

**Date:**

Friday 13 June 2025 at 10.00 am

**Venue:**

Council Chamber, Dunedin House, Columbia Drive, Thornaby, Stockton on Tees, TS17 6BJ

**Cllr Lisa Evans (Chair)**

**Cllr Carol Clark (Vice-Chair)**

Cllr Clare Besford, Cllr Mick Moore, Cllr Hilary Vickers, Cllr Sally Ann Watson and Cllr Jack Miller

## Agenda

1. **Evacuation Procedure** (Pages 7 - 10)

2. **Apologies for Absence**

3. **Declarations of Interest**

4. **Minutes**

To approve the minutes of the last meeting held on 11 April 2025

5. **Health Assessments** (Pages 11 - 32)

6. **Sector Led Improvement** (Pages 33 - 40)

7. **Kinship Support** (Pages 41 - 54)

Special Guardianship Orders

8. **Forward Plan** (Pages 55 - 56)

## **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.

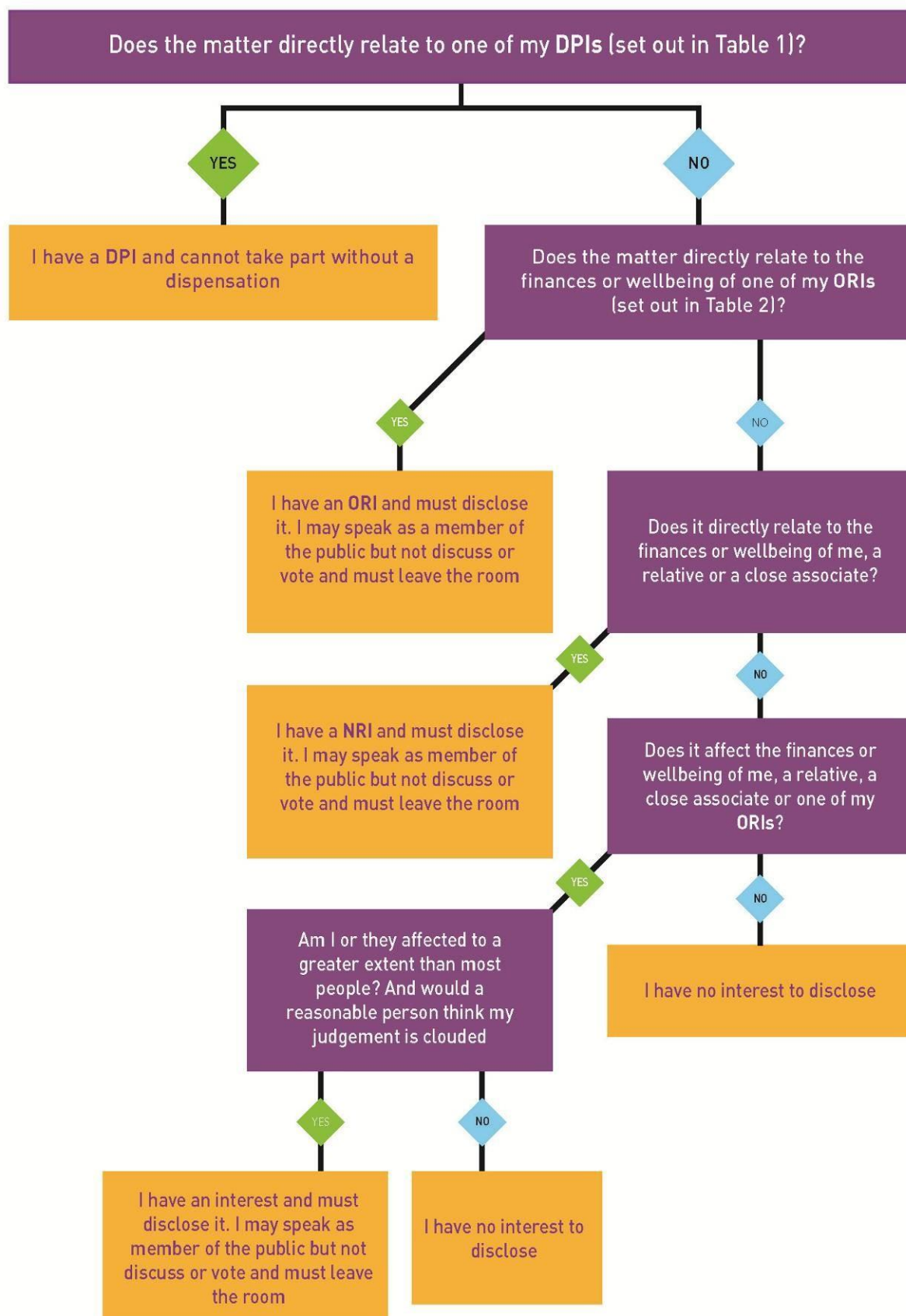
Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please.

