

Scrutiny for Policies, Children and Families Committee
Monday 16 January 2023
1.00 pm Luttrell Room - County Hall, Taunton



SUPPLEMENT TO THE AGENDA

To: The Members of the Scrutiny for Policies, Children and Families Committee

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 6	Scrutiny update on the Ofsted Action Plan – presentation at meeting (Pages 3 - 16)
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Item 9	Adverse Childhood Experiences (ACE's) - Trauma Informed Somerset practice model and implementation – presentation at meeting (Pages 17 - 42)
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Published on 16 January 2023

Democratic Service Team, County Hall, Taunton, TA1 4DY

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Scrutiny for Policies, Children
and
Families Committee

Monday 7 November 2022

Progress on Action Plan

Children's Services – Somerset 2022



- Children and families receive **good-quality services** in Somerset. The DCS and senior leaders across the council **work together effectively** to improve services for children and have responded well to the challenges of the COVID-19 pandemic.
- The council is **committed to driving up standards** for Somerset's children and is rightly proud of the **significant progress** it has made since the last inspection in 2017.
- Investment in management capacity has resulted in **greater consistency of practice** and preventative services are **making a real difference for children**.
- Children's identities are particularly well understood by professionals, and children are central to their plans.
- IROs and child protection chairs **progress plans effectively** for children.
- Care leavers receive a **high level of support** that really benefits them.
- Senior leaders have **responded effectively to the challenges** faced in recruiting and retaining staff.
- There is a workforce **culture of openness, support and respectful challenge** in Somerset which helps workers to feel confident in their practice. They value this positive culture and the **high level of support** provided by their managers and the local authority.



What Needs to Improve?



Ofsted 2022: two named areas for improvement:

- Placement sufficiency, including for emergency admissions, for older children with complex needs.
- The take-up of return home interviews and use of data to inform individual and service planning.

Strategic Partnerships (sufficiency)



**Homes and
Horizons**

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Our innovative and nationally recognised strategic partnership with the Shaw Trust is providing:

- Up to 20 foster carers for complex children as well as up to 10 local children's homes by 2025.
- 2 therapeutic education provisions integrating a CAMHS assessment model
- Developing a system wide career pipeline to recruit and retain staff and provide a career pathway
- 3 homes opening January to March
- Further 3 in late stages of development
- 23 staff recruited and inducted
- Joint commissioning of therapeutic education provision with CAMHS



Sufficiency

- Monthly Directors Panel overseeing and scrutinising unregistered placements and plans to move children in to regulated placements
- Reduction in numbers of unregistered children from 11 (July 2022) to 4 (January 2023)
- Fostering recruitment campaign launched, including via Prime Time TV, social media. Significant increase in website hits seen.
- Evaluation of 2022 fostering reorganisation planned to ensure that changes are effective
- Learning from placements endings audit work is being updated and refreshed.
- Independent fostering reviews – significant improvement in timeliness and quality, raising standards of care and support to carers.
- Positive Activity weekends now part of our core offer – 20 weekends per year plus holiday schemes, to support placement stability



Missing Children

- The return home interview form has been reviewed and reworked to ensure capture of all the information gathered allowing effective data reporting (reporting is in final completion stages with BI colleagues)
- The recording process has been changed to reflect a child has been given the opportunity to discuss a missing episode through direct contact, even if they then decline. The number of children subsequently being recorded has having engaged has risen by 26% since Ofsted visited.
- Work completed with Avon and Somerset Police to roll out the Philomena Protocol (ongoing into the spring of 2023) – audit of two care providers responses to missing to take place February 2023. This should result in a reduction in recorded missing incidents with a more child focused pragmatic approach to managing the behaviour of children,
- Updated the Local Guidance for Missing Children (awaiting sign off) to ensure *meaningful social work contact post return* is better recorded
- Working group established to engage the wider CSC management team (through the County Managers' Meeting process) to refresh the purpose and process of MRI work and identify challenges and barriers.





3. Further improvement needed....

- Early Help demand management
- Missing children and RHIs
- Strategy Discussions
- Life Story Work
- Permanence
- Semi Independent Placement Care Planning
- Follow up on Practice Evaluations
- Unregistered placements

Early Help demand management



- Demand for EH support continues to increase
- Clear management process in place to triage new referrals, risk assess waiting cases.
- Transfer and Allocation meeting reviewed and further work planned to include wider service areas (Kinship)
- Working group planned to look at how SWs can support EH work around step-up and step down (Care Review)

Semi independent provision

- Quality Standards for semi independent providers have been updated (alongside commissioning) to better highlight the expectations on providers and in the LA in supporting placements.
- Placement planning meetings and reviews involving young people are taking place every three months to monitor the provision and support provided and to work towards a smooth transition into adulthood.
- CLA case tracking will monitor the appropriateness of placements and plans for transition into adulthood
- We are working closely alongside existing providers around upcoming regulatory changes to supported accommodation to ensure that we can provide continuity and quality in advance of the introduction of inspections. At present, all current providers have indicated they plan to register.



