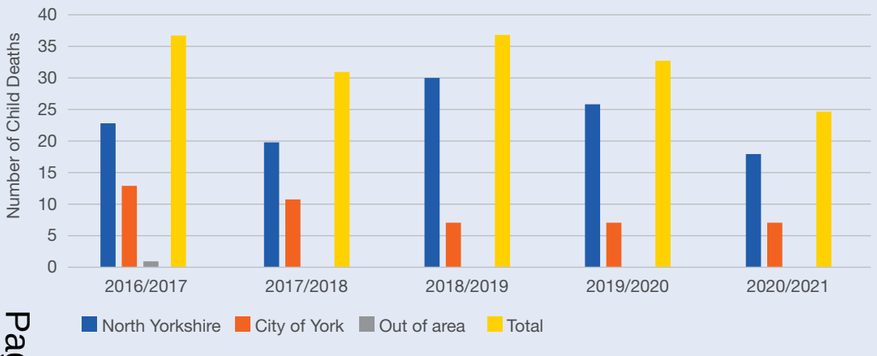
CDOP Panel Membership – at 31st March 2021

Data Analysis

Total number of infant and child deaths

A total number of 25 children residing in North Yorkshire and City of York died in 2020/2021. Since 2016/2017 the number of child deaths have fluctuated as detailed in table 1.

Table 1. Child Deaths in North Yorkshire and City of York 2016-2021

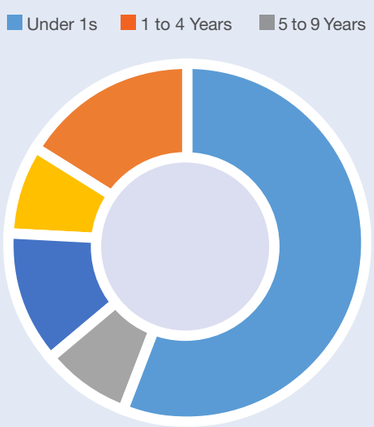


(Source: North Yorkshire and City of York CDOP Data)

The data detailed in table 2 summarises the age of the North Yorkshire and City of York children at death over the past 5 years. Although we have seen a decline in cases notified to CDOP in 2020/2021 in comparison to previous years, there has been a significant rise in complex cases, for example drugs related deaths and Sudden and Unexpected Deaths in Infancy (SUDI). The multifactorial nature of these cases require more detailed analysis to draw out learning across the North Yorkshire and City of York multi-agency partnerships.

The CDOP work with multi-agency partners across North Yorkshire and City of York. Where, needed cases or themes are raised to identify learning for multi-agency partners. For example linking in to the county and city Emerging Drugs Trends Meetings and engaging in to both NYSCP and CYSCP Safeguarding Practice Review Groups where it is felt cases are needed to be explored in more detail.

Table 2. Age of infant and child deaths



As in previous years, a child is most at risk of death when under the age of 1, and particularly within the first 27 days of life. In 2020/2021, 44% of the child deaths notified to the CDOP were under 27 days old.

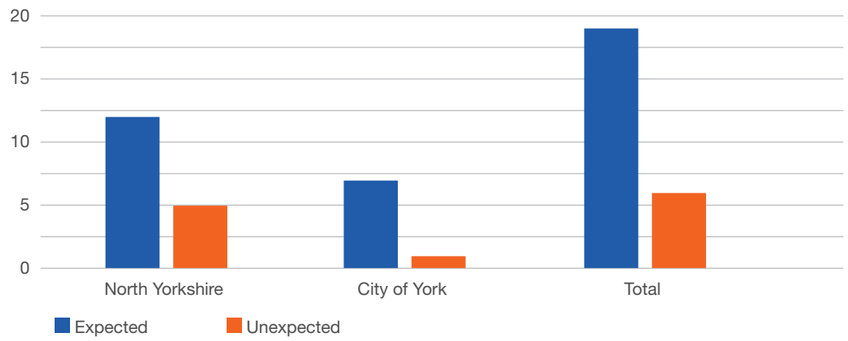
Expected and Unexpected child deaths

There are two categories of child deaths:

- A child death is an “expected” death where the death of an infant or child was anticipated due to a life limiting condition.
- A child death is an “unexpected” death where the death of an infant or child was not anticipated as a significant possibility, for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death.