Contact: Senior Democratic Services Officer, Michael Henderson on email [rachel.harrison@stockton.gov.uk](mailto: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**

<b>Subject</b>	<b>Description</b>
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain
<b>Sponsorship</b>	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.
<b>Contracts</b>	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.
<b>Land and property</b>	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.
<b>Licences</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
<b>Corporate tenancies</b>	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.
<b>Securities</b>	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 Registrable 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

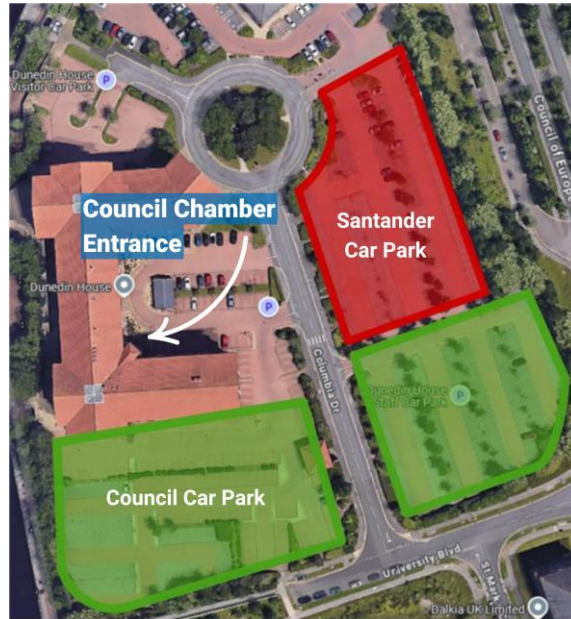
(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

This page is intentionally left blank

## Council Chamber, Dunedin House Evacuation Procedure & Housekeeping

### Entry

Entry to the Council Chamber is via the South Entrance, indicated on the map below.



In the event of an emergency alarm activation, everyone should immediately start to leave their workspace by the nearest available signed Exit route.

The emergency exits are located via the doors on either side of the raised seating area at the front of the Council Chamber.

Fires, explosions, and bomb threats are among the occurrences that may require the emergency evacuation of Dunedin House. Continuous sounding and flashing of the Fire Alarm is the signal to evacuate the building or upon instruction from a Fire Warden or a Manager.

The Emergency Evacuation Assembly Point is in the overflow car park located across the road from Dunedin House.

**The allocated assembly point for the Council Chamber is: D2**

Map of the Emergency Evacuation Assembly Point - the overflow car park:



All occupants must respond to the alarm signal by immediately initiating the evacuation procedure.

When the Alarm sounds:

1. **stop all activities immediately.** Even if you believe it is a false alarm or practice drill, you MUST follow procedures to evacuate the building fully.
2. **follow directional EXIT signs** to evacuate via the nearest safe exit in a calm and orderly manner.
  - do not stop to collect your belongings
  - close all doors as you leave
3. **steer clear of hazards.** If evacuation becomes difficult via a chosen route because of smoke, flames or a blockage, re-enter the Chamber (if safe to do so). Continue the evacuation via the nearest safe exit route.
4. **proceed to the Evacuation Assembly Point.** Move away from the building. Once you have exited the building, proceed to the main Evacuation Assembly Point immediately - located in the **East Overflow Car Park**.
  - do not assemble directly outside the building or on any main roadway, to ensure access for Emergency Services.

**5. await further instructions.**

- **do not re-enter the building under any circumstances without an “all clear”** which should only be given by the Incident Control Officer/Chief Fire Warden, Fire Warden or Manager.
- do not leave the area without permission.
- ensure all colleagues and visitors are accounted for. Notify a Fire Warden or Manager immediately if you have any concerns

**Toilets**

Toilets are located immediately outside the Council Chamber, accessed via the door at the back of the Chamber.