Permanence

- Though significant progress has been made in securing permanence early, there is further work to do to ensure that a number of different processes to monitor permanence are rationalised and streamlined, including how we can consistently use permanence planning meetings, how we can better track the planning for all our looked after children
- Permanence tracking panel is establishing a baseline form formally recognising all long term placements – to be completed by February 2023.
- As a result of work undertaken in permanence tracking panel, the vast majority of children in long term placements have been formally matched.



Life Story Work

- Life Story Work is taking place for the majority of CLA
- Lack of clarity around the definitions of LSW, when this is started, how it is described and recorded, is recognised
- Working group has been set up, led by Head of Service for CLA, but including other areas of service, to look at this topic and the wider topic of direct work:
 - What is direct work and how and where do we record it?
 - What is life story work and how does this differ from other direct work? Where and how is this recorded?
 - How do work differently with children in the community and children in our care?
 - How can we include our partners in contributing to life story work?
 - How can our recording and database support better practice in this area?



Strategy Discussions



- Audit work completed post Ofsted to understand the decision making at the decision to progress to C & F assessments
- 41 children considered across all geographical localities
- 95% cases reviewed indicated that the decision making was appropriate, with no evidence that a strategy discussion as required.
- Parents were spoken to in all cases reviewed
- 25% of cases highlighted delays in CSC receiving information from the Police
- Updated guidance to First Response TMs around clearly identifying the rationale for not proceeding to strategy where the decision could be questioned.

Other key areas of focus

- Levelling up – ensuring that the highest standards of work are recognised, celebrated, shared and embedded across the service.
- Confidence and consistency in court work – working with the Local Family Justice Board to improve quality.
- Continued focus on exploitation; supporting parents to help children
- Improving our support to kinship carers
- Supporting our staff to be their best – CSWs; SSWAs; team support; back to the floor
- Service obsessions:
 - Education
 - Listening to parents
 - ??



Questions?





**Somerset
Integrated
Care System**

Trauma Informed Somerset

Scrutiny Presentation

Why do we need to be Trauma Informed



What are ACEs?

- Adverse Childhood Experiences. Stressful incidents or environments which children experience, and which have the potential to cause long-lasting trauma.
- The ten most commonly measured ACEs are: physical, sexual or emotional abuse, emotional or physical neglect, mental illness, substance misuse, an incarcerated relative, domestic abuse, and parental separation.

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What is Trauma?

- Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening.
- While unique to the individual, the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being. (Gov.uk, 2023).

Sam's Story

Sam is a 13-year-old girl. She was removed from her biological parents' care at the age of 9 years old, following increasingly aggressive behaviour. She was on and off the Child Protection register throughout her 9 years with her parents. Sam has two older biological brothers that were adopted when she was a baby. She also has younger sisters (twins, aged 8), who are in foster care, and a younger brother (aged 4). Her youngest brother remains at home with her mother.

It is reported that Sam's mother has mental health difficulties and is believed to misuse drugs and alcohol. Her father is serving a long-term prison sentence. Sam reports that she was sexually abused by her uncle between the ages of 2 and 8 years old.

Since being placed in care, Sam has had 7 failed foster placements, most of these breaking down because of repeated damage to property and episodes of going missing. Sam has been in her most recent foster home, for 18 months, but her foster carer has asked for Sam to be removed, following a physical attack on the male foster carer.

Sam refuses to go to school. She has self harmed recently by cutting her arms. She spends most of her days in bed and tells her social worker to 'fuck off' when she visits her fortnightly. Prior to the physical attack, she told her foster carer that she feels upset and anxious most of the time.

