

Date: Friday 18 October 2024 at 10.00 am

Venue: Jim Cooke Conference Suite, Stockton Central Library, Stockton on Tees,
TS18 1TU

Cllr Lisa Evans (Chair)
Cllr Carol Clark (Vice-Chair)

Cllr Pauline Beall
Cllr Hilary Vickers

Cllr Mick Moore
Cllr Sally Ann Watson

AGENDA

- 1 Evacuation Procedure**
- 2 Apologies for Absence**
- 3 Declarations of Interest**
- 4 Minutes**
To approve the minutes of the last meeting held on 9 August 2024 (Pages 7 - 10)
- 5 Dental Attendance for Children in Our Care :
Facilitators and Barriers** (Pages 11 - 32)
- 6 Life Long Links Programme - Update**
- 7 Not in Education, Employment or Training** (Pages 33 - 40)
- 8 Corporate Parenting Commitments** (Pages 41 - 42)
- 9 Corporate Parenting Strategy**
- 10 Forward Plan** (Pages 43 - 44)

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

Contact: Scrutiny Support Officer Rachel Harrison on email rachel.harrison@stockton.gov.uk

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

- a) any unpaid directorships
- b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
- c) any body
 - (i) exercising functions of a public nature
 - (ii) directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Corporate Parenting Board

A meeting of Corporate Parenting Board was held on Friday, 9 August 2024.

Present: Cllr Lisa Evans (Chair), Cllr Paul Rowling (sub for Cllr Pauline Beall), Cllr Carol Clark, Cllr Mick Moore, Cllr Lynn Hall (sub for Alex Griffiths) Cllr Hilary Vickers, Cllr Tony Riordan (sub for Cllr Sally Ann Watson)

Officers: Jane Smith, Majella McCarthy, Michael Henderson, Debbie Farrow, Janet Wilson, Jane Edmonds

Also in attendance: Cllr Norma Stephenson, Ryan Davies, Lisa Robinson, Lee Brown, Louise Addison, Sarah Massiter

Apologies: Cllr Pauline Beall, Cllr Alex Griffiths, Cllr Sally Ann Watson

CPB /24 **Declarations of Interest**

There were no declarations of interest.

CPB /24 **Corporate Parenting Commitments**

Members were provided with a draft document detailing commitments to the support of children in our care and care leavers in the borough of Stockton on Tees.

Discussion and points raised:-

- Consultation with children and young people in our care had provided a clear message that they wanted their corporate parents to develop the document, themselves.
- It was explained that the commitments did not include the ringfencing of Council apprenticeships to care leavers.
- Members noted the high number of care leavers who were not in education, employment or training (NEET). Officers agreed that this was concerning and there were dedicated workstreams to look at this. It was agreed that an update report on NEET be provided to the October meeting.
- The document's format would be changed following consultation with design and print, and others.

RESOLVED that

1. the content of the document be approved and further work on its format be undertaken by officers.
2. an update report on NEET be provided at the October meeting of the Board

Adoption Tees Valley – Annual Report

Members considered the Adoption Tees Valley (ATV) Annual Report 2023/2024.

It was explained that ATV had continued to thrive and develop as a Regional Adoption Agency (RAA), with this year seeing a greater degree of pan regional partnership working with neighbouring North East RAAs- Adopt Coast to Coast and Adopt North East. ATV had also progressed the partnership with the North East Integrated Care Board (ICB) through innovative work, together, in developing the Multi-Disciplinary Adoption Support Service- MDASS. Regional partnership working had enabled the RAA to draw funding from Adoption England for development and positive impact, aligned to the objectives in the National Adoption Strategy. Adoption England had recently published its own strategic plan for the forthcoming 3 years, and ATV had continued to develop in line with national strategic priorities.

The Board considered areas of work during the year, including:

- Governance
- Key performance Indicators
- Children referred, permanence planning, linking and matching
- Recruiting, preparing and approving adopters
- Early permanence
- Adoption support
- Voice and influence of young people and adoptive parents

Priorities going forward would include:

- Recruiting locally
- Children's voices
- Learning from disruption
- Early Permanence planning

Key points and discussion:-

- The Board noted the very good engagement that ATV had with families
- Adoptive families were encouraged to advise their child's school, that their child was adopted. This allowed schools to access additional funding.

- Members noted the added pressures on families during the transition from primary to secondary school. Families often asked for support from ATV during this time.
- Work around disrupted placements was a priority. There had been some issues with older children and ATV was looking at their needs in greater detail and considering the adequacy of the preparation and training of adopters. Training, for the families involved, had been during Covid and had been undertaken remotely. It was suggested that this may have been a factor, in the disruption. In addition most of the affected placements were outside the Borough. This further highlighted that identifying our own adopters was important.
- ATV had a high number of enquiries, from people wishing to be adopters. However, the conversion rate, to being an adopter, had proved challenging.
- ATV had a very stable workforce and staff retention had not been an issue, since its establishment in 2018.

RESOLVED that the report and discussion be noted and actioned where appropriate.

**CPB
/24**

Virtual School Head Teacher Annual Report 2022/2023

The Board was provided with the Virtual Head Teacher's Annual Report for 22/23, together with an associated presentation.

The report was a summary of work undertaken by the Virtual School and the achievements of the Children in our Care whose education the Council supported and oversaw for the academic year September 2022 to August 2023.

The report included details of:

- Extended duties of the virtual school
- Key indicators
- Attendance monitoring, Exclusions, missing from education
- Educational Outcomes
- Pupil Premium Plus
- Interventions
- Attachment aware and trauma informed journey
- Challenge and Support
- Accountability
- Engagement and Celebration

Members also received updates on case studies previously provided to the Board.

Key points and discussion:

- Working with partners around the attainment gap had been very positive.
- Work was beginning on developing a partnership approach to exclusions and looking at a more inclusive curriculum.
- The presentation provided to members would be circulated and would include validated data.

RESOLVED that the report, presentation and discussion be noted and actioned where appropriate.

**CPB
/24**

Development of the Corporate Parenting Strategy

The Board considered a presentation relating to the development of the Corporate Parenting Strategy.

Partners were asked to be involved in joint discussions to develop the strategy and actions, as a local area. It was envisaged that following these discussions the Strategy and Action Plan would be submitted to the Board's October meeting, for approval. Officers would contact partners to arrange discussion sessions.

RESOLVED that the presentation be noted and joint discussions take place, with partners, to develop a Corporate Parenting Strategy and Action Plan, prior to consideration, of a draft, at the Board's October meeting.

**CPB
/24**

Forward Plan

Members discussed the Forward Plan.

Partners were asked to consider what items they could bring to future meetings of the Board.

Members that had any areas of challenge, that they felt should be included on the plan, could raise them with the Chair, at any time.

AGENDA ITEM

REPORT TO CORPORATE PARENTING BOARD

DATE 18th OCTOBER
2024

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

DENTAL ATTENDANCE FOR CHILDREN IN OUR CARE : FACILITATORS AND BARRIERS

SUMMARY

This report provides an overview of two areas of work that were put in place in response to varying levels of access to dental care services in Stockton-on-Tees and the wider Tees Valley:

- An evaluation into the barriers and facilitators of accessing dental services for children in our care across Stockton-on-Tees carried out by the NHS England dental public health team in partnership with Stockton-on-Tees Borough Council and Harrogate District Foundation Trust (HDFT) Children in Care Service.
- A Tees Valley dental access referral pathway pilot to increase access to dental services for children in our care.