Over a 5 year average there have been 103 expected deaths and 59 unexpected deaths notified to CDOP. Table 3, shows the number of deaths which have been notified as expected and unexpected in 2020/2021.

Table 3. Category of Child Deaths in North Yorkshire and City of York 2020/2021



(Source: North Yorkshire and City of York CDOP Data)

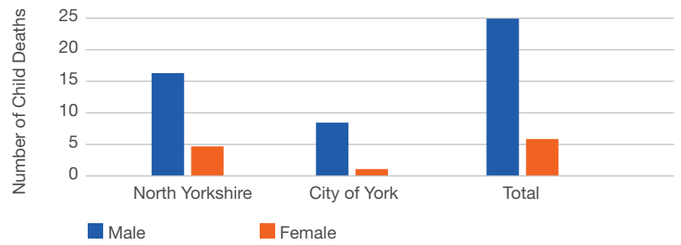
Location of death

Of the 25 deaths notified to CDOP in 2020/2021, 19 occurred within a hospital setting and the remaining 6 at home, in a public place or a hospice.

Infant and child deaths by gender

A breakdown of the number of child deaths by gender is outlined in Table 4. Nationally and locally the mortality rate for males is higher than females.

Table 4. Gender



(Source: North Yorkshire and City of York CDOP Data)

Ethnicity

Of the 25 child deaths notified to CDOP in 2020/2021, they were classified as "White British" or "White Other". This reflects the population demographics for our regional area.

Disabled children

Out of the 25 child deaths notified in 2020/2021 there were 2 children who were known to have a disability. Those child deaths have been notified to the Learning Disabilities Mortality Review Programme (LeDeR) by CDOP to assist with their review and share learning from deaths of children with disabilities.

Categories of Child Deaths

During the CDOP meeting, members categorise all child deaths which are then recorded on a CDOP system. Categories of child death are identified nationally and are provided by the Department for Education. Detailed in table 5 are the categories of child deaths that have been agreed as of 31 March 2021.

Table 5 – Category of child deaths reviewed by CDOP (includes both North Yorkshire and City of York)

	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020	2020/ 2021	Total
1. Deliberately inflicted injury, abuse or neglect - This includes numerous physical injuries, which may be related to homicide as well as deaths from war, terrorism or other mass violence. It also includes severe neglect leading to death.	0	0	0	0	0	**0**
2. Suicide or deliberate self-inflicted harm - This includes any act intentionally to cause one's own death. It will usually apply to adolescents rather than younger children.	0	2	1	7	2	**12**
3. Trauma and other external factors - This relates to unintentional physical injuries caused by external factors. It does not include any deliberately inflicted injury, abuse or neglect**.**	2	3	3	4	1	**13**
4. Malignancy - This includes cancer and cancer like conditions such as solid tumours, leukaemia & lymphomas, and other malignant proliferative conditions, even if the final event leading to death was infection, haemorrhage etc.	3	4	3	6	5	**21**
5. Acute medical or surgical condition - A brief sudden onset of illness which resulted in the death of a child.	4	6	2	2	2	**16**
6. Chronic medical condition – A medical condition which has lasted a long time or was recurrent and resulted in the death of child.	2	2	1	0	2	**7**
7. Chromosomal, genetic and congenital anomalies – Medical conditions resulting from anomalies in genes or chromosomes as well as a defect that is present at birth.	4	3	6	6	6	**25**
8. Perinatal/neonatal event – The death of child as a result of extreme prematurity, adverse outcomes of the birthing process, intrauterine procedure or within the first four weeks of life.	8	8	6	8	7	**37**
9. Infection – This can be any primary infection (i.e., not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby.	5	1	1	4	3	**14**
10. Sudden unexpected or unexplained death – This is where pathological diagnosis is either Sudden Infant Death Syndrome (SIDS) or 'unascertained', at any age**.**	2	0	1	2	3	**8**
Total number of child deaths reviewed by CDOP	**30**	**29**	**24**	**39**	**31**	**152**

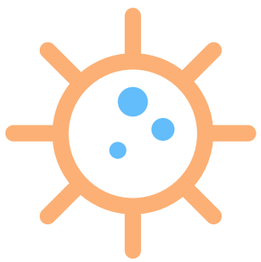
(Source: North Yorkshire and City of York CDOP Data)

There are a total of 23 cases which have occurred between 2018 and 2021 which are yet to be reviewed at CDOP. The information on these deaths will also be included in the 2021/2022 annual report.