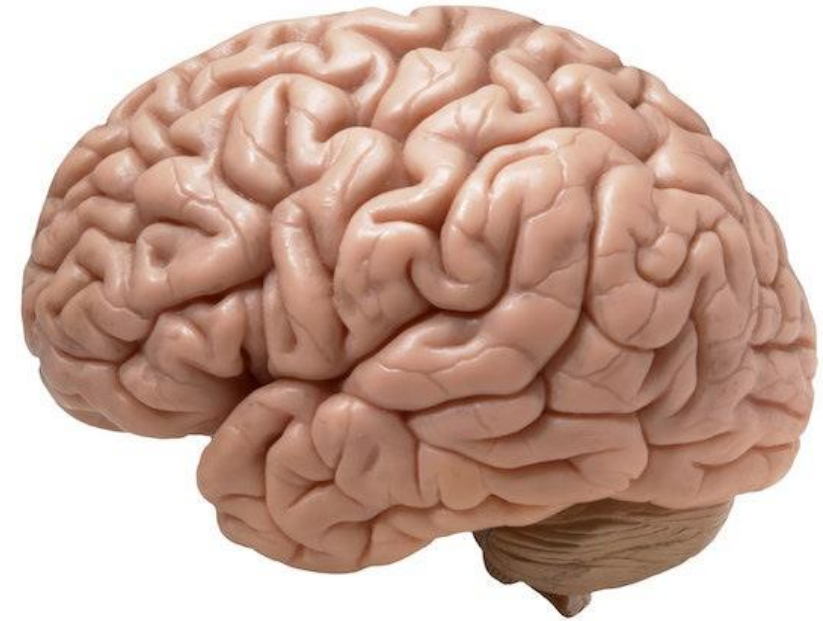


What might Sam need?

(please hold her in mind)

*"...the structures of the brain are influenced by and respond to the **environment** and its **inputs**..."*

Rich, 2005:237



IMPACT OF CHILDHOOD TRAUMA

RELATIONSHIPS

- Attachment problems / disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

MENTAL HEALTH

- Depression
- Anxiety
- Negative self-image / low self-esteem
- Post-traumatic stress disorder (PTSD)
- Suicidal ideation

COGNITION

- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement



BRAIN DEVELOPMENT

- Reduced brain development
- Less efficient processing
- Impaired stress response
- Changes in gene expression

BEHAVIOUR

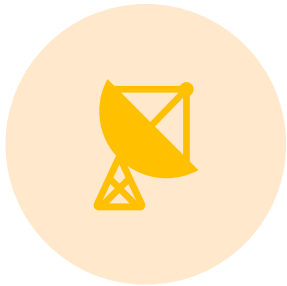
- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking / illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

EMOTIONS

- Difficulty controlling emotions
- Trouble recognising emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry / hopelessness
- Feeling of helplessness / lack of self-efficacy

PHYSICAL HEALTH

- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span



Radar

Hypervigilance



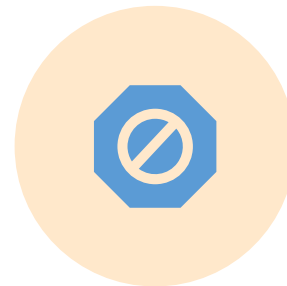
Raging emotions

Affective dysregulation



Recycled trauma

Intrusive re-experiencing



Refusal/resistance

Avoidance and numbing

LAYERS OF INTERVENTION

Ongoing safety net e.g. telephone or text access following the end of intervention. Occasional meetings if necessary. Support in good times too.

Scaffolded structure e.g. guided goal-setting, support into education/training. Help to structure free time. Motivational interviewing.