RECOMMENDATIONS

Corporate Parenting Board is requested to endorse:

- The continued commissioning of the Tees Valley dental access referral pathway and to extend the referral pathway to include other professional groups (e.g. health visitors and public health nurses).
- NHS England dental public health team to continue work with all dental practices to support prioritised access for children and young people in care.
- The development of an oral health passport for children and young people in care to support continuity of care and carer's knowledge of their child's dental care history.
- Child in Care and 0-19 services providing information on entitlements to free NHS dental treatment to young people aged over 16 years to encourage them to get dentally fit before changes to entitlements take place.
- Child in Care and 0-19 services providing information to carers about referral-based specialist paediatric services that provide care to extremely anxious children.

INTRODUCTION

1. Local Authorities hold a statutory responsibility (Promoting the Health of Looked After Children. DFE, DOH 2015) to ensure a health assessment is

carried out for every child in their care. This includes when they enter care (an Initial Health Assessment), a review assessment every 6 months for children aged under 5 years and an annual review for children aged over 5 years. NENC ICB hold the commissioning responsibility for health assessment service provision. The NENC ICB commission Harrogate District Foundation Trust to coordinate and deliver Initial Health Assessments and Review Health Assessments for the Tees Valley area.

2. During 2023 a variation in the proportion of children in care in Stockton-on-Tees reported as having a dental check up in the previous 12 months compared to the rest of the Tees Valley was reported through Review Health Assessment data.

Local Authority	Percentage not receiving an annual dental check (21/22)	Number not receiving an annual dental check (21/22)	Eligible Cohort
Stockton-on-Tees	57%	253	445
Hartlepool	29%	73	254
Redcar and Cleveland	12%	27	231
Middlesbrough	19%	70	370
Darlington	11%	21	190
Tees Average	25%	444	1490

Table 1: Number and percentage of children in care not receiving an annual dental check. Stockton-on-Tees compared to Tees Valley authorities. 2021/2022.

3. In addition to differences in access to dental services for children and young people in care in Stockton-on-Tees, paediatricians undertaking child protection medicals, and initial health assessments (IHAs) across the Tees Valley expressed concerns there were no referral arrangements in place for children with an identified dental need.

“I’ve just done a neglect medical on a family of three or four children and one of things our social services highlighted within their referral was dental neglect. One of the children actually went to school with a rotten tooth coming out and when social services went into their home, they didn’t have any toothbrushes or toothpaste.” – Community Paediatrician, STFT.

4. In January 2023 a dental access pathway was commissioned by NHS England. Clinical teams undertaking child protection medicals, initial health assessments, and review health assessment could refer children who had not seen a dentist in the last 6 months or where there were oral health concerns, to either the child’s preferred dental practice or a commissioned dental practice for further assessment and care. This included eight practices across the Tees Valley, including three within Stockton-on-Tees) An evaluation of the pathway took place during January – July 2023.
5. Due to variances reported between Stockton-on-Tees and the wider Tees Valley regarding dental services access; an additional evaluation was carried

out during April – July 2023 to understand experiences of using dental services in Stockton-on-Tees, from carers, children and young people’s perspectives, and identify barriers and facilitators to uptake of dental services.

Tees Valley Dental Access Pathway - Evaluation.

6. During January – July 2023 60 referrals were made to the dental access pathway, with 37% (22) referrals to a family preferred practice, 42% (25) to a commissioned practice and 21% (13) to the community dental service for children with additional needs. During the evaluation, clinicians were invited to take part in interviews and focus groups to discuss their experiences of the pathway, which identified that the pathway was meeting previous unmet need:

“Thirty children roughly have been offered this service that previously would never have been offered anything other than the hope that the social worker would work with the family to make a dental appointment happen.” – Consultant Paediatrician, STFT.

“I’d gone out to see a child who’d never been seen by the dentist. I attempted to get them registered with a dentist local to them, but I couldn’t even though I said that child had a care order, they refused and said they weren’t taking on NHS at the moment. So, I used the referral pathway and got the nearest dentist to that child that was on the named sheet and got them registered.” – Children in Care Nurse, HDFT.

7. All clinicians interviewed reported that the pathway should continue beyond the pilot phase and should be extended to other neighbouring geographical areas and to other professionals (wider 0-19 service: health visitors and school nurses).

“...it’s a benefit really and to continue to meet that potentially unmet need and access to dental care for our most vulnerable.” – Named Nurse for Safeguarding, NTHFT.

Stockton-on-Tees - facilitators and barriers to dental services for children in care.

8. During April – June 2023 two questionnaires were used to explore carers, children and young peoples’ experiences of and use of dental services in the Borough. All carers participating in Review Health Assessments (RHA) during April to June were invited to participate in the evaluation, children and young people who attended the Council “Lets Take Action” group were invited to complete a questionnaire. To support engagement with this, a Children in Our Care nurse contacted potential participants by telephone and completed the questionnaire with them. Alongside this, a letter was sent out to all children in our care offering them the opportunity to take part in an online survey. Overall, 55 carers and 34 children and young people participated in the evaluation. Headline themes from the evaluation include:

- While most children and young people reported good levels of oral health; dental anxiety was reported as an issue by carers, children and young people affecting dental attendance and treatment.
- Carers had limited knowledge of their child's previous dental history. Most carers didn't know what dental treatments their child may have had before they were placed in care but 73% acknowledged it was important to know this information.

"I knew nothing about the child's dental history, children in care need to be prioritised... I had to speak to the safeguarding officer within the dentist."

- Carers, children and young people reported continuity of care with the same dentist was important. Significantly, 88% of children and young people reported it would support their attendance and make their dental experience more enjoyable.

"X practice went private, so I had to move him (he is) starting to refuse (to attend)".

- Young people aged 18 and over, reported dental charges was a barrier to accessing dental services.

"I hate the appearance of my teeth and want to look into dental plans, but they are very expensive."

- The majority (85%) of carers reported no difficulties finding an NHS dentist for their child, and therefore didn't report this as a barrier to their access. This is in contrast to reported variation in access through review health assessment data for the previous year (see table 1). A possible explanation for good dental access in Stockton-on-Tees was the implementation of the dental access referral pathway. Carers reported using the referral pathway to improve their dental access when previous difficulties have been encountered.

"We have contacted at least four dental practices... will not register as not taking on NHS. Child in care nurse is going to refer for me."

Conclusion and recommendations.

9. Before the introduction of the dental access pathway, clinicians reported they were unable to secure dental care when a need was identified. The introduction of a dental referral pathway has facilitated access to dental services for children and young people in care and contributed to increased access to dental services.
10. Provisional data indicates that the proportion of children not recorded as accessing a dental check for Stockton-on-Tees has reduced from 57% in 2021/22 to 39% in 2023/24 (please note at the time of the report Tees data for 2023/24 was not available for comparison).
11. Evaluation of barriers and facilitators to dental services for children and young people in care in Stockton-on-Tees has highlighted that while the majority of children and young people access good dental health care, barriers to dental

health care include dental anxiety, lack of knowledge of previous dental service experiences and lack of continuity of care.

12. Corporate Parenting Board is asked to note and endorse the recommendations.

FINANCIAL IMPLICATIONS

The Dental Access Pathway has been funded through NHS England monies.

