



Redcar and Cleveland Joint Strategic Needs Assessment

Children & Young People

August 2019

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FOREWORD

The Children’s Joint Strategic Needs Assessment (JSNA) identifies ‘the big picture’ with regards to the health and wellbeing needs and inequalities of the population in Redcar and Cleveland. It is based on the analysis of current and predicted health and wellbeing outcomes and sets out what we aspire to achieve in respect of our service. The JSNA is underpinned by partnership working, community and voluntary sector engagement and has a strong supporting evidence base.

The JSNA provides a systematic and holistic means of assessing the health and social needs of children and young people in Redcar and Cleveland. It enables our strategic partnerships and commissioning leads to make informed choices about the delivery of services across a spectrum of needs.

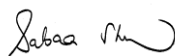
It not only considers the overall health, social and educational needs of children and young people but also has regard to inequalities in outcomes, poverty and deprivation, alongside having a clear focus on specific themes such as gender, disability and levels of vulnerability.

The JSNA plays a vital role in the area’s health and social care system, providing a detailed analysis of need. This, in turn, informs our commissioning strategies and our priorities for ensuring the children and young people in our borough have their needs addressed in a holistic comprehensive manner. Our approach over time will ensure we develop a comprehensive picture of the challenges facing the area, which encourages joined up partnership responses to increasingly complex issues.

As we continue to grow and progress our work, we will aim to strengthen our partnership approach to identify any further gaps in our knowledge. Addressing these areas will inform the priorities and the work plan for the partnership going forward.

The JSNA provides a picture of the future challenges facing our borough. It clearly identifies the link between health and wellbeing, aspiration and wider life chances and opportunities. The response to the challenges highlighted in the JSNA requires collective action through stronger partnership working and collaboration to improve the future of our children and young people.

Barbara Shaw



**Director of
Children’s
Services**

Cllr Alison Barnes



**Lead Member for
Children’s Services**

Edward Kunonga



**Director of Public
Health for South
Tees**

INTRODUCTION

PURPOSE OF THE JSNA

The Joint Strategic Needs Assessment (JSNA) reports on the main issues affecting the health and wellbeing of the population of Redcar and Cleveland to help strategic planning, commissioning of services and interventions to help improve outcomes for the local population and reduce health inequalities.

This JSNA sets out the high level needs of children and young people. It outlines services to meet these needs, highlights evidence of good practice and sets out implications and recommendations. The aim is to improve outcomes for children and young people in Redcar and Cleveland by informing and influencing commissioning and service delivery across the breadth of local children's services.

The JSNA is underpinned by partnership working, community engagement and evidence of effectiveness. It supports commissioning processes for health, council and community organisations in Redcar and Cleveland.

The Joint South Tees Health & Wellbeing Board has overall responsibility for the JSNA. The development of the JSNA is led by Public Health South Tees but is a collaborative process with partner agencies across the Children's Trust.

WHAT APPROACH HAS THIS JSNA TAKEN

There are a large number of important topic areas covering children's health and wellbeing which can be broken down by geography, population groups, socio-determinants and inter-relationships between these topics. Reporting on all these topic areas in a detailed and meaningful way is challenging.

With increasing demand on services and significant financial challenges, to have maximum impact, we must prioritise to overcome this challenge. By pooling our limited resources behind a set of agreed priorities, we can achieve more.

A JSNA steering group was created to discuss and agree the best way forward for writing a JSNA that covers the issues facing children and young people in Redcar and Cleveland. It was decided that a prioritisation exercise would be completed to help identify the key priorities for the children and young people's JSNA to focus on. This would allow for a more detailed review of a set of key areas, whilst noting that other topic areas, whilst still important would not feature in this version of the JSNA.

PRIORITISATION EXERCISE

Prioritisation exercise that highlighted the most pressing needs. This was determined by combining a numbers of factors;

- **Benchmarking with comparator areas, North East and England**
- **Trends showing whether the indicator is improving or deteriorating**
- **Scale – how many of our children are affected**
- **Level of need and impact on a child's life**
- **Knowledge and experience of local issues from practitioners**
- **Potential economic cost implications**
- **Priority areas from other boards, strategies or actions plans**

The JSNA steering group met, facilitated by Public Health South Tees, to review children and young people's data, benchmark against peers along with discussion around key local challenges and identification of service needs. A copy of the data that was used as part of the prioritisation exercise can be found in the Appendix.

The steering group agreed on 10 key priorities that will be the focus for the Children and Young People's JSNA. These topics covered a wide variety of factors related to the health and wellbeing of children from early years up to adolescence.

One of the priority areas that came up consistently during the prioritisation process was supporting our most in need children and young people who are more vulnerable and exhibit higher rates of mental health issues, emotional disorders and special education needs and disability.

This was recognised as a major issue locally and a key cross cutting priority that needs to be embedded in all areas of what we do. Therefore, each priority in the JSNA will outline why and how the issue affects vulnerable groups who have complex and additional needs such as children with Special Educational Needs and Disability (SEND), Children in our Care and Children in Need (CiN).

TOP 10 PRIORITIES

1. Parental Risk
2. Breastfeeding
3. Obesity
4. Emotional Health and Wellbeing
5. Increase in Care Proceedings and Repeat Adoptions
6. School Absence and Exclusions
7. Secondary School Attainment
8. Not in Education, Employment or Training (NEETs)
9. Child Sexual Exploitation (CSE)
10. Reoffending

The JSNA process and the prioritisation of key topic areas were presented at the Redcar and Cleveland Children's and Young People Partnership Board where they were discussed and agreed. Following this, the appropriate topic leads were identified for each chapter to help support public health in creating the JSNA chapters.

LOCAL CONTEXT

Within Redcar and Cleveland we have much to celebrate. We have a dedicated and passionate workforce and supportive, vibrant local communities all striving for the best for our children and young people, but the challenges facing our children and young people are well documented and these challenges without the right intervention can impact on their life chances.

Unfortunately, for some children born in Redcar and Cleveland their life chances can be compromised from birth. Babies born today in Redcar and Cleveland are expected to live on average 1.6 years less than the England average. However, the inequality gap within the local areas of Redcar and Cleveland is even more significant. Two male babies born on the same day in South Tees could have as much as a 12 year difference in life expectancy due to the circumstances into which they are born.

Redcar and Cleveland contains 7 wards that are within the top 10% most deprived wards nationally, with families experiencing many of the issues that run in tandem with deprivation such as high unemployment, poor population health, higher than national average levels of substance addictions, low household incomes, high rates of crime and anti-social behaviour, high numbers of children in care and significant numbers of children living in poverty.

Many children are also born into low income households. This means that from birth many face an uphill challenge to maintain progress at the same rate as peers in more affluent areas. This is emphasised by the number of children who enter school and achieve a good level of development, with only 13 in every 20 children achieving their developmental milestones upon entering school. Many children in Redcar and Cleveland also grow up experiencing adverse childhood experiences, witnessing parental conflict in the process. A significant proportion of our local children enter the safeguarding system, which means that local children's services are challenged and very stretched.

POPULATION SUMMARY

Summary

Redcar and Cleveland has an estimated population of children and young people of 27,519 aged 0-17 years old as of 2017 mid-year Office for National Statistics (ONS) population estimates. This equates to 20.2% of the total population which is slightly lower than the England value of 21.3%. There are more males compared to females with 14,246 (51.8%) males compared to 13,273 (48.2%) females. The difference in the 0-17 population is due to fewer children aged 0-4 (figure 1) where 27.5% of the 0-17 year olds are aged 0-4 compared to 28.5% nationally.

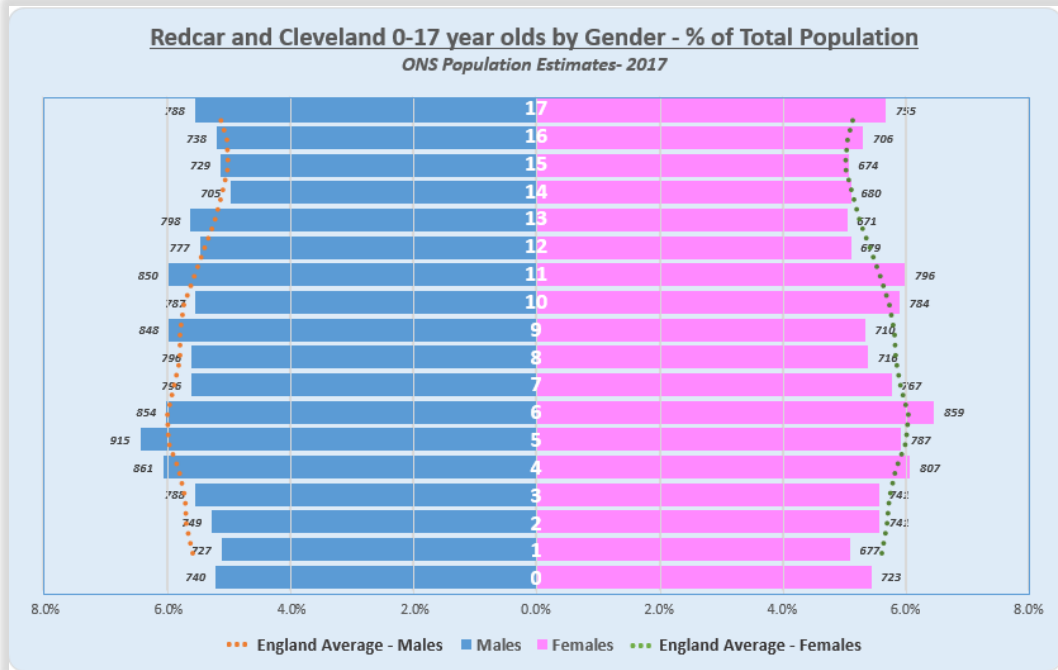


Figure 1: Redcar and Cleveland under 18 Population by Age and Gender, ONS

Projections

Population projections from ONS show that the overall 0-19 year old population is expected to fall 8.5% between 2018 and 2041 from 33,100 to 30,500. This is most seen in the 5-9 year old cohort which reduces by 19.1% from 8,100 to 6,800. Redcar and Cleveland had 1,433 live births in 2016 or a rate of 61.9 per 1,000 aged 15-44 years old. This is similar to the England average of 62.5 per 1,000.

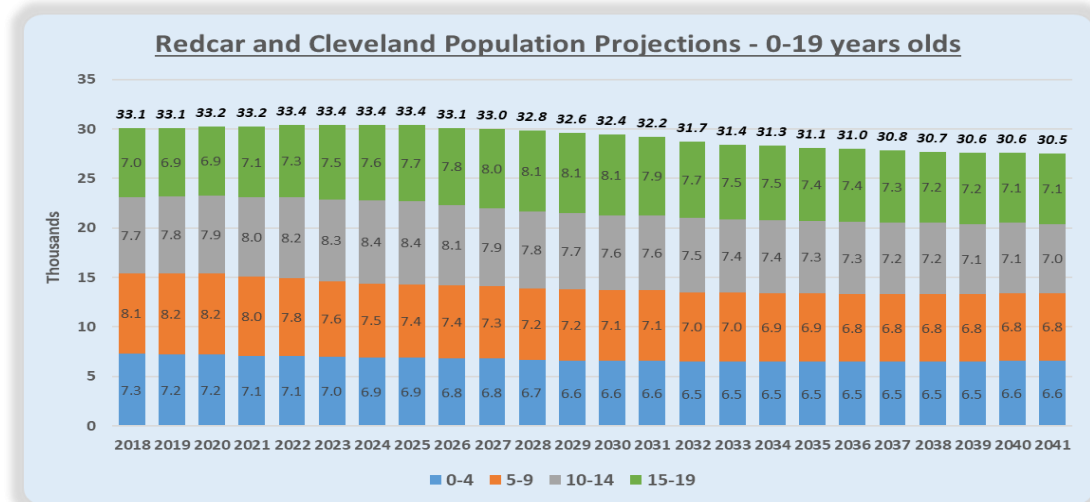


Figure 2: Redcar and Cleveland under 20 Population Projections, ONS

Migration

Internal migration by age group data from ONS highlights that more people aged between 15-19 years old leave Redcar and Cleveland (Net Flow), mainly due to education or employment opportunities. This is different to the North East and England average where more people leave aged 20-24 and 25-29. Slightly higher inflows which contribute to population growth can be seen in those aged 20-24 years old. However, nearly as many people are leaving at the same age.

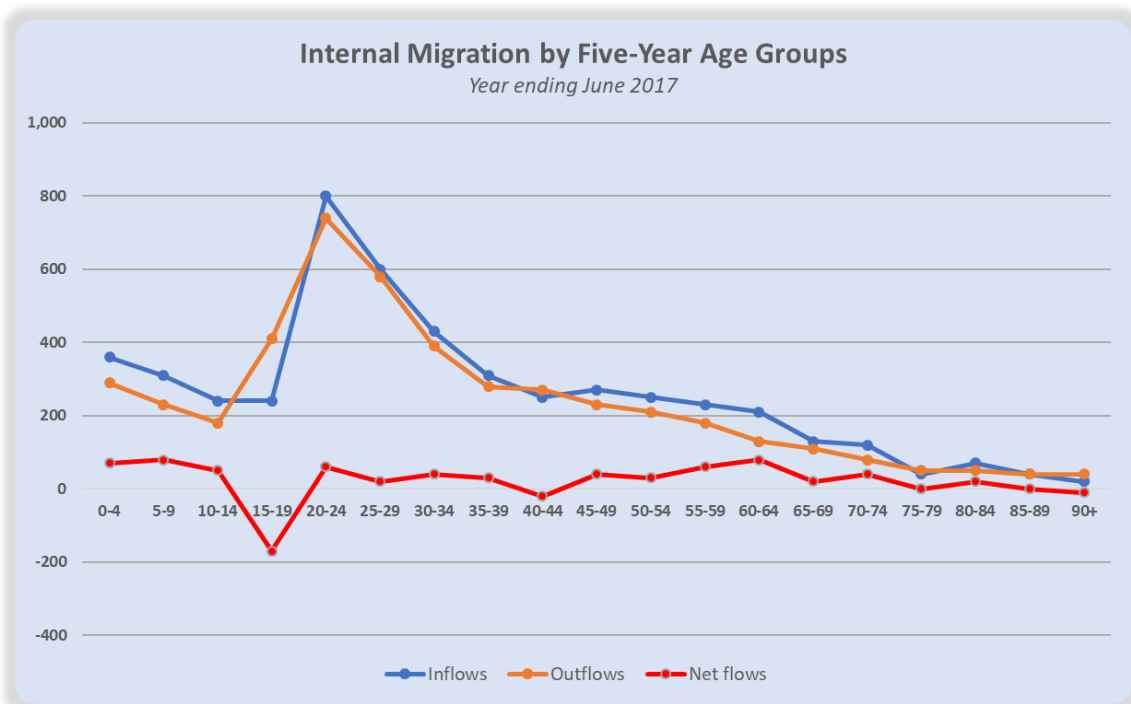


Figure 3: Internal Migration by five year age bands, ONS

Ethnicity

The Census in 2011 showed that the majority of the population in Redcar and Cleveland was from a White British Ethnic Background. There were 1.5% or 1,998 people from a non-white ethnic background.

School Census data from January 2018 showed that 4.2% (928) of all pupils across primary, secondary and special schools were from minority ethnic groups. This is significantly lower than the England average of 33.1% for primary schools and 30.3% for secondary schools.

Schools	All Pupils	Minority Ethnic Pupils	
		No.	%
Primary	13346	553	4.1%
Secondary	8207	360	4.4%
Special	378	15	4.0%
Total	21931	928	4.2%

Figure 4: School Census - Ethnicity, GOV UK

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS (SEN)

In 2018 the number of pupils in Redcar and Cleveland with special educational needs was 3,849 or 17.6% of the total school population. This is higher than the North East average of 15.5% and the England average of 14.6%. Redcar and Cleveland is ranked 15th highest out of 152 local authorities in England. This figure has fallen slightly from the previous year of 17.7% and follows a period of year on year decreases from 2010.

The total number of pupils with SEN consists of pupils with SEN support (those with identified special educational needs but no Statement or Education, Health & Care (EHC) plan) and those with a Statement or EHC plan. Locally in 2018, 825 (3.8% of total population) pupils have a Statement or EHC plan and 3,024 (13.8%) have SEN support. Trends since 2010 show that the number of pupils with SEN support has been decreasing whilst pupils with a Statement or EHC plan have been gradually increasing.

Year	Redcar and Cleveland					North East			England		
	Statement or EHC plan		SEN support		Total	Statement or EHC plan	SEN support	Total	Statement or EHC plan	SEN support	Total
	No.	%	No.	%	%	%	%	%	%	%	%
2010	609	2.7%	4,804	22.0%	24.7%	2.9%	19.8%	22.7%	2.8%	19.0%	21.8%
2011	612	2.8%	4,976	22.7%	25.5%	2.9%	18.5%	21.4%	2.8%	17.8%	20.6%
2012	603	2.8%	4,635	21.4%	24.2%	2.9%	17.8%	20.7%	2.8%	17.0%	19.8%
2013	630	2.9%	4,241	19.7%	22.6%	2.9%	16.8%	19.7%	2.8%	16.0%	18.8%
2014	678	3.2%	4,115	19.5%	22.7%	2.9%	16.5%	19.4%	2.8%	15.1%	17.9%
2015	699	3.2%	3,627	16.8%	20.0%	2.9%	14.0%	16.9%	2.8%	12.6%	15.4%
2016	744	3.4%	3,332	15.4%	18.8%	2.9%	12.5%	15.4%	2.8%	11.6%	14.4%
2017	781	3.5%	3,125	14.2%	17.7%	3.0%	12.4%	15.4%	2.8%	11.6%	14.4%
2018	825	3.8%	3,024	13.8%	17.6%	3.1%	12.4%	15.5%	2.9%	11.7%	14.6%

Figure 5: Special Educational Needs – Pupils with Statement or EHC Plan or SEN support (DfE)

In primary schools, moderate learning difficulty was the most common primary type of need overall with 29.2% followed closely by speech, language and communication needs with 28.1%. There are higher rates locally for moderate learning difficulties, social, emotional and mental health and physical disability. In secondary schools, there is a higher proportion of children with specific learning difficulties (30.8%) compared to England (21%) and social, emotional and mental health needs with 20.9% locally compared to 18.9% nationally.

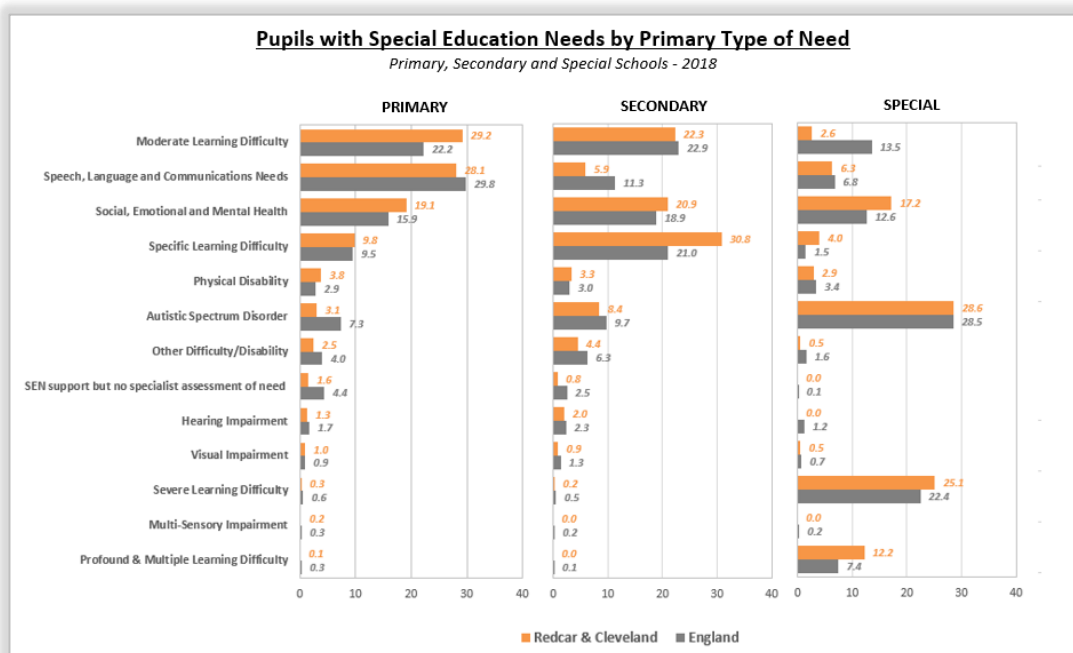


Figure 6: Pupils with Special Education Needs by Primary Type

What we are presently doing locally around supporting those with SEN?

SEND is a key priority for the Local Authority and all partners in the local area and we need to ensure that it is everyone's business. In The SEND Inspection 2018, it was recognised that children who have SEN and/or disabilities make strong progress in the early years as a result of the well-coordinated and effective multidisciplinary support they receive. Early identification and early intervention is key to ensuring that children and young people with SEND are given the best possible support. A team of Early Years SEND Practitioners support our most complex early years' children and are fully qualified childcare professionals with a wide range of additional experience and qualifications relating to babies and young children with SEND. They are also Portage trained to work closely with parents, therapy staff, specialist teachers, paediatricians and other educational staff who advise on particular approaches with children who have complex needs. They complete home visits, run family portage groups in Children's Centres and support and advise early years' settings with strategies, as well as supporting individual children's transitions between settings. Qualitative data is available to evidence consistently good standards of practice from this part of the service. The appointment of an Early years SENCO supports this valuable work and she is responsible for coordinating transition arrangements across all maintained and PVI Settings (0-5 years) to ensure all pre-school children with SEND are identified.

In primary schools, children who have SEN and/or disabilities make progress which is better than other children who have similar starting points, as a result of provision which effectively meets their identified and assessed needs. In relation to older children, inspectors recognised that new pathways into independent living and an increasingly effective programme of supported internships and travel training are helping some young people who have SEN and/or disabilities to achieve better outcomes. This group of young people are developing the knowledge, skills and confidence needed to work, live independently, be healthy and feel valued and included in the communities where they live.

Despite these strengths, a Written Statement of Action was stipulated to commit the local authority and its relevant partners to delivery of the required improvements. Following this, the importance of having robust governance and reporting arrangements in place in respect of SEND was recognised and these have been strengthened with the SEND work streams being reviewed and the establishment of the Children and Young People's Partnership Board.

A key area for improvement noted within the inspection related to the lack of joint planning and commissioning. The production of a Joint Commissioning Strategy sets out how the CCG and the Local Authority will work together to review services for children and young people that could potentially be jointly commissioned. The information from this JSNA will also help inform the future commissioning and delivery of services.

We recognise the growing demand for specialist provision to support our children and young people with SEND. Our in-house provision is at capacity, meaning that without investment, more children and young people may need to be educated out of borough.

A recent training needs analysis has been undertaken with our schools and, as a result, a number of training events have been promoted with our schools. These will further deepen understanding and develop knowledge in respect of issues affecting our children and young people and how we can best address them. Further targeted training was made available to some of our schools through the Children and Young People's Accelerator Programme, when Redcar and Cleveland had the opportunity to become involved in Project 1 of the programme, which is part of the Transforming Care Agenda. The focus of this was on children in secondary schools with a diagnosis or possible diagnosis of Autism. 3 schools were involved in the project which involved a multi-layered training offer to the schools and which has helped them better understand and support pupils with ASD. The feedback from the schools has been very positive, with one of the main stream schools reporting that 'it has strengthened our good practice around supporting ASD students...and has provided additional strategies to support struggling learners and the training on emotional regulation has been used for whole-staff CPD'.

We are committed to improving the ways in which our mainstream secondary schools meet our children's needs, and recognise that the educational outcomes for young people in secondary are not comparable to those achieved in primary. In order to address this, we have developed a cross phase strategic educational leadership board to share good practice from primary, secondary and post-16 settings and are reviewing our Education and SEND Service.

Over this last year, there has been a full review of the Short Breaks framework. The SEND service has worked closely with the Local Authority Commissioning team on this, which involved a significant amount of consultation across Redcar and Cleveland with our children and young people and their families and a number of engagement events with providers. The new framework went live on 1st May 2019. There will be a level of involvement and participation throughout the contracted framework and we will be meeting with parents and providers through joint provider engagement events. We anticipate that, over time, we will be able to develop additional choice and more flexible services within the framework which can support our more complex disabled children and their families.