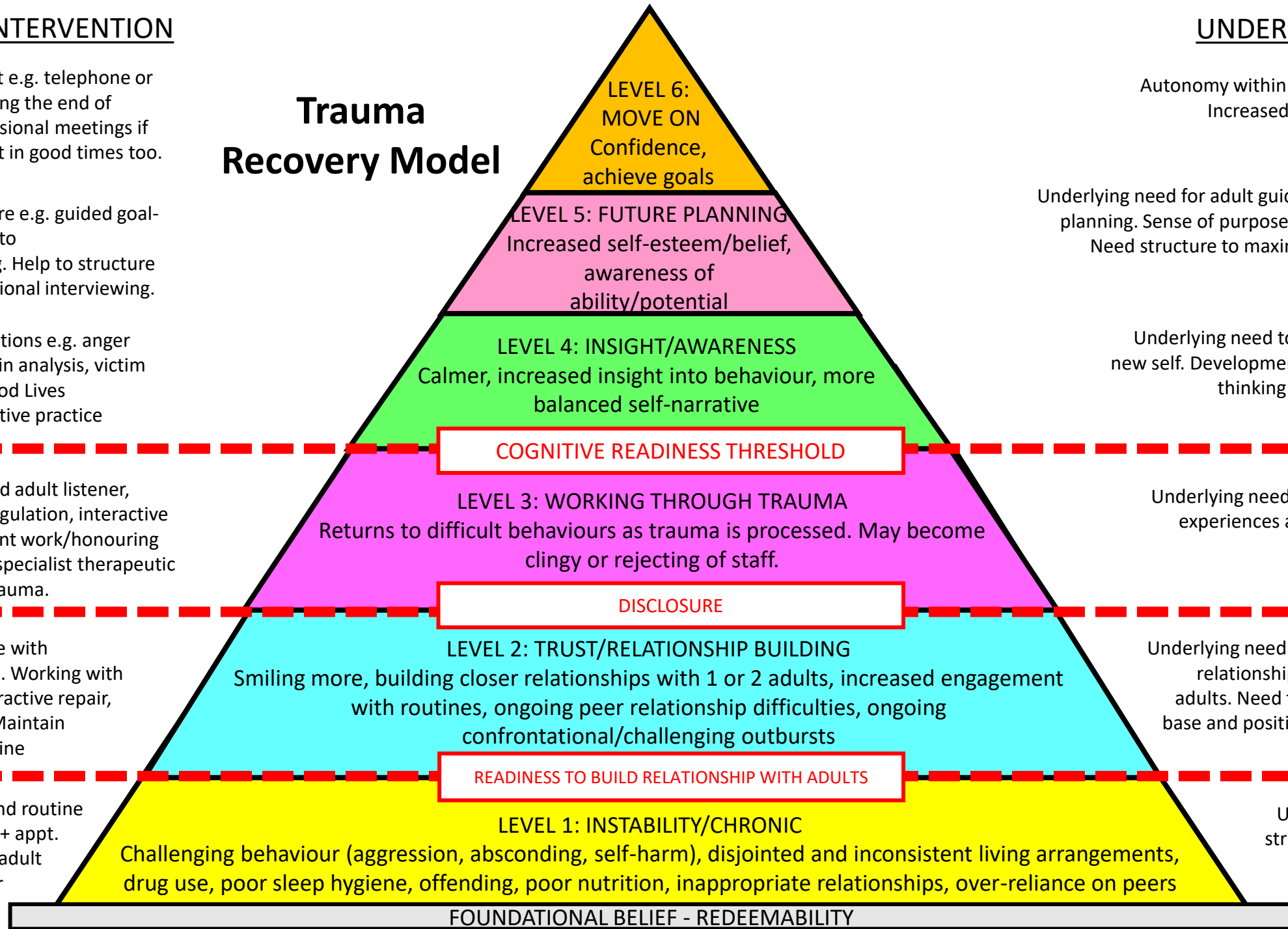
Cognitive interventions e.g. anger management, chain analysis, victim empathy/ CBT, Good Lives approach. Restorative practice

Time with a trusted adult listener, containment, coregulation, interactive repair, bereavement work/honouring losses. May need specialist therapeutic intervention for trauma.

Maximum 1:1 time with appropriate adults. Working with PACE, stories, interactive repair, intersubjectivity. Maintain structure and routine

“CPR”, structure and routine e.g. regular meals + appt. times –consistent adult presentation, clear boundaries

Trauma Recovery Model



UNDERLYING NEED

Autonomy within supported context.
Increased self-determination

Underlying need for adult guided and supported planning. Sense of purpose and achievement.
Need structure to maximise the chance of success

Underlying need to integrate old and new self. Development of confidence in thinking and planning skills

Underlying need to process past experiences and grieve losses

Underlying need to develop trusting relationships with appropriate adults. Need to develop a secure base and positive internal working model

Underlying need for structure and routine in everyday life



1.Consistency

‘you deal with me the same way each time’

2.Predictability

‘I can anticipate you – you are trustworthy’