LEGAL IMPLICATIONS

Stockton-on-Tees Borough Council holds a statutory responsibility (Promoting the Health of Looked After Children. DFE, DOH 2015) to ensure a health assessment is carried out for every child in their care.

RISK ASSESSMENT

The proposals within the report are considered to be low risk as they support the Local Authority to meet its statutory duties for children in their care.

CONSULTATION INCLUDING WARD/COUNCILLORS

Consultation has taken place with carers and children and young people in care as part of the review.

Name of Contact Officer: Gemma Mann

Telephone No:

Email Address: gemma.mann@stockton.gov.uk

Background Papers:

Ward(s) and Ward Councillors:

Property Implications:

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**North East and
North Cumbria**

**Dental Attendance for Children in Care:
Facilitators and Barriers
&
Service Evaluation of a Tees Valley Dental
Access Referral Pathway for Safeguarding
Clinicians Assessing Children in Care**

**Kamini Shah, Consultant in Dental Public Health,
NHS England**

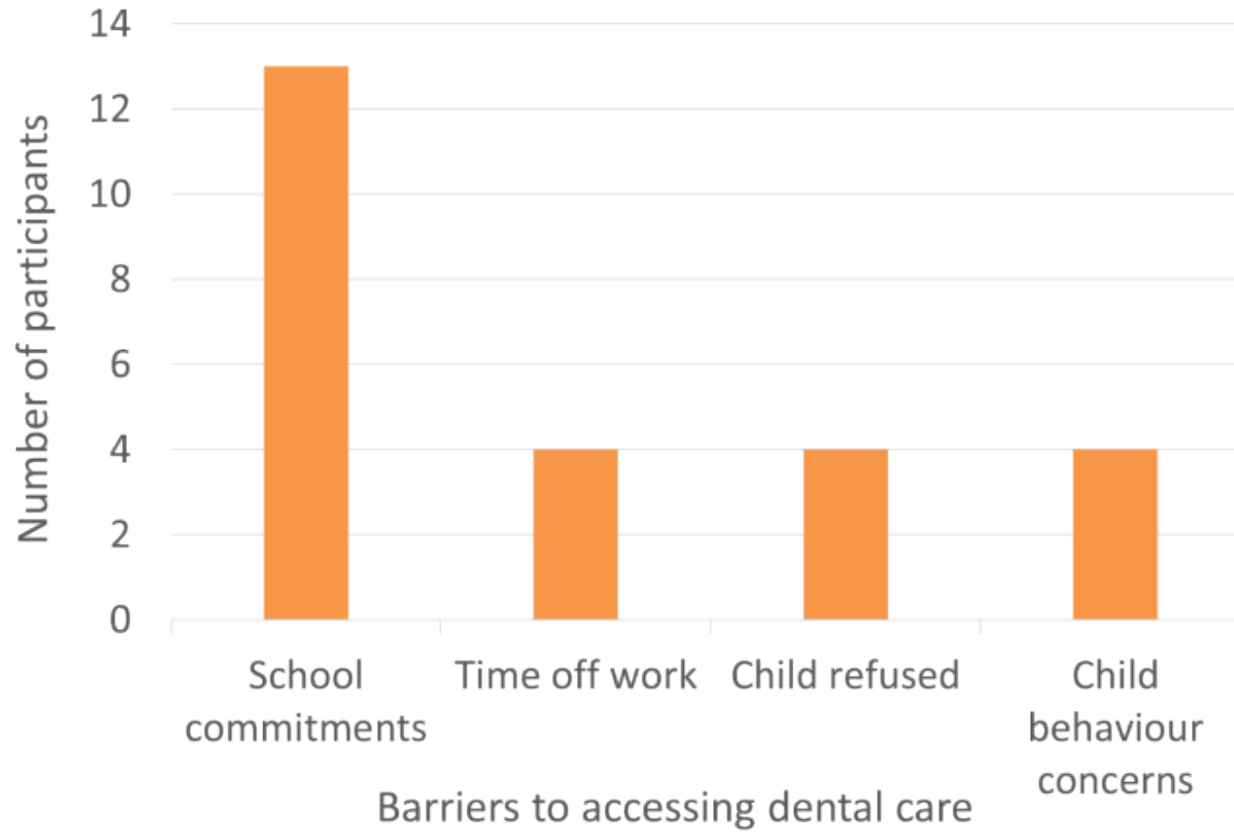
What was the problem?

Local Authority	Percentage of Children in Care not receiving an annual dental check (21/22)	Numbers of Children in Care not receiving an annual dental check (21/22)	Eligible Cohort
Stockton	57%	253	445
Hartlepool	29%	73	254
Redcar and Cleveland	12%	27	231
Middlesbrough	19%	70	370
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Tees Average	25%	444	1490

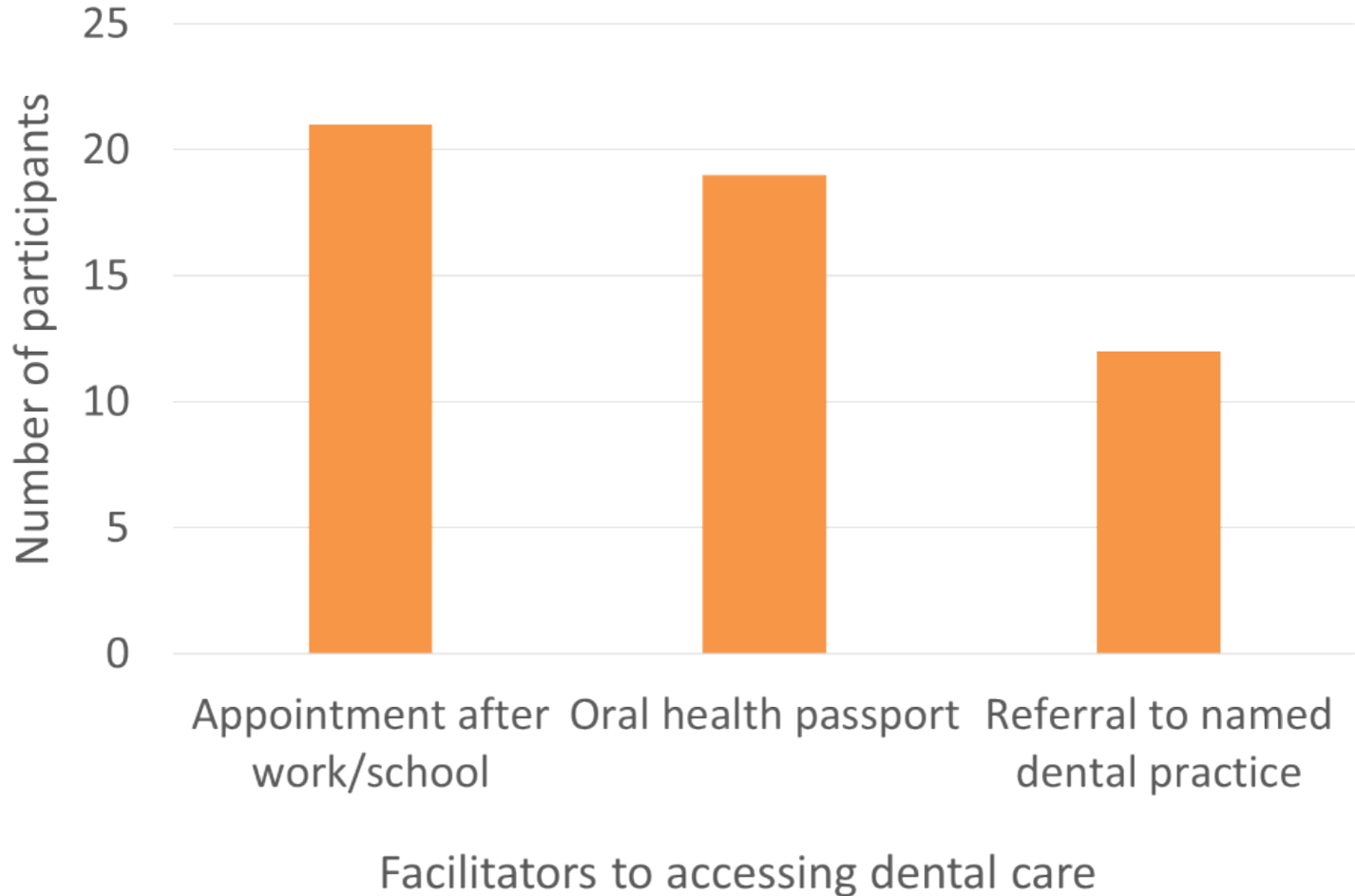
Stockton Dental Attendance for Children in Care: Facilitators and Barriers