OUR KEY CROSS CUTTING PRIORITIES

Whilst the JSNA steering group identified 10 high priority areas to focus our efforts, some of the major issues facing the children and young people of Redcar and Cleveland are socio-economic challenges and systematic problems that span across local agencies. It is also key that we ensure people get the right help at the right point in time.

Four underlying and cross cutting priorities have been identified to help focus efforts, ensuring that the most effective progress is made for the 10 key priority areas identified through the JSNA process

1. Reducing the impact of poverty on a child's life

We will do this by ensuring that targeted resources have a focus on the families in areas that need it the most.

2. Whole family offer

Historically the way services were delivered focussed on the child. We need to ensure that support is based around the entire family, including fathers and those who have strong influence on the family circle such as grandparents.

3. Focussing extra support in key areas of transition

We know that pregnancy, starting school, moving school and leaving school are crucial points in a child's life. Poor experiences at these points can have a significant impact on their future life. We need to focus support in these areas to minimise any problems caused.

4. Ensuring that help for those with special educational needs is embedded in all children and family services

We want to ensure that vulnerable children and young people, particularly those with special educational needs, can get the right support from any children and family service who offers it.

Chapter 1

PARENTAL RISK

LEVEL OF NEED

Parents have a vital role in the health and wellbeing of children, young people and families. Positive parenting creates a warm, loving, nurturing home environment which enables children to grow up happy and healthy and flourish as young confident adults.

However, when a parent's support is lacking, it has significant impact on their child's development and behaviour. Children with poor parental support are much more likely to be behind their peers with communication, language and motor skills when starting school, experience poor mental health during their life and leave school with poor attainment.

When support is lacking, it can be due to parent's putting their own needs (and behaviours) before the needs of their child, meaning their ability to parent (often called parenting capacity) is sufficiently compromised. What is seen in Redcar and Cleveland is that parental needs and risky behaviours often put the child at risk of future or immediate harm. In situations like this, local authorities (LAs) have a statutory obligation to intervene to ensure that the child is kept safe.

This section outlines the key factors in Redcar and Cleveland where parents put children at risk and in need of intervention by the local authority.

4B Mental health: Concerns about the mental health of the parent/carer	588	33.9%	1146	66.1%
3B Domestic violence: Concerns about the child's parent/carer being the subject of domestic violence.	525	30.3%	1209	69.7%
21 No factors identified- only use this if there is no evidence of any of the factors above and no further action is being taken.	422	24.3%	1312	75.7%
16A Abuse or neglect - NEGLECT: Concerns that services may be required or the child may be suffering or likely to suffer significant harm	407	23.5%	1327	76.5%
2B Drug misuse: Concerns about drug misuse by the parent/carer	326	18.8%	1408	81.2%
1B Alcohol misuse: Concerns about alcohol misuse by the parent/carer	300	17.3%	1434	82.7%
17A Abuse or neglect – EMOTIONAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm	287	16.6%	1447	83.4%
3A Domestic violence: Concerns about the child being the subject of domestic violence.	186	10.7%	1548	89.3%
4A Mental health: Concerns about the mental health of the child	174	10.0%	1560	90.0%
18A Abuse or neglect – PHYSICAL ABUSE: Concerns that services may be required or the child may be suffering or likely to suffer significant harm	174	10.0%	1560	90.0%

Figure 7: Top 10 risk factors identified for those children having a single assessment by the Local Authority between 1st April 2017 and 31st March 2018

A snapshot of data was taken from the Redcar and Cleveland's case management system between 1st April 2017 and 31st March 2018. The data shows that children who require intervention and support from the LA are likely to have issues in their family with poor mental health, drug and alcohol use and/or abusive relationships. These issues are also more than often the main or a contributing factor where neglect is also apparent.

Mental Health

In approximately 1 in 3 (33.9%) of cases, concerns around the mental health of the parent/carer were identified. General population estimates highlight that 1 in 4 adults experience mental health issues in their lifetime. Local figures highlight that there seems to be a disproportionate number of parents in Redcar and Cleveland (R&C) who have children supported by the local authority where there are concerns over their mental health. Given that the data is based on practitioner assessment of the parent/ child and not a formal diagnosis, it must be acknowledged that these figures are not totally accurate. However, this data has been discussed with key practitioners that work with families on a daily basis and they were in agreement that the number was an accurate reflection of the number of parents in Redcar and Cleveland with poor mental issues.

Worryingly, 10% of concerns are around the child's mental health – this is broadly in line with national estimates. Poor emotional health and wellbeing during childhood sets children on a challenging trajectory with increased chances of poor overall health in adulthood and shorter lifespan. It is estimated that half of people with mental health illness in adulthood experienced their first symptoms by age 14, rising to three quarters by age 18. Around 1 in every 10 children and young people between 5 and 16 has a clinically

diagnosable mental health problem. However, not all the cases are known to health services, leaving a significant number with undiagnosed mental health conditions not receiving appropriate support and care until they reach a crisis point, which is often in adulthood many years after their poor mental health condition started.

Untreated mental health in children can manifest in many different ways ranging from risk-taking behaviours such as drug and alcohol misuse, smoking, unprotected sex, self-harm, eating disorders, antisocial behaviour, aggression, and school exclusion. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour.

This places extra demands on the family but, as figure 7 demonstrates, many parents themselves also have issues with their own mental health. This limits their capacity to support their child with these issues and becomes a generational cycle commonly seen in many families in R&C who are supported by the LA.

Domestic Abuse

Around 30.9% of children that come into the local authority for support via the single assessment route have concerns around their parent being subject to domestic abuse and the figure for children is 10.7%. This is based on practitioner reports so the accuracy is not always completely reliable. However, what these figures demonstrate is that a worrying number of households live with domestic abuse alongside high threats of physical abuse (10%).

Domestic abuse is notoriously hard to measure accurately, or even define consistently. If it is possible to retrieve a count of how many people fall victim, it's difficult to measure how often it's happening. A single incident can be measured, but not the impact on the individual.

It's very difficult to clarify exactly if Redcar and Cleveland have a higher than average numbers of domestic abuse and what the overall impact is in the population. The main issue locally relating to children is that there are significant number of families who require intervention and support from the local authority as a result of domestic abuse in their family.

What we do know is it is very upsetting for children to see their parents (or partners) abusing, attacking or controlling someone. The Royal College of Psychiatrists summarises the impacts on children as follows:

“Younger children may become anxious. They may complain of tummy-aches or start to wet their bed. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are. They may also find it difficult to separate from their abused parent when they start nursery or school.

Older children react differently. Boys seem to express their distress much more outwardly, for example by becoming aggressive and disobedient. Sometimes, they start to use violence to try and solve problems, and may copy the behaviour they see within the family. Older boys may play truant and start to use alcohol or drugs (both of which are a common way of trying to block out disturbing experiences and memories).

Girls are more likely to keep their distress inside. They may become withdrawn from other people, and become anxious or depressed. They may think badly of themselves and complain of vague physical symptoms. They are more likely to have an eating disorder, or to harm themselves by taking overdoses or cutting themselves. They are also more likely to choose an abusive partner themselves.

Children of any age can develop symptoms of what is called 'Post-traumatic Stress Disorder'. They may get nightmares, flashbacks, become very jumpy, and have headaches and physical pains. Children dealing with domestic violence and abuse often do badly at school. Their frightening experiences at home make it difficult to concentrate in school, and if they are worried about their abused parent, they may refuse to go to school.”

Drug and alcohol use



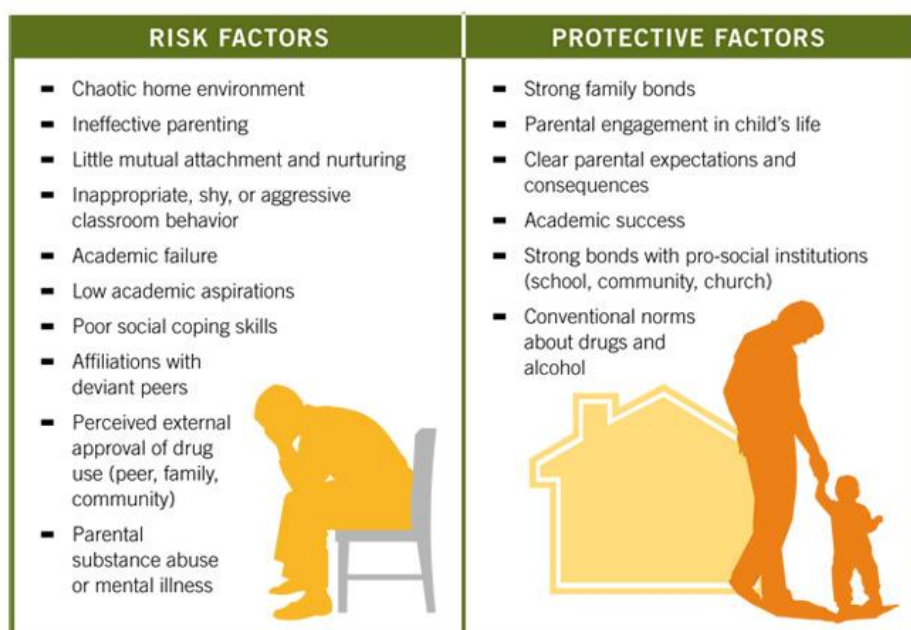
Figure 7 shows there are 18.8% of cases where there are concerns over a parent’s drug use and 17.3% cases where there are concerns over their alcohol use. This amounts to over 36.1% of the single assessments undertaken.

Whilst this data highlights that there is undoubtedly an issue with parental substance use locally, substance use (drugs and alcohol use) is often interlinked with other complex factors such as poverty and deprivation.

Subsequently, assessing the true impact of parental substance use is complex. As with domestic abuse, we know that substance use:

- Impacts significantly on the child's health and development
- Impacts on a parent’s ability to look after the child suitably
- Often has a detrimental impact on the wider family and community
- Becomes a generational cycle that is difficult to change

What is clear from the evidence around the impact of parental substance use on children is that substance use more often than not, does not sit in isolation and co-exists often with poor mental health and/or domestic abuse. However, it is often wrongly assumed that substance use is the cause of poor mental health and domestic abuse – this is untrue. Substance use is a perpetuating factor but never the cause.



SOURCE: US Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, (1997) Preventing drug use among children and adolescents: A research-based guide. NIH Publication No. 97 - 4212.

Figure 8: Parental risk and protective factors associated with substance use

The above risk and protective factors highlighted in the diagram can be also attributed to poor parental mental health and domestic abuse. Given the parallels and significance around the impacts, more needs to be done to ensure that mental health, domestic abuse and substance use are not supported in isolation.

LOCAL PICTURE AND CURRENT SERVICE PROVISION

Local support for families around mental and emotional wellbeing

The Junction

The Junction provide early intervention and prevention via emotional wellbeing support on a one-to-one or group basis through the friends programme, children and young people’s Improving Access to Psychological Services (IAPT) - funded for one year - specialist support including family group conferencing, children and young people’s counselling.

Young Carers support is also provided by The Junction and is open to all children and young people aged 5 to 18 with a caring responsibility, tiered support appropriate including assessment of caring role, social groups, one to one emotional support, evidence based therapeutic groups, whole family support.

Create

Provide a 14 week structured programme to build confidence and reduce social isolation, which is open to all.

IAPT Services

Secured preferential rapid access into psychological therapies IAPT for pregnant women and their partners. Promoting early referral into talking therapies for pregnant women and their partners supports positive parental mental health. This is because babies born to mothers with poor parental mental health and emotional wellbeing, can experience significant delays in child development milestones. Poor parental mental health may affect bonding, attachment and parenting skills.

Local support for families around Domestic Abuse

Foundation

Foundation offers a whole family approach to domestic abuse, supporting victims, children and helping perpetrators to recognise and change their behaviours. It provides a refuge service, Independent Domestic Violence Advocates, a Sanctuary Scheme, early intervention and perpetrator programmes.

EVA

EVA Women's Aid provides a range of services to victims of domestic abuse and sexual violence including; safe house accommodation (for females aged 16 and over), keyworker support, counselling, group and one-to-one support programmes, training for professionals, Independent Domestic Violence Advocates and work within the community to raise awareness of domestic abuse. Specialist support is also provided to children and young people as well as specialist counselling.

The Navigator Project

The Domestic Abuse Navigator Service (DAN) supports women experiencing domestic abuse who cannot be accommodated in a refuge due to their complex needs. The service supports with accessing emergency accommodation and will then commence support to address some of the immediate concerns such as; income, access to health services, liaison with the Police and schooling for any children.

Core Assets

Support children and young people affected by domestic abuse, delivering support to children and young people through the following different elements:

- Play Safe (aimed at 5 to 11 year olds)
- Individual support
- Stay Safe (for 12 to 18 year olds)
- Joint family sessions or consultation to professional networks

The service is accessible to children and adults and promotes positive reintegration into the local community and aims to support up to 168 children and young people per year. The outreach and therapeutic service helps children and young people address issues that rise from experiencing or witnessing domestic abuse and builds resilience to help them cope with future difficulties. It aims to help children and young people feel more able to talk to their parents or carers and give them a greater understanding of domestic abuse and what to do when they don't feel safe.

HALO

The Halo Project Charity offers support, advocacy and specialist Honour Based Violence, Forced Marriage and Female Genital Mutilation advice. Trained advisors and members of staff are aware of the cultural sensitivity that comes into play when dealing with the above issues and work with families to support them.

Halo offers:

- A survivor support group
- Safe temporary living accommodation for women and children escaping domestic violence, and where they can access emotional and practical support.
- A confidential 6 week programme which will enable women to move on with their lives and consider the options available to them
- Professional support to agencies, including training, raising awareness, workshops, conferences and tailored solutions.

Local support for families around substance use



Addaction

Addaction deliver specialist support for those that use substances, as well as a preventative offer that includes education, community training and capacity building for key stakeholders and also the wider organisations that come into contact with people who use substances.

Young persons support and early intervention services are also provided. The latest performance figures indicate an increase in the number of young persons accessing the service since Addaction commenced delivery in April 2018.

A GP in-reach approach to tackle excessive alcohol consumption is presently being piloted in Guisborough. Advice, brief interventions and time-limited treatment will be delivered in the practice, engaging clients who would ordinarily be resistant to accessing a substance misuse service. If successful, it is hoped this approach will be replicated in other areas of the borough.

Addaction have also commissioned a small, local organisation (Vital Signs) to produce a live asset map, which will enable staff to see what groups and activities are happening in their local areas. Similarly, Alliance and Carer's Together are also providing dedicated mental health and carer support for those adversely affected by substance misuse.

Impact for children supported by the Local authority

Prenatal alcohol exposure (when a developing child/ foetus is exposed to alcohol as a result of the mother drinking during pregnancy) can cause a range of physical and neurobehavioural deficits that stay with someone all through their life.

Impacts are often very apparent at school and children affected by prenatal alcohol exposure generally have diverse learning needs and may experience problems in the school environment if not supported correctly. The inability to fully understand issues and consequences of actions means young people, who have been exposed to alcohol in pregnancy, are also more likely to end up in the criminal justice system at a young age.

Although we are aware of this issue in our population, we are unable to accurately estimate how many children in the LA with SEND have parents with poor parental mental health, live in households experiencing domestic abuse and problematic substance use.

What we do know is that approximately 25% of all of our children and young people who have an EHC Plan, do so because they are experiencing Social, Emotional and Mental Health Difficulties (SEMH) which impacts on their learning. Approximately 15% of all of our children and young people with an EHC plan are educated out of area and 40% of that cohort have a primary need of SEMH. Without early identification and early targeted support, this can lead to children and young people becoming isolated, having poor attendance, being excluded, achieving poor educational outcomes and being at risk of becoming NEET.

KEY CHALLENGES AND ISSUES

Poor parental mental health, domestic abuse and problematic substance use more than often do not sit in isolation. For those who are trying to support the family it is difficult to know where to start, which issue to address first, what type of support will work best for the family and who will provide it.

Exposure to poor parental mental health and domestic abuse and problematic substance use is called an Adverse Childhood Experience (ACE). ACEs have lifelong impacts on health and behaviour and lead to an elevated risk of children and young people experiencing damaging impacts on health, or other social outcomes, across the life course.

It's very apparent locally that families are often unaware that their problematic behaviour and lifestyle issues are impacting on their child and this is one of the primary reasons for a reluctance to seek or accept support.

A parent's inability to understand or address poor mental health, domestic abuse and/or substance use before it becomes very problematic, causes significant harm to both the child and family - the damage done to the child is often so significant and difficult to repair. This in turn then becomes a generational cycle commonly seen in many families in Redcar and Cleveland, who are supported by the LA, where multiple family members

(both child and adult) have poor parental mental health, domestic abuse and/ or issues with problematic substance use.

Children, who are at risk of harm because their families are in crisis due to problematic parental mental health and domestic abuse and problematic substance, will always be supported. However, we must improve the timing of when families receive support, getting it as early as possible to prevent problems from escalating.

Although very difficult, we must also try to get people to realise that their behaviour is problematic and is impacting on their child, before it is too late.

The main challenges in our local system that we want to tackle are as follows:

1) Clear and consistent referral pathways

At present, support services for mental health, domestic abuse and substance use do not have consistent standardised pathways for children's services. This results in referrals coming into specialist service from children's services in an unstructured way with inconsistent responses.

This lack of clarity also makes it difficult for both professionals and the public to know which service to access and how to access it.

In light of this, work needs to be undertaken to improve and standardise pathways from children's service into these specialist services.

2) Supporting people before they reach crisis point

Support is generally offered to parents/ families when they are at crisis point – there is a need to support lifestyle and behaviour before behaviour becomes a risk. Although very difficult, we must target working with families before their behaviour is problematic and is impacting on their child, before it is too late.

This starts by working with children at the earlier possible point, such as schools, to prevent problems from escalating in later life.

RECOMMENDATIONS

- 1) Improve the local family prevention offer around a range of health issues, including mental health, domestic abuse and substance use. Working with early years, schools, providers of early help and specialist health services.**

Chapter 2 BREASTFEEDING

LEVEL OF NEED

There is a significant amount of well-established evidence to show that breastfeeding has benefits for both the mother and baby. Those children, who are breastfed, have a lower risk of obesity, diabetes, gastroenteritis, respiratory infections, sudden infant death syndrome, allergies and many other conditions.

BREASTFEEDING	REDCAR AND CLEVELAND	NORTH EAST	ENGLAND
Initiation Prevalence	49.9%	59.0%	74.5%
6-8 Week Prevalence	27.2%	32.1%	42.7%

Figure 9: Breastfeeding rate at birth and 6-8 weeks

In Redcar and Cleveland breastfeeding initiation rates and breastfeeding at 6-8 weeks rates are both significantly lower than regional and national averages. In 2016/17 49.9% babies received breastmilk after delivery compared to 59% in the North East and 74.5% in England. The 2017/18 data for the 6-8 week check shows the local rate falls to 27.2%, compared to 32.1% in the North East and 42.7% for England.

Although nationally calculated rates are low in Redcar and Cleveland, local data provided by NHS South Tees Maternity Services has shown gradual improvements in average quarterly rates in recent years for breastfeeding initiation. This data shows babies who received any form of breast milk from birth up to discharge, regardless if they were also bottle fed formula. There are still significant health benefits if babies are only partially breastfed, so this measure is a truer reflection of breastfeeding rates.

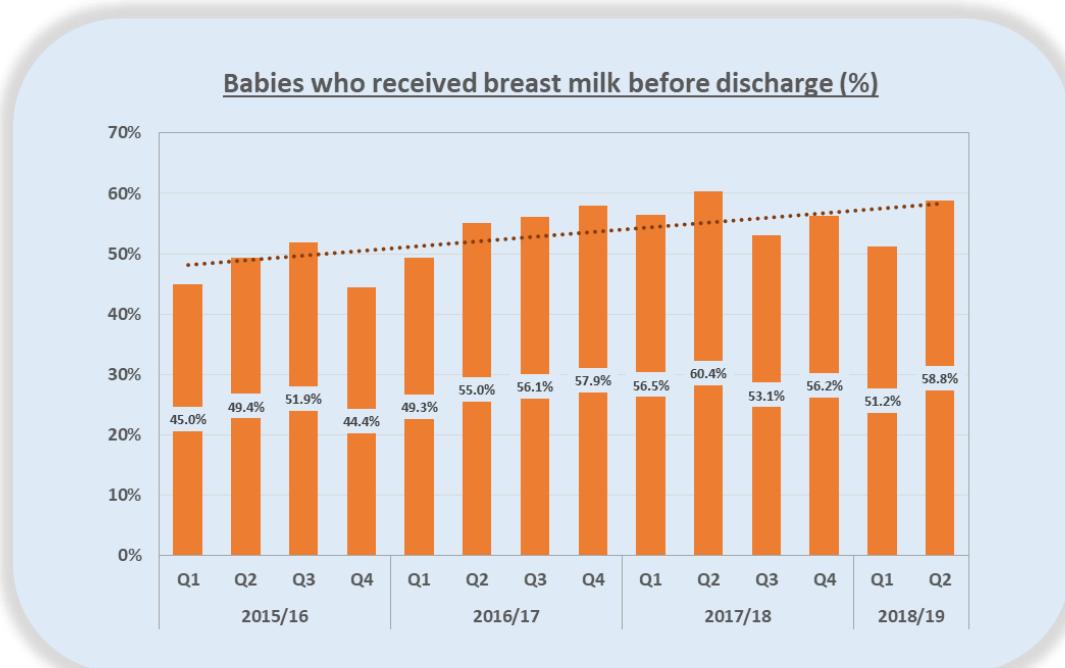


Figure 10: Local trends in breastfeeding initiation rates

Local data provided by maternity and health visiting services allows comparisons at ward level for women breastfeeding at birth and then at home at 10-14 days and at 6-8 weeks between July 2017 and June 2018. There are significant variations across the wards of Redcar and Cleveland for breastfeeding at birth and rates mirror deprivation levels. Over 80% of women in Saltburn breastfed at birth compared to only 30% in Grangetown.

The percentage change shows the drop off from birth to 10-14 days and to 6-8 weeks. There are significant drop off rates across numerous wards. Teesville had a low initiation rate of 41%, however at the 10-14 day check there was nearly a 50% reduction to only 22% of women breastfeeding. There are affluent wards such as St. Germain's who had a high initiation rate of 77% but by 10-14 days, there was a 40% reduction to under half of women breastfeeding. By the 6-8 week check wards such as Teesville, Eston and Grangetown saw up to 75% reduction in breastfeeding rates to just over 1 in 10 women. However, other wards such as Westworth and Hutton saw only a third of women stopping breastfeeding, resulting in a breastfeeding rate of 4 in 10 by 6-8 weeks.

Ward	Breastfeeding Rate			Percentage Change		
	Birth	10-14 Days	6 - 8 Weeks	Birth to 10-14 Days	10-14 Days to 6-8 Weeks	Birth to 6-8 Weeks
Saltburn	83%	58%	49%	-29%	-15%	-40%
St Germain's	77%	47%	39%	-39%	-18%	-50%
Longbeck	71%	53%	29%	-26%	-45%	-60%
West Dyke	66%	46%	38%	-30%	-18%	-43%
Zetland	65%	40%	29%	-38%	-27%	-55%
Normanby	63%	49%	36%	-21%	-27%	-43%
Hutton	61%	48%	39%	-21%	-20%	-36%
Westworth	60%	42%	40%	-29%	-6%	-34%
Skelton	60%	41%	30%	-32%	-27%	-50%
Coatham	59%	42%	29%	-30%	-31%	-52%
Ormesby	57%	41%	27%	-29%	-33%	-53%
Guisborough	56%	37%	27%	-34%	-28%	-52%
Newcomen	55%	36%	27%	-36%	-26%	-52%
Loftus	53%	31%	22%	-40%	-29%	-58%
Kirkleatham	52%	30%	22%	-42%	-27%	-57%
Dormanstown	48%	33%	23%	-31%	-28%	-51%
South Bank	45%	37%	21%	-17%	-42%	-52%
Brotton	45%	30%	22%	-33%	-26%	-51%
Teesville	41%	22%	11%	-47%	-52%	-75%
Lockwood	39%	29%	18%	-27%	-38%	-55%
Eston	38%	24%	13%	-38%	-47%	-67%
Grangetown	30%	18%	11%	-38%	-39%	-62%

Figure 11: Breastfeeding rates at birth, 10-14 days and 6-8 weeks

LOCAL PICTURE AND CURRENT SERVICE PROVISION

The South Tees Maternal, Infant and Child Health Infant Feeding Steering group was developed to provide strategic direction for organisations and professional groups charged with improving support for breastfeeding mothers and their families.