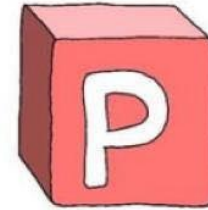
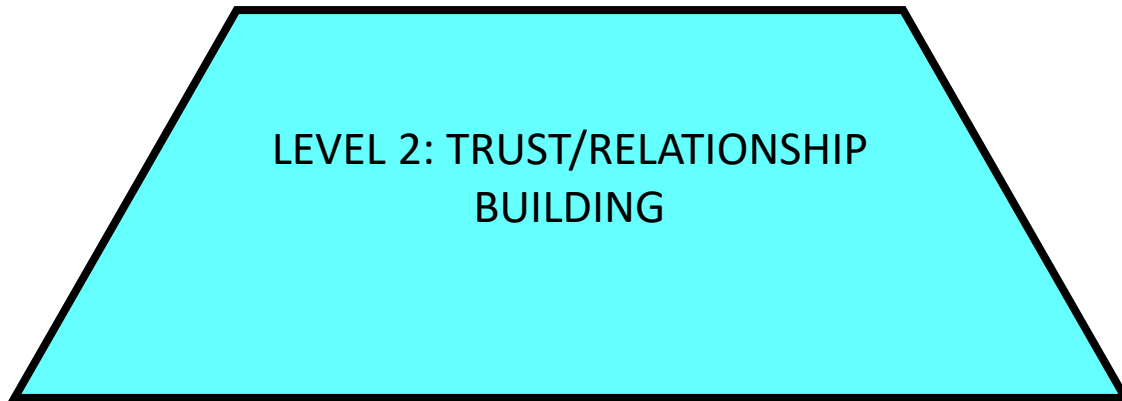
3.Reliability

‘I can lean on you, you don’t give up’

LEVEL 1...

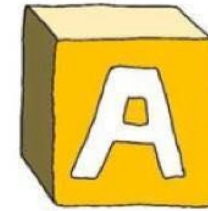
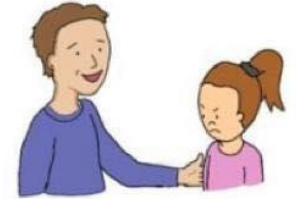
INSTABILITY/CHRONIC

Tamzin Coles, Annie Jinks, Stephanie Bates, Niamh Vaughan-Williams



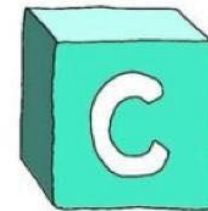
Playfulness

- Playfulness in interactions can diffuse conflict and promote connection e.g. Maintaining a relaxed 'lightness' and can involve making a joke (though this has to be done carefully)



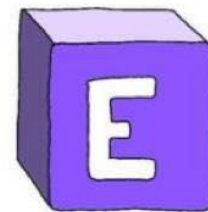
Acceptance

- Accepting needs and emotions that drive behaviour (not necessarily the behaviour) without judgement



Curiosity

- Being curious to where a behaviour has come from (in your head or out loud...)



Empathy

- Really connecting with how they are feeling and showing compassion



P.A.C.E is an approach developed by Dr Dan Hughes aimed at supporting recovery from developmental trauma. However, it can be a useful attitude to adopt with anyone who is emotionally dysregulated

The Five Principles of Trauma Informed Care

Safety



Ensuring physical and emotional safety

Common areas are welcoming and privacy is respected

Choice



Individual has choice and control

Individuals are provided a clear and appropriate message about their rights and responsibilities

Collaboration



Definitions

Making decisions with the individual and sharing power

Principles in Practice

Individuals are provided a significant role in planning and evaluating services

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Respectful and professional boundaries are maintained