As detailed in Table 5, of the 152 child deaths that have been reviewed by panel over the past 5 years, the main categories of the child deaths are:

Perinatal/ neonatal event
24%

Chromosomal, genetic and congenital anomalies
16%



Malignancy
13%

"I think it's fair to say that this has been a challenging year for everyone, but I feel that the CDOP have managed the potential difficulties well here in North Yorkshire and City of York, continuing with our core business including multi-agency child death review meetings, training and panel meetings virtually throughout the coronavirus pandemic. In some ways our ability to work virtually has given us ideas that we can continue to use in the future. Our large geographical footprint has meant that meeting virtually has saved a lot of time and our training has been extremely well attended. We have been able to deliver more sessions as a result of reduced travelling time, increased accessibility and the ability to provide more sessions for specific staff groups on request without needing to physically accommodate everyone in one room".

Dr Sally Smith, Designated Dr for Child Deaths, Vale of York and North Yorkshire CCG

Child Death Review Process

A Joint Agency Response (JAR) will be triggered in full for all child deaths that are sudden or unexpected. An unexpected death is a term used at presentation for the death of an infant or child whose death was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death. Within this process the lead agency, which may be either the Police or the Consultant Paediatrician involved in the care of the child, will inform the Child Death Review Officer who ensures a meeting takes place within 72 hours of the child's death. The aim of the JARM is to enable the sharing of information, multi-agency discussions and planning to safeguard other individuals if identified.

It is the Coroner's responsibility to determine the cause of death where this is not known. If it is not possible to find out the cause of death from the post mortem examination, or the death is found to be unnatural, the Coroner will hold an inquest, a public court hearing will be held by the Coroner in order to establish who died and how, when and where the death occurred.

Following notification being received by the Child Death Review Officer, each agency that was involved in the care of the child prior to their death must complete an 'Reporting Form'. This form captures all the relevant information about the child and family to inform the CDOP process when considering modifiable factors. In addition to the reporting form there are a number of supplementary forms which the Child Death Review Officer uses to collect information from the relevant professionals which is also shared with the National Child Mortality Database (NCMD) and collated for review by the CDOP.

The process for expected deaths; i.e. the death of an infant or child which was anticipated following on from a period of illness that has been identified as terminal differs slightly as they do not usually require a JAR,

Supporting and engaging with a family who have lost a child is of the utmost importance throughout the whole Child Death Review Process. Recognising the complexities of the process, and the differing emotional responses that bereavement can bring, families are given a single named point of contact, called a 'Key Worker'. Regardless of the professional background this person should;

- Be a reliable and readily accessible point of contact for the family after the death;
- Help co-ordinate meetings between the family and professionals as required;
- Be able to provide information on the child death review process and the course of any investigations pertaining to the child;
- Liaise as required with the coroner's officer and police family liaison officer;
- Represent the 'voice' of the parents at professional meetings, ensure that their questions are effectively addressed, and to provide feedback to the family afterwards; and
- Signpost to expert bereavement support if required.

All expected and unexpected child deaths are required to have a Child Death Review (CDR) Meeting. This is a multi-agency meeting where all matters relating to an individual child are discussed by professionals directly involved in the care of that child during their life. A CDR Meeting can take many forms such as a Local Case Discussion, Perinatal Mortality Meeting, an NHS Serious Incident Investigation or a Hospital Morbidity and Mortality Meeting and typically, this meeting happens three months or more following the death of a child.

The purpose of the CDR Meeting is to discuss and review the background history, treatment and outcomes of investigations to determine, as far as possible, the likely cause of death. To ascertain contributory and modifiable factors across domains specific to the child, the social and physical environment and service delivery; to describe any learning arising from the death. Where appropriate, identify actions that should be taken by an organisation involved to improve the safety or welfare of children or the child death review process and to review the support provided to the family and to ensure that the family are provided with the outcomes of any investigation into their child's death. The analysis form is drafted within the meeting which is then presented to the CDOP.