Statistics	Key Findings (April – June 2023)
104%	Percentage increase in attendance rates (from 43% to 88%)
82%	Children attended dentist in last 6 months
85%	Carers had no problems finding a NHS dentist
58%	Carers reported maintaining care arrangements on change of placement important
62%	CIC reported maintaining care arrangements on change of placement important
85%	CIC described their last dental visit as good
88%	CIC reported seeing same dentist could facilitate attendance
41%	CIC reported having things explained to them could facilitate attendance

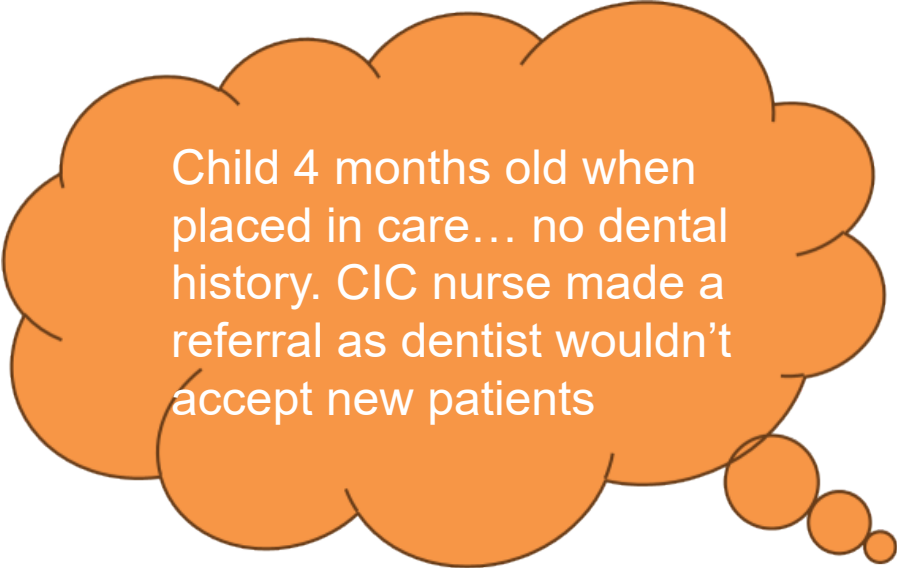
Results: Carer reported barriers to accessing care



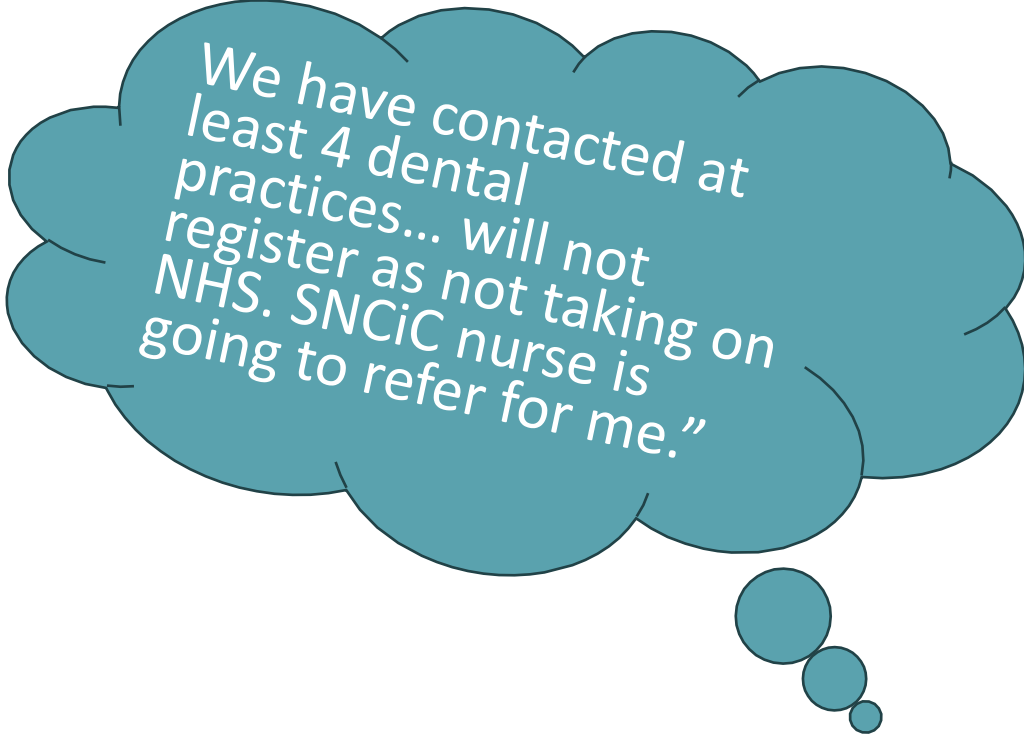
Results: Carer reported facilitators to improve access



Quotes



Child 4 months old when placed in care... no dental history. CIC nurse made a referral as dentist wouldn't accept new patients



We have contacted at least 4 dental practices... will not register as not taking on NHS. SNCiC nurse is going to refer for me."

Conclusions

- CIC in Stockton-on-Tees had **good access** and **positive experiences** of dental care.
- The implementation of a dental access referral pathway may have contributed to **increased attendance rates**.
- Continuity of care was important for both carers and CIC, an **oral health passport** could **facilitate maintaining care arrangements** on change of placement.

Recommendations



An **oral health passport** could facilitate the continuity of care for CIC and enhance carers knowledge and understanding of their child's previous dental history.