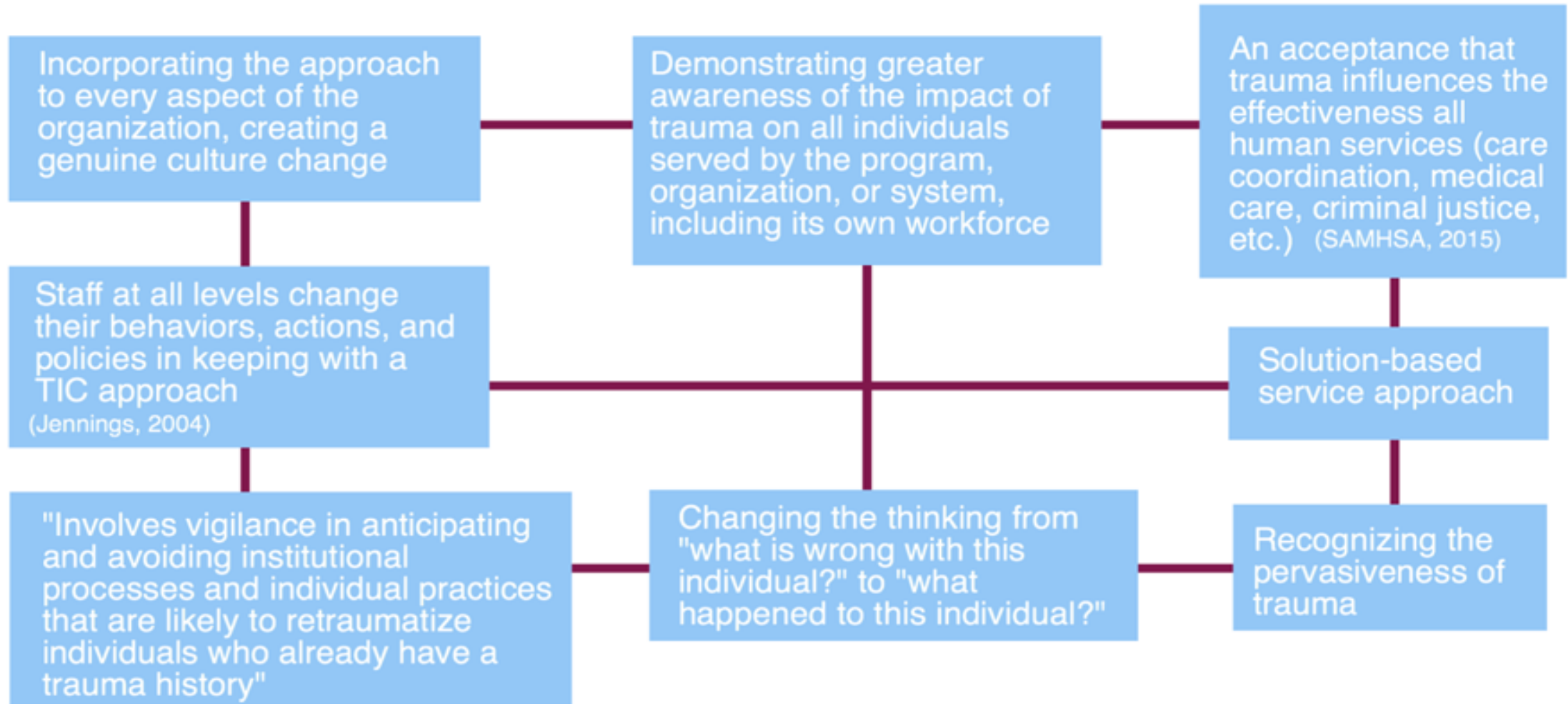
Empowerment



Prioritizing empowerment and skill building

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Key Components of TIC



Importance of Trauma Informed Practice and an Improved Model for Somerset

The Somerset Landscape

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Lots of activity but progressing at different speeds and in different directions

No central coordination and limited capacity to organise as a system

A large and growing network of trauma informed champions

An appetite and willingness to develop together to ensure consistent language and practice.

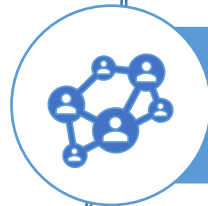
Staff trained by different organisations on a variety of principles and models



Trauma informed practice is backed by a growing body of evidence highlighting how it can shape positive outcomes for service users.



Trauma Informed Models have been shown to improve staff satisfaction and reduce staff turnover



Creating a shared language and shared goals across the system through Trauma Informed Models improves collaboration and interactions between services



Some cost benefit analysis of trauma informed models of practice have evidenced that investment in models of practice represent savings in long term reduction of services used.

Development of Relational Behaviour Policy and Practice has some or all of the following features:

- Outline the schools vision, core values and commitment to inclusion
- An understanding of the power of **preventative and Proactive relational** approaches to supporting positive behaviour through the ongoing day to day interactions between staff and students that help students to feel safe, secure, connected and valued.
- A commitment to CPD for all staff in relational approaches, which increases knowledge of the impact of attachment disruption, trauma, ACEs on behavioural and emotional development (As recommended by NICE, 2015). A consideration of how this learning will be implemented, regularly reviewed and embedded **consistently** between all staff.
- High expectations, clear boundaries, predictable routines and **early identification** and support.
- Consequences that support the student to learn and develop. Consideration that certain sanctions can exacerbate challenges and often have little impact- FTEs, isolation.
- Consideration of effective reparation following conflict and how to best use restorative approaches to repair relationships and move forward.
- A graduated response that recognises that for those where behaviour is persistently challenging, assessment of individual circumstances to understand the drivers influencing behaviour and what it's communicating is essential in tailoring the support, e.g. use of personalised pastoral support plans and use of trusted 'key adult' role.
- Considers and priorities relationships more broadly, e.g. between peers, between staff, with parents and relationships with and in the community.

Developing a Trauma Informed Model – Our Journey

Work was sparked by a presentation by key system partners on the impact of adverse childhood experiences and the importance of trauma informed models of practice.