The MICH infant feeding group acknowledge that social, cultural, practical and economic issues are the main barriers to breastfeeding in the current day and these factors are evident across Redcar and Cleveland.

Locally the rates of breastfeeding initiation and continuation at 6-8 weeks are by far the worst in our most deprived areas.

In light of this, the group is focussing its efforts on areas of work that will break down these barriers so that all mothers can give their child the best start in life. In 2019, we will work in our most deprived wards to break down barriers to breastfeeding using a targeted marketing campaign that aims to change social norms that exist around breastfeeding.

The group recognise that mothers still undoubtedly need one-to-one support too and to do this we will continue to maintain care standards through UNICEF Baby Friendly Initiative (BFI) accreditation. We know that this is still really needed and will continue to champion this support so that it is always available for mothers.

Current Services/Initiatives

- **Dedicated support is available to mothers across South Tees within both midwifery and health visiting who work together to provide a seamless transition of support from birth and beyond.**
- **Redcar and Cleveland have a full-time dedicated infant feeding lead who works across Health Visiting and Early Years. This role is an integrated role leading on all aspects of infant feeding, including UNICEF accreditation; co-ordinating infant feeding training for staff and supporting mothers with complex infant feeding difficulties.**
- **The UNICEF Baby Friendly Initiative quality mark has been achieved to the highest level across both Health Visiting and Midwifery with both being fully accredited as baby friendly. Family Hubs in Redcar and Cleveland are currently working towards accreditation and have recently completed stage 2, of which they achieved a high standard in many areas.**
- **The Breastfeeding Welcome Scheme is embedded in Redcar and Cleveland with 146 local venues presently signed up. The scheme aims to normalise breast feeding within local communities and provide venues for breast feeding mothers to feel confident feeding their baby in public.**
- **Within Redcar and Cleveland we have breastfeeding support groups running in our local Family Hubs. The groups are run by staff who have all received training in supporting women to breastfeed. These groups are facilitated by some of our peer supporters (mothers from our local area).**
- **Pregnancy, birth and beyond are free antenatal classes facilitated by midwifery and Health visiting staff running within Family Hubs in Redcar and Cleveland. The classes help to prepare expectant parents for birth and beyond.**

KEY CHALLENGES AND ISSUES

We know that breastfeeding is influenced by many factors – some positive, others negative. These include personal experiences and beliefs, the availability of support from professionals, peers and family members, the marketing of artificial milk and the wider attitudes of society.

The Infant feeding partnership acknowledges that social, cultural, practical and economic issues are the main barrier to breastfeeding in the current day and this is very evident within Redcar and Cleveland.

Changing individual and cultural beliefs will not be achieved over night. Both significant investment and commitment from partners and key staff groups will be needed.

There are a good range of services already established that protect and promote breastfeeding across Redcar and Cleveland but we still have gaps and limitations in terms of:

- Lack of long term funding for evidence based interventions such as paid peer supporters
- Targeted work that addresses the needs of specific groups (including young women, women from ethnic minority groups, young men).
- The development of robust and meaningful data collections due to how local data is recorded and reported between different organisations
- Variation in the quality and quantity of local intelligence to support shaping of breastfeeding services.

RECOMMENDATIONS

Our vision is to increase breastfeeding rates across Redcar and Cleveland so that they are in line with those nationally.

In order to do this locally we need to:

- 1) Produce a new strategy which gives local direction around infant feeding.**
- 2) Enhance the Breastfeeding Welcome Scheme (the scheme aims to increase the social acceptability of breastfeeding by making breastfeeding a social norm in everyday environments).**
- 3) Develop a targeted marketing campaign in key local communities based on local intelligence.**
- 4) Improve consistency of messages provided to mothers by professionals.**
- 5) Change and improve the local culture and the environment around breastfeeding.**
- 6) Focus on schools, looking at a package for young people in order to change culture and normalise breastfeeding.**

The local plans around breastfeeding are ambitious but we must improve the local culture and the environment if we want to see more parents breastfeed.

If we get this right, the health and wellbeing and the rate of development of children in Redcar and Cleveland will undoubtedly improve. Mothers of these children will also have improved health and wellbeing and a better relationship with their child.

Chapter 3 OBESITY

LEVEL OF NEED

The National Child Measurement Programme (NCMP) is an annual mandated public health programme that collects data on excess weight in school children in reception year (4-5 year olds) and year 6 (10-11 year olds). The data collected from Redcar and Cleveland primary schools in the 2017/18 academic years shows that in reception year 182 (11.8%) children were classed as overweight and 242 (15.6%) were classed as obese. Of those classified as obese, 36 (2.3%) were severely obese. The prevalence of children who are overweight or obese in Redcar and Cleveland is higher than the North East and England average.

The proportion who are overweight in year 6 remains the same at 15.6% (233). However, the proportion who are obese doubles to 22.6% (339). This includes 78 (5.2%) children who are severely obese. The proportion who are overweight in year 6 is higher than the North East and England average and those who are obese in Redcar and Cleveland are similar to the levels in North East but higher than the England average.

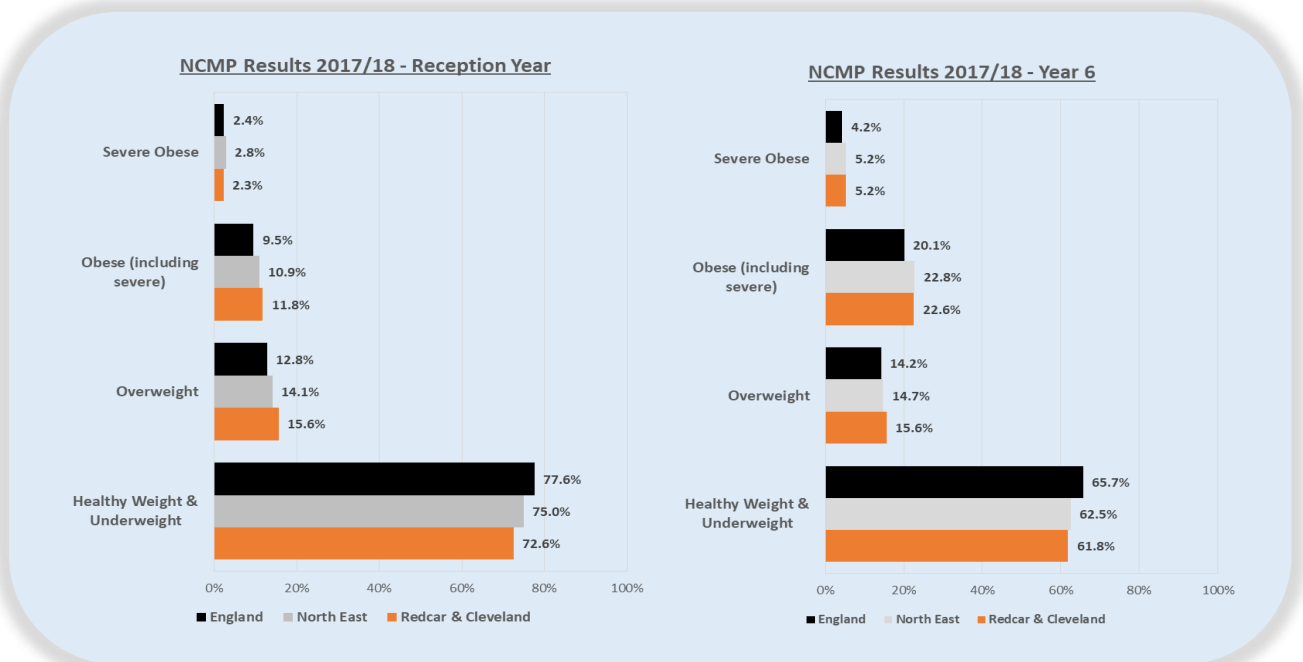


Figure 12: NCMP Results for Reception and Year 6 Children

Trends in children classified as overweight and obese show that in recent years, the rate in Redcar and Cleveland is increasing for reception aged children whilst the England average remains consistent, thus widening the gap. For children in year 6 the rate is also increasing. However, these increases are more in line with increases at England level. Increases in reception aged children, who are overweight or obese, will likely filter through to year 6 children resulting in further increases.

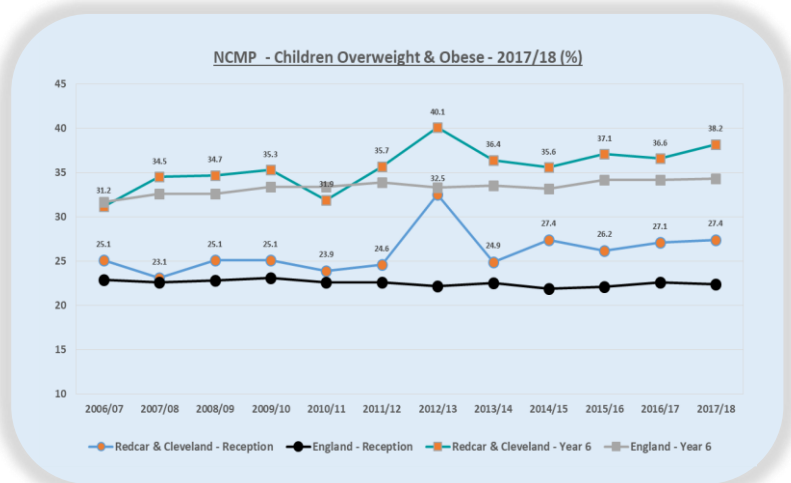


Figure 13: NCMP Trends for Reception and Year 6 Children

More boys are overweight and obese compared to girls in reception year (29% compared to 26%). The gap between boys and girls widens by year 6 with 40% of boys having excess weight compared to 36% for girls.

Geographical Variation

Evidence shows that the prevalence of child obesity is closely related to deprivation. This can also be seen locally (see related chart where decile 1 is the most deprived and decile 10 is the most affluent area of Redcar and Cleveland) where on average there are higher rates of children who are overweight or obese in the more deprived areas, more so in the year 6 cohort. There are however, variations with some more affluent areas also having high rates of excess weight.

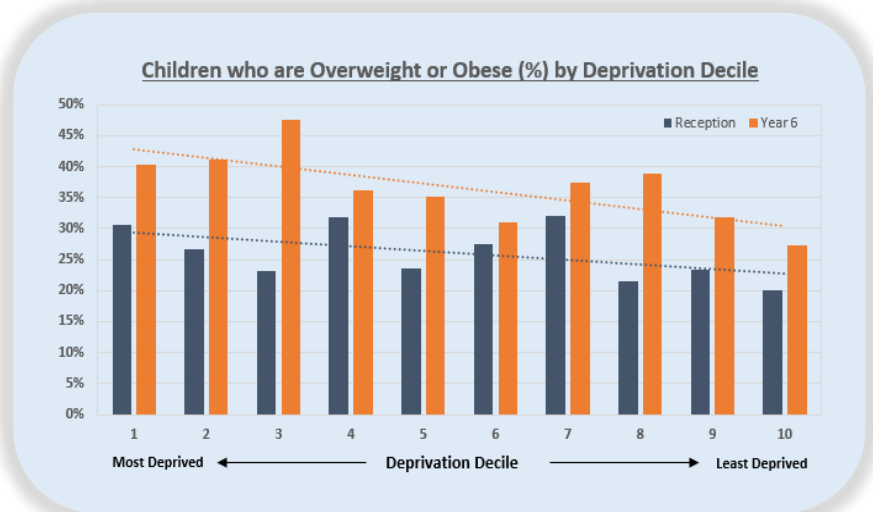


Figure 14: Overweight & Obese Children by Deprivation Decile – 2017/18

The London Health Observatory found that deprivation has a stronger effect on obesity risk in Year 6 compared to Reception year. Therefore, attempts to tackle childhood obesity may be more effective at an earlier age rather than a later stage before factors related to deprivation become increasingly pronounced.

The map below shows the wards of Redcar and Cleveland that have higher rates of children who are overweight and obese in year 6. Westworth and Zetland have the highest rates with around half of all children, who took part in NCMP, either overweight or obese. Ormesby and Hutton are wards where only a quarter of children are overweight or obese.

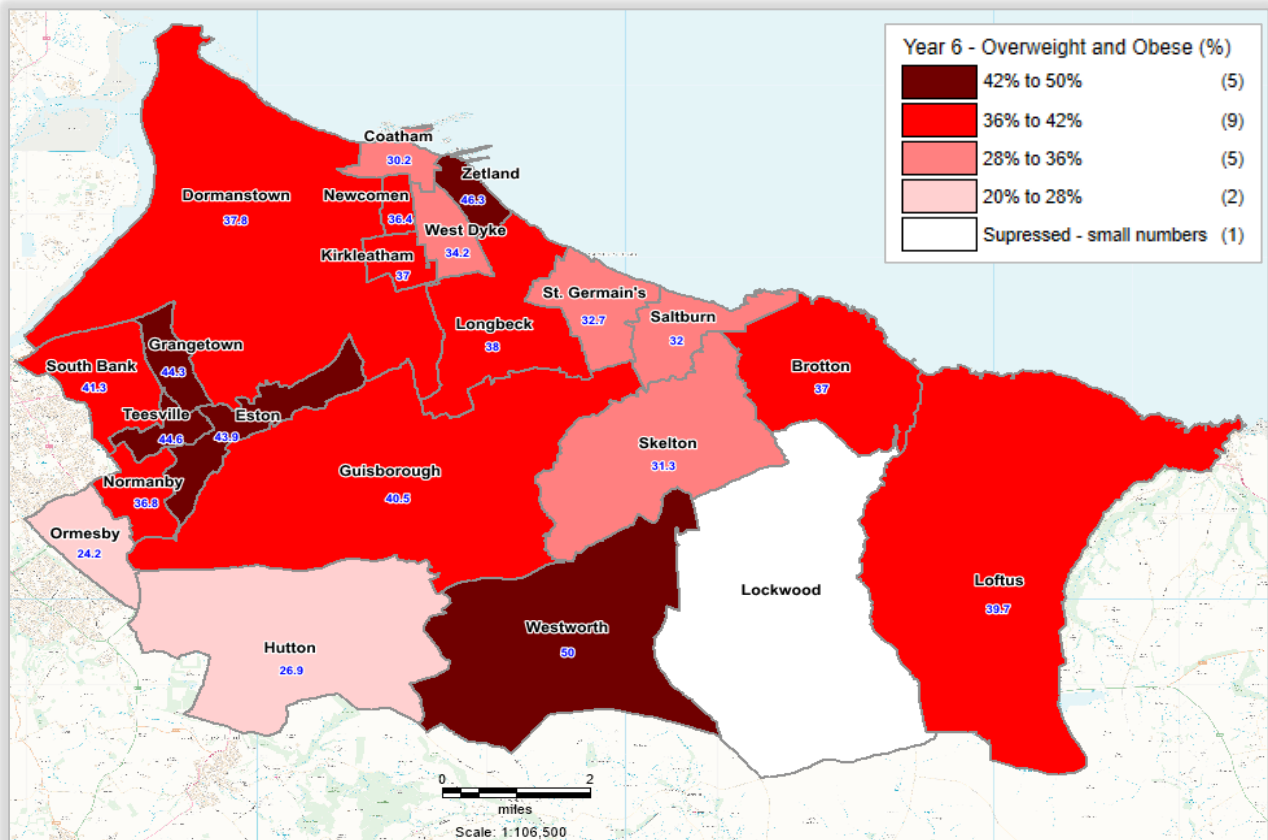


Figure 15: Map of Overweight and Obese Children (%) in Year 6 – 2017/18

Projections

NCMP data shows that the cohort measure in reception year in 2011/12 and again in year 6 in 2017/18 increased from 10.6% of children who were obese to 22.3% of children who were obese in year 6. This is a percentage increase of 110%. Although the prevalence of obesity in reception and year 6 is higher in Redcar and Cleveland compared to England, the percentage increase from reception to year 6 is very similar.

Public Health England completed a longitudinal analysis in 2017 that tracked 34,000 children's weight between the first and final year of primary school. This study predicted whether children remained the same weight or changed weight based on their weight status in reception year. The graph below shows the proportion of children in reception year who were a healthy weight, overweight or obese and how they were predicted to change by year 6.

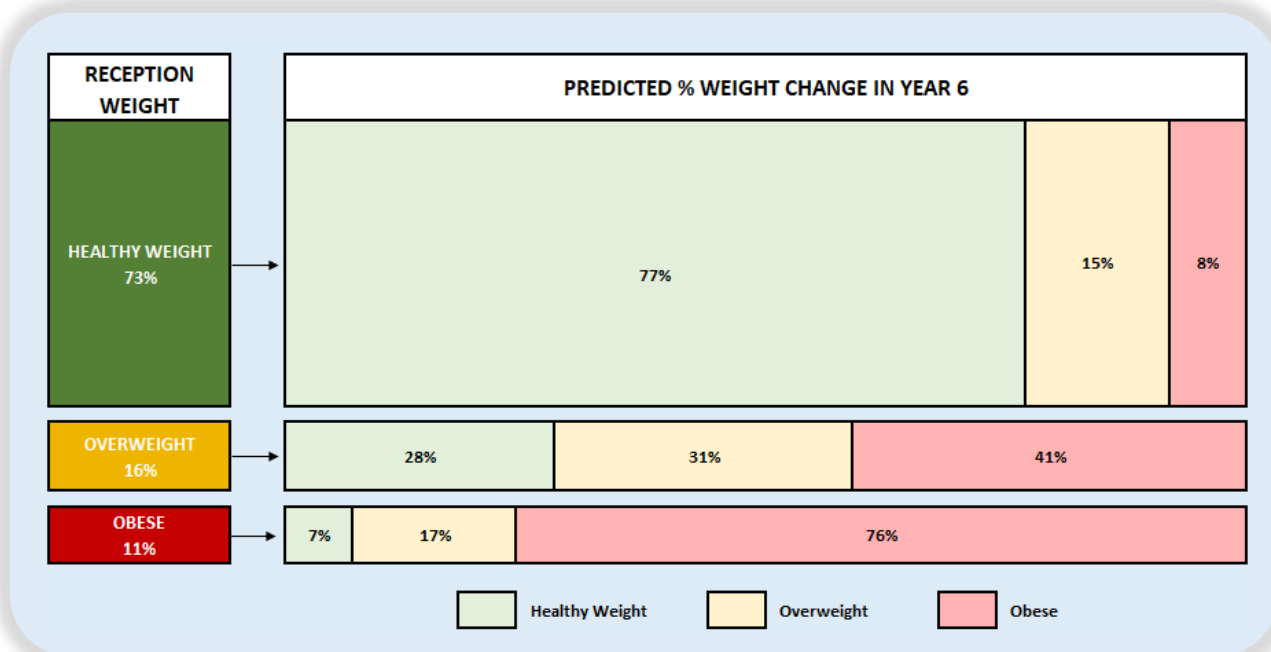


Figure 16: Predictions of weight change from Reception to Year 6

Of those who are a healthy weight in reception, three quarters are predicted to remain a health weight by year 6, However 15% are predicted to be overweight and 8% to become obese. Of those who were overweight in reception, only 28% of these would reduce their weight to a healthy weight whilst 31% would remain overweight and 41% would become obese by time they reached year 6. The change for those classified as obese in reception year is the most concerning, with only 7% predicted to become a healthy weight and 17% to reduce to overweight. Over three quarters of those obese in reception will continue to be obese in year 6.

This further reiterates the importance of tackling excess weight in children at the earliest opportunity when intervention can have the greatest impact of maintaining a healthy weight.

Physical Activity

Physical activity levels in children and young people from Sport England Active Lives Survey show that more children in Redcar and Cleveland are active every day (60+ minutes) and active across the week (60+ minutes a day but not every day) compared to England. However, there is a difference between those who are fairly active (30-60 minutes a day) with 18.1% compared to 23.9% nationally. Overall, children are active compared to England, suggesting that food and healthy eating has a bigger impact on obesity levels locally compared to physical activity.

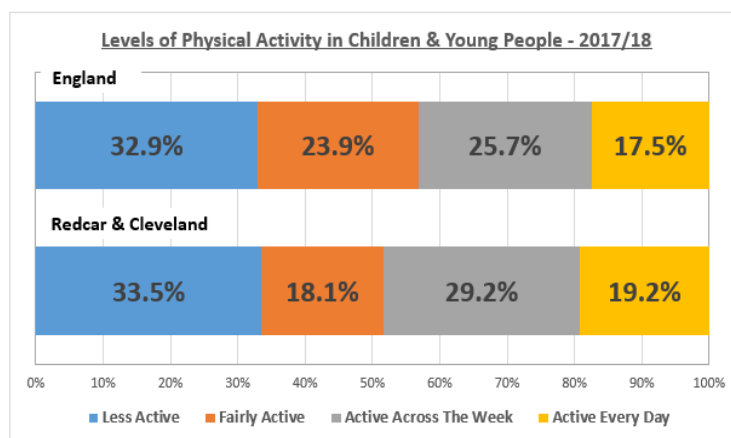


Figure 17: Active Lives Survey, Sport England

LOCAL PICTURE AND CURRENT SERVICE PROVISION

In Redcar and Cleveland, a three tiered model has been developed:

Tier 1 - Universal/prevention services for children and young people with BMI ≤ 91st centile

Tier 2 - Community weight management services for children and young people with BMI ≥ 91st and up to 98th centile.

Tier 3 - Specialist intervention for children and young people with BMI ≥ 99.6th centile currently carried out on an individual basis through existing secondary care contracts

Tier 1 – Prevention

Listed below are some of the key interventions which contribute to the prevention of being overweight and obesity in children and young people.

Baby friendly initiative – this accredits acute and community settings that have implemented best practice for breastfeeding through implementation of breastfeeding standards. Redcar and Cleveland gained level three accreditation in community settings in 2014 and James Cook University Hospital was reaccredited at stage three in January 2015.

Healthy child programme – the early identification and prevention of obesity is a key priority. All families are given advice about breastfeeding, healthy weaning, healthy eating and active play. For 5-19 year olds, emphasis is on school delivery, via 'school health teams' who will offer support to parents and carers.

Family Hubs - promotion of healthy eating from birth onwards through programmes such as weaning advice and breastfeeding support, basic cooking skills programmes and community growing schemes.

Healthy school meals – school meals in Redcar and Cleveland meet the Food Based and Nutrient Based Standards for school lunches set by the Government. In 2013/14 school meal uptake in Redcar and Cleveland was approximately 58.95% in primary schools (above the national average of 46.3%) and 48.31% in secondary schools (above the national average of 39.8%).

Healthy schools – supports schools in achieving the new enhanced Healthy Schools status.

School travel plans - all schools in Redcar and Cleveland have a school travel plan in place.

Sport and leisure services - provide a wide range of physical activity sessions and opportunities for children, young people and adults in Redcar and Cleveland.

Green space – Redcar and Cleveland Borough Council manages a number of parks and open spaces including grass sports pitches and allotments. These offer a mixture of opportunity for formal and informal activity as well as a green and open environment to support positive mental health promotion.

Leisure centres – there is a wide range of services and activity sessions (both wet and dry) available at various leisure centres.

Tier 2 – Weight Management

Some tier two services are commissioned/delivered locally – these include:

HENRY (Health, Exercise and Nutrition for the Really Young) – a programme for families with children aged 0 to 5 to improve their health.

Slimming World – for 11 to 18 year olds only.

Historical uptake of weight management interventions in Redcar and Cleveland has been poor, which is likely reflective of a number of factors (e.g. poor parental recognition of obesity and engagement, a lack of professional referrals, services not meeting need or designed appropriately). However, with such proportions of the population already overweight or obese, tier one interventions will have limited impact and hence we should have a comprehensive offer around tier two.

Tier 3 – Specialist Intervention

There is currently no weight management service at Tier 3. Any specialist intervention is currently carried out on an individual basis through existing secondary care contracts.

KEY CHALLENGES AND ISSUES

- 27.3% of pregnant women are overweight and a further 21.6% are obese at booking
- Overweight women tend to have more complicated pregnancies and deliveries and their children tend to be heavier, which is an early indicator for weight problems later in life such as diabetes, heart disease, strokes and cancer.
- About 1 in 10 children start school obese in reception
- About 1 in 5 children finishing primary school are obese
- There are significant gaps in Tier 2 and Tier 3 services for all sub-groups of the population.
- National actions are key and the publication of childhood obesity plan chapter 2 (see <https://tinyurl.com/ybxrh4tj>) was hugely positive but the actions in this must be supported by local actions)

RECOMMENDATIONS

- 1) **Develop a whole systems approach to obesity including the consideration of a Healthy Weight Declaration for the Borough.**
- 2) **Resource the development of an offer for children and young people at tier two.**
- 3) **Weight management services are not the answer but there still needs to be improved provision locally.**
- 4) **Increase the uptake of available support around healthy weight, especially Healthy Exercise and Nutrition for the Really Young (HENRY).**
- 5) **Support recommendations from the national childhood obesity plan with local actions.**
- 6) **Capitalise on opportunities linked to the sugary drinks industry levy (e.g. via the Healthy Pupils Capital Fund).**
- 7) **Improve linkages between oral health and Health Visiting/School Nursing to deliver tooth brushing in schools.**
- 8) **Support the development and roll out of the Sport England Local Delivery Pilot.**
- 9) **Increase the opportunities for pregnant and postnatal women to be physically active, exploring the potential for a pilot in South Tees.**

Chapter 4 EMOTIONAL HEALTH AND WELLBEING

LEVEL OF NEED

Good mental health and emotional health and wellbeing are essential for children to reach their full potential. Building emotional resilience in childhood improves health and wellbeing outcomes, educational attainment, relationships, positive behaviours, aspirations and length and quality of life.

1 in 10 CHILDREN

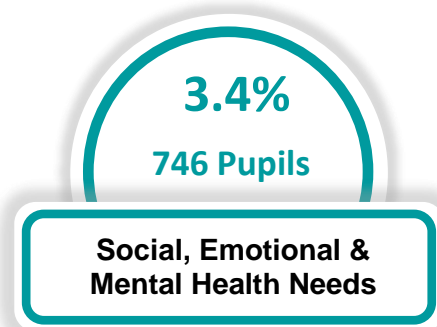
between 5-16 years have a mental health disorder in Redcar and Cleveland



It is estimated that 10.4% of children and young people in Redcar and Cleveland aged 5-16 years (1,854) have a mental health disorder, compared with England (9.2%) and the North East (10%). Similarly, 1,146 (6.4%) children and young people in Redcar and Cleveland aged 5-16 are estimated to have a conduct disorder, higher than the England (5.6%) and the North East (6.1%) average. Children with conduct disorders, such as defiance, aggression and anti-social behaviour have poorer outcomes including an increased likelihood of drug dependency, lower education attainment, imprisonment and a lower life expectancy.

The Redcar and Cleveland Children and Young People's Health and Wellbeing survey 2018 surveyed over 2,600 children in secondary schools across all years. It showed that 23% of children stated that they had been bullied at or near the school in last 12 months. It also found that 16% of children stated they never feel good about the way they look.

In 2018, 3.4% of all school aged children aged 5-15 in Redcar and Cleveland were identified as having social, emotional and mental health needs. This equates to 746 school pupils. This is significantly higher than the national average of 2.4% and is the highest rate in the North East region.



Trends for the previous four years are showing an increase both in Redcar and Cleveland and England, particularly in secondary school aged children.

The rate of hospital admission as a result of self-harm for 10-24 year olds in 2016/17 was 441 per 100,000 population in Redcar and Cleveland. This is higher than the national average of 407 and the regional average of 425 per 100,000. Trend data shows a slight rise in 2016/17 although there have been significant reductions in the rate over the past five years for 10-24 year olds.

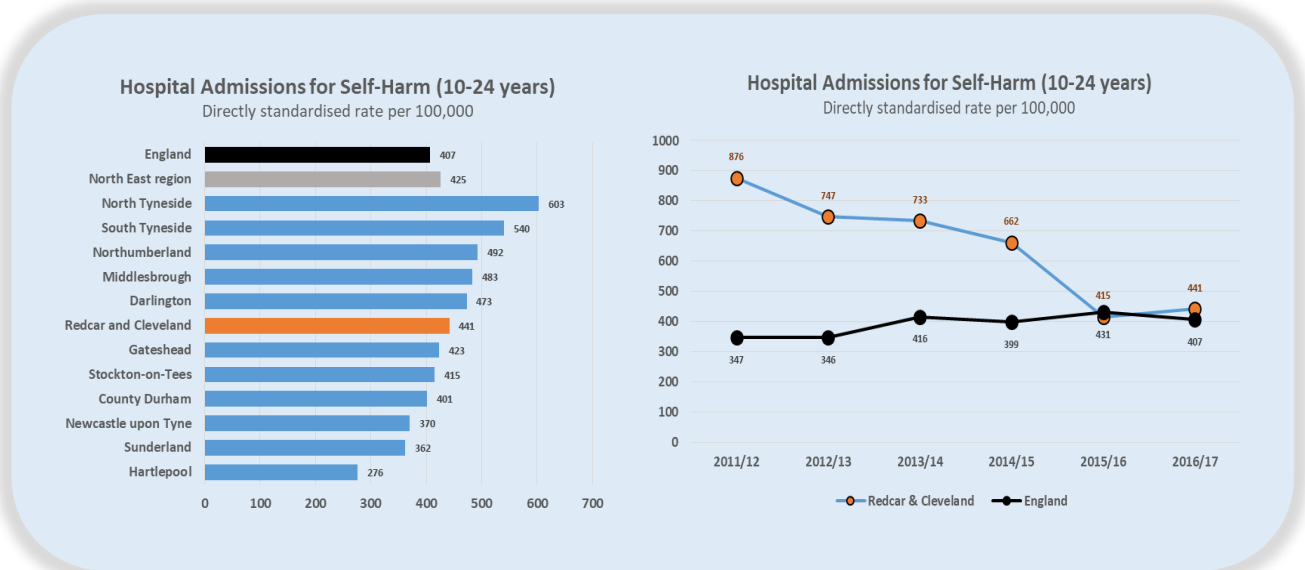


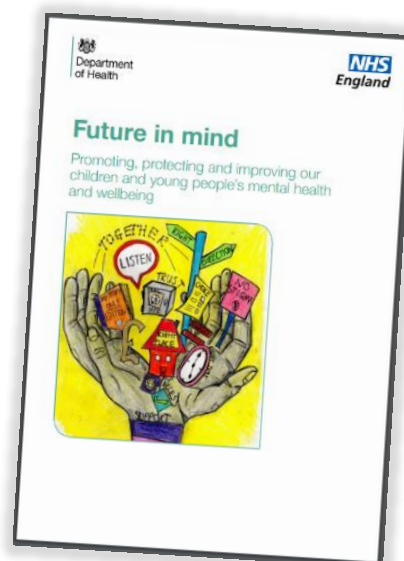
Figure 18: Hospital admissions for self-harm by region and trends for Redcar and Cleveland

LOCAL PICTURE AND CURRENT SERVICE PROVISION

Current Service Provision

Future in Mind

Future in Mind, published in 2015 is a government strategy to promote, protect and improve children and young people's mental health and wellbeing, and increase their emotional resilience. The strategy core principles and vision require a collaborative approach across a wide range of partners including the NHS, Local Authority services, Schools and Education providers and voluntary and community organisations. A particularly important setting for identifying mental health problems is schools. An average classroom in the UK with 30 pupils is likely to have three pupils with mental health problems. Schools and colleges are therefore ideal settings to identify children and young people with poor wellbeing and mental health problems, and to build their resilience.



Local Provision

Children and young people in general face barriers to have their mental health recognised and acknowledged. The South Tees Children and Young People's Mental Health and Emotional Wellbeing Plan 2015/16 – 2020/21 contains a vision to "transform" provisions of support for children and young people's mental health services into a system without tiers.

The landscape in relation to the complexities surrounding children and young people's emotional mental health has changed considerably since the introduction of Future in Minds. Across South Tees, we want to ensure children, young people and their families find it easy to get the help and support they need and at a time when they need it. Work continues to transform the provision for children and young people with mental health needs by establishing new models of care which offer choice and control. A strong collaborative partnership will help us fulfil our ambitious plans so preventative methods, which include digital platforms, can be progressed. We need to make sure children and young people across South Tees will be supported to reach their potential and when faced with difficulties, will have access to quality evidence based services that will help them overcome the difficulties they face.

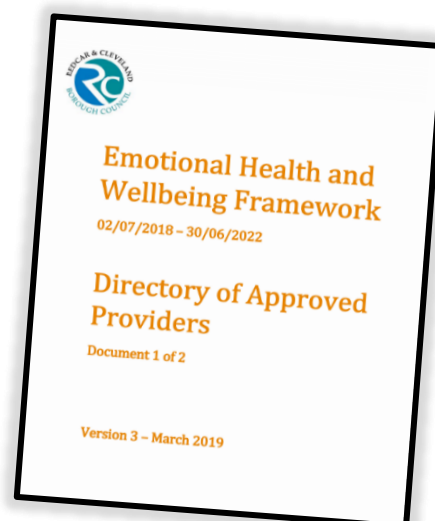


Emotional Health and Wellbeing Framework

Redcar and Cleveland Emotional Health and Wellbeing Framework is a quality assured provider framework to optimise emotional wellbeing and mental health support by Voluntary Sector Providers.

The aim is for Providers in the Framework to deliver quality interventions which promote emotional health and wellbeing along with resilience to children and young people living in the Redcar and Cleveland area.

Work is taking place with Redcar and Cleveland Voluntary Development Agency to enhance emotional health and wellbeing support by Grass Roots organisations. Development and investment within this area will ensure children and young people have access to non-clinical approaches which follows the new model of care approach South Tees is working towards.



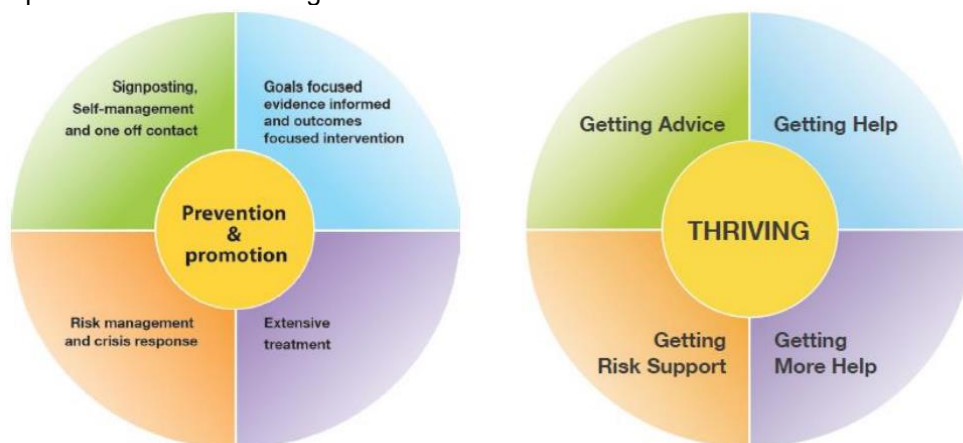
Local Offer

Currently a **four tier model** is used to conceptualise and describe levels of mental health need and CAMH service provision in Redcar and Cleveland with a list of some of the services commissioned for children and young people with emotional and mental health difficulties:



Building a system around the needs of children and young people and their families; the right service, at the right time and as close to home as possible - a system without tiers

TEWV Specialist CAMHS Service is moving away from the traditional tiered approach and instead drawing on the flexible needs based model of THRIVE. Using the THRIVE model as a framework, mapping has commenced to identify which support children and young people currently access with an aim to blur organisational lines and criteria, providing support and interventions along a continuum depending on need. This model supports 'no door is the wrong door' and aims to be a whole system of support for children and young people's emotional wellbeing and mental health.



KEY CHALLENGES AND ISSUES

Many mental health problems originate in childhood. It is estimated that 50% of all mental illness in adults (other than dementia) starts before age 15, and 75% before the age of 18.

Nationally, one in every 10 children between five and 16 has a clinically diagnosable mental health problem. (Future in Mind, 2015) Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. However, not all the cases are known to health services, leaving a significant number with undiagnosed mental health conditions and therefore not getting the appropriate support and care until they reach a crisis point. Early identification and treatment for mental health problems can prevent many of these from escalating (PHE fingertips, 2018).

How can we improve locally?

- Have improved data and intelligence to inform the needs and complexities of children and young people's mental health needs who live in the Redcar and Cleveland area.
- Develop a consistent approach to mental health delivery in schools.
- Services and settings that work with CYP to be supported to deliver emotional wellbeing and mental health promotion and early intervention programmes, with a focus on schools.
- Help to reduce stigma and raise mental health awareness amongst CYP, families and carers
- Raise awareness of local services for CYP.
- Improve patient pathways that are clear to individuals and referrers, looking at a one-stop shop approach.
- Develop online platforms which offer information and advice along with providing self-help and self-management materials.
- Being able to keep up with demand for CAMHS and CYP Crisis services - with a range of sustainable low level mental health services.
- Developing a clear and smooth transition process for CYP, their families and carers.
- Continue to have a system without tiers which will provide support close to home and reduces the need for inpatient beds
- Provide support to as many vulnerable children and young people as possible e.g. those with SEN, in contact with criminal justice system, those with family issues or are subject to bullying etc. (Not just one specific group.)
- Sustainability of the workforce and to be able to continue to provide training opportunities.
- Improve collaboration with partners to better identify gaps and need.

- Support and invest in Grass Roots provision across the Redcar and Cleveland area.
- Improve GP knowledge of mental health issues children and young people encounter.

Impact for children supported by the Local Authority

The Emotional Health & Wellbeing Framework has an aim of improving and strengthening the emotional health and wellbeing offer for children and young people who are deemed:

- Looked After Children (LAC),
- Children in Need (CIN),
- Children subject to Child Protection Plans
- Children with complex behaviour needs.

The framework improves access to appropriate mental health support, builds capacity in specialist care and support; reduces the number of children and young people entering care or being at risk of placement breakdown.

Additionally, many children and young people with SEND face additional pressures, as sometimes an underlying disability or condition may be masked by their outward behaviour and frustrations, which may be misunderstood by those around them. This may lead to them being misunderstood and labelled as having social emotional or mental health difficulties (SEMH) or challenging behaviour, and their primary need being missed by professionals, or others who are trying to support them.

RECOMMENDATIONS

- 1) **Gather high quality data which helps us better understand the numbers and needs of children and young people with mental health needs including those with complexities.**
- 2) **Build resilience and support children and young people to get the help they need quickly so that problems do not become more serious.**
- 3) **Ensure timely access to routine, urgent and specialist effective evidence based care.**
- 4) **Build a system around the needs of children and young people and their families; the right service, at the right time and as close to home as possible.**
- 5) **Improve transition for CYP from CAMHS into appropriate adult services.**
- 6) **Improve capacity and capability in our workforce to meet future need.**
- 7) **Strengthen partnership working in the planning and delivery of change.**
- 8) **Ensure effective communication and engagement with children and young people, their families and key stakeholders.**
- 9) **Better understand emotional health and wellbeing offer within our schools in order to support the development of any future work.**
- 10) **To develop an Outreach Recovery Service for children and young people which offers low level provision reducing reliance and support from the TEWV CAMHS Specialist Service.**
- 11) **Develop and invest in local Grass Root mental health provision.**
- 12) **Provide clear and easy to understand information which provides details of where children and young people can access help and support.**
- 13) **Improve the training offer to parent carers of children and young people with mental health issues.**

Chapter 5

INCREASE IN CARE PROCEEDINGS

LEVEL OF NEED

There is a national increase in the number of children subject to care proceedings across the United Kingdom. This has been referred to as a “national crisis” by the previous President of the Family Division Lord Munby and has been equally highlighted by the current President as presenting an unprecedented strain on our judicial and social care systems.

Redcar and Cleveland was involved in research into this national trend led by the Chief social worker of England Isobelle Trowler and are referenced in her report, “Care Proceedings in England : the case for clear blue water”. This study found that the services available to support families were not always sufficiently tailored to meet their needs and this subsequently led them into a “conveyor belt into court”.

Over the last 10 years there has been a steady increase in the number of applications for S31 Care Orders, and the number of children who are in Local Authority Care has also increased considerably. The table below illustrates the number of children, per 10,000 populations, subject to care proceedings over the last 10 years. The impact of this upon Local Authorities is multi-faceted and has many ramifications for resources and budgets. The numbers clearly show the considerable increase overall, and whilst there are some years with a decrease, this is not sustained and the general opinion of those working within this arena is that there is a worrying increase nationally and regionally.

Local Authority	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Trends
Darlington	11.4	12.8	14.8	19.8	13.2	16.4	16.8	25.3	20.8	
Hartlepool	12.2	15.1	11.8	13.3	9.4	10.4	14.5	30.8	30.9	
Middlesbrough	23.0	18.7	25.2	17.7	18.3	21.4	29.9	40.9	30.2	
Redcar & Cleveland	18.6	21.1	22.7	16.3	15.0	16.2	15.2	23.3	21.1	
Stockton-On-Tees	12.9	15.3	21.5	24.9	12.5	14.6	14.5	22.3	19.7	
National	8.0	8.3	9.0	9.7	9.2	9.7	11.0	12.5	12.2	

Figure 19: Number of care applications received per 10,000 child population, CAF/CASS

The reasons children are removed from their parent’s care are complex. Children can only be removed if the threshold is met that the child has suffered, or is at risk of suffering significant harm usually because of abuse, neglect, inadequate parenting, or sometimes a combination of all of these factors.

LOCAL PICTURE AND CURRENT SERVICE PROVISION

Children who become subject of care proceedings are generally children known already to the Local Authority and have, most often, been in receipt of services by way of a child protection plan. Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard and promote the child’s welfare. The decision to make enquiries under Section 47 is made following a multi-agency strategic discussion. This can take the form of a multi-agency meeting or telephone discussion with all relevant professionals, including health, police, education and other bodies.

During the period 2017/18, 568 children in Redcar and Cleveland met the threshold for a child protection strategy discussion at the point of referral. This meant that the concerns were such that they warranted a multi-agency child protection response. Again this number had increased from the previous year when there were 349 children who warranted a multi-agency response under S47 of the Children Act. When a child protection plan is not deemed sufficient to protect and it is felt that a child can no longer remain at home safely, the Local Authority needs to think about issuing care proceedings. This means presenting the Court a care plan setting out the what the Local Authority consider to be in the best interests of the child and asking the Court to decide

if a legal order is required, to enable the plan to be implemented. The Family Justice Reforms, embodied in The Children & Families Act 2014, are now well-established in practice in Redcar and Cleveland. These Reforms introduced an obligatory 26-week time limit to conclude care proceedings, to avoid drift and ensure timely care planning. The Children and Family Court Advisory Support Service (CAFCASS) publish annual statistics on how well Designated Family Judge areas perform in this regard. For Redcar and Cleveland, the average length for care proceedings cases to be concluded by the court was 29 weeks; this remains below the national average.

In Redcar and Cleveland over the last five years, there have been between 57 and 74 applications to the Court annually for care orders to remove children from the care of their parents, this does not reflect numbers of children individually as a family of five children, for instance, would result in one application. It is anticipated that there will be in excess of 80 applications to the Court at the end of this financial year.

At the end of Care Proceedings there are a range of options available to the Court to ensure the ongoing safety of the children concerned. There are times when children can be safely returned to the full-time care of their parents and this is, of course, the outcome that is aimed for by all of those involved with the children and their family. If this is not possible there are other options, such as placement of a child with family member or other associated person within the family, placement in long term foster care or placement within an adoptive family. The placement of a child within an adoptive placement, once the adoption order has been made, means that this is irreversible and there is no opportunity for the reconciliation of the family unit. This decision is never taken lightly by the Court and is only in cases when the Court and Children’s Guardian are absolutely satisfied that “nothing else will do”.

Over the last seven years, Special Guardianship Orders have been increasingly made at the conclusion of care proceedings by the family court. The review of adoption in July 2000, identified there was a group of children in our care, who couldn’t return to their families during their childhood, but the absolute legal break with their families associated with adoption was not an appropriate route for them. In response to this the Children Act 1989, was amended by the Adoption and Children Act 2005 to include a Special Guardianship Order into the range of private law orders, which a court can make in respect of a child, either following an application, by a prospective Special Guardian, or at the conclusion of care proceedings. It was anticipated, for a small number of children in secure long-term foster placements, a Special Guardianship Order would be ideal. It would bring about legal permanence but without the ongoing involvement of social work services and it would ensure there would be a full range of support services available including, where appropriate, financial support will remain in place until the child reaches 18. The Special Guardian shares parental responsibility for the child with the parents, but can make nearly all the major decisions about the child without having to consult with them.

A Special Guardianship Order can only be granted by the court and is predicated on a robust analysis of the child’s needs together with the special guardian’s ability to meet this needs based on the welfare check list in accordance with s1 (3) CA 1989. It is the responsibility of Redcar and Cleveland children’s services to undertake the assessment and where appropriate provide the full range of support services for applicants within the borough.

It needs to be recognised the way in which Special Guardianship applications have developed is beyond the original intention of legislation. Rather than being used to bring children out of care, it is also being used as an alternative to children coming into care. The graph below clearly demonstrates the rise in numbers of children subject to Special Guardianship Orders and receiving financial support from Redcar and Cleveland Council. The increase is in line with the findings from research undertaken by the Ministry of Justice which revealed an increase of 81% in the numbers of Special Guardianship Orders made since 2012 nationally.



Figure 20: Number of care applications received per 10,000 child population, CAFCASS

Many birth parents, who have their children removed, will themselves have experienced adverse childhood experiences. They may have been subject to the intervention of children's services themselves, had services by way of a child protection plan, been the subject of care proceedings or been in the care of the Local Authority. Research tells us that parents, who have experienced periods in care as a child, are more likely to have children removed from their care. Young women between the ages of 16 and 19 years are at most risk of having a child removed from their care. Research undertaken by Lancaster University indicated that 24% of birth mothers, who have children the subject of proceedings, will repeat this experience within seven years.

Parents may have long standing challenges within their lives, such as substance misuse, domestic abuse or mental health illness. Whilst children are involved with the Local Authority, those parents will be supported and assisted to access services that can offer them the opportunity to address the issues that are impacting upon their parenting capability. They will be provided with the opportunity to engage with services designed to help them address the specific areas that are impacting upon the care of their children and have access to these services coordinated and designed by the children's social worker.

Once a child has been permanently removed from their parent's care, the ability of those parents to work alongside the children's social worker is, understandably, very often reduced to the point of complete disengagement. Very often they no longer engage with the package of support available to them and at times they may find it too difficult to accept the support of the Local Authority. This is particularly true of parents who have been informed by the Court that their child will be placed for adoption.

The feelings of loss and grief, stemming from the adoption of a child, are long lasting. Currently the availability of support services for birth parents who have their children removed from their care is patchy. (variable?) Although the family court, during care proceedings, will often make recommendation for therapeutic support to be made available for parents, this rarely happens in reality or is limited to short counselling sessions during the adoption process.

All professionals working in this area know that parents, often mothers, may find themselves in a situation whereby they have been unable to make or sustain changes to their circumstances before becoming pregnant again. This often results in further care proceedings in relation to their second child and depending on the outcome of this application to the Court, a devastating pattern can emerge. Currently, there is no provision within the borough to work with parents once care proceedings have ended and there is no ongoing role for them with children's services.

Breaking the Cycle

The 'Breaking the Cycle' programme is commissioned by an independent adoption agency called 'After Adoption'. It has been designed to support birth mothers to take control of their lives in order to make positive, informed decisions and choices in the future. It helps birth mothers address the issues underlying the loss of a child who has been adopted. Support of this nature, from an independent agency allows parents to work to address the issues that caused the decision of the Court and in the long term can enable any further children to remain in their care.

Research by the service found:

- Breaking the cycle had a positive impact on the birth mothers who participated in the programme.
- The programme is successful in being able to maintain a high level of engagement from the birth mothers who all had complex histories and needs (birth mothers reported feelings of sadness, depression and anger before the programme).
- The tailored and staged approach beginning with one-to-one sessions and progressing to group work, supports parental engagement, creates a positive environment for the birth mothers to reflect on their pasts and make positive steps towards their futures.
- The Breaking the Cycle programme provides intense support and delivers value for money through reduction in the number of mothers who have multiple children removed from their care.

KEY CHALLENGES AND ISSUES

The numbers of children subject to care applications is continuing to rise along with the number of children who are subsequently accommodated by the Local Authority. There are limited services for parents when care proceedings have concluded.

It is essential for the LA that we have the right infrastructure in place to draw on both universal and specialist services to meet the growing need of special guardians within Redcar and Cleveland. In this regard, we are building capacity within the resource team to support the development of tailor-made special guardianship support plans and are liaising with special guardianship support groups. Working collaboratively will greatly reduce the number of costly complaints and ensure that the right level of support is provided. This will inevitably lead to fewer requests for support services from a range of statutory and voluntary services.

By not having sustainable services for parents in post care proceedings, there is evidence that subsequent children born to these parents are themselves the subject of care proceedings and are at increased risk of being permanently removed from their parents' care.

The Local Authority is under increased pressure in relation to the delivery of services and has no statutory ability to intervene with parents who no longer have the care of their children. This can result in the issues that caused the children being removed in the first instance to remain unaddressed and leading parents into a pattern of repeated court intervention and having subsequent children removed from their care.

RECOMMENDATIONS

- 1) Develop and resource a project specifically designed to work with families who have children subject of repeat care applications.**

Chapter 6

SCHOOL ABSENCE AND EXCLUSIONS

LEVEL OF NEED

Absence

Statistical analysis of data undertaken by the Department for Education shows that as overall absence levels increase, the average percentage of pupils achieving different levels of attainment at the end of KS2 and KS4 decreases. The analysis of the link between overall absence (and individual reasons for absence) and attainment when taking prior attainment and pupil characteristics into account, showed that, for each KS2 and KS4 measure, overall absence had a statistically significant negative link to attainment – i.e. every extra day missed was associated with a lower attainment outcome. Extending this to look at individual reasons for absence did not add a greater understanding of the link between absence and attainment (DFE Research report February 2015).

KS2 Percentage point bands based on overall absence rate:

Figure 21 shows that pupils with no absence are 1.3 times more likely to achieve level 4 or above, and 3.1 times more likely to achieve level 5 or above, than pupils that missed 10-15 percent of all sessions.

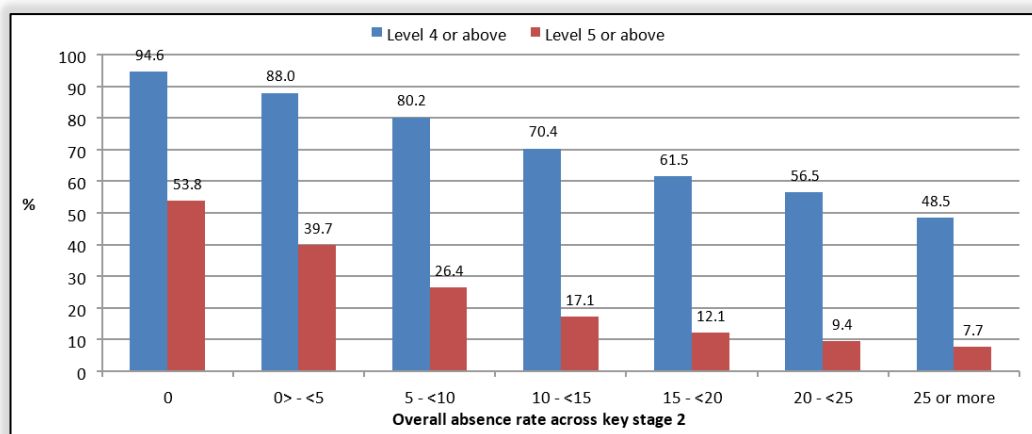


Figure 21: Percentage of pupils in state-funded mainstream schools achieving stated levels at the end of KS2 in 2013/14 academic year by overall absence rate across KS2

KS4 Percentage point bands based on overall absence rate:

Figure 22 shows that pupils with no absence are 2.2 times more likely to achieve 5 or more GCSEs or equivalent at grades A*-C including English and mathematics and 4.7 times more likely to achieve the English Baccalaureate than pupils missing 10-15 percent of KS4 sessions.

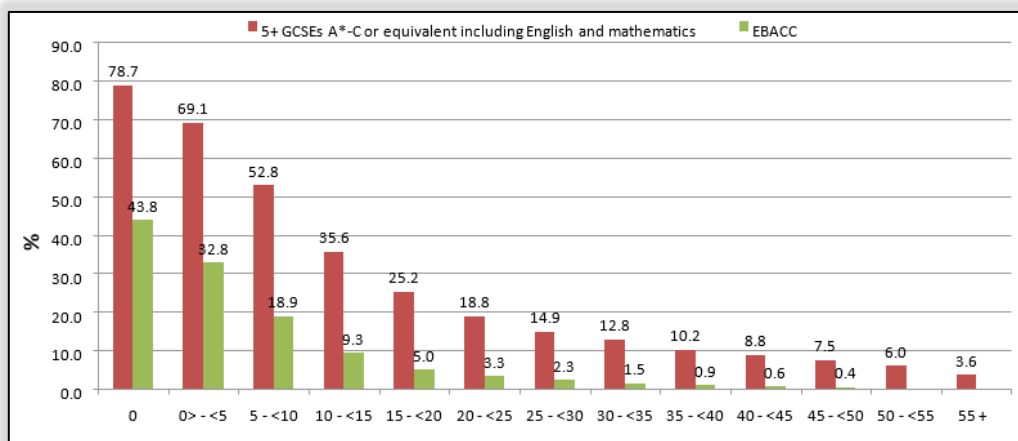


Figure 22: Percentage of pupils in state-funded mainstream schools achieving stated qualifications at the end of KS4 in 2013/14 academic year by overall absence rate across KS4

In Redcar and Cleveland, primary absence rates are significantly better than those at secondary as shown in the following Data Tables. The primary sector in the local authority performs better at the end of KS2 national assessments than the secondary sector does at KS4 GCSEs and other equivalent qualifications.

Total absence from Primary Schools (%)

Authorised and unauthorised is on an upward trend and the current position is 56 out of 152 local authorities.

Local Authority, Region and England	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year	Trend	National Rank
Redcar and Cleveland	5.01	5.1	5	4.4	5.1	4	4.2	3.9	4	0.1	↑	56
North East	5.28	5.27	5.3	4.5	5	4	4.2	4.1	4.2	0.1		
Statistical Neighbours	5.21	5.15	5.09	4.43	4.92	4.02	4.25	4.26	4.29	0.03		
England	5.3	5.21	5	4.4	4.7	3.9	4	4	4	0		

Total absence from Secondary Schools (%)

Authorised and unauthorised is on an upward trend and the current position is 143 out of 152 local authorities.

Local Authority, Region and England	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year	Trend	National Rank
Redcar and Cleveland	7.41	7.16	6.9	6.3	6.7	5.9	6.1	6	6.2	0.2	↑	143
North East	7.31	7.12	6.9	6.1	6.3	5.4	5.6	5.4	5.6	0.2		
Statistical Neighbours	7.38	6.89	6.69	6.09	6.25	5.42	5.55	5.57	5.77	0.2		
England	7.21	6.88	6.5	5.9	5.9	5.2	5.3	5.2	5.4	0.2		

Total School Absence (%)

Authorised and unauthorised is on an upward trend and the current position is 133 out of 152 local authorities.

Local Authority, Region and England	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change from previous year	Trend	National Rank
Redcar and Cleveland	6.22	6.12	6	5.4	5.9	4.9	5.1	4.9	5.1	0.2	↑	133
North East	6.28	6.13	6.1	5.3	5.7	4.7	4.9	4.7	4.9	0.2		
Statistical Neighbours	6.22	5.91	5.89	5.24	5.55	4.66	4.84	4.84	4.96	0.12		
England	6.18	5.93	5.8	5.1	5.3	4.5	4.6	4.6	4.7	0.1		

Data from 2017 - 2018 Census

Pupil Group	% Absence	%Authorised Absence	%Unauthorised Absence	%PA
All Pupils	5.9%	3.9%	2.0%	15.1%
Females	5.9%	3.8%	2.1%	15.3%
Males	5.9%	4.0%	1.9%	14.9%
Gender Gap	0.0%	-0.2%	0.1%	0.4%
All SEND	7.5%	5.2%	2.3%	20.9%
EHCP	9.7%	7.3%	2.4%	25.5%
SEN Support	6.9%	4.6%	2.3%	19.7%
Non SEND	5.0%	3.4%	1.6%	13.6%
SEND Gap	2.5%	1.8%	0.7%	7.3%
Pupil Premium	8.0%	4.7%	3.2%	23.9%
Non Pupil Premium	4.8%	3.5%	1.4%	10.4%
Pupil Premium Gap	3.2%	1.3%	1.9%	13.5%

Exclusions

Fixed-term and permanent exclusions have been on an upward trend in Redcar and Cleveland Schools over the last three years. During this period, schools in the borough have moved from a 'zero permanent exclusions' agreement to a total of 65 pupils permanently excluded in 2017-18. Numbers of fixed term exclusions have also increased from 2,604 in 2015-16 to 4,431 in 2017-18. The tables below show the trend in exclusion figures in Redcar and Cleveland in comparison with regional and national trends. The problem is particularly acute in secondary school exclusion figures which are significantly higher in secondary school pupils than neighbouring, regional and national figures; whereas the opposite is true of primary school pupils.

Primary school fixed period exclusions (%)

Local Authority, Region and England	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change from previous year	Trend	National Rank
Redcar and Cleveland	0.23	0.46	0.6	0.55	0.39	0.48	0.56	0.36	0.49	0.13	↑	13
North East	0.76	0.7	0.74	0.59	0.58	0.66	0.68	0.74	0.86	0.12		
Statistical Neighbours	0.9	0.92	0.85	0.95	0.99	1.01	1.1	1.29	1.55	0.26		
England	0.97	0.91	0.91	0.9	0.88	1.02	1.1	1.21	1.37	0.16		

Secondary school fixed period exclusions (%)

Local Authority, Region and England	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change from previous year	Trend	National Rank
Redcar and Cleveland	11.93	6.95	10.97	9.39	7.9	7.18	10.77	31.84	29.52	-2.32	↓	149
North East	7.96	6.99	6.64	7.06	5.64	6.11	7.84	10.5	12.9	2.4		
Statistical Neighbours	8.57	8.29	8.16	8.31	8.26	9.28	13.52	17.26	20.95	3.69		
England	9.26	8.59	8.4	7.85	6.75	6.62	7.51	8.46	9.4	0.94		

All school fixed period exclusions (%)

Local Authority, Region and England	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change from previous year	Trend	National Rank
Redcar and Cleveland	5.34	3.43	4.9	4.12	3.46	3.12	4.47	12.2	11.6		↓	148
North East	4.6	3.77	3.59	3.56	2.91	3.14	3.79	4.87	5.92			
Statistical Neighbours	4.38	4.2	4.1	4.15	4.06	4.36	5.98	7.39	8.92			
England	4.89	4.46	4.34	4.05	3.52	3.5	3.88	4.29	4.76			

Pupils with SEND are amongst our most vulnerable and inevitably if excluded, this affects absence rates and increases their vulnerability. The SEN team within the borough is alerted to pupils with SEND who are excluded so that the SEN Link Workers can support the young person and arrange a review of the support arrangements as appropriate. There is a Written Statement of Action within the LA which addresses ways to improve outcomes for those with SEND. Items requiring attention across the LA in terms of Outcomes for those with SEND are discussed at the SEND Strategic Leadership Group.

There were a total of 65 permanent exclusions in 2017/18. Of these, 27 had SEN support, 35 were not SEND and 3 were supported by other means.

This trend continues into 2018-19; during the first half term of the 2018/19 academic year permanent exclusions totalled 17 and there were 1,079 fixed-term exclusions leading to 1,547 days lost from education in the borough.

LOCAL PICTURE AND CURRENT SERVICE PROVISION

Following an increase in school exclusions in 2015/16, we established a review of behaviour across schools and academies and sought the support of Ofsted and the Regional School Commissioner. This review involved all secondary leaders in establishing appropriate support for what was perceived as increasingly challenging behaviour.

We continue to work closely with schools in supporting young people at risk of exclusion. However, exclusion levels remain amongst the worst in the country and are not acceptable. We are working hard together with education leaders to address this concern.

A number of measures have been put in place to reduce the number of exclusions including establishing a Pupil Placement Panel as part of a commitment to work collectively to support improvements in behaviour and attendance and to secure better outcomes for the most vulnerable young people in Redcar and Cleveland.

The new Pupil Placement Panel has been convened to focus on:

- Agreeing joint and collaborative action on shared priorities to improve behaviour and attendance in schools and academies. This action will include the identification and allocation of resources for those shared priorities.
- Ensuring that unplaced children follow the Fair Access Protocol, and are placed quickly. It is understood that all admissions authorities (namely schools and academies) must participate in the Fair Access Protocol.
- Working closely regarding the admission arrangements for young people into to the pupil referral unit where necessary.
- Facilitating multi-agency solutions to educational support and provision for young people.
- Reviewing trend information on managed moves and permanent exclusion activity.

The new panel meets every fortnight and examines the provision for any student at risk of exclusion, all Managed Moves and admissions to Archway Pupil Referral Unit. It has a wide representation from school leaders, the Local Authority inclusion and admission services, Early Help and the Pupil Referral Unit.

Exclusions from school will be mapped each week and the Head of Education will ensure suitable and timely challenge and intervention.

Activity will commence to secure more alternative provision and more alternative curriculum opportunities for learners at risk of exclusion. This will be in conjunction with Redcar and Cleveland colleges, existing providers and commercial providers. The capital build projects for Archway and Mo Mowlam Academy will help secure more places to support students presenting challenge.

The focus of the local authority Inclusion Team has been revised to ensure that interventions are triggered in response to incidents of fixed-term exclusions.

The Inclusion Team has established the following priorities for involvement:

- Looked After Children.
- Pupils with Social Care involvement.
- Pupils with 10-15 days of fixed-term exclusions – involvement will consist of advice by telephone / email and by attendance at monthly / half termly Pastoral / Inclusion meetings in school.
- Pupils with 15+ days of fixed term exclusions – direct involvement in school meetings in relation to the pupil alongside parents and agencies involved.
- Pupils who are being re-integrated into mainstream through the Fair Access Protocol having been identified by Archway as mainstream ready.
- Primary pupils as requested.

An escalation process, for pupils who are pending permanent exclusion, has also been developed to enable rapid intervention.

Due to the upward trend in absence rates, we have reinvigorated the Attendance Forum across all sectors within the Local Authority. New challenge to schools will be implemented within this time.

KEY CHALLENGES AND ISSUES

The absence and exclusion rate is too high in secondary and this continues to be a challenge. Recent Ofsted inspections have highlighted that the exclusion rate is too high and schools must be held to account. The local authority provides support and challenge to schools. One of the key issues is the lack of suitable alternative provision which limits the options for pupils. The Head of Education is working to ensure that there is a good quantity and quality alternative provision available within the area.

It is essential that school governors are equipped to provide challenge to Heads on absence and exclusions. In 2018, the local authority provided training on exclusions for school staff and governors delivered by a renowned Education Barrister; this was followed in January 2019 with training specifically for governors which was well-received. Pupil mobility is also acknowledged as an issue and impacts on behaviour and attendance.

The table below shows mobility levels within the borough's schools. Mobility within Redcar and Cleveland is not significantly different from the national picture. However, it is acknowledged as a problem for our schools. Pupils changing schools in-year including those returning from home education and placements through the Fair Access Protocol impact on pupil stability within schools.

School	Stability %		
	2016	2017	2018
Freebrough Academy	93.6	92	91.9
Hillsview Academy	95	91.4	90.3
Huntcliff School	93.2	93.2	91.3
Laurence Jackson School	90.7	91.7	92.4
Nunthorpe Academy	91.4	94.5	96
Outwood Academy Bydales	97.7	89.5	85.6
Outwood Academy Redcar	92	90	97.8
Rye Hills Academy	91.2	90	90
Sacred Heart Catholic Secondary	93.1	94.8	95.5
Saint Peter's Catholic College	92.2	93.9	97.4
National	91.6	91.5	91.5

Figure 23: Pupil Stability from GOV.UK Analyse School Performance

The tables below shows in-year admissions over the last five years and the number of these transfers that are Fair Access placements are shown below:

Academic Year	Primary	Secondary	Total	Academic Year	Fair Access Placements
2012-13	631	282	913	2014-15	18
2013-14	562	224	786	2015-16	20
2014-15	531	186	717	2016-17	15
2015-16	490	180	670	2017-18	26
2016-17	532	202	734		
2017-18	515	200	715		

Figure 24: In-year admission transfers completed and Fair Access admissions:

Numbers of Fair Access placements continue to rise largely as a result of the impact of the new Pupil Placement Panel in considering pupils for a return to mainstream school following a period in the Pupil Referral Unit after a permanent exclusion.

Pupils returning from a period of home education also contribute to pupil stability. Whilst the majority of families who choose to home educate do so successfully, there is an increasing trend for families to select home education for short time periods sometimes in response to an issue in school or whilst waiting for an alternative school place to become available.

Figures show that in Redcar and Cleveland an average of 30% of pupils withdrawing from school to home educate return to mainstream provision within a 12-month period.

We have many challenges around attendance and this is at a time when budgets to local authorities across England have been decreased in real terms. With our small team, will still hope to make inroads with a robust challenge at the new Attendance forum. The latest thinking and best practice will be disseminated with case studies to enable best practice in schools.

RECOMMENDATIONS

- 1) **Support and develop the Pupil Placement Panel so that schools continue to work together to achieve the best outcomes for children and young people.**
- 2) **The Director of Education and Education Advisors will put in early challenges to schools to help to support pupils to stay in school.**
- 3) **Develop alternative provision so that good quality options are available.**
- 4) **Roll out of a new Pupil Mobility Strategy across the borough which will focus on providing intervention to help to prevent unnecessary pupil movement.**
- 5) **Improve outcomes for disadvantaged students.**
- 6) **Develop and deliver a transition strategy.**
- 7) **Develop an attendance strategy.**

Chapter 7

SECONDARY SCHOOL ATTAINMENT

LEVEL OF NEED

In 2018, students sat reformed GCSEs in English language, English literature and mathematics for the second time and reformed GCSEs in a range of subjects for the first time. The 2018 headline accountability measures which will appear in the performance tables for secondary schools are:

Progress (Progress 8) and Attainment (Attainment 8)

Compares pupils' key stage 4 results to those of other pupils nationally with similar prior attainment. Attainment 8 measures the achievement of a pupil across 8 qualifications. The Progress 8 scores are grouped into 5 'bandings' categories, which in 2018 are:

- **Banding 1: Well above average; about 14% of schools/colleges in England**
- **Banding 2: Above average; about 19% of schools/colleges in England**
- **Banding 3: Average about; 37% of schools/colleges in England**
- **Banding 4: Below average; about 17% of schools/colleges in England**
- **Banding 5: Well below average; about 14% of schools/colleges in England**

Pupils entering the English Baccalaureate - % (EBacc entry) and Average Point Score (EBacc APS)

EBacc refers to a combination of subjects that the government thinks are important for young people to study at GCSE. It includes: English language and literature (only the highest score of one English will count), maths, the sciences, geography or history and a language.

Students staying in education or going into employment after key stage 4 - % (pupil destinations)

Pupil destination measure shows the percentage of pupils continuing to a sustained education, employment or training destination in the year after completing key stage 4 study (after year 11). The data published in October 2018 is for pupils who finished year 11 in 2016, which is the most recent data available. To be counted in a sustained destination, pupils had to have a recorded activity throughout the first two terms of the 2016/17 academic year (or any 6 months in the year for apprenticeships)

Percentage of pupils achieving a grade 5 or above in English and maths (Attainment in English and maths)

English and maths measure is the percentage of pupils achieving a grade 5 or above in English and maths. A grade 5 or above in English or maths is recognised as a 'strong pass' for the purposes of school accountability only. (In all subjects, a grade 4 or above is recognised as a 'standard pass'. A 'standard pass' is a credible achievement for a young person that should be valued as a passport to future study and employment).

Progress Gap for Key Groups within Secondary

Within each school there are important groups where performance is measured to see that intervention strategies used by schools are having impact. In 2018 across Redcar and Cleveland schools, there are lower performing groups including:

- Students with Education Health Care Plans
- Students with Free School Meals (Pupil Premium/Disadvantaged)
- Boys
- Children in our care (LAC)

Data to measure the gap between 'disadvantaged students' and 'other students' will be confirmed nationally in January 2019. Early indications however, show a significant progress gap for all key groups.

Headline measures summary:

- 40% of schools are significantly below the national average for Progress 8 measures.
- The % entering EBacc within the authority is down in 6 of the schools, has stayed the same in one and is up in 3.
- English and maths at Grade 5; schools are in line with national tables. Overall attainment is still below National averages whilst improving in 2017 has dropped back 1% in 2018.
- The combined result for attainment 8 is 3% below the national.
- Outwood Academy Bydales is well above average (Band 1), in England for Progress 8.
- The SEND cohorts perform significantly worse for attainment 8 and progress 8. Outwood Academy Bydales is however showing an improvement in progress 8

Three LA schools are average (Band 3), two below average (Band 4) and four well below average (Band 5).

School name	No. of pupils at the end of Key Stage 4	SEND Cohort	Progress 8 Score and Band Description	Attainment 8 score	Grade 5 or above in English and maths GCSE	EBacc. Average Point Score	Entering EBacc	Staying in Education or employment (2016 leavers)	SEND Attainment 8 score	SEND Progress 8 score
Outwood Academy Bydales	122	18	Band 1 0.75	59.1	77%	4.99	19%	94% (143 of 152)	42.2	+0.29
Sacred Heart Secondary Voluntary Academy	143	31	Band 2 -0.01	52.4	54%	4.46	31%	95% (130 of 137)	48.4	-0.29
Nunthorpe Academy	267	26	Band 3 -0.07	48.3	48%	3.92	16%	94% (254 of 271)	31.5	-0.79
Outwood Academy Redcar	96	9	Band 3 -0.12	46.1	50%	3.6	9%	88% (126 of 143)	29.5	-0.38
Huntcliff School	107	30	Band 4 -0.28	46.2	44%	4.05	45%	93% (99 of 107)	33.8	-0.96
Laurence Jackson School	225	37	Band 4 -0.37	45.2	45%	4.04	31%	95% (242 of 255)	30.4	-0.61
Rye Hills Academy	161	15	Band 4 -0.61	43.1	40%	3.78	35%	No Data	20.5	-1.08
Freebrough Academy	120	19	Band 5 -0.94	37.9	27%	2.79	23%	88% (117 of 133)	16.9	-1.77
St Peters College Catholic Voluntary Academy	105	29	Band 5 -1.15	34	8%	2.78	24%	95% (77 of 81)	27.0	-1.14
Hillsview Academy	139	45	Band 5 -1.58	28.1	12%	2.09	0%	87% (150 of 172)	23.7	-1.35
Redcar and Cleveland	1,517	290*	Band D -0.45	43.6	40.70%	3.63	22.70%	92%	27.5	-0.99
England (State Funder)	523,626		-0.02	46.5	43.30%	4.04	38.40%	94%	-	-
England (All Schools)	583,617		-	44.5	40.20%	3.85	35.20%	-	-	-

Figure 25: Year 11 performance data 2018.* Total includes special schools

Government Floor Secondary Standards 2018

The Government sets floor standards using the important measure of Progress 8. Since 2016, a school is below the floor standard if its Progress 8 score is below -0.5 and the upper band of the 95% confidence interval is below zero. The coasting definition for 2018 is based on three years of data, using the same performance measures that underpin the floor standards. In line with regulations, in 2018 a secondary school will fall within the coasting definition if, based on revised data for all of 2016, 2017 and 2018 the school's Progress 8 score was below -0.25. Check the wording in the 2018 data below as it sounds out of date i.e. 2018 data and 'will likely be'. That is why I have taken the word 'provisional' out.

2018 data indicates that four schools, Rye Hills Academy, Freebrough Academy, St Peter's Catholic College Voluntary Academy and Hillsideview Academy will likely be below the floor standard. Coasting Schools 2018 are St Peter's Catholic College Voluntary Academy and Hillsideview Academy. Point to note: although Rye Hills Academy falls into the coasting category, it is excluded on the grounds that it has not completed its three year academy convertor period. National figures have still to be confirmed by the Department of Education after their checking exercises.

School	2018		2017		2016	
	Progress 8	Banding	Progress 8	Banding	Progress 8	Banding
Freebrough Academy	-0.94	5	-0.13	3	-0.15	3
Hillsideview Academy	-1.58	5	-0.85	5	-0.92	5
Huntcliff School	-0.28	4	-0.54	5	-0.13	3
Laurence Jackson School	-0.37	4	-0.63	5	-0.22	4
Nunthorpe Academy	-0.07	3	-0.27	4	-0.19	4
Outwood Academy Bydales	0.75	1	0.65	1	0.27	2
Outwood Academy Redcar	-0.12	3	0.22	3	-0.22	4
Rye Hills Academy	-0.61	5	-0.28	4	-0.36	4
Sacred Heart Academy	-0.01	3	-0.38	4	-0.18	3
St Peters College Academy	-1.16	5	-0.33	4	-0.54	5

Figure 26: Year 11 performance data – Progress 8, 2018

North East Provisional Comparisons for Secondary

Figures from the Statistical First Release published in October 2018 give comparative data for the North East region. This data concentrates on the three high level measures of English and maths; the English Baccalaureate set of subjects and Progress 8. The English Baccalaureate are those subjects determined by the DfE as the core academic subjects in secondary school.

Redcar and Cleveland Schools performed in line with the North East average for attainment in GCSE English and Maths. However, the performance of the North East is below National. 40.5% of Redcar and Cleveland students achieve a strong pass at GCSE in English and maths (9-5) compared to 43.2% nationally. 22.6% of students in Redcar and Cleveland were entered for the English Baccalaureate set of subjects down 2.9% from 2017. This is below both the regional figure (34.5%) and the national figure (38.5%). There is a significant challenge in improving the Average Progress 8 figure where the LA is in the bottom two regionally.

Local Authority	Number of pupils at the end of key stage 4	English and maths GCSEs		English Baccalaureate		Progress 8
		Percentage of pupils who achieved a 9-5 pass	Percentage of pupils who achieved a 9-4 pass	Percentage of pupils entered for all components	Average Point Score per pupil	Average Progress 8 score
County Durham	4,614	39.2	61.4	33.8	3.79	-0.23
Darlington	1,097	44.9	65.3	44.6	3.96	-0.26
Gateshead	1,885	43.3	64.3	38.4	3.96	-0.25
Hartlepool	1,016	37.8	60.3	26.9	3.55	-0.47
Middlesbrough	1,337	37	59.2	22.4	3.42	-0.24
Newcastle upon Tyne	2,438	40.3	60.2	41.1	3.87	-0.14
North Tyneside	1,879	40.6	64.4	37.3	4.05	-0.2
Northumberland	3,056	43.5	63.5	29.7	3.92	-0.09
Redcar and Cleveland	1,517	40.7	61.1	22.7	3.63	-0.45
South Tyneside	1,462	39.3	61.8	26.1	3.72	-0.26
Stockton-on-Tees	1,929	47.9	66.8	38.9	4.01	-0.08
Sunderland	2,608	36.6	57.1	41.9	3.73	-0.37
North East	24,690	40.5	62	34.3	3.81	-0.22
Total (state-funded)	523,626	43.3	64.2	38.4	4.04	-0.02
England	583,617	40.2	59.1	35.2	3.85	-0.08

Figure 27: Year 11 performance data - North East Comparison 2018

LOCAL PICTURE AND CURRENT SERVICE PROVISION

The LA continues to monitor, challenge and support our maintained schools as well as Multi-Academy Trusts and work with key stakeholders such as the Department for Education, the Dioceses, the Regional Schools Commissioner and Ofsted to ensure standards improve. Strategies are being proposed from the School Improvement Team to support the raising of standards across the Borough. A Transitions Strategy led by the Scrutiny Task and Finish Group and an Alternative Provision Strategy are two of the main components.

There is a Written Statement of Action within the LA which addresses ways to improve outcomes for those with SEND. Items requiring attention across the LA in terms of Outcomes for those with SEND are discussed at the SEND Strategic Leadership Group.

SEND Strategic Leadership Group

This group is chaired by the STCCG Director Lead for Children's Services and meets on a monthly basis to ensure actions are progressed in respect of the Written Statement of Action and reports directly to the Children and Young People's Partnership Board and shares information with the Cross Phase Strategic Education Board and Children and Families Directorate Management Team (DMT).

The local authority's Assistant Director for Early Help is Redcar and Cleveland's Strategic Lead Officer for Special Educational Needs and/or Disabilities. The Assistant Director also attends the SEND Strategic Leadership Group which consolidates all activity regarding each of the SEND work streams. The SEND work streams and the SEND Strategic Leadership Group are informed by a number of consultation forums for engaging with children, young people and their families. This includes the Young Person's SEND Group, the Parent/Carer Forum and School Councils. Regular updates from the SEND Strategic Leadership Group are shared with the Children & Young People's Partnership Board, which is chaired by the Assistant Director for Early Help and attended by the South Tees CCG Children's Director Lead. The Children & Young People's Partnership Board reports to the Health and Wellbeing Board which agrees the strategic commissioning priorities for the Borough.

Opportunity North East

In October 2018 'Opportunity North East' has named Redcar and Cleveland as a focus area along with 3 others: Middlesbrough, Hartlepool and Northumberland. The focus areas are to enhance social mobility through: Local Enterprise Partnerships, Teacher Training, Recruitment and Retention Strategy, Teacher Development Premium, Good Behaviour Management. Officers are working with the Department for Education to identify local strategies and local schools which may benefit.

Strategic Education Board

There is a Strategic Education Board which oversees the strategies in education and is a cross phase partnership involving key partners. This is an opportunity for the Local Authority to bring strategies to the table and gain collective agreement with Head Teachers to drive forward improvement strategies. In the autumn term 2018, the following new strategies have been agreed through this board:

An Alternative Provision Strategy

This strategy will improve the range of high quality provision available to schools to enable opportunities for young people to engage with meaningful learning outside of school to help prevent exclusions.

A Transition Strategy

This strategy is working with the leadership of a Task and Finish Scrutiny Committee to ensure there is appropriate, planned transition arrangements for pupils between settings which enable them to be nurtured and their academic progress accelerated.

Pupil mobility strategy

This looks at the rates of pupil movement in the system, which can be very challenging for schools to manage, and proposes strategies to help address the issues of in-year transfers, elective home education and fair access referrals.

Impact for children supported by the Local Authority

Impact for those with SEND is being addressed through the various forums in the LA.

Education Meetings

The newly-established Cross Phase Strategic Education Board brings together leaders from the growing number of Multi—Academy Trusts; CEOs; NLEs, Council, Diocesan leaders and DfE in a group which meets 6 times a year. This body monitors the progress on the SEND Written Statement of Action particularly in relation to improvements. This Board links with Health and Social Care to ensure that appropriate support is being commissioned to provide successful interventions. This is a cross phase group which shares the successful approaches which have been recognised in the Joint Inspection of Primary and Early Years. This board also approves the CPD requests from education to support teachers in being able to identify and support learners. Members of the LA Directorate Management Team are members of the Board and provide a link through to the Executive Management Board as well as the Children & Young People’s Partnership Board and South Tees CCG Governing Body. The intention is that the Strategic Education Board will act as a consultative body on some issues and a decision-making body on others.

The Education Improvement Partnership (EIP) board has representation from all 11-18 schools, academies and post-16 providers alongside LA leaders. All members are decision makers who will monitor the progress and improvements of all learners across the authority. EIP acts as a consultative body on some issues and a decision-making body on others. They use and analyse combined data to identify key priority areas and work with Ofsted and the Regional School Commissioner to broker appropriate support. EIP will liaise with appropriate bodies to ensure that support is provided to improve upon their identified priorities. They will sign-off agreed policies and protocols such as the Fair Access Protocols. EIP will consider how to link policies of Multi-Academy Trusts and how these can be developed to ensure appropriate support for vulnerable groups. EIP has a focus upon responding to the areas of concern in the Joint Area Review including providing early intervention to reduce the high levels of exclusion. Members of the Children and Families Directorate are members of EIP providing a link to the SEND Strategic Leadership Group.

The Education Improvement Partnership (EIP) Meeting is attended by the Assistant Director for Early Help who shares information in relation to SEND. The Head Teachers attending EIP provide the links to the Locality SENCO Networks and escalate any issues as required. The EIP has decision making responsibility regarding specific secondary school decisions, for example in relation to subject areas and behaviour. This group reports to the Cross Phase Strategic Education Board which makes strategic decisions regarding educational outcomes. A Head Teacher attends the Children & Young People’s Partnership Board on behalf of EIP, as the nominated representative in respect of schools.

Schools Forum Attendees: RCBC Representation, Primary School Representation, Secondary School Representation, Special School Representation, Multi Academy Trust Representation, RCBC Elected Member, Trade Union Representation, Shape Training, Diocesan Authority Representation, Representatives from schools and academies make up the schools’ forum. There is also some representation from non-school organisations, such as nursery and 16-19 education providers. The forum acts as a consultative body on some issues and a decision-making body on others.

The forum acts in a consultative role for:

- changes to the local funding formula (the local authority makes the final decision)
- proposed changes to the operation of the minimum funding guarantee
- changes to or new contracts affecting schools (school meals, for example)
- arrangements for pupils with special educational needs, in pupil referral units, and in early years’ provision

The forum decides:

- how much funding may be retained by the local authority within the dedicated schools grant (for example, providing an admissions service, or providing additional funding for growing schools)
- any proposed carry forward of deficits on central spend from one year to the next
- proposals to de-delegate funding from maintained primary and secondary schools (for example, for staff supply cover, insurance, behaviour support)
- changes to the scheme of financial management

Locality SENCO Cluster Meetings – The SENCO cluster meetings operate in each of the three localities of Redcar and Cleveland. These meetings consider the needs of children and young people with Special Education Needs and/or disabilities within primary, secondary, special and post 16 educational settings. To ensure a consistent approach, the agenda for the networks is determined by the All Age Disabilities Service Manager and they are chaired by a SEND Lead Officer. Any issues can be escalated to the SEND Strategic Leaders Group, Education Improvement Partnership Board and/or the Cross Phase Strategic Board as appropriate.

Virtual School for Children in Our Care

The Virtual School is currently addressing several key areas to meet the challenges of supporting children in our care in schools in and out of borough:

- Supporting the development of an alternative provision strategy in partnership with schools and/or commissioned by the local authority and to include development of strategies to meet yearly increase in number of children in our care issued with an Education Health & Care Plan who need to access out of area provision.
- Development of accountability measures to scrutinise Pupil Premium spend on improving outcomes for children in our care.
- Development of data management systems to monitor progress and attainment of children in our care.
- Develop strategy around widening the performance indicators measures of successful outcomes for children in our care and work strategically with key partners to ensure all children in our care up to 18 years are supported to fulfil their potential.
- Continue to develop inclusion strategies to reduce rate of fixed-term exclusions issued to children in our care.

KEY CHALLENGES AND ISSUES

The council has been left, over successive years of funding cuts, with a very small school improvement function. From September 2018, the team that remains is a few advisers, one for secondary education, one for primary education and a teacher for early years managed by an Assistant Director. There is also a Virtual Head Teacher with a small team to champion the educational outcomes for children in our care. As a result, the function of school improvement had fallen largely to sector led forums facilitated by the Local Authority. For secondary schools this is the Education Improvement Partnership and the Strategic Education Board.

There are very few schools in Redcar and Cleveland which are council maintained schools; the majority are now academies under a variety of academy multi-academy trusts. The role of the Local Authority remains, however, to champion the needs of vulnerable learners and to support school improvement. This is done by working in partnership with sector leaders, the Department for Education, the Regional School Commissioner, Ofsted and the Dioceses.

Improvement in educational outcomes is vital to the plans for the Local Authority. It is essential that more young people can attend schools which provide them opportunities to succeed and be part of the flourishing future of Redcar and Cleveland. If standards of education fail to meet the floor standards, then the quality of education provided to young people will not be adequate and could affect future welfare and prosperity. In developing great places to live and working with schools we need students to be well placed to take maximum advantage of the opportunities afforded to them through the development of new and existing job opportunities. Improving outcomes of all our young people is crucial to add social value to our future development as a borough.

In supporting young people, schools, academies and colleges should work to remove or minimise the disadvantages suffered by people due to their protected characteristics. In making maximum use of funding for SEND and for Pupil Premium school leaders should ensure appropriate support is available for young people which enables them to progress on their journey through education.

There is a risk that should standards not improve, schools may be forced to become academies or change their sponsors. There are few sponsors available and transitions add strain to communities when policies change. There is an added risk that parental preference may place undue pressure upon more successful schools and colleges.

RECOMMENDATIONS

- 1) Capacity in Redcar and Cleveland going forward; staff will work alongside all partnership groups to assist in the endeavour to improve the outcomes for all young people in our area.
- 2) There is a need to increase capacity with the School Effectiveness and Education Teams to continue to challenge education leaders to effect positive change.
- 3) Underperforming schools and colleges may need emergency support to make more rapid improvements in the short term. The LA will support schools access the DFE Emergency School Improvement Fund for this; there is also funding this year from the Opportunity North East initiative for two of our secondary schools.

Chapter 8

NOT IN EMPLOYMENT, EDUCATION OR TRAINING (NEETs)

LEVEL OF NEED

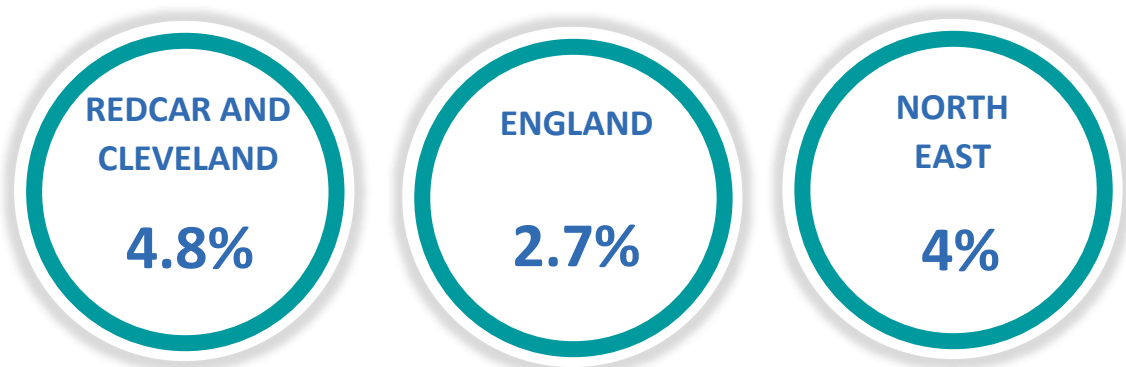
In 2013, the Government introduced the Raising of the Age of Participation Policy, requiring all young people to continue in learning until their 18th birthday. Most Redcar and Cleveland young people continue in education after year 11 and this enables them to gain the skills and qualifications that employers and higher education providers require. The longer a young person participates in education or training means that they are more likely to gain higher level qualifications and increase their potential lifetime earnings with improved health and social benefits.

Young people who are not in education, employment or training (NEET) are at risk of not achieving their full potential both economically and socially, and some of these are the most vulnerable young people in our communities, including those with special education needs and disabilities (SEND), young people leaving our care and those with long-term health conditions.

Since April 2017, the Department for Education (DfE) has monitored NEET differently. Previously, the percentage of NEET young people was calculated in years 12 to 14 and did not include young people whose destination was unknown to the local authority; categorised as 'Not Known.' Some areas of the country had very low NEET numbers but high numbers of Not Knowns. The new measure now includes the sum of the unadjusted NEET young people plus the Not Known percentage and only includes Year 12 and Year 13.

Redcar and Cleveland's NEET and Not Known

From the October 2018 figures published by the DfE (average of December 2017 to February 2018) the number of NEET and Not Known young people in Redcar and Cleveland aged 16 and 17 years is slightly higher than all other Tees Valley local authorities at 5.5%, with Darlington the next highest at 4.4%. However, the area compares well against the England (6%) and North East (6.2%) average. This figure is a reduction of 1.8% from the previous year.



Broken down further, the NEET figure at 4.8% is well above the England (2.7%) and slightly higher than the North East (4%) average. Conversely the Not Known figure at 0.7% is much lower than England (3.3%) and the North East (2.2%). Tracking arrangements have been implemented by Redcar and Cleveland Borough Council to identify and engage Not Known young people and this has helped reduce the combined figure. Redcar and Cleveland has a projected targeted to reduce NEET to 4% by October 2019 and Not Known to 0.4% (published figure).

The in-month figure for November 2018 shows that there were 35 young people in Year 12 yet to be placed into a post-16 destination. The numbers of NEET young people then increase considerably; in Year 13, 98 young people were NEET and a further 98 in Year 14. Demonstrating that some of the post-16 options taken up by young people are not meeting their specific needs and they are withdrawing early, whilst others are completing their programme and not progressing to higher level learning or employment.

Youth Unemployment

Overall, we are seeing youth unemployment decreasing. In November 2018, the area had the second lowest number of 18-24 year olds unemployed in the Tees Valley (based on the claimant count), with the greatest percentage fall of all Tees Valley local authorities in the last 12 months.

Programmes across the Borough such as the Youth Employment Initiative and Routes to Employment have helped reduce Youth Unemployment, with a net fall of 170 claimants in the previous 12 months.

18-24-year-old claimants	Nov-17	Nov 18
R&C	7.10%	5.40%
Tees Valley	6.90%	6.60%
England	2.80%	3.20%

Figure 28: Youth Unemployment

Risk Factors to young people becoming NEET

There are several risks that increase the chances of a young person becoming NEET and potentially long-term unemployed. In 2010, the Audit Commission produced a report, Against the Odds. Contained in the report is the table which summarises the increased likelihood of young people becoming NEET associated with certain risk factors.

Factor	Increased chance of being NEET for 6 months or more
Being NEET at least once before	7.9 times more likely
Pregnancy or parenthood	2.8 times more likely
Supervision by the Youth Offending Team	2.6 times more likely
Less than three months in post-16 education	2.3 times more likely
Disclosed substance abuse	2.1 times more likely
Responsibilities as a carer	2.0 times more likely

Figure 29: Risk Factors NEETs

Other risk factors include:

- Low educational attainment at GCSE
- A range of personal risk factors, including health problems, caring responsibilities and difficult family circumstances
- Structural risk factors, including difficult labour market conditions, a lack of training and apprenticeship opportunities and welfare support providing a higher income than potential wages

These risk factors mirror the characteristics of many of the NEET young people in Redcar and Cleveland demonstrating the NEET cohort is made up of some of the most vulnerable young people. In October 2018:

- 25% of the cohort of young people in the local authority's care age 16-19 and 50% of those who were previously in care were NEET
- 71% of young carers
- 41% of those supervised by the Youth Offending Service
- 26% of SEND young people aged 16-25 years
- 63 have a child or children and are young parents (16 – 20 years)
- 13 are pregnant

Published figures by the DfE in October 2018 (averaged between December 2017 to February 2018) finds that Redcar and Cleveland has the highest number of SEND NEET/Not Known young people 16-17 years with an Education, Health and Care Plan (EHCP) in the North East at 16.7% against England (9.6%) and the North East (11.4%).

NEET Not Available

Redcar and Cleveland has high numbers of young people who are counted in the NEET cohort but are currently not available to participate fully in education, employment or training. In November 2018, 25% of young people in Year 12 and 13 were NEET and not available. Circumstances included: teenage parents 21%, through pregnancy 27%, through illness 38%, young carers 7% and unlikely to be economically active (e.g. through long-term illness / disability) 7%.

Ward Variations

Young people are more likely to be NEET dependent on the ward in which they live, with the highest numbers clustered in Grangetown, Coatham, Kirkleatham, Brotton, Eston and Loftus and the lowest numbers in Saltburn, Hutton, Longbeck, Westworth and West Dyke. This correlates with child poverty, with Grangetown having more than double the Borough average at 49% and West Dyke the lowest at 6.3%.

Participation in Education, Employment and Training

Participation rates for 16 and 17 year olds in education and training (recorded in March 2018) at 90.7% is lower than all other Tees Valley local authorities, and both the England (92%) and North East (91%) figure. Participation for 16 and 17 year olds in full-time education is lower than all other North East local authorities at 75.6%, against England (83.8%) and the North East (78.8%). Conversely, the area has the highest percentage of 16 and 17 year olds in work-based learning at 5.2%, against England (1.2%) and the North East (2.5%) and higher numbers of young people in apprenticeships at 8.3%, against the England (5.9%) and North East (8.1%) average.

Participation rates tend to be slightly higher for females (+2.2% against males) and higher for young people from a mixed race and Asian/Asian British background, against their White peers (93.8%, against 90.8%). With low participation rates for SEND young people at 75.1%, against the England (88.5%) and North East (84.4%) average.

55% of young people achieved a level 3 by the end of academic year 2016/2017, against an England average of 57.5%. More young people achieved 9-4 standard pass rates in English and maths in 2016/2017. However, more young people re-sit these between the ages of 16-19 years, 32.5%, against the England average of 25.8%.

Historically there have been limited places for flexible roll on, roll off provision in the area (at specific risk periods, i.e. December/January) and this has impacted on participation rates. Between December 2017 and March 2018, participation rates reduced gradually each month from just above the England average of 91.3% at 92.3% in December 2017 to below the England average of 92% to 90.7% by March 2018. The local authority is working with colleges and independent training providers through the 14-19 Strategic Partnership to address gaps in provision and Redcar and Cleveland College has recently expanded the number of Prince's Trust programmes offered; with provision also targeted in some of the most disadvantaged communities.

LOCAL PICTURE AND CURRENT SERVICE PROVISION

Independent Careers Guidance

Since September 2012 it has been the statutory duty for schools /academies to provide independent careers guidance. Section 42A of the Education Act 1997 requires governing bodies to ensure that all registered pupils are provided with independent careers guidance from year 8 to 13. Young people are supported to choose their post-16 options through a careers professional. Some schools and academies purchase this service through an external provider or deliver it directly.

Redcar and Cleveland Borough Council's Careers and NEET Team provide targeted support to vulnerable young people and those deemed to be at risk of becoming NEET. Young people benefitting from this service are identified in partnership with the school/academy. Young people in the local authority's care also have additional support through a TARGET Personal Adviser; supporting their progression to post-16 education, employment or training.

Evidence sourced through the Careers and Enterprise Company shows that any young person who experiences 4 or more careers related engagement activities with employers during their journey through education are 86% less likely to be unemployed. The level of engagement with employers differs between Redcar and Cleveland schools, academies and colleges. There are also differences in work-experience offered; some schools/academies offer it to all pupils, others for a limited number of pupils and others don't provide work experience at all.

The Tees Valley Careers Programme through the Combined Authority has been set up to help schools, academies and colleges embed inspiring careers programmes, including delivering Careers Leadership Training, providing an exemplar Careers Framework, Career Coordinators to support the engagement of

employers in careers education and enterprise activity and a website providing centralised careers information, resources and signposting for careers professionals, young people, parents/carers and employers.

Post-16 Progression Routes

There is a broad range of high quality vocational (e.g. BTECs) and academic options (e.g. A Levels) for young people in the area with 88% of Tees Valley's further education and skills provision rated as good or outstanding by Ofsted compared to 82% nationally. The main post-16 progression routes for Redcar and Cleveland young people include:

- Redcar and Cleveland College
- Prior Pursglove Sixth Form College
- Nunthorpe Sixth Form College
- Middlesbrough College
- Askham Bryan College
- Northern College of Arts

In addition to work-based learning and apprenticeship provision, with fewer numbers taking up full-time employment combined with training.

Study Programmes provide a springboard to higher level learning for young people below a level 2 qualification (offered by many of the local colleges and independent training providers) and combine a technical qualification/s, with a substantial period of work-experience and maths and English.

Access to Education, Employment and Training

Employment

Over recent years the labour market has been subdued for young people, with jobs traditionally allocated to this age group going to adults displaced through redundancy (e.g. SSI). However, overall, we are seeing youth unemployment decreasing in Redcar and Cleveland as previously illustrated.

The UK Commission for Employment and Skills predicts that there will be a total of 133,000 job opportunities available in Tees Valley between 2014 and 2024. 17,000 (13%) will be new expansion jobs and 116,000 (87%) replacement jobs. The Professional and Business Services sector is projected to be the largest growth sector with around 7,000 new job opportunities (a 13% increase), alongside 21,000 replacement jobs. This is followed by Healthcare and Wholesale and Retail, each projected to see around 4,000 new job opportunities.

The area has a strong track record of encouraging high volumes of apprenticeship participation but since the introduction of the levy and new process for apprenticeships, there has been a significant reduction in the overall number of apprenticeships created nationally (24%) and in the Tees Valley (34%) in the last year.

Businesses with a wage bill over £3m pay 0.5% as an apprenticeship levy via PAYE. They can then draw down their contribution to pay training providers and colleges for apprenticeship training. It has taken time for employers to become knowledgeable about the changes and the process to utilise their levy.

Some employers are also not aware that there is an additional £1,000 available to them to support young apprentices: 16-18 years, those leaving care and young people with an EHCP. Both Redcar and Cleveland Borough Council and the Tees Valley Combined Authority have grants available to employers to increase the take up of apprenticeships.

Travel to Learn

Redcar and Cleveland young people are more likely to need to travel outside of their home district to access education and training, with only 55% undertaking learning in the Borough in 2015/2016, compared to other Tees Valley areas, ranging from 64%-75%.

They are also more likely to need to travel further to take up an apprenticeship, with a recent search of the government's Find an Apprenticeship site showing just 7 apprenticeships available within a 5-mile radius of Redcar, compared to 62 for Stockton and 58 for Middlesbrough.

Most local colleges and training providers provide free transport and some young people experiencing hardship are eligible for the Student Bursary Fund; providing help with clothing, books, equipment, transport and meals. However, Careers and NEET Advisers find that some young people need more encouragement to travel outside of their community to access education, employment or training due to the time it takes to travel to access suitable opportunities.

A new scheme to provide driving lessons for young people 17-18 years will be introduced in spring 2019. Aimed at those young people with a travel barrier to accessing work or an apprenticeship. In addition, the 'Wheels to Work' scheme, funded through the Tees Valley Combined Authority provides bicycles, electric bikes and scooters to residents who are having trouble accessing, or sustaining employment or training because of transport. The scheme provides a low cost, hire package with the beneficiary funding their own petrol/electricity.

Work Focused Training

In Redcar and Cleveland there are fewer traineeships for 16-18 year olds that combine vocational learning with maths, English, preparation for work and work experience and a progression route into apprenticeship or permanent employment.

There are limited post-16 options for young people with learning disabilities and a need to extend the number of supported internships in the area (a Study Programme for high needs students). In 2017/2018 only 23 young people undertook a supported internship; either through Project Choice (NHS Health Education England) or Prior Pursglove. Supported Internships provide a minimum 6-month work placement and have an excellent success rate of placing young people into permanent employment; some achieving progression into permanent employment exceeding 70%.

Higher Level Learning

At a higher level, there are fewer options for young people who complete level 3 qualifications to progress further if they do not wish to undertake an academic route and go to university. There is an increasing need for higher skill levels with over half of the net job opportunities (56%) and 90% of new job opportunities requiring a level 4 qualification or above.

Participation in Higher Education is slightly above the national average; however, performance is below average with graduates more likely to move out of the area to find employment. A recent search on the government's Find an Apprenticeship site found that there were only 5 Higher Apprenticeships, 3 Foundation and 3 Degree Apprenticeships within a 40-mile radius of Redcar.

NEET Re-engagement

Young people who are at risk of becoming NEET or already NEET are identified and supported through Redcar and Cleveland Borough Council's Foundation for Jobs Careers and NEET Team.

The Team work with schools/academies to identify and support young people at risk of becoming NEET and ensure that they all have a post-16 plan in place focussed on the transition to suitable post-16 education, employment or training meeting the requirement of the September Guarantee: *"All 16 and 17 year-olds are entitled to an offer of a suitable place in education or training under the Guarantee regardless of what qualifications they had gained when they left school."*

Support is provided to young people already NEET to re-engage them in education, employment or training through a Key Worker approach. Interventions are tailored to each young person (in targeted communities) to remove individual barriers, which could include signposting to specialist support, e.g. to the Junction to improve emotional wellbeing and resilience or support for young carers. The Team work with colleges and training

providers to identify young people at risk of withdrawing early from their programme and those who have already withdrawn. Rapid identification, re-engagement and stabilisation in alternative provision prevents a young person from becoming long-term NEET.

The Youth Employment Initiative is a partnership between the five Tees Valley local authorities part funded through the European Social Fund until 2021 and delivered in Redcar and Cleveland by the local authority and several partners. Tailored interventions, including Key Worker support and bespoke training for young people 15 to 29 years is helping to reduce both NEET and youth unemployment across the Borough.

KEY CHALLENGES AND ISSUES

1. Most young people in Redcar and Cleveland make the successful transition to post-16 provision but some withdraw early in the first few months, having either made the wrong post-16 choice, or being unable to adjust to their post-16 education / training environment.
2. NEET numbers increase considerably in Year 13 and 14 (17-19 years), with some young people completing their programme and not progressing further; compounded by fewer higher level vocational progression routes (as an alternative to university).
3. There are specific groups of young people more at risk of becoming NEET and long-term unemployed, including: young people excluded from school, SEND young people, those in our care or who were previously in our care, young people supervised by the Youth Offending Service and young carers.
4. Young people are more at risk of becoming NEET, dependent on the ward in which they live and travel to education / training can be a barrier for young people living in rural communities.
5. There are increasing numbers of young people who are NEET and not available to participate fully in full-time education, employment or training, including those pregnant, teenage parents and those with health conditions (with increasing numbers with mental health). These require alternative flexible re-engagement pathways to move them from part-time provision to full-time education, employment or training.
6. Redcar and Cleveland has the highest number of SEND NEET young people of all North East local authorities; with more progression routes needed for young people with learning disabilities and high needs.
7. There are still too few good quality apprenticeships and jobs for young people that provide sustained employment and career progression.
8. Differences exist in the number of meaningful interactions young people have with employers and their experiences of work dependent on the school / academy they attend.

RECOMMENDATIONS

Our Flourishing Future is Redcar and Cleveland Borough Council's Corporate Plan and sets out the ambitions to grow the economy, create more jobs, develop great places to live and improve quality of life. A key element of "A Brighter Future for Our Children" is Foundation for Jobs. Formed in 2014, Foundation for Jobs is a Partnership between Redcar and Cleveland Borough Council, local businesses, the education sector, and wider partners, all of whom signed a 'Pledge' expressing their commitment to working to enhance the preparedness of young people for the world of work and to create more job opportunities for young people in the Borough.

The Foundation for Jobs Delivery Plan will set out key priorities and outcomes, with a target to reduce NEET/Not Known young people to 4.4% by October 2019 and 4.0% by October 2020 (published dates). Key actions to achieve this will be to:

- 1) Systematically capture and use data and wider information to better understand, and respond to the individual circumstances of all NEET young people, feeding into the continuous improvement of interventions and performance monitoring.**
- 2) Continue to target provision towards those young people of school age (who are vulnerable / at risk of becoming NEET) and their families through early intervention and support.**
- 3) Ensure that young people at risk of becoming NEET have access to high quality impartial careers, advice and guidance and inspiring careers and enterprise education, providing information and experiences of what they could become in the future.**
- 4) Develop a robust process with colleges and training providers to facilitate rapid identification and support for young people at risk of withdrawing early from education / training, or those who have left early.**
- 5) Implement increased transitional support for the most vulnerable / at risk young people to ensure they are fully supported during the first few months of their transition to post 16, 17 and 18 provision.**
- 6) Form a Redcar and Cleveland NEET Provider Forum to facilitate case conferencing, align resources and provide seamless solutions and support for young people; ensuring that the right provision is available at the right time.**
- 7) Increase the breadth and availability of good quality alternative education and flexible training provision (pre-and post-16) to meet the needs of vulnerable / at risk groups of young people, with a focus on SEND progression and flexible pathways for young carers, parents and those with health conditions.**
- 8) Create a campaign to raise awareness of social value and its role for vulnerable / at risk young people to encourage employers and stakeholders to take positive action and increase opportunities, including experiences of work, employment and apprenticeships.**

Chapter 9

CHILD SEXUAL EXPLOITATION (CSE)

LEVEL OF NEED

Redcar and Cleveland Council seeks to create an environment where child sexual exploitation is prevented, identified and challenged by communities and professionals. The vision is to ensure that children, young people and families, whose lives are affected by child sexual exploitation, receive an appropriate level of support to address their needs, that perpetrators are held to account for their actions, and where possible brought to justice.

The definition of child sexual exploitation as identified in Working Together to Safeguard Children (2015) and the National Working Group for Sexually Exploited Children and Young People is:

‘Situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person’s limited availability of choice as a result of their social/economic or emotional vulnerability’.

Key highlights from Cleveland Police data show that:

- The number of CSE incidents across Redcar and Cleveland has increased since 2014-15.
- The number of CSE crimes reported in Redcar and Cleveland has increased since 2014-15
- Online-related CSE incidents have been increasing significantly each year since 2014-15.
- The data shows that approximately 1-in-7 CSE crimes reported in Redcar and Cleveland involve male victims.
- Approximately 1-in-4 CSE crimes reported in Redcar and Cleveland are victims under 12 years old.
- Approximately three quarters of victims of CSE crimes reported in Redcar and Cleveland were white
- The majority of CSE incidents were victims who reside in the most deprived areas of Redcar and Cleveland
- The majority of CSE crimes were victims who reside in the most deprived areas of Redcar and Cleveland

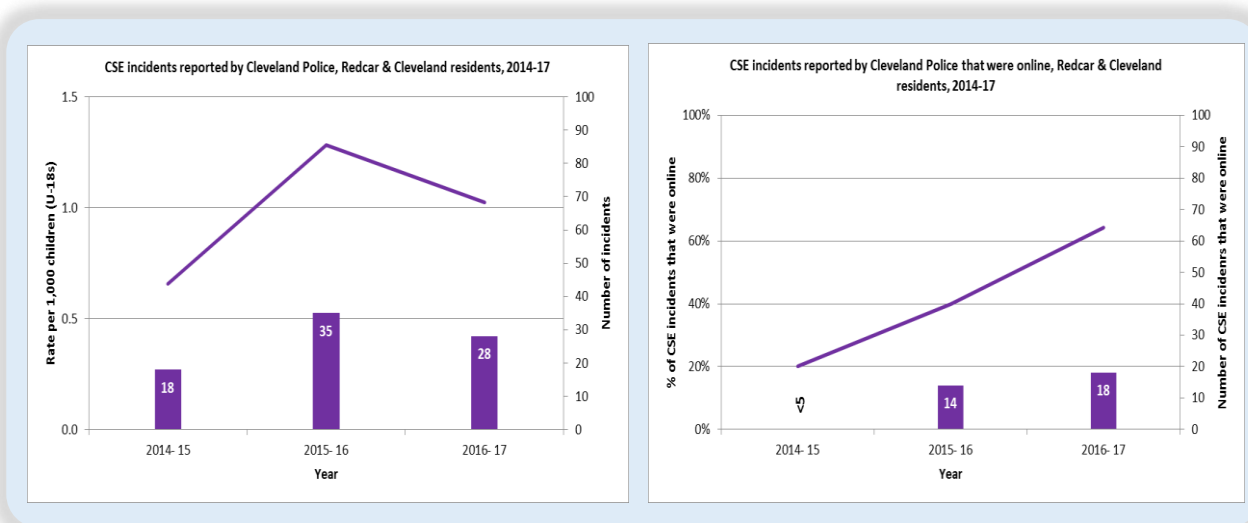


Figure 30: Number of CSE incidents and online CSE incidents in Redcar and Cleveland 2014-17

In Redcar and Cleveland for the year end period 01/04/17 – 31/03/18 the following Vulnerable, Exploited, Missing and Trafficked (VEMT) data was identified:

- 136 children and young people were discussed at the VEMT practitioner group as considered at risk.
- 38 were identified as requiring a coordinated response.
- 40 children who had been subject to VEMT were stepped down from the process after the risks against the individuals were mitigated.

Most children were referred to the VEMT practitioners group due to being assessed as vulnerable to child sexual exploitation, with a smaller number referred due to going missing from home or care.

In terms of the demographic of CSE Victims, when we look at Redcar and Cleveland data it shows the following:

Age	<ul style="list-style-type: none"> • 14 and 15 year olds are most likely to be noticed by authorities - this is closely followed by 16 – 17 year olds • CSE Crimes reported to Cleveland Police between 2014 and 2017 show that: <ul style="list-style-type: none"> – 5% were under the age of 7 – 22% were between the ages of 7 and 11 – 73% were aged between 12 and 18 • As at 31 March 2018, in Redcar and Cleveland 26 children were active to VEMT, with an age range of between 11 – 18 years old.
Gender	<ul style="list-style-type: none"> • The majority of victims are girls – Cleveland Police data between 2014-17 shows 85% of CSE crimes reported were against females • With 31% of cases, gender was unknown. It is likely that male victims are under-represented due to difficulties in identifying sexual exploitation in boys and young men (CEOP, 2011). • As at 31 March 2018, in Redcar and Cleveland 26 children were active to VEMT, 22 (85%) of which were female and 4 male (15%).
Socio-economic status	<p><i>Research has found that children living in the most deprived neighbourhoods have a greater chance of being on a child protection plan or being taken into care than children in the least deprived areas (Jütte at al, 2014).</i></p> <ul style="list-style-type: none"> • Just under 50% of children made active to VEMT in 2017/18 were residing in areas in Redcar and Cleveland categorised as being in the 10% most deprived areas of the country.
Missing children	<p><i>Children who go missing are generally at risk of sexual exploitation.</i></p> <ul style="list-style-type: none"> • There were 541 missing episodes recorded in Redcar and Cleveland in 2017/18, with 251 individual children going missing within this period. More males (with 56%) were reported missing than females (44%) and 92% of these children were aged between 11 - 17 years. 11.8% of these missing episodes related to children who were already vulnerable to sexual exploitation.
Ethnicity	<ul style="list-style-type: none"> • 61% of the victims were white • 3% were Asian* • 1% were black* • Ethnicity was unknown in 33% of cases* • As at 31 March 2018, in Redcar and Cleveland 26 children were active to VEMT and all identified as White British.

Disabled	<p><i>Disabled children are over three times more likely to be abused or neglected than non-disabled children (Jones et al, 2012).</i></p> <ul style="list-style-type: none"> • 3% of children made active to VEMT in 2017/18 in Redcar and Cleveland, were children with a recorded disability.
Children in our care	<p><i>There are a number of risk factors related to being in care which can make children more vulnerable to abuse and neglect (NSPCC, 2017).</i></p> <ul style="list-style-type: none"> • 8% of children made active to VEMT in 2017/18 were children in the care of Redcar and Cleveland Council • 17% of children in the care of Redcar and Cleveland were reported as missing within 2017/18.
History of abuse	<p><i>Children who have been abused or neglected in the past are more likely to experience further abuse than children who haven't been abused or neglected (Finkelhor, Ormrod, and Turner, 2007). This is known as revictimisation.</i></p> <ul style="list-style-type: none"> • 5% of children made active to VEMT in 2017/18 were children who were subject to a child protection plan in Redcar and Cleveland. • 44% of children, who were made active to VEMT in 2017/18 in Redcar and Cleveland, had a history of abuse or neglect. These children had previously been referred with the category of need of abuse and neglect or had been subject to a child protection plan previously.
Other	<p>Other factors we know put young people at higher risk and are prevalent in our population are:</p> <ul style="list-style-type: none"> • Recent bereavement or loss • Low self-esteem or self-confidence • Being a young carer • Links to a gang through relatives, peers or intimate relationships • Lacking friends from the same age group • Parents unable to meet their child's needs due to problems with mental health, drugs or alcohol, domestic abuse or learning disabilities. Children living with parents who have one or more of these issues may be more at risk of abuse and neglect • History of criminal / offending behaviour by the young person

**Children from minority ethnic backgrounds are likely to be under-represented in statistics because of barriers to reporting and accessing services (CEOP, 2011). Children and young people from minority ethnic groups account for 3% of all children living in Redcar and Cleveland, compared with 21% in the country as a whole. The largest minority ethnic groups of children and young people in Redcar and Cleveland are Mixed and Asian or Asian British.*

Local experts believe that the following groups are underrepresented in local figures:

- **Boys/young men** - It is likely that male victims are unrepresented as a result of a lack of identification and disclosure.
- **Children with disabilities** - Disabled children are over three times more likely to be abused or neglected than non-disabled children, yet we currently don't, or historically have had, any children who are from the Disabled Children's Team discussed at VEMT.
- **BME, LGBT, Travelling communities and Asylum seeking children/refugees** - victims are likely to be under-represented because of barriers to reporting and accessing services.

LOCAL PICTURE AND CURRENT SERVICE PROVISION

ACE Service

The ACE service is a commissioned service, provided by Barnardo's. The service provides a comprehensive support service to young people under the ages of 18 (or in the case of children in the LA's care, up to the age of 25), who may be at risk of or who are being sexually exploited or need support having run away from home or care.

Barnardo's: SECOS:

Counselling services are provided through specialist play therapist and talking therapies to assist healing from CSE and the criminal justice process.

Barnardo's safeguarding/CSE awareness training

It has been recognised that licensed drivers (e.g. taxi drivers), given their unique position within the community, have an important role to play in the safeguarding of vulnerable children and adults, including those with disabilities. In recognition of this unique position, all existing drivers and private hire operators (or a representative of the licensed company) are required to complete safeguarding awareness training. All new applicants are required to successfully complete the training before the issue of their first licence. To date, over 97% of licensed drivers have undertaken the course.

ISVA (Independent Sexual Violence Advocate Service): - Working with anyone under 18 who has experienced sexual violence and reported it to the police. Workers support young people through the criminal justice process; we also have a specialist worker who supports therapeutically.

Bridgeway Therapeutic Service, Sexual Harmful Behaviour Work - Healing work for young people who have experienced sexual abuse. Working with young people who exhibit sexually harmful behaviour.

Targeted Youth Support - deliver Keep Safe package and Risk Taking Roadshows to secondary schools across Redcar and Cleveland which covers child sexual exploitation, grooming, sending inappropriate images and child pornography. TYS also deliver CSE awareness to year 6 pupils across the borough through the Crucial Crew programme. TYS undertake child sexual exploitation group work within schools, as well as 1:1 work with young people covering all aspects of child sexual exploitation and also signpost young people to access further support.

Disruption activity - Local authority Youth Service Teams and Police Community Support Officers are utilised for disruption activity within the borough of Redcar and Cleveland, which is identified through the VEMT Practitioner Group.

Barnardo's Music: Working in partnership with the SAGE at Gateshead to deliver music groups to vulnerable young people who have been identified as likely to benefit from improved self-esteem activities and have an interest in music.

Victim Engagement Worker in Police VEMT Team

Barnardo's VEMT CSE Project Worker – Targeted work areas: Engagement with Professionals and Communities and Preventative Education Work

- Liaise with police VEMT team to ensure the Safer referrals they submit are completed appropriately to ensure support is offered to young people and their families
- Collect intelligence and link in with CSE Tees Valley project workers to ensure Shield forms are appropriately completed and submitted
- Create close working relationships between Barnardo's, Children's Services and other agencies with the police VEMT team. This includes sharing of useful information and or guidance to ensure teams are working in an efficient, multi-agency manner
- Assist the Police VEMT team in initial visits if they feel Barnardo's VEMT Project Worker could help them engage with victims
- Complete a mapping exercise to identify what services are delivering low level/preventative CSE and online safety linking in Operational VEMT
- Create CSE and online safety information packs for parents and also deliver education sessions to parents in primary and secondary schools
- Deliver Tees Valley CSE preventative training sessions covering internal child trafficking to professionals with a remit to early identify and appropriately respond

- Provide ongoing good practice guidance to support the Police VEMT team engage with children who have experienced online grooming and CSE in a victim focused way
- Attend Barnardo's CSE Tees Valley Practitioner meetings to share information about CSE trends and Cross Boundary victim and perpetrator information so that staff are up to date with this information and are given intelligence that may have been previously unknown
- Be available to give advice and guidance to the Police VEMT Team and other professionals around CSE and internet safety
- Deliver targeted Community, School, Young people and Parent preventative work across the Tees Valley. The work will entail delivering bespoke training sessions and workshops with specific remits of which will be evaluated to present the impact.

Tees LSCB Support Structure

Tees VEMT (Vulnerable, Exploited, Missing, Trafficked) Group: the Tees Strategic VEMT Group was established in early 2013 to provide a strategic direction across Tees for professionals working with children / young people who may be at risk of (or vulnerable to) exploitation or who by way of going missing, may be at risk. The group developed a strategy that was designed to safeguard vulnerable, exploited, missing or trafficked children / young people wherever they live in the Tees area.

Locality VEMT Practitioner Groups: VPG is a group of multi-agency professionals that consider the sharing of information from services within the Local Authority area in respect of children who are:

- At risk due to their vulnerability;
- At risk of sexual exploitation;
- At risk due to missing from home episodes;
- At risk of or have been trafficked.

The VPG looks to enhance and support the practitioner(s) in their role supporting the child or young person by formulating an action plan to support the existing plan for the child. The group is based upon partnership problem-solving and ensuring positive outcomes for children and young people.

Both elected members and senior managers in Redcar and Cleveland advocate for victims of child sexual exploitation and are a strategic driver in understanding the impact on the child's life.

KEY CHALLENGES AND ISSUES

1. The number of CSE incidents and crimes are increasing considerably each year, notably online-related CSE.
2. Many victims of CSE are not receiving support beyond their 18th birthday and there are currently no CSE services available to victims beyond their 19th birthday.
3. It is unclear if the current services are effectively managing the transition of CSE victims between children and adults services.
4. Under reporting from underrepresented groups are as follows:
 - Boys/young men
 - Children with disabilities
 - BME
 - LGBT
 - Travelling community
 - Asylum seeking children / Refugees
5. The majority of CSE incidents and crimes are from the most deprived areas.
6. A consultation carried out by Barnardo's identified three main factors which inhibited young people from disclosing they were victims of CSE. We need to address and alleviate these concerns, which were:
 - They did not understand, recognise or accept that they were being sexually exploited;

- That even when they became conscious that something was not right about what was happening to them, they had concerns about the consequences of telling somebody; and
 - That there was no one whom they regarded as being an appropriate person to talk to – someone they were confident would listen to them, believe them and whom they could trust.
7. Online awareness training is currently not as effective as required. Many children across Teesside are not following the e-safety advice provided.
 8. Emerging concerns relating to child criminal exploitation and modern slavery within Redcar and Cleveland.

RECOMMENDATIONS

- 1) **Ensure the communication and sharing of resources with children/young people, parents, families and communities of the exploitation of children/young people through digital technology/social media. In particular, with a focus on those under the age of 13.**
- 2) **Implement robust early intervention and preventative mechanisms and ensure effective sharing of information between partner agencies and the voluntary sector.**
- 3) **Collect Police information on disruption activity for digital profiling.**
- 4) **Develop the understanding of CSE across the workforce.**
- 5) **Ensure there is an appropriate and effective transition to adult services for those young people identified as vulnerable to sexual exploitation beyond their 18th birthday.**
- 6) **Ascertain why certain groups are not captured in local figures.**
- 7) **Raise awareness of CSE with children and young people, parents, families and communities for all target groups.**
- 8) **Ensure CSE awareness training is tailored to the needs of residents in the most deprived areas.**
- 9) **Raise public and workforce awareness of child criminal exploitation and modern slavery.**

Chapter 10 REOFFENDING

LEVEL OF NEED

Re-offending by young people presents a significant challenge for South Tees Youth Offending Service (STYOS). The re-offending cohorts used to track re-offending by young people have reduced in recent years. However, desistance data highlighted in YOS assessments shows that the young people the YOS works with, present a range of issues and needs which inform and drive their behaviours. These young people are often the most challenging and difficult to engage.

The rate of first time entrants to the youth justice system continues to fall nationally and this is also the case locally, with significant reductions between 2010 and 2017 where the rate now is the lowest achieved to date. There was an increase during 2015 and 2016 but reduced in 2017 to below the England average. The rate in Redcar and Cleveland is the lowest rate for a local authority in the North East.

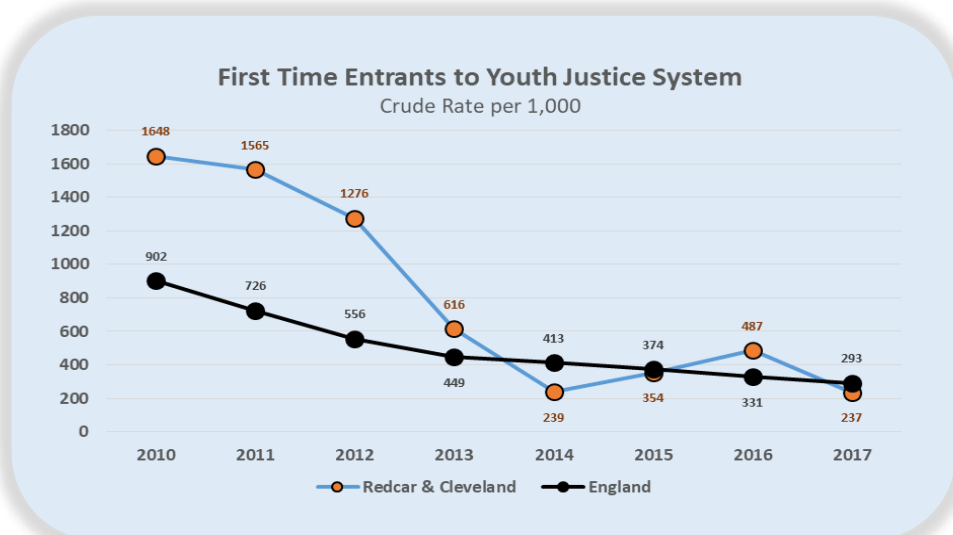


Figure 31: First Time Entrants to Youth Justice System

The South Tees YOS Youth Justice Plan 2018-20 highlights that 51% of young people in the 2015-2016 South Tees YOS cohort re-offended, an increase from the previous year of 47.6%, with the number of offences committed per young person up to 2.10 from 1.46 the previous year. In Redcar and Cleveland YOS data for re-offending by young people in the 2016-17 cohort was 51.5% compared to Middlesbrough which was 38.2%.

An examination of 150 young people supervised by STYOS provides an illustration of the factors that were identified as potential risk and protection factors for young people. It suggests that young people are more likely to re-offend where factors around self-identity, attitudes to offending and victims and engagement with other services are negative influences.

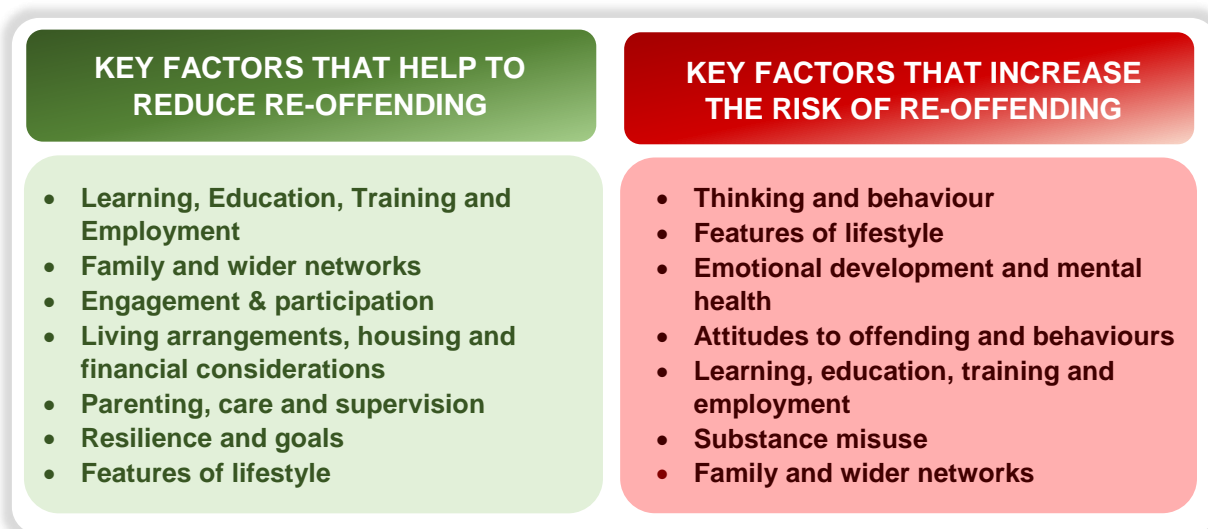


Figure 32: Factors contributing to reoffending rates

LOCAL PICTURE AND CURRENT SERVICE PROVISION

All young people subject to YOS intervention are assessed using the approved AssetPlus assessment tool. This affords the YOS significant insight into the young person, identifying those desistance factors which will protect the young person, offering a strength based assessment upon which to build interventions. All young people have the opportunity to complete a self-assessment and learning styles assessments and these are used to support the approach taken by the YOS to challenge offending behaviours and meet needs.

Early Intervention programmes to challenge offending at an early stage are commissioned by the PCC as part of the enhanced Out Of Court Disposal offer from the YOS and Police.

In order to understand this issue better, South Tees YOS has revised how we use our 'live tracker' tools to inform and develop our response to this issue. The YOS will be tracking a number of cohorts of young people who re-offended at different periods and we will monitor re-offending by young people under case management on a monthly basis using our live tracker tool. This will offer some insight into the impact of work as it is delivered and assist the YOS to develop practice and responses to those young people in the re-offending cohort. Re-offending by young people, who are under case management by YOS in November 2019, (should it be 2018??) was 10.81% and this compares favourably with those monitored under the national framework where re-offending averaged 32.63% over 4 cohorts between July 2017 to June 2018. This data suggests that, where engagement and support is in place, the risk of re-offending is significantly reduced.

KEY CHALLENGES AND ISSUES

There are number of key drivers and challenges impacting on South Tees YOS as we develop our practice to respond to the challenges presented by the cohort of young people we work with. South Tees recognise the need to intervene early and further develop the programmes we use to challenge offending by young people and establish positive outcomes. To meet this challenge the YOS will re-align its structures to establish greater scope to develop our practice, learn from the experiences of young people and build a framework of programmes and interventions to meet needs and create opportunity for the young people we work with.

One of the challenges offered by the national framework is that young people are identified as having re-offended at a specific point in time, i.e. between January to March in any given year and then tracked for 2 years. The YOS often have little opportunity to prevent further re-offending as the young people can go on to offend again before they receive a YOS intervention, receive outcomes which do not require YOS intervention i.e. Fines, Conditional or Absolute Discharge etc. or have reached their 18th birthday and may be no longer under YOS supervision. The tracking of live and open cases provides a more effective method of monitoring the impact of YOS intervention.

The Youth Justice Board have recently produced a revised set of National Standards for YOS to be introduced from April 2019 which will focus on the young person's journey with YOS, moving away from process driven guidelines to direct YOS towards a framework which challenges YOS to work towards positive outcomes for the young person. With the revised Inspection Framework introduced from April 2018, the challenge for the YOS is to identify and respond to the key desistance factors impacting on the young person and build a framework for intervention which offers support and engagement as well the challenge around the young person's behaviours.

As South Tees YOS develops practice in response to changes outlined above, the continued uncertainty over budgets means that any future developments and changes to practice have to be made against the risk of cuts to funding.

RECOMMENDATIONS

To ensure improved outcomes for young people and challenge offending South Tees will continue to:

- 1) **Monitor and track offending by young people using the live tracker tools to identify those young people who continue to offend and review the work delivered and identify other opportunities to challenge behaviours and engage the young person.**
- 2) **Introduce a new risk management framework to monitor and respond to the risks presented by the young person, including issues of risk of harm, safety and wellbeing and risk of re-offending.**
- 3) **Use desistance information from AssetPlus to identify the key factors impacting on offending by young people, further developing interventions to offer individual responses and group based intervention.**
- 4) **Re-align the YOS structure to promote further growth with an emphasis on developing our programmes for young people, promote the voice of the child, switch our focus to the issues impacting on the whole family and further develop our internal structures and process in response to local and national developments.**

ACKNOWLEDGEMENTS

Editorial Team

Alistair Stewart	Public Health Intelligence Specialist, Public Health South Tees
Graeme Nicholson	Health Improvement Specialist (Best Start & Developing Well), Public Health South Tees
Rebecca Scott	Advanced Public Health Practitioner – Best Start in Life, Public Health South Tees

Topic Contributors

Sarah Winspear	Infant Feeding Lead, Redcar and Cleveland Borough Council
Wendy Medd	Service Manager Looked After & Resources, Redcar and Cleveland Borough Council
Jayne Bulmer	Service Manager Safeguarding, Redcar and Cleveland Borough Council
Nicola Hall	Service Manager Early Help, Redcar and Cleveland Borough Council
Amanda Olvanhill	Head of Employability, Redcar and Cleveland Borough Council
Jayne Hunt	VEMT Coordinator, Redcar and Cleveland Borough Council
Sue Beevers	Principal Manager Services to Schools, Redcar and Cleveland Borough Council
Rachael Neville	School Effectiveness Education Advisor, Redcar and Cleveland Borough Council
Frances Golightly	Pupil Services Manager, Redcar and Cleveland Borough Council
Tina Walker	Advanced Public Health Practitioner, Public Health South Tees
Scott Lloyd	Advanced Public Health Practitioner, Public Health South Tees
Paul Harrison	Partnership Manager, South Tees Youth Offending Service
Helen Armstrong	Data Analyst, Redcar and Cleveland Borough Council
Ian Liphthorpe	Data Analyst, Redcar and Cleveland Borough Council
Joanne Levie	Service Manager SEND, Redcar and Cleveland Borough Council
Leanne Best	Domestic Abuse Coordinator, Redcar and Cleveland Borough Council

APPENDIX

REDCAR & CLEVELAND CHILDREN & YOUNG PEOPLE'S KEY INDICATORS

HEALTH & WELLBEING

Indicator	Measure	Period	Redcar & Cleveland			North East	Comparators	England			Local Trend
			Count	Value	Rank (152)	Value	Rank (16)	Value	Worst/Lowest	Best/Highest	
1 Infant mortality	Crude rate/1000	2014-16	14	3.3	94	3.7	11	3.9	4	3.8	→
2 Low birth weight	%	2016	33	2.54	94	2.97	11	2.79	2.83	2.74	→
3 Smoking in pregnancy	%	2016/17	286	20.3	6	16.1	3	10.7	10.6	10.8	↓
4 Breastfeeding initiation	%	2016/17	700	49.9	5	59	3	74.5	37.9	96.7	↓
5 MMR for 2 doses	%	2016/17	1572	93.3	129	92.4	9	87.6	87.5	87.6	→
6 Dtap/IPV/Hib (2 years old)	%	2016/17	1427	97.1	110	97.4	7	95.1	95.1	95.2	→
7 Excess weight in 4-5 year olds	%	2016/17	433	27.1	7	24.5	1	22.6	28.2	15	↑
8 Excess weight in 10-11 year olds	%	2016/17	535	36.6	58	37.3	9	34.2	34.4	34.1	↑
9 15 year olds active for 1 hour a day	%	2014/15	-	12.9	52	14.2	5	13.9	13.7	14.1	-
10 Decayed, missing or filled teeth	%	2016/17	-	24.9	60	23.9	4	23.3	23.6	23	↓
11 Chlamydia detection rate	Crude rate/100,000	2017	354	2319	123	2033	10	1882	1892	1872	↓
12 Children KSI	Crude rate/100,000	2014-16	18	25	20	23	6	17	18	17	→
13 Admissions for unintentional and deliberate injuries (0-14)	Crude rate/10,000	2016/17	312	137	21	146.4	5	101.5	102.1	100.8	↓
14 Admissions for unintentional and deliberate injuries (15-24)	Crude rate/10,000	2016/17	202	132.5	64	151.5	14	129.2	130	128.3	↓
15 Hospital admissions for asthma (under 19)	Crude rate/100,000	2016/17	80	277.1	23	266.2	3	202.8	205.3	200.3	→
16 Admissions for diabetes (under 19)	Crude rate/100,000	2016/17	17	58.7	51	59.1	6	55.4	56.7	54.1	→
17 Admissions for epilepsy (under 19)	Crude rate/100,000	2016/17	42	144.9	6	98.1	1	76.6	76.1	75	→
18 LAC - cause for concern	Crude rate /10,000	2017	38	34.9	106	40.9	10	38.1	62.4	7.8	↑
19 Estimated prevalence of mental health disorders (5-16)	%	2015	1854	10.4	16	10	4	9.2	-	-	-
20 Hospital admissions for mental health conditions	Crude rate/100,000	2016/17	19	69.6	97	99.3	12	81.5	83.1	79.9	→
21 School pupils with social, emotional and mental health needs (%)	%	2017	725	3.3	10	2.68	3	2.33	2.34	2.32	↓
22 Admissions for self-harm (10-14)	Crude rate/100,000	2016/17	12	165	90	224.6	13	211.6	-	-	→
23 Admissions for self-harm (15-19)	Crude rate/100,000	2016/17	54	721.2	47	656.1	9	619.9	-	-	↓
24 Smoking prevalence at 15 (current)	%	2014/15	-	8.9	55	10.1	11	8.2	8.3	8.1	-
25 Hospital admissions for substance misuse (15-24)	DSR /100,000	2014/15 - 16/17	62	132.2	23	113.2	9	89.8	91.1	88.5	↓
26 Hospital admissions for alcohol-specific conditions (under 18s)	Crude rate/100,000	2014/15 - 16/17	59	71.9	7	64.8	5	34.2	34.8	33.6	↓
27 Pupils with learning disability (%)	%	2017	1723	7.8	7	6	1	5.6	5.6	5.6	↑

Redcar and Cleveland Value – red is significantly higher than England, amber is similar to England and green is significantly better than England, blue is not compared.

Redcar and Cleveland Rank – compared against 152 local authorities in England. Formatting highlights the highest and lowest ranks

Redcar and Cleveland Similar LAs – benchmarked against the 16 local authorities that are most similar to Redcar and Cleveland nationally. Formatting highlights the highest and lowest ranks.

Local Trends – trends for up to a maximum of seven years and the direction of travel for the average change.

EDUCATION, ATTAINMENT & ASPIRATIONS

Indicator	Measure	Period	Redcar & Cleveland			North East	Similar LAs	England			Local Trend		
			Count	Value	Rank (152)	Value	Rank (16)	Value	Worst/Lowest	Best/Highest			
28	Foundation stage - good level of development	%	2017	-	68.8	44	70.7	5	70.7	60.9	78.9	↑	
29	Foundation stage - expected standard across learning goals	%	2017	-	65.6	33	69.2	5	69	58.7	78.4	↑	
30	Key stage 1 - Reading	%	2017	-	78	111	77	11	76	66	83	→	
31	Key stage 1 - Writing	%	2017	-	72	123	71	11	68	57	77	→	
32	Key stage 2 - reading, writing & maths - expected	%	2017	-	69	136	65	11	61	35	88	↑	
33	Key stage 2 - reading, writing & maths - SEN No Statement	%	2017	-	33	138	24	2	21	11	39	↑	
34	Key stage 2 - reading, writing & maths - SEN with Statement	%	2017	-	11	113	9	7	8	2	37	↓	
35	Key stage 4 - GCSE 5+ A to C	%	2015	-	62.7	37	64.9	4	64.9	45.8	84.2	→	
36	Key stage 4 - GCSE 5+ A to C - SEN No statement	%	2016	-	30.4	46	27.3	4	29	16.4	50.4	-	
37	Key stage 4 - GCSE 5+ A to C - SEN with statement	%	2016	-	7.6	17	7.6	2	10.5	2.6	23.3	-	
38	16-17 years NEETs	%	2016	220	7.2	30	5.4	2	6	44.8	2.1	-	
39	16-17 years remaining in education/training - SEN	%	2016	-	85	28	86	4	88	77	95	-	
40	Total unauthorised absence	%	2017	-	1.8	16	1.5	4	1.3	2.4	0.1	↑	
41	Total persistent absence	%	2017	-	12.3	27	11.7	6	10.8	16.4	2.8	↑	
42	Total fixed period exclusions	%	2016	-	12.2	5	4.87	3	4.29	21.42	1.6	↑	
43	LAC overall absence	%	2017	-	5	32	3.7	4	4.3	8.1	1.9	↑	
44	LAC persistent absence	%	2017	-	12.2	30	8.3	3	10	22.2	4.5	-	
45	LAC at least one fixed exclusion	%	2016	-	10.75	83	9.45	8	11.4	21.5	4.6	↓	
46	Free school meals	%	2017	4010	18.3	37	18.3	5	13.9	1.9	35.5	↓	

Children at risk & vulnerable groups

Indicator	Measure	Period	Redcar & Cleveland			North East	Comparators	England			Local Trend		
			Count	Value	Rank (152)	Value	Rank (16)	Value	Worst/Lowest	Best/Highest			
47	Referrals to social care	Rate per 10,000	2017	-	524.2	81	599.6	8	612.23	1373.7	237.9	→	
48	Subject to CPP	rate per 10,000	2017	-	73.2	15	60.6	3	43.3	127.3	12.1	↑	
49	Children adopted from care	%	2014-17	-	14	65	16	2	15	3	31	↓	
50	Looked after children	Rate per 10,000	2017	-	86	34	92	4	62	184	20	↑	
51	Children in need	Rate per 10,000	2017	-	460.9	24	451.6	6	330.4	831.2	175.4	↑	
52	Children with SEN	%	2017	4066	18.8	5	15.5	2	43.3	22.7	8.8	↓	
53	FTE to youth justice system	Rate per 100,000	2017	57	486.8	20	409.8	2	327.1	739.6	97.5	↓	
54	Reoffending levels (10-14)	%	2015	-	54.29	16	51.18	2	43.75	67.74	21.21	↑	
55	Reoffending levels (15-17)	%	2015	-	54.74	9	48.66	2	42.25	67.91	0	↑	
56	Young people providing significant care	%	2011	310	2	10	1.4	2	1.3	2.7	0	-	
57	LAC Offending	%	2017	-	10	4	6	2	4	13	0	-	
58	Care leavers - suitable accommodation	%	2017	-	100	150	90	11	84	59	100	↓	
59	Care leavers - NEET	%	2017	-	47	34	43	8	40	20	57	-	

Summary of Key Challenges and Recommendations

Table A

Parental Risk Factors
Breastfeeding
Obesity
Emotional Health and Wellbeing
Increase in Care Proceedings

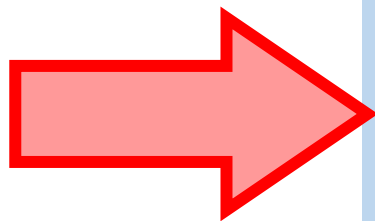
Table B

Absence and Exclusions
Secondary School Attainment
Child Sexual Exploitation
NEETS
Reoffending

Summary of Key Challenges and Recommendations

Table A

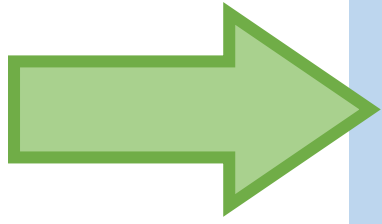
Our Challenges



Parental Risk Factors	Breastfeeding	Obesity	Emotional Health and Wellbeing	Increase in Care Proceedings
<ol style="list-style-type: none"> 1. Clear and consistent referral pathways - at present support services for mental health, domestic abuse and substance use do not have consistent standardised pathways for children's services. Work needs to be undertaken to improve and standardise pathways from children's service into these specialist services. 2. Supporting people before they reach crisis point - support is generally offered to parents/ families when they are at crisis point – there is a need to support both lifestyle and behaviour before behaviour becomes a risk. Although very difficult, we must target working with families before their behaviour is problematic and is impacting on their child, before it is too late. 	<ol style="list-style-type: none"> 1. Changing individual and cultural beliefs regarding breastfeeding. 2. Lack of long-term funding for evidence based interventions such as paid peer supporters. 3. Targeted work that addresses the needs of specific groups (including young women, women from ethnic minority groups, young men). 4. The development of robust and meaningful data collections due to how local data is recorded and reported between different organisations. 5. Variation in the quality and quantity of local intelligence to support shaping of breastfeeding services. 	<ol style="list-style-type: none"> 1. 27.3% of pregnant women are overweight and a further 21.6% are obese at booking. 2. Overweight women tend to have more complicated pregnancies and deliveries and their children tend to be heavier, which is an early indicator for weight problems later in life such as diabetes, heart disease, strokes and cancer. 3. About 1 in 10 children start school obese in reception. 4. About 1 in 5 children finishing primary school are obese. 5. There are significant gaps in Tier 2 and Tier 3 services for all sub-groups of the population. 6. Progressing national actions are key and the publication of childhood obesity plan. 	<ol style="list-style-type: none"> 1. Have improved data and intelligence to inform the needs and complexities of children and young people's mental health needs who live in the Redcar and Cleveland area. 2. Develop a consistent approach to mental health delivery in schools. 3. Services and settings that work with CYP to be supported to deliver emotional wellbeing and mental health promotion and early intervention programmes, with a focus on schools. 4. Help to reduce stigma and raise mental health awareness amongst CYP, families and carers. 5. Raise awareness of local services for CYP. 6. Improve patient pathways that are clear to individuals and referrers, looking at a one-stop shop approach. 7. Develop online platforms which offer information and advice along with providing self-help and self-management materials. 8. Being able to keep up with demand for CAMHS and CYP Crisis services - with a range of sustainable low level mental health services. 9. Developing a clear and smooth transitions process for CYP, their families and carers. 10. Continue to have a system without tiers which will provide support close to home and reduces the need for inpatient beds. 11. Provide support to as many vulnerable children and young people as possible e.g. those with SEN, in contact with criminal justice system, those with family issues or are subject to bullying etc. Not just one specific group. 12. Sustainability of the workforce and to be able to continue to provide training opportunities. 13. Improve collaboration with partners to better identify gaps and need. 	<ol style="list-style-type: none"> 1. The numbers of children subject to care applications is continuing to rise along with the number of children who are subsequently accommodated by the Local Authority. 2. Services are limited for parents when care proceedings have concluded. 3. Building capacity within the resource team to support the development of tailor-made special guardianship support plans. 4. Working collaboratively will greatly reduce the number of costly complaints and ensure that the right level of support is provided. 5. Lack of sustainable services for parents post care proceedings - there is evidence that subsequent children born to these parents are themselves the subject of care proceedings. 6. The Local Authority is under increased pressure in relation to the delivery of services and has no statutory ability to intervene with parents who no longer have the care of their children.

Summary of Key Challenges and Recommendations

Our Recommendations



1. Improve the local family prevention offer around a range of health issues, including mental health, domestic abuse and substance use. Working with early years, schools, providers of early help and specialist health services.

1. Produce a new strategy which gives local direction around infant feeding.
2. Enhance the Breastfeeding Welcome Scheme.
3. Develop a targeted marketing campaign in key local communities based on local intelligence.
4. Improve consistency of messages provided to mothers by professionals.
5. Change and improve the local culture and the environment around breastfeeding.
6. Focus on schools, looking at a package for young people in order to change culture and normalise breastfeeding.

1. Develop a whole systems approach to obesity including the consideration of a Healthy Weight Declaration for the Borough.
2. Resource the development of an offer for children and young people at tier two.
3. Weight management services are not the answer but there still needs to be improved provision locally.
4. Increase the uptake of available support around healthy weight, especially Healthy Exercise and Nutrition for the Really Young (HENRY).
5. Support recommendations from the national childhood obesity plan with local actions.
6. Capitalise on opportunities linked to the sugary drinks industry levy (e.g. via the Healthy Pupils Capital Fund).
7. Improve linkages between oral health and Health Visiting/School Nursing to deliver tooth brushing in schools.
8. Support the development and roll out of the Sport England Local Delivery Pilot.
9. Increase the opportunities for pregnant and postnatal women to be physically active, exploring the potential for a pilot in South Tees.

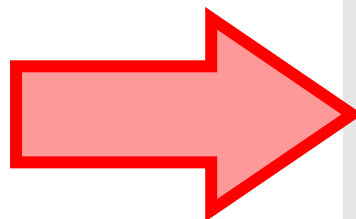
1. Gather high quality data which helps us better understand the numbers and needs of children and young people with mental health needs including those with complexities.
2. Build resilience and support children and young people to get the help they need quickly, so that problems do not become more serious.
3. Ensure timely access to routine, urgent and specialist effective evidence based care.
4. Build a system around the needs of children and young people and their families; the right service, at the right time and as close to home as possible.
5. Improve transition for CYP from CAMHS into appropriate adult services.
6. Improve capacity and capability in our workforce, to meet future need.
7. Strengthen partnership working in the planning and delivery of change.
8. Ensure effective communication and engagement with children and young people, their families and key stakeholders.
9. To better understand emotional health and wellbeing offer within our schools in order to support the development of any future work.
10. To develop an Outreach Recovery Service for children and young people which offers low level provision reducing reliance and support from the TEVV CAMHS Specialist Service.
11. Develop and invest in local Grass Root mental health provision.
12. Provide clear and easy to understand information which provides details of where children and young people can access help and support.
13. Improve the training offer to parent carers of children and young people with mental health issues.

1. Develop and resource a project specifically designed to work with families who have children subject of repeat care applications.

Summary of Key Challenges and