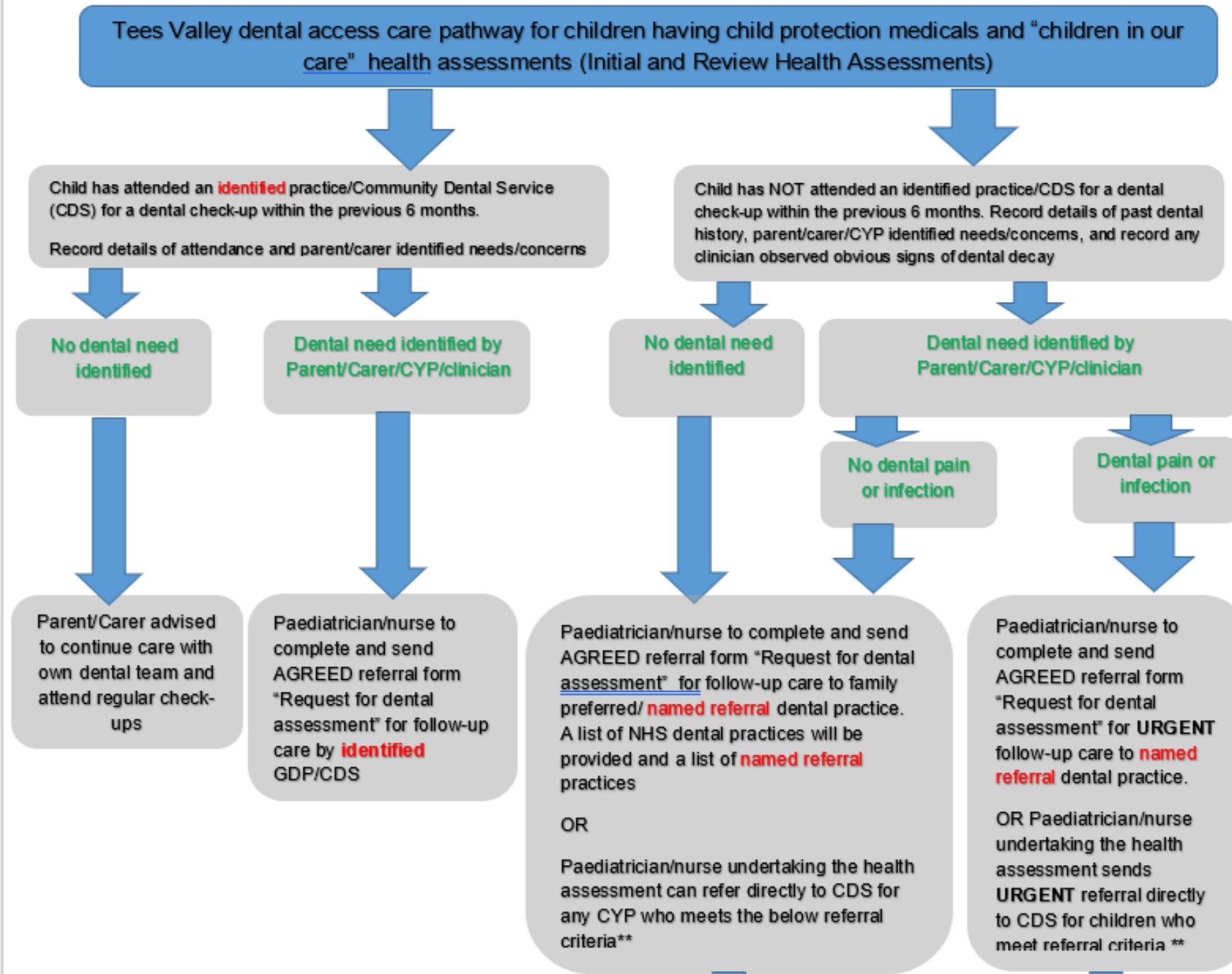
The dental access **referral pathway should continue** to be commissioned to facilitate access to dental services for CIC.



Information on dental charge exemptions should be provided to CYP aged over 16 and still in the care system and encourage them to get dentally fit prior to charges coming into effect.



Information should be made available to carers about the **availability of referral-based specialist paediatric services** that may be more suitable to provide care for extremely anxious children.



Audit referral data: (Jan- July 2023)

Summary of referral information (Jan-July 2023)	Number of referrals/percentages
Total number of referrals across Tees Valley (total identified need)	60 (80)
Written routine referrals (identified routine need but no referral)	59 (18)
Written urgent referrals (identified urgent need but no referral)	1 (3)
Referral to preferred practice	22
Referral to named practice	25
Referral to CDS	13
Total number of referrals from RHAs	29
Total number of referrals from IHAs	22
Total number of referrals from CPMs	9
Total number of dental reports received	3
Percentage of children with an identified dental need from RHAs	3.7 %

Importance and rationale for commissioning a dental access referral pathway: Quotes

“I've just done a neglect medical on a family of three or four children and one of things our social services highlighted within their referral was dental neglect. One of the children actually went to school with a rotten tooth coming out and **when social services went into their home, they didn't have any toothbrushes or toothpaste.**” – Community Paediatrician, STFT.

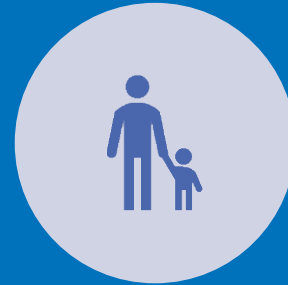
“We were referring back over to the 0-19 service who were doing the RHA, but they had no powers to fast track these children into the system. They were just trying to work with the social worker to get children through... for dental practices that weren't taking on new patients, **it was just brick wall after brick wall. So, it was a health need that could run on for quite some time without being addressed**” – Consultant Paediatrician, STFT.

“I'd gone out to see a child who'd never been seen by the dentist. **I attempted to get them registered with a dentist local to them, but I couldn't even though I said that child had a care order, they refused and said they weren't taking on NHS at the moment.** So, I used the referral pathway and got the nearest dentist to that child that was on the named sheet and got them registered.” – Children in Care Nurse, HDFT.

Impact of the pathway: general dental access, referrers and families



“I think even the implementation of this pathway and whatever works gone in behind it has given dentists a bit of a prompt... So, when we phone up and we say they've got a care plan, we've suddenly got a much more of a profile with dentists, if you know what I mean. **Um, where you could have had an argument over the phone with some bloody receptionist... We were really struggling getting appointments a year ago but now it seems to be like everybody's on the ball more.**” – Children in Care Nurse, HDFT.



“Thirty children roughly have been offered this service that previously would never have been offered anything other than the hope that the social worker would work with the family to make a dental appointment happen.” – Consultant Paediatrician, STFT.



“I think when I've gone out and people have said they're on a waiting list to be seen and its frustrating waiting, and then **I've rung and got them in quicker and everything sort of sorted. I think they've been really appreciative.**” – Children in Care Nurse, HDFT.



“It's really quite nice to do that as well because you come away feeling you've achieved something from that family as well. **We get job satisfaction by being able to do that. You feel like you've achieved something.**” – Children in Care Nurse, HDFT.

Conclusions

- Significant unmet dental access needs were identified.
- The dental access referral pathway addressed a gap in services for safeguarding clinicians to refer children requiring general dental care.
- There was variability in referral rates and patterns which could be optimised with further updates to clinical referral teams.
- Mechanisms for post referral follow-up need to be more robustly implemented.

Recommendations: NENC ICB

Continue	Update	Extension	Extension	Further Work
<p>Continue to commission dental practices to provide facilitated access via the dental access referral pathway.</p>	<p>Provide an updated list of commissioned named dental practices to clinical teams and ensure there is a mechanism in place to continue to provide updates to the list.</p>	<p>Consider extension of the dental access referral pathway to NENC areas without established pathway arrangements.</p>	<p>Consider extension of the dental access referral pathway to other safeguarding professionals, i.e. the 0-19 services.</p>	<p>Further evaluation to explore the views of families and CIC about the impact of the dental access referral pathway.</p>

Recommendations: LAs

Promote

- Continue to promote the dental access referral pathway with social work teams and independent review officers.