From this a steering group was created to explore how a trauma informed model could be achieved in Somerset

This steering group proposed that a literature review was undertaken which cross examined trauma informed models across the UK and internationally

It also held workshops with wider professionals across Somerset and engaged with neighboring authorities to understand current trauma informed provision and gain insight into what the next steps should be

This research and consultation identified four key areas that must be developed to create a trauma informed system:

A shared set of principles	Workforce development	Trauma Informed Care	Organisational Change
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A proposed model for Somerset

System Co-ordinator	Tiered training	Psychologist led	Champions Network	Network events
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Tiered Training

Tier 1 training online (through the Learning Centre)	Tier 2 and 3 through facilitators and psychology roles
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- The charter contains four elements:
 - An overarching vision
 - Why trauma informed practice should be adopted
 - How trauma informed practice will be adopted
 - Set of common principles
- The charter will be released for consultation at the trauma informed network launch event on the 24th January to ensure system approval before being released
- The common principles are based on the Scottish NHS model and recently released NHS England guidance
- The charter will also ask organisations which sign up to it to nominate a trauma informed champion to join the network, laying the initial groundwork.

Vision

Create a trauma informed system that is grounded in and directed by a complete understanding of how life experience affects peoples neurological, biological, psychological and social development.



Why

- Improve the use of evidence-based interventions
- Create a fairer more empathetic system
- Improve outcomes across system
- Develop services that are more responsive to needs of all users from children through to adulthood
- Reduce long term cost on system
- Reduce re-traumatisation
- Improve the general experience of people interacting with the system
- Improve system collaboration

How

We will do this through the developing and maintaining:

- A consistent system wide training offer for professionals and residents.
- An evidence base of effective trauma informed models and interventions
- A network of trauma informed champions across the county
- Improved organisational practices and policy of system stakeholders Support to the workforce to reduce vicarious trauma
- Developing a shared trauma informed language across the system to improve collaboration
- More effective monitoring and evaluation

We will make sure that no minority groups are excluded and will be judgement free and open and supportive of all walks of life. We actively highlight and act against instances of exclusion.

INCLUSIVE

SAFETY

Through all interactions people using our services and staff should experience physical and emotional safety. This means preventing further re-traumatisation, give people the physical and emotional space they need and ensure their basic needs are met.

**CHOICE &
CLARITY**

We ensure people using our services and staff have meaningful choice and a voice in decisions affecting their life. The options available are clear and clear to understand.

**Trauma
Informed
Somerset**

Power is shared ensuring the people using are services and staff have a strong voice. We seek their views of those with lived experience to inform policy and practice change. Everyone is able to access training to develop their understanding of trauma informed.

EMPOWER



COLLABORATION

We use people's experience to improve the system as a whole. Good practice is shared, celebrated and learnt from. Collaboration is at the heart of all our working practices and we understand each other services' offers and limitations, and shared or agreed pathways / policies are in place.

We will build strong relationships with the people who use our services and staff across the system. Information is shared, clear and accessible, taking account of any additional needs. We will ensure transparency within all our policies and procedures, with the objective of building and maintaining trust.

TRUST

- *An estimated timeline for this is as follows:*
 - *6th January – System Business case taken to the Mental Health, Autism and Learning Disabilities Programme Board and the following actions were agreed:*
 - *Align with Avon and Somerset Police developing approach*
 - *Secure finances for at least 2 years (test period) - Make application to the Mental Health Investment Standards Committee*
 - *Meet with psychologists for system solution possibilities using existing resources*
 - *Finalise the Business Case and take back to the Programme Board before the end of February*
 - *16th January – Children and Families Scrutiny Committee*
 - *24th January – Trauma Informed Network and Charter Launch*
 - *Network events to take place every 6 months thereafter*
 - *Next event June 2023*
 - *April/May – Coordinator Recruited*
 - *Coordinator to pull together training resources and training plan for the next two years*
 - *To be linked with the development and progression of the Children and Young People’s Mental Health Transformation Plan*

The following organisations are included in those who have helped to develop the model and the proposals:

- Educational Psychology service
- Somerset Foundation Trust (including CAMHS)
- Second Step
- Education (Schools)
- SHAL housing
- Bristol University
- Avon Office of the Police and Crime Commissioner
- Avon and Somerset Police
- BANES, Bristol, North Somerset and South Gloucestershire
- No One Left Out
- Greater Manchester Combined Authority
- NHS Scotland
- Trauma Informed Schools
- Wavetrust
- Somerset Parent Carer Forum
- Public Health
- Young Somerset
- Integrated Care Borad

What Are Your Thoughts About Sam Now?