**Water Cooler**

A water cooler is available at the rear of the Council Chamber.

**Microphones**

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when invited to speak by the Chair, to ensure you can be heard by the Committee and those in attendance at the meeting.

This page is intentionally left blank



Lisa Robinson Service Manager

Kelly Dudding Named Nurse



**Tees Valley Children in Care Team**  
**Responsible for the health and wellbeing  
of Children and Young people in care in  
TV area and from TV placed out of area.**

**5 LAs – Middlesbrough, Redcar & Cleveland,  
Stockton, Darlington and Hartlepool**

**3 Acute Trusts – North Tees & Hartlepool  
South Tees and Darlington.**

# TEES Valley CiC Staffing Structure



1 WTE Band 8b Head of Public Health CYP

1 WTE Band 8a Service  
Manager

0.5 WTE Band 8a  
Named Nurse

2 WTE Band 7  
Specialist Nurse CiC  
Team Leads

0.91 WTE Band 6 Data  
Analyst

5.1 WTE Band 6 Nurse  
CiC

1.0 WTE Band 4 Admin  
Team Lead

2.1 WTE Band 5 Staff  
Nurse CiC

1.5 WTE Band 3 Admin

# Tees Valley CiC Team Responsibilities

IHA Co-ordination; consent, appointment booking, submission of paperwork

HDFT to co-ordinate & undertake all RHA's for 0-19 children in care

All RHA's to be undertaken by the CiC team for out of area children  
(radius of 30 miles from the child's placing LA)

Any identified health needs/ piece of work from the RHA to be passed to the caseload holder (to be reviewed after 3 months)

Quality assurance of RHA's (completed by the Tees CiC team) to be undertaken by the B7

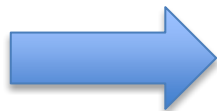
Training & supervision to be delivered to HDFT staff and partner agencies by the CiC team in collaboration with the SCT

CiC team to offer & complete health summary's / passports for children leaving care

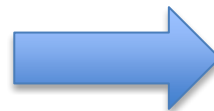


## IHA Timelines

**Day 0 Child comes into care**



**Day 5 notification and consent**



**Day 20 IHA Clinic**

The Statutory guidance for Promoting the Health and Wellbeing of Looked After Children (DoE, DH 2015) states that an **initial health assessment (IHA)** should be completed within 20 working days of the child entering care so the report is available at the first Looked after Children review meeting.



## IHA Gold Standard Clinic Process

- North Tees & Hartlepool Hospital allocate clinic slots to HDFT in advance (different days/times)
- HDFT CiC get notification of child in care/Consent from LA (within 5 days of coming into care)
- HDFT CiC Book child into clinic and inform Hospital/LA
- LA inform carers/young person
- Child taken to appointment – IHA completed and health needs established
- HDFT CiC nurse reviews/signposts and then reviews again in 3m as required



# Impacts on getting IHA in timescales

**Obtaining notification and consent within timescales – delays mean less clinic options within timescales**

**Having clinic slots available**

**Carers being notified**

**CYP agreeing to attend**

**CYP being brought to appointment**

## Where we are



**Previously North Tees have offered more clinics than needed therefore a lot of delays in IHA appointments have been avoided.**

**However – This year has seen increasing pressures, therefore reduction in clinics offered from North Tees (but should still cover demand).**

**This is further exacerbated with late consents or when a child or young person is not brought to their appointment (WNB). We then need a further IHA appointment to ensure that their health needs are identified and met.**



## Issues that impact on IHAs being in Timescales

- **HDFT not getting notifications or Consents in timescales**
- **CYP late for appointments – stresses children and unable to obtain all info**
- **WNB/refusing to come – also impacts on slots going forward therefore on Hartlepool LA capacity**
- **Having enough clinic slots within the timeframes**
- **Carers trying to cancel appointments through hospital – processes not followed (cancellations must be sanctioned by Service Manager)**



## What we are doing to avoid issues

- **Communication improved - Fortnightly huddles HDFT/NTHFT/LA SW Service Managers. Allows closer monitoring of the clinic slots, new to care and consents**
- **Getting notification and consents within 5 days should ensure that all new into care are seen within timescales.**
- **(We appreciate there are always anomalies as families and situations can be complex)**
- **ICB support**
- **Pathway for partners – ensures process followed with accountability and escalation**