Promote

- Promote the use of the dental access referral pathway with their commissioned 0-19 service.

Oral Health Passport

- Consider introduction of an oral health passport to share oral health information between carers and health professionals.

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AGENDA ITEM

REPORT TO CORPORATE PARENTING BOARD

18 OCTOBER 2024

REPORT OF DIRECTOR OF CHILDREN'S SERVICES

NEET report for Care leavers Service

1. Purpose of the report

This report has been prepared to provide an oversight of the cohort of young people and adults who are care experienced between the ages of 17 and 25 and are either Relevant or Former Relevant in terms of their NEET status.

The chart below gives an overview of all 359 children/young people currently eligible to access a service from the Leaving Care team, 115 are recorded as NEET or EET. Not all children/young people are currently accessing services. Of the 359 Care experienced young people and adult only 226 are allocated and actively receiving a service.

There are 133 recorded as not recorded, this is due to them currently not being allocated a PA and engaging with services

Education employment and training for all age groups for relevant and former relevant

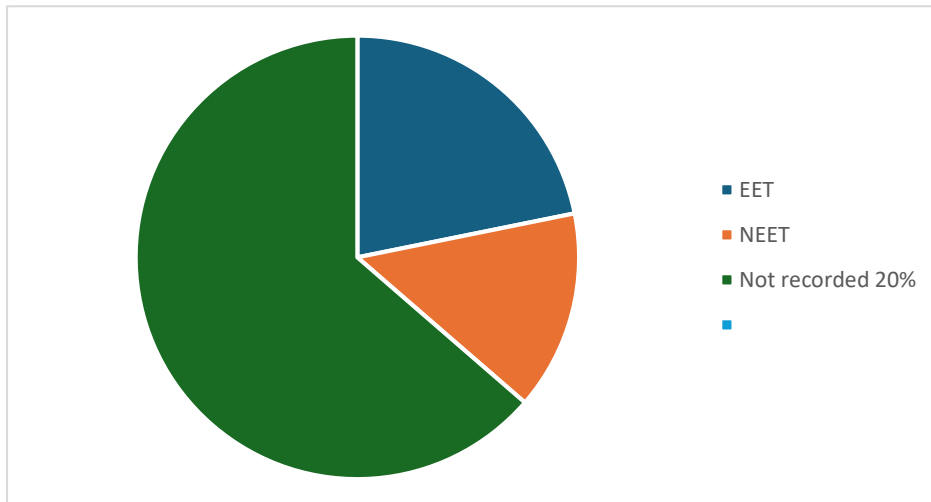


Table 1 Cohort of **359** Relevant and Former Relevant care leavers

EET - 173 (48%)

NEET -115 (32%)

Not recorded - 71 (20%)

2. Breakdown and analysis

17-18

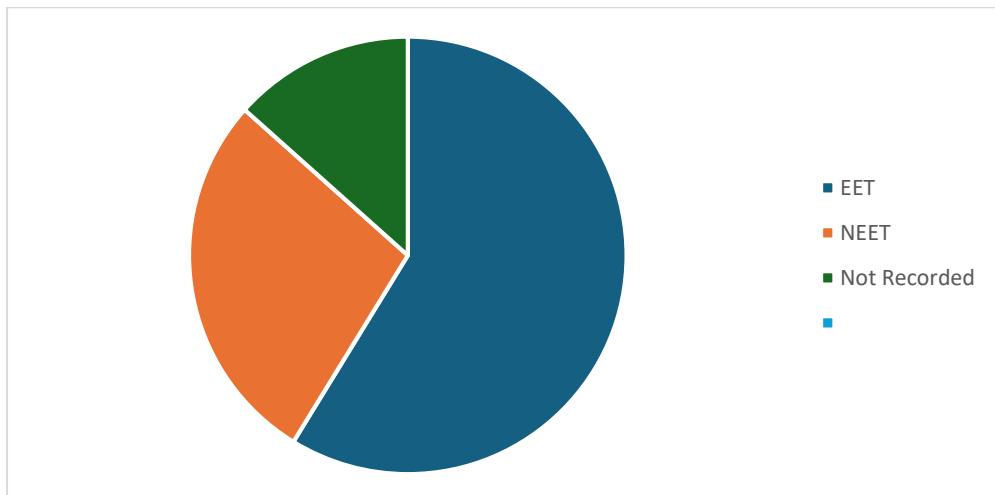


Table 2 Cohort of **61** Relevant Care leavers

EET – 26 (57%)

NEET – 22 (27%)

Not recorded – 13 (16%)

Analysis of the EET data shows that that there is an equal ratio of male and female

Rational for NEET

No Barriers	7
Actively looking for work and linked with progression advisor	4
Waiting for start date	2
Complex needs active to adult services	3
Young mum child under 2	2
Recent release from custody	1
In receipt of PIP	1
Recorded wrong EET	1
Other	1

19 – 21

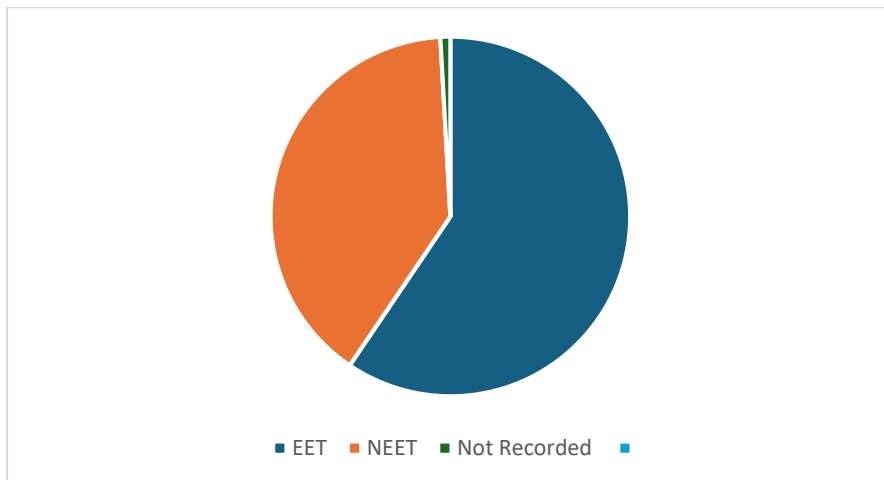


Table 3 Cohort of **164** relevant and former relevant Care leavers

EET 93 (57%)

NEET 62(38%)

Not Recorded 9 (5%)

There is an even ratio of male to females in this cohort

Rational for NEET

No Barriers	9
Actively looking for work and linked with progression advisor / Employment hub	10
learning needs / disability	5
Complex needs active to adult services	2
Young mum child under 2	8
Recent release from custody	2
In receipt of PIP / medical issues including MH	6
Recorded wrong EET	4
Custody	6
Completing undeclared work	3
Drug and alcohol issues	7