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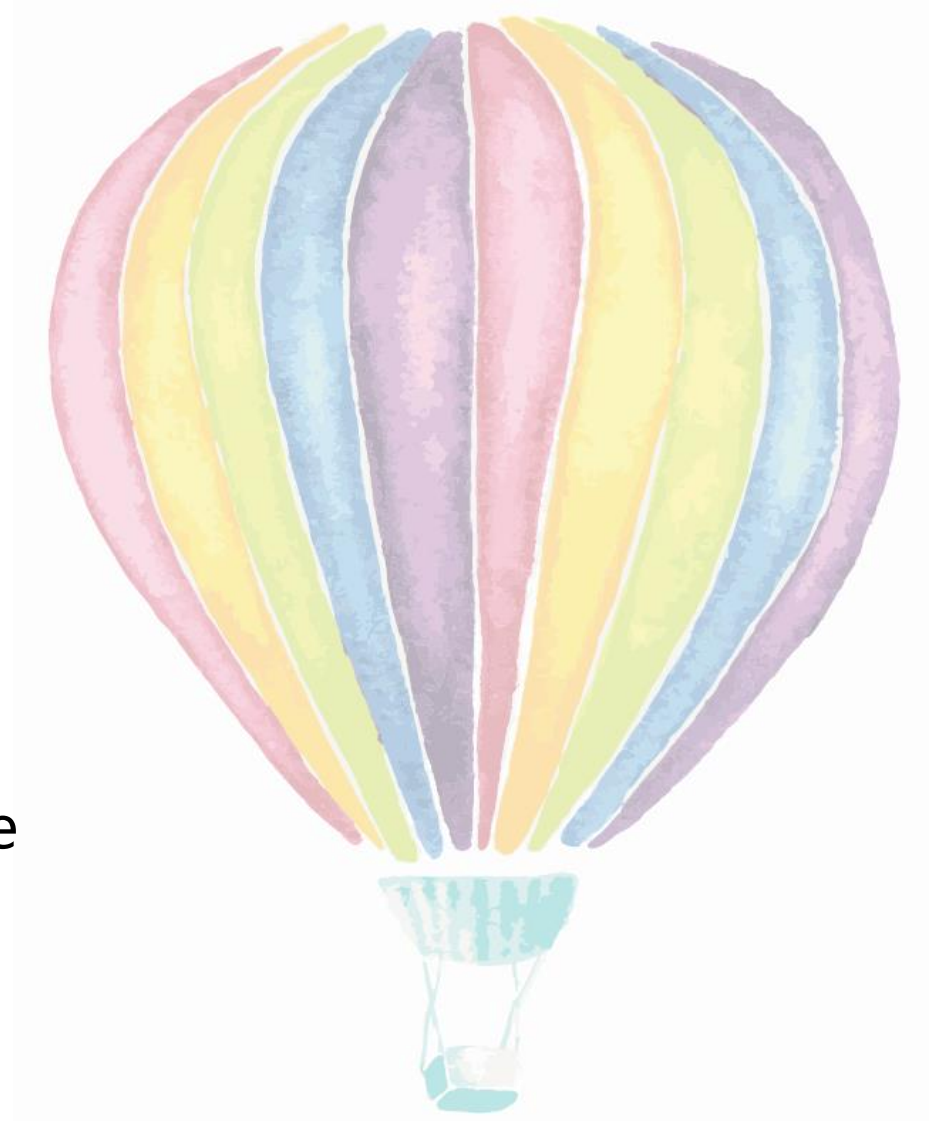
- How do you understand her behaviour?
- What does she need?
- Which service(s) might be appropriate?



Transforming Psychological Trauma (NHS Education Scotland)

At the Trauma Informed Practice Level:

- Hold in mind that a person's behaviour might be trauma-related
- Consider "What happened to you?", instead of "What's wrong with you?" – not therapy but understanding your story
- Enable people affected by trauma to access the right support, **at the right time and at the right level (Refer to TRM)**



- Talk about the network and the developing model in your communities
- Complete the free training: <https://www.acesonlinelearning.com/>
- Join the Network Event on the 24th January:
- Check out the Somerset Children and Young People Health and Wellbeing webpages: [Somerset children & young people : Health & Wellbeing : Mhtk Aces \(cypsomersethealth.org\)](https://www.cypsomersethealth.org)

Thoughts and Questions

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