"I have attended several meetings of the North Yorkshire and City of York CDOP, and one of the associated CDR Meetings. Both meetings, which deal with potentially difficult and distressing materials around the events surrounding child mortality, whether a child's death has been expected or unexpected, are thoroughly professional. They are well chaired, take account of all professional views, expertise and opinions, record their discussions and conclusions effectively and appropriately, and report on each agency's approaches to reviewing the matters brought to the meetings. All professionals present at and contributing to the meetings I have attended have shown great respect for and awareness of the fact that in every instance they are discussing the sad loss of a young life to a family, friendship group and community.

CDR Meeting discussions are carried out with scrupulous professionalism, including taking due account of the need for any directly involved clinicians to step aside from the meeting's concluding decision making regarding formal recording of the causes and clinical circumstances of a child's death.

Both meetings are often undertaken around crowded agendas, but in each case due care, attention and time are given to the discussion of each child in the appropriate degree of detail so that the Partnerships in both the North Yorkshire and the City of York are kept duly informed. Lessons that may need to be learned by services when a child or young person has died are also captured, and CDOP's reports, and records of its discussions and conclusions, all contribute to wider Partnership learning or practice reviews when a child death requires that one is undertaken".

Maggie Atkinson, NYSCP and CYSCP Independent Chair and Scrutineer.

Training

The Designated Doctor for Child Death and Child Death Review Officer have delivered 5 courses for Child Death Review: Advanced Training for Professionals across North Yorkshire and City of York in 2020/2021, with over 80 delegates attending. They have also delivered bespoke training to individual agencies including Children's Social Care and contributed to a Paediatric Community Regional Training Day.

The Child Death Review Officer and NYSCP Partnership Manager engages in the NCMD Webinars which are designed to provide detailed updates on the NCMD, discuss emerging issues and obtain information around the latest events in the CDR sector. Information from these events is shared with North Yorkshire and City of York's Child Death Review Partners on a regular basis.

"Really helpful to understand more about the CDOP process from start to finish - really well delivered - thank you" and "Excellent course and will be useful to me in my work".

Feedback from the Child Death Review Training.

Child Death Overview Panel

The purpose of the panel is to consider any learning or factors that could prevent future deaths of children. Following the completion of the CDOP Process and when the cause of the child's death has been determined for both expected and unexpected child deaths, the information relating to the case is anonymised and is taken to the CDOP for discussion and review.

During 2020/2021, the panel has reviewed a total of 31 cases. Of these cases, some of the deaths occurred in the previous years. Cases can take over six months to be brought to panel for review. This may be because the CDOP is awaiting information from agencies, for example post mortem reports or if there is an on-going police investigation, in which case the discussions may be deferred pending the result of the enquiry. It should be noted that a child's death cannot be discussed at panel until all information is received.

Of the 25 child deaths that occurred in 2020/2021, 7 have been discussed at panel with the remainder being scheduled for 2021/2022.

The CDOP continues to remain mindful that through the Covid-19 pandemic there is the possibility of child deaths occurring as an indirect result of Covid-19. This could include deaths from abuse as a result of domestic violence, deaths from late presentation of serious medical conditions (either due to an assumption the symptoms were Covid-19 related, or due a reluctance or inability to present to medical services in a timely manner) and potentially deaths due to other infectious diseases as a result of delayed vaccination during the pandemic. We are pleased to report that during 2020/2021 we have received no notifications of death relating directly or indirectly relating to Covid-19.

Within the 5 year reporting period the mortality rate in children and young people is the lowest it has ever been. It is believed this could be in relation to the restrictions imposed by the Covid-19 pandemic.

Modifiable factors

Modifiable factors are defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'

When the panel has reviewed the death of a child they will then identify and agree any modifiable factors that may have prevented the death.

Where modifiable factors are identified the Panel has taken action to address these where appropriate. It is not usually within the remit of CDOP to take action directly, but any issues identified, learning points and recommendations are passed to relevant agencies to enable them to take action as appropriate. When this is felt necessary, it is placed on an action log until CDOP are assured that the necessary action has been taken.