22yrs +

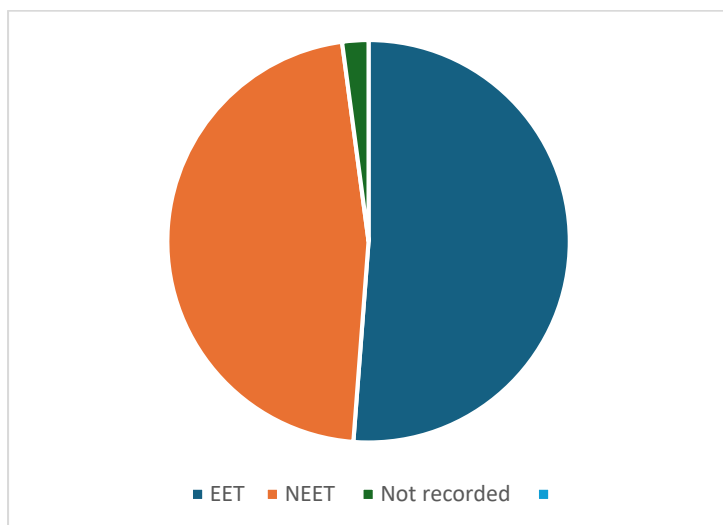


Table 4 Cohort of **114**

EET -34 (30%)

NEET – 31 (27%)

Not recorded 49 (43%)

Rational for NEET

Not all 22yrs + are active to Leaving Care although maintain their former relevant status. Of the 31 recorded as NEET only 5 are active to the Leaving Care Team. Information regards some of these care leavers is over a year old therefore may not be accurate

No Barriers	10
Recorded wrong	1
learning needs / disability	5
Young mum child under 2	2
Recent release from custody	2
In receipt of PIP / medical issues including MH	2
Unknown	3
Custody	4
Drug and alcohol issues	2

Analysis of the information around all care experienced who are recorded as NEET identifies that only 23 % of the Care experienced recorded as NEET have no barriers to them seeking education employment or training and are choosing not to access this or any support to access.

12 % are actively working with the employment hub and progression advisors to seek appropriate employment.

10% are young parents who do not wish currently to access education, training or employment wish to focus on caring for their children. We are however currently working with Learning and Skills to identify if we can access some accredited training that could be delivered via the No Limits Hub to open opportunities for these young parents when the time comes that they wish to seek employment.

7% of Care leavers are in custody and although they are accessing training as part of their sentence, they LCS system does not allow this to be recorded.

We also need to consider how we work better with the care experienced young people and adult whose barriers to work involved drug and alcohol addiction (8%) and those who are unable to work due to disability, mental health or leaning needs (17%)

What we don't do well is making preparation for care leavers leaving custody (4%) to ensure they can go straight into employment training or education on their release this will be a focus of further work in the team moving forward.

3.National and regional comparisons

% Total number in education, employment or training (EET)

Care leavers aged 17-18

	Stockton	Regional	Stat Neighbours	National	Teesside (4LAs) Avg
2020-21	58	63	61	65	63
2021-22	70	67	59	66	69
2022-23	55	63	60	66	59
2023/24	55				

Care leavers aged 19-21

	Stockton	Regional	Stat Neighbours	National	Teesside (4LAs) Avg
2020-21	47	50	51	52	47
2021-22	46	52	52	55	48
2022-23	48	52	54	56	45
2023/24	51				

The above figures are based on April to March average. SBC is showing an increase an annual average for 19- 21-year-olds. 17 – 18-year-olds has remained the same for the past 2 years however is a decrease from previous years shown.

In terms of the averages for regional, national and statistical neighbours SBC fall below all averages.

4.Services in place to support Care leavers accessing employment education and training

Careers team

The Careers team support for young people who are Care Experienced, this consists of three Progression Advisers who mainly work with this cohort from Year 11 through to the end of Y13. Virtual School provide funding support towards this staff team. The team also track and offer support to older young people who were In Care to Stockton using our Keeping in Touch (KIT) workers, and link in with Leaving Care Personal Advisers whenever those young adults wish to work with them or are seeking employment/education related support.

The service provides bespoke support to each young person, which is Careers- and positive progression- focused but invariably involves numerous 1:1 intervention to develop a relationship, exploration and assessment of barriers to future success in education or employment and then encouraging, enabling and empowering young people to make sustainable decisions based on achievable aspirations. In short, the team do whatever they can to help young people into worthwhile opportunities.

What we do as a corporate parent

Employability Pledge for Care Experienced Young People 16-25

On 9th February 2024 a report was presented to the Board outlining the Council's Employability Pledge to support care experienced young people aged 16-25 in the transition to living independently and achieve financial stability.

The pledge focuses on 4 areas of support:

1. Employability Support & Career Advice – from Children's Services & the Employment & Training Hub
2. Paid Work Experience Placements – within the Council to help support them into longer term employment.
3. Apprenticeships – offering a great entry level option to start employment
4. Interviews for Council Job Vacancies – a guaranteed interview for any Council vacancy provided the CEYP meets the Essential Criteria for the job role.

Work Experience Placements:

The Council pledged to support Care Experienced young people (CEYP) with a paid work placements to help prepare the support them into longer term employment. The placements can be flexible in terms of hours of work and duration to support the needs / circumstances of the individual.

Since January 2024, we have support 10 x CEYP with a paid work experience placement (4 ongoing). These placements have taken place in a variety of Council settings, including within the Employment & Training Hub, a Family Hub, Preston Park Grounds and Human Resources. Of the 5 who have completed their placement, 3 have gone on to secure an apprenticeship with the Council, and 2 are being supported by Children's Services with their options including returning to education. We have also just supported a care experienced young person in a paid work placement within our own No Limits Hub as an expert by experience to support the participation manager

Work is ongoing to identify suitable placements with services which can be advertised to our CEYP to start later this year. The CEYP will be supported with Employability Support and Career Advice alongside the work placement to help them gain longer term employment.

Apprenticeships

The Council have a proud track record of recruiting to Apprenticeship positions, with a total of 43 recruited to start employment in September 2024.

3 x CEYP have been successful this year in gaining an Apprenticeship position within the Council following successful work placements.

We also have 3 CEYP who were successful and started their apprenticeship in September 2023, who will complete their apprenticeship in 2025. Work is ongoing to support these individuals with securing longer-term employment.

5. Actions moving forward

Increased Lived experience Opportunities

- Improved participation in the No Limits Hub
- Working alongside services as a corporate parent to create opportunities
- Wrap around care for care experienced young people based on their need
- Drop in from agencies such as employment hub/ DWP/ CAB
- Feedback from young people/ adults

Understanding and overcoming barriers to Education, Employment and Training for Care Experienced young people

- There will be review of the young people who are care experienced and currently NEET
- Being creative with opportunities and recording of activity

EHCP's to support Adult Transitions

- Ensuring EHCP's are recorded with appropriate assessments, diagnosis and planning
- Enhance transition to adult services which includes consideration regarding ability to be engaged with EET

Improvement in Pathway Planning

- Pathway Plan to be updated to allow for recording in relation to EET to be concise
- Actions will be SMART and reviewed within Pathway Planning.
- Consideration for joined up working with providers, employment hub, DWP

Improving support to individual groups of Care experienced

- Identification of focused training for young parents that could be ran from the no Limits hub and would provide some level of accreditation.
- More robust preparation for Care experienced young people and adults leaving custody to ensure that they can transition into training or employment on release.