# HDFT Improvements



**IHA leaflet – what to expect for an IHA**

**CYP allocated to 1 nurse for ongoing work on RHAs**

**3m review waiting lists to assure that health needs are not forgotten about**

**Named Nurse oversight to assess risk – contact/home visits**

**Putting the child first/trauma informed – RHA venues**

**Change in Uniform**

**Partnership meetings for collaborative working**

**Communication weekly on any outstanding consents**

**Website/APP/VLOG for CiC and carers**



## What we would like – magic wand

- **Smooth process for Child seen within statutory timescales - right place right time for them - choices**
- **VOC- Forums/Questionnaires**
- **CIC voices and opinions through your feedback to us**
- **Support in promoting the importance of health reviews and busting myths**
- **Everyone to continue to work together to achieve this**



## Overview CIC in TV Area (April figures)

Area	Placed in Tees Valley	TV placed OLA	OLA placed in TV	Total
Stockton	487	94	25	606
Hartlepool	274	74	39	387
Middlesbrough	427	114	26	567
Redcar & Cleveland	355	72	25	452
Darlington	215	71	37	323
Total	1,331	425	152	2,335



# 2024-25 IHA Stockton

Number of Children notified as CiC (in month)					
	Q1	Q2	Q3	Q4	Total 204/25
• Age Under 5	13	16	13	13	55
• Age 5-15	11	19	21	23	74
• Age 16+	8	5	7	9	29
<b>TOTAL</b>	<b>32</b>	<b>40</b>	<b>41</b>	<b>45</b>	<b>158</b>
Number of CiC seen within statutory timeframes (20 working days)	21 65.6%	26 65.0%	19 46.3%	18 40.0%	84 <u>53%</u>
Number of CiC seen outside of statutory timeframes (20 working days)	11	14	22	27	74

# 2024-25 IHA Stockton - Exceptions

Reasons for CiC not seen within statutory timeframes (20 working days)					
	Q1	Q2	Q3	Q4	Total
Child Not Brought	2	2	3		7
Out of area request	1	2	3	2	8
Delay in medical consent received	5	5	11	22	43
Ceased CiC prior to IHA appointment offered	3	3	3		9
Planned breech	0	1	0		1
YP chose not to attend	0	1	1		2
Cancelled in advance by Acute Trust			1	2	3
Attendance not confirmed by acute Trust within agreed timeframe				1	1
<b>Reasons Total</b>	<b>11</b>	<b>14</b>	<b>22</b>	<b>27</b>	<b>74</b>



# 2024-25 RHA Stockton

## Number of children requiring an RHA in month

	Q1	Q2	Q3	Q4	Total
• Age Under 5	<b>27</b>	<b>26</b>	<b>27</b>	<b>25</b>	<b>105</b>
• Age 5-15	<b>70</b>	<b>76</b>	<b>79</b>	<b>68</b>	<b>293</b>
• Age 16+	<b>25</b>	<b>33</b>	<b>27</b>	<b>31</b>	<b>116</b>
<b>TOTAL</b>	<b>122</b>	<b>135</b>	<b>133</b>	<b>124</b>	<b>514</b>

## Number of RHA's undertaken in month

	Q1	Q2	Q3	Q4	Total
• Age Under 5	<b>22</b>	<b>24</b>	<b>25</b>	<b>20</b>	<b>91</b>
• Age 5-15	<b>68</b>	<b>70</b>	<b>72</b>	<b>66</b>	<b>276</b>
• Age 16+	<b>21</b>	<b>24</b>	<b>24</b>	<b>28</b>	<b>97</b>
<b>TOTAL</b>	<b>111</b>	<b>118</b>	<b>121</b>	<b>114</b>	<b>464</b>
<b>%</b>	<b>91.0%</b>	<b>87.4%</b>	<b>91.0%</b>	<b>91.9%</b>	<b>90.3%</b>