Out of the **31** child deaths reviewed by the panel in 2020/2021, there were 6 cases, **19%** where modifiable factors were identified.

Learning from child deaths

The aggregated findings from all child deaths informs local strategic planning including the joint strategic needs assessment, on how to best safeguard and promote the welfare of children in the area.

What has CDOP achieved in 2020/2021

Priority	Progress	Evidence
Reduce the mortality rate in children and young people in North Yorkshire and City of York through a coordinated response.	**Action ongoing**	CDOP has embraced the new safeguarding arrangements and ensured timely, multi-agency input to Joint Agency Response Meetings for all unexpected child deaths. There remains further work to be done to ensure every child death has a multi-agency Child Death Review Meeting prior to being reviewed by the CDOP. In some cases it has been appropriate for CDOP to arrange this meeting for expected child deaths in order to ensure suitable information is gathered or clarified. At present Health Services have well established Mortality and Morbidity Meetings which ensure each child death is reviewed and is fed into the CDOP, however the aim is to make these meetings fully multi-agency to ensure compliance with the Child Death Review Operational and Statutory Guidance.
To seek assurance that partners are working collectively on the suicide prevention agenda.	**Action completed**	The CDOP has established links and sits on the North Yorkshire Suicide Prevention Suicide Surveillance Group and the City of York Suicide Safer Delivery Group which allows us to work with our colleagues in adult services to learn and explore how we can work collectively to educate and put in place preventative measures to tackle suicide, ensuring that the right support is available much earlier on to support children's social, emotional and mental health.
To identify and share bereavement support services that are available to Children, Young People, Families and Communities.	**Action completed**	Colleagues from North Yorkshire County Council, partner organisations and parents have worked together to create the 'North Yorkshire Self-Harm and Suicidal Ideation Pathway of support for children and young people with self-harming behaviour and/ so suicidal ideation'. The result is an online pathway aimed to help schools, the children's workforce, parents and carers all in one place.

Priority	Progress	Evidence
The CDOP will consider and monitor all child deaths that occur as a direct or indirect result of Covid-19 at the CDOP and ensure any actions which need to be implemented are recommended by the Panel.	**Action ongoing**	During 2020 and beyond CDOP will ensure Covid-19 is monitored and escalated as appropriate.
SUDI Prevention	**Action ongoing**	In response to the increase in sudden and unexpected deaths across North Yorkshire and City of York, which was detailed in the 2019/2020 CDOP Annual Report, the CDOP identified the need to undertake an audit across services in North Yorkshire and City of York who are responsible for providing safer sleep advice and information to parents and carers. A SUDI Prevention task and finish group was set up which included representatives from NYSCP and CYSCP members to coordinate this piece of work. Following this audit, the task and finish group were assured that the safer sleep information provided to parents and carers was consistent across the county and reflected national guidance. In addition, the task and finish group reviewed the Children Safeguarding Practice Review Panel (CSPRP) second thematic report 'Out of routine: A review of SUDI in families where the children are considered at risk of significant harm' which was published in July 2020. The task and finish group found it was consistent with what is happening locally. Both the audit and the review of the CSPRP's thematic report led to recommending actions and campaigns to be put in place to raise awareness across organisations with regards to safe sleep advice and SUDI Prevention. The task and finish group concluded that both NYSCP and CYSCP should consider developing a multiagency SUDI risk prevention model, in line with the CSPRP's 'Prevent and Protect' practice model, which recognises a continuum of risk of SUDI. At the time of writing this report proposals are set to seek agreement from both NYSCP and CYSCP in the next reporting year 2021/2022.

Priority	Progress	Evidence
Suicide Prevention	**Action ongoing**	Following the CDOP review of seven child deaths in 2019/2020 which related to suspected or confirmed suicides (as identified from findings of the Coroner), the CDOP agreed that Suicide Prevention would be one of their two priorities for 2020/2021. A Suicide Prevention task and finish group was set up which included representatives from NYSCP and CYSCP members to coordinate this piece of work. The task and finish group conducted an audit across services in North Yorkshire and City of York to clarify what suicide prevention support is available to professionals, parents, carers and young people. They also sought out research to inform local practice on suicide prevention which led to the task and finish group making a number of recommendations. The task and finish group has driven and overseen the implementation of a number of actions to assist in raising awareness across organisations with regards to suicide prevention. Some examples are; • All agencies to promote and encourage individuals to undertake the training through the #Talksuicide campaign across North Yorkshire and City of York • Amendments to the NYSCP and CYSCP Training courses to include suicide prevention • Amendments to school safeguarding policies to include specific guidance on self-harm and suicide ideation • Updates to the NYSCP and CYSCP Self-Harm and Suicide Ideation Pathway.