Working together with other service areas around joint planning

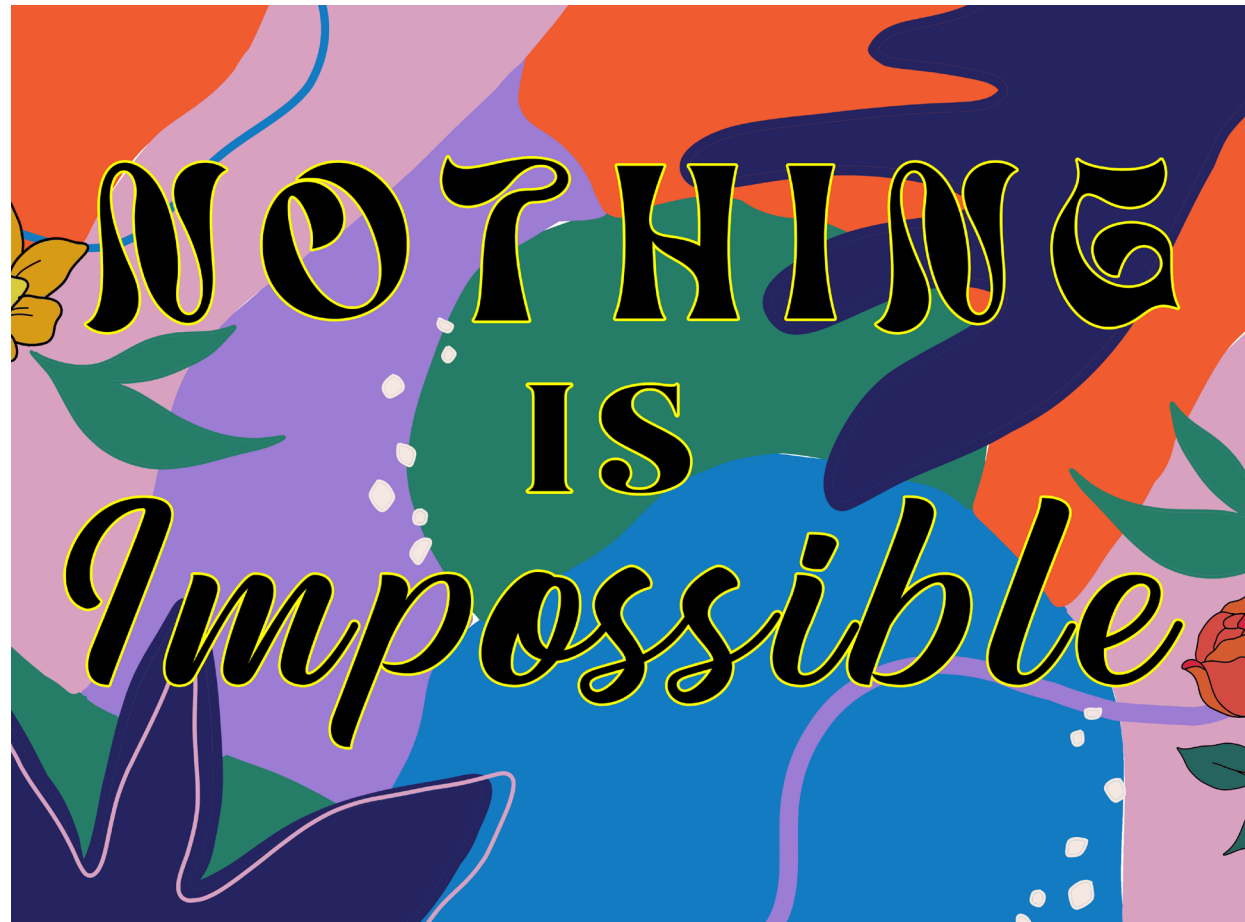
- Work together with Virtual school and Skills and sufficiency to consider support around early intervention and delivery of educational support to care experienced
- VS to consider provision of tuition
- VS to look at the delivery of functional skills
- VS to explore preparation for adulthood with SEN
- Ongoing work with DWP
- Offer provided by the employment Hub to be reviewed

Name of Contact Officer: Debbie Farrow - Head of Service for CIOC and Care Leavers

Telephone No:

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Stockton-on-Tees commitments to all children in our care and care leavers



These commitments set out how we support you as children in our care and care leavers in the borough of Stockton-on-Tees. We are committed to listening to you, championing you and keeping you safer in everything we do.

This means we will:

- Ask you for your views and let you know what we have done as a result of them
- Involve you in decisions that are made about you and your life so we better understand your needs and what makes you happy
- Make sure you know your rights and entitlements and what support you can expect
- Support you to feel safer and be able to live your life free from harm and abuse

These are our commitments to you. We will work with people from other organisations in Stockton-on-Tees to help us do this:

A safe and stable home

- Make sure you live in a safe place where you are well cared for
- Check that you are happy and settled and getting good care
- When you are an adult and ready to live independently, we will help find you the right home

Opportunities to achieve and progress

- Help you to learn in the right school for you
- Support you to feel happy and settled at school so you can do your best
- Help you access work and learning opportunities that are right for you
- Celebrate your achievements and successes with you. We are proud of you

Positive relationships and belonging

- Support you to be in contact with the people who matter to you the most, especially family and friends
- Help you understand your life story
- Support you with your identity including culture, faith, sexuality, disability and gender identity
- Help you build positive relationships which will support you when you are an adult

Good health and wellbeing

- Help you to have good mental and physical health by supporting you to access health care services
- Support you to be fit and active by promoting opportunities for you to play, have a hobby and play a sport
- Help you have someone to talk to who you trust and who can help with managing feelings and emotions

Listening

- Ask you for your views and make sure there are lots of ways for you to give them – speaking, writing, drawing – however you choose to
- Always take your views into consideration when decisions are being made about you and if we can't do what you have asked, explain why
- Listen to your suggestions about how to improve the services that children and young people receive

Ready for independence

- Help you to apply for college, apprenticeships, university or jobs – and help you to decide what is the right path for you
- Support you to develop living skills like cooking, washing, ironing and managing your money
- Be there for you if you make a mistake and help you get back on track
- Be ambitious for you and support you

Good Corporate Parents

As well as our commitments to you **we promise** that wherever possible we will do as much as we can to make sure you are not disadvantaged as a result of you being in care. We will go the extra mile to try and give you the best support available that will help you achieve your goals in life, feel safe, know that someone is there for you and for you to have a bright future. We will also ask our partners to help us with this.

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Corporate Parenting Board

Forward Plan

<u>Date</u>	<u>Item</u>
Friday, 6 December 2024	<ul style="list-style-type: none"> • Virtual School Update (Janet Wilson) • TVCIC Health Assessments (Sarah Massiter)
Friday, 7 February 2025	<ul style="list-style-type: none"> • Adoption Tees Valley – (Vicky Davidson-Boyd) • Lifelong Links Programme (Kellie Wigley) • No Limits Hub Update ()
Friday, 11 April 2025	

Standing Items:

- Adoption Tees Valley – (**Vicky Davidson-Boyd**) (Usually February and August each Year)
- Corporate Parenting Performance Update (To be determined)
- Virtual School Update (**Janet Wilson**) (Usually June and December each year)
- Lifelong Links Programme (**Kellie Wigley**) (Usually October, February and June)
- No Limits Hub Update (Usually October, February and June)

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