# 2024-25 RHA Exceptions



Reasons for RHA not undertaken					
	Q1	Q2	Q3	Q4	Total
Out of area request	2	4	4	3	13
YP Refusal		4	2		6
Late allocation	3	1			4
Arranged around carer/parent availability	4	5	1		10
Change of placement	2	2			4
Unsuccessful contact to make appointment			2		2
Ineffective / No access visit			2	4	6
HDFT responsible			1	2	3
Staff Capacity				1	1
<b>REASONS TOTAL</b>	<b>11</b>	<b>16</b>	<b>12</b>	<b>10</b>	<b>49</b>



# Stockton CIC Top 5 Health Needs

## Top 5 Health Needs from RHAs

User of electronic cigarettes

Overweight

Inhales drugs

Occasional drinker

Emotional & mental health  
(Under CAMHS)



## Case study – Stockton 1

- Child A has been known to social care since in utero and has been a child in care since she was 9 months old. Child A was exposed to illicit substances in utero and had missed health appointments in the first few months of life. She has remained in a long-term stable placements from 9 months old to now – plans for an SGO are ongoing.
- **Intervention** Child A was seen for a review health assessment in 2023. She struggled with balance, coordination, and walked with unsteady gait. This impacted her development which meant she had not been able to learn how to ride a bike, struggled to walk long distances, and had reduced special awareness. Following her review health assessment, Child A was referred to the paediatric physiotherapy service for a block of intervention.
- **Outcome** Child A received support from physiotherapy.
- **Impact** Receiving support from physiotherapy meant that Child A was supported to reach her full potential and reduce the gap between herself and her peers. Not being able to engage in prolonged physical activity impacted her emotional health and prevented her from being as involved on family days out and being out with her friends.
- **Review** Child A was seen for a review health assessment early 2025 and she proudly showed the nurse how she can now ride her bike round the street. Her carers report that her mobility has improved and this has made a positive impact on her life.



## Case study – Stockton 2

- Child B has been residing in her current placement since October 2024. Child B is being looked after due to a history of neglect, poor home conditions, abuse of alcohol and drugs in parents and breakdown of previous care with paternal grandparents. Child B is now in a stable environment which provides her with a sense of stability and continuity, and she appears settled in her placement.
- Child B has outstanding health needs; however, due to social anxiety, she is unable to attend appointments. To ensure her health needs are met, the carers asked if I could arrange health professionals to attend the home due to her social anxiety.
- **Outcome** This approach will help reduce her anxiety, ensure she receives the necessary medical care, and prevent any potential health complications from untreated conditions. Additionally, a gradual plan to build her confidence in attending future appointments outside the home could be explored.
- **Impact** Social anxiety can make attending health appointments challenging, but planning, bringing support, using online services, gradually exposing yourself to the experience, and practicing relaxation techniques can help make it more manageable. Missing health appointments can lead to delayed diagnosis, worsening of existing conditions, developmental setbacks, increased risk of illness, untreated dental or vision problems, negative effects on mental well-being, and poor long-term healthcare habits.
- **Review** I completed a home visit to discuss available options for Child B's outstanding health needs. During the visit, an appointment was arranged with Specsavers for an at-home vision assessment. Child B is also overdue for her teenage immunisations, including the HPV vaccine. I contacted the immunisation team to enquire about home visits, and they confirmed that they can provide this service. They provided a contact number to arrange a date and time for the vaccinations. Additionally, Child B has yet to attend a dental appointment, the carers contacted the dentist to ask if they could complete a home visit due to child B's anxiety.

## TEES Valley CiC Contact Details



Any  
Questions?

Single Point of  
Contact Email  
address

[hdft.teescic@nhs.net](mailto:hdft.teescic@nhs.net)

Single Point of  
Contact Telephone  
Number

0300 3730220

This page is intentionally left blank

# Sector Led Improvement

## Care Experienced Service

# The Scope

Re visit / Desk Top Review

Quality of Pathway Planning  
Supervision  
Pathway Plan Reviews  
Management Oversight  
Impact of changes  
Participation

# Process

Discussions were held with :

- Assistant Director
- Head of Service
- Service lead
- Care Experienced Team Managers
- Manager No limits Hub

Desk Top Reviewed of 25 children's files

# Headlines Strengths

## **There are clear improvements in the services to young people since our last visit**

No Limits Hub has gone from strength to strength

There are a range of activities available for young people as well as a valuable drop in offer

Young people are being actively engaged in the design and development of services in the Hub