CDOP Priorities for 2021/2022

The prevention of SUDI and Suicide will remain the two priority areas for CDOP to ensure learning continues to be undertaken and embedded within service across North Yorkshire and City of York.

Child Death Overview Panel (CDOP) Annual Report

2020-2021

Contact details:

North Yorkshire & City of York CDOP
South Block
Room SB216
County Hall
Northallerton
North Yorkshire, DL7 8AE

Ali Firby Child Death Review Coordinator

www.**safeguardingchildren.co.uk/professionals/cdop**

E: **cdop@northyorks.gov.uk**

Back

Contact us

W: **www.northyorks.gov.uk** E: **customer.services@northyorks.gov.uk**
T: **01609 780 780** (Monday to Friday 8.00am - 5.30pm closed weekends and bank holidays)
North Yorkshire County Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at **www.northyorks.gov.uk/accessibility**

8xxxx 11/21

North Yorkshire County Council

Young People Overview and Scrutiny Committee

10 December 2021

Work Programme

1.0 Purpose of Report

1.1 This report invites Members to consider the Committee's Work Programme for the remainder of 2021/22, taking into account the outcome of discussions on previous Agenda Items and any other developments taking place across the county.

1.2 The Work Programme schedule is enclosed as an Appendix.

2.0 Scheduled Committee dates/Mid-Cycle Briefing dates

2.1 Committee Meetings

- Friday 25 February 2022 at 10.00 a.m.

Mid Cycle Briefing Dates

- Friday 28 January 2022 at 10.00 a.m.
- Friday 8 April 2022 at 10.00 a.m.

3.0 Other information

3.1 The next Committee meeting on 25 February 2022 is the last scheduled formal meeting of the Committee, prior to the Elections in May 2022.

3.2 The Agenda for that meeting is shaping up to be a full one, as set out in the Appendix.

4.0 Recommendation

4.1 The Committee is asked to confirm, comment or add to the areas of work listed in the Work Programme schedule.

DANIEL HARRY
SCRUTINY TEAM LEADER
County Hall, Northallerton

Author and Presenter of Report:
Patrick Duffy, Principal Democratic Services Scrutiny Officer

Contact Details: Tel: 01609 534546 E-mail: Patrick.Duffy@northyorks.gov.uk

1st December 2021

Background papers relied upon in the preparation of this report – None

APPENDIX

YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

SCOPE

The interests of young people, including education, care and protection and family support.

PROGRAMME FOR FORMAL COMMITTEE MEETING (Please note: Subject to change)

FRIDAY 25 FEBRUARY 2022 - COMMITTEE MEETING AT 10.00 A.M.			
ITEM	**DRAFT OUTLINE**	**METHOD**	**LEAD**
Children's Mental Health	How Child and Adolescent Mental Health Services are coping with increase in demand; the effectiveness of surge planning; and any lessons learned	Presentation	Cerys Townend
Schools Update	The current picture in terms of figures for all North Yorkshire County Council Schools and Academies; performance and standards; pupil numbers; and how the Directorate engages with Schools in relation to their additional challenges	Report/presentation	Amanda Newbold
Annual Report of the Young People's Champion	The work of the Young People's Champion during the past year	Report	County Councillor Annabel Wilkinson
Reflections and the future	A look back on what the Committee has achieved and suggestions as to areas for consideration by the Committee, following the Elections in May 2022	Report	Patrick Duffy

ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 28 January 2022 at 10.00 a.m.	North Yorkshire Standing Advisory Council on Religious Education – Annual Report
	Substance Misuse - Briefing
Friday 8 April 2022 at 10.00 a.m.	To be determined

This page is intentionally left blank