

Corporate Parenting Board

A meeting of Corporate Parenting Board was held on Friday, 13th June 2025.

Present: Cllr Carol Clark (Chair), Cllr Clare Besford, Cllr Hilary Vickers, Cllr Mick Moore Cllr Jack Miller, Cllr Sally Ann Watson

Apologies: Cllr Lisa Evans

Officers: Michael Henderson, Jane Smith, Debra Farrow, Angela Connor, Janet Wilson, Lisa Robinson, Kelly Dudding, Suzanne Halliwell,

Also in attendance: Ryan Davis

Apologies:

CPB /25 Declarations of Interest

There were no declarations of Interest.

CPB /25 Minutes

The minutes of the meeting held on 11 April would be considered at the next meeting.

CPB /25 Children in Our Care – Health Assessments

Members considered a report on how Initial and Review Health Assessments for Children in Care were organised and delivered across the Tees Valley (five LAs; three acute trusts). It covered team structure, statutory timescales, performance for Stockton, improvement actions and case studies.

Key Points

- Statutory timescale: Initial Health Assessments (IHA) within 20 working days of a child entering care achieved for 53% of children in Stockton. The main causes of delay were late consents, 'was not brought' (WNB)/refusal, limited clinic slots, and cancellations. Members queried what work was underway to improve this figure.
- Review Health Assessments (RHA) achieved 90.3%. Exceptions included out-of-area requests, late allocations, placement changes and access difficulties.
- Top needs emerging from RHAs: e-cigarette use; overweight; inhaled drug

use; occasional alcohol; emotional/mental health (under CAMHS).

- Improvements underway: fortnightly multi-agency 'huddles'; child- and trauma-informed practice; named nurse oversight; 3-month review waits; child-friendly IHA leaflet and digital resources; clearer escalation/accountability.
- Case examples showed positive impacts from timely physiotherapy and flexible home-based visits to reduce anxiety and improve access to care.
- Members asked that future reports provide explanations of acronyms.
- It was noted that technical and operational issues meant that texts were not sent as reminders to attend appointments.
- It was not possible to have initial reviews outside of clinical settings given the pressures on pediatricians' capacity.
- There were opportunities to extend the length of appointments under certain circumstances and also to ensure the correct pediatrician was involved.
- It was agreed that the requirements of the Review Health Assessments were outdated and the scope of them often unnecessary.
- Parental consent was often an obstacle and delay to Assessments being undertaken in a timely manner.
- The 20 day target was often only overshoot by a few days and very few were after 30 days.

RESOLVED that the report be noted and partner continue to promote timely health reviews and share learning across agencies.

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Sector Led Improvement – Care Experienced Service

The Board considered findings from the Sector Led Improvement (SLIP) revisit/desktop review of the Care Experienced Service, including case file review (25 cases) and discussions with senior leaders and the No Limits Hub. Focus areas: pathway planning, supervision, reviews, management oversight, change impact and participation.

- Strengths: No Limits Hub 'going from strength to strength'; strong corporate/partner support; clear management oversight; good

relationship-based practice; improving supervision quality; homelessness prevention officer impact evident.

- Areas for consideration: Pathway Plans still too generic; not consistently written to the young person; financial entitlements not always clear; frequency of visits often defaulted to 8-weekly despite higher needs.
- Supervision and reviews: ensure up-to-date 'reason for involvement', reduce copy-forward tasks/notes, strengthen the young person's voice; update Pathway Plans following reviews.
- Recommendations: continue the improvement plan; accelerate personalised pathway planning; maintain consistent supervision standards; keep developing the Hub and young people's influence in service design.
- It was explained that the Local Offer was being reviewed and developed.

RESOLVED that progress be welcomed and the recommendations endorsed for ongoing monitoring

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Kinship Support – Special Guardianship Orders

Members considered an update on Stockton's Kinship Support and Special Guardianship Order (SGO) programme, aligning with the national 'Championing Kinship Care' strategy (2024). The approach sought permanence and stability by supporting conversions from Connected Care to SGO where appropriate, and by unifying support under a Kinship Support Team.

Key Points

- Context: Children in kinship care often achieved more stable, permanent homes and better long-term outcomes. Stockton had 164 Connected Care placements (Nov 2023).
- Proposals: Convert up to 100 care orders to SGO; create a single Kinship Support Team; retain SSW support for SGO carers (where desired); introduce a Link Worker (out-of-hours/1-to-1); strengthen training, support groups and therapeutic offer; expand online information and guidance.
- Benefits anticipated: improved permanence; reduced statutory intervention;

lower CIOC numbers; potential cost savings (e.g., fewer court proceedings and reduced care costs); alignment with national strategy.

- Progress to date: Stockton selected as one of 10 LAs in a Foundations UK project; 2024/25 saw 20 children transition to SGO and 4 to Child Arrangement Orders (CAO).
- Position at start of 2025/26: 168 Connected Care arrangements (41 in proceedings; 127 subject to s31 CA 1989). Of these, 41 in process of SGO transition; 27 not ready to convert; 42 required further work; 41 subject to proceedings where SGO was a possible outcome; 17 twin-tracked for reunification.
- Reference was made to providing Council Tax support for families.

RESOLVED that the progress towards a unified kinship Support approach be endorsed and further updates provided at future meetings.

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Forward Plan

The Board noted the Forward Plan.