Young people are being actively engaged in the design and development of the care leaver offer

Detailed action plan is being used as a working document to ensure robust oversight of implementation and continuous improvement

Strong partnerships are ensuring a range of services are being provided for care experienced young people

Evidenced excellent case note from a worker in the Hub that showed the young person had been given a safe space and time to talk

# Headlines Strengths

Managers and leaders are proactively engaging the workforce in the development of the service

Strong corporate and partner support

Management oversight is evident on cases

Evidence in case notes of positive relationships being developed with young people

Case summaries on the whole are the one place that is kept up to date with information

There were lots of good example of the tenacity and drive from the homelessness prevention officer

Case notes written to the young person and contain analysis

Good evidence of the reviewing officer trying to provide guidance and structure for the PA

Quality of the supervision more recently undertaken by team manager were good

## Areas for Consideration

Slip Partners recognise that work is on going to have a fit for purpose Pathway Plan template, but the plans still need to improve:

They are not written to the young person

Financial entitlements are not clear

Information was often copied forward even though it was no longer relevant

Visiting frequency included in the Pathway Plans is standard 8 weekly even though the needs of the young person may require more frequent visits and workers are visiting more regularly

Pathways Plans are too generic and don't clearly show what the PA can do to help and support the young person

SLIP Partners did not see strong evidence of co-working and the influence of the PAs on plans prior to transfer at 18

# Areas for Consideration

## Supervision

Reason for involvement needs to be current and not have information for example about why the young person was removed from their parents 5 years ago

Some supervisions had the same tasks copied forward several times and are too generic

The voice of the child should contain their views, wishes and aspirations for their future this is not achieved by copy and pasting the case note of the last visit

## Pathway Plan Reviews

Many are still being completed without involvement of the young person

Pathway Plans are still not being updated following the reviews

# Recommendations

Continue with the implementation of your improvement plan

Accelerate improvement in pathway planning

We have seen improvements in supervision with arrangements for oversight, this needs to be role out across all workers

Entitlements need to be front and centre on the young person's record

Keep developing the HUB, confidence will build, learning from what goes well and not so well

# Kinship Support

## Special Guardianship Orders

# Overall Aim and Purpose

Children enjoy more positive outcomes when their future is secured and where they are claimed. Care planning for the child or children placed with the kinship carer will always look to achieve this goal and if it becomes clear that a child cannot return home, we must explore alternative care options .

Children who grow up in kinship care often have better outcomes than children who grow up in other types of non-parental care. Evidence shows that, compared to these groups, children in kinship care:

- are more likely to have stable, permanent homes
- achieve higher levels of employment later in life
- have better social and emotional wellbeing and better long-term physical health compared to children in foster or residential care
- are more likely to be kept with their siblings compared to those in foster care
- are more likely to report that they feel loved

# Strategic purpose

- The proposal aimed to merge support for Connected Carers and Special Guardianship Order (SGO) carers into a single Kinship Support Team within the Fostering Service.
- This aligns with the 'Championing Kinship Care' strategy (2024) and seeks to secure permanence for children in care.

## Kinship Strategy

Launching a kinship financial allowance, paid at the same rate as the fostering allowance, beginning in up to 8 local authorities.

- Expanding the Virtual School Head's role to promote the education of children in kinship care.
- Ensuring more eligible kinship carers are aware of their ability to access the £48 million Adoption Support Fund, by renaming it to the Adoption and Special Guardianship Support Fund, as well as analysing the fund's applications and the therapies provided.
- Producing government guidance for employers on how kinship carers can be supported at work. This will include advice on adapting HR policies, signposting to workplace entitlements carers can access and creating a culture of support.
- Introducing a kinship leave and pay entitlement for Department for Education staff (subject to discussions on the detailed arrangements between the department and employee representatives).
- Establishing a training, information and advice offer that all kinship carers will have access to.
- Sustaining the delivery of peer support groups across England for all kinship carers.

## **Empower kinship families by**

- Creating a new Kinship Care Ambassador role, to work with local authorities and kinship carers to raise standards and share best practice.
- Improving the availability of advocacy services for children in kinship care by updating guidance and standards.
- Establishing the National Kinship Care Advisory Board and extending the Department for Education's Kinship Carer Reference Group.
- Partnering with Foundations - the What Works Centre for Children & Families and the sector to work towards every family being offered high quality family group conferences at pre-proceedings stage.
- Using digital innovation to help social workers have a greater understanding of kinship families.

# Context

## **164 Connected Care placements existed in Stockton. (November 2023)**

- A review in late 2023 found many carers were open to SGOs but reluctant due to:
- Loss of Supervising Social Worker (SSW) support.
- Financial dependency on fostering allowances.

# Review

- Review undertaken of all Connected care arrangements.
- Identification of all arrangements where the child or young person did not require the continued oversight of remaining a Child in Our care .
- Development of a Special Guardianship Order (SGO ) Panel to review all children in connected care arrangements and consider conversation to SGO . The panel included HOS for Children in Our care , Service lead for children in Our Care , Team manager for the independent Review unit , Team Manager for the Connected Care team ,Lead Practitioner for the Family work team Social workers, Team Managers, Supervising Social workers and Independent Reviewing Officers .

# Proposed Changes

- Convert up to 100 Care Orders to SGOs, reducing the Children in Our Care (CIOC) population.
- Create a Kinship Team by renaming and restructuring the Connected Carers team.
- Integrate support for both Connected and SGO carers under one team.
- Add a Link Worker to provide out-of-hours and one-to-one support.

# Barriers to SGO Conversion

Carers identified

Lack of:

- Ongoing SSW support.
- Training and peer support.
- Financial parity (SGO payments are means-tested).
- Clarity on post-18 support.
- Housing and contact management support.

# Implementation Plan

- Timetable for SGO conversions to be reviewed fortnightly
- SGO carers to retain their SSW if desired.
- Virtual School support for SGO children from Sept 2024.
- Access to Adoption Support Fund for SGO carers.
- Access to inhouse therapeutic services
- Keeping-in-touch service for low-need SGO families.
- Financial assessments completed based on individual needs of children
- SGO support groups
- Continued program of training for SGO carers
- Development of front facing online offer for Kinship carers

# Anticipated Benefits

- Improved permanence and stability for children.
- Reduced statutory intervention
- Lower CIOC numbers, easing pressure on social workers and IROs.
- Cost savings from fewer court proceedings and reduced care costs.
- Alignment with national kinship care strategy.

# Progress to date

- Developed the new Kinship Policy
- Developed Practice Guide for Social workers
- Developed up to date information for Parents , Carers ,children and young people
- Liaised with Citizens advise Service
- Set up comms sessions with connected carers to support them to understand the offer
- Developed the training offer for SGO Carers
- Set up SGO support groups
- We worked with Foundations around the Kinship Offer

Foundations UK developed the Kinship Care Practice Guide alongside the DFE

Stockton were selected as one of 10 Local authorities across England to take part in the project and within this selected one of the 5 key principles to work on in expanding our offer to Kinship families :

*Key Principle 3: Kinship families need to be made aware of the support they are entitled to, and local authorities should actively work to address barriers to accessing support*

This has supported in the development of :

- Guidance for Carers, Parents ,Children and young people
- Starting to develop our online information site
- Set up of Comms sessions

## **Figures to date**

In the financial year 2024/2025 the Family Work Team has continued to support children and young people being transitioned to SGO arrangements .

20 children have transitioned to SGO arrangements and 4 have been made subject to Child Arrangement Orders (CAO)

## **At the beginning of the financial year 2025 / 2026**

**There are 168 connected care arrangements of these 41 are in proceedings and 127 are children subject to Section 31 CA1989**

41 children in the process of transition to SGO with Social workers completing SGO assessments and court paperwork.

27 are not able to covert at this time as children need continued oversight under CIOC

42 need further work competing with current carers to enable a transition to SGO

41 children are currently subject to Proceedings where the outcome could be step down to SGO

17 Children have twin tracked plans of reunification

## Corporate Parenting Board

## Forward Plan

<u>Date</u>	<u>Item</u>
<b>Friday, 11 April 2025</b> <b>10.00am</b>	Health Assessments (ICB)
<b>Thursday, 29 May 2025</b> <b>6.00pm</b>	No Limits Hub Meeting

## 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)

Special Guardianship Orders Debbie Farrow – June mtg)

Early Intervention and Prevention (Emma Champley?)

-

This page is intentionally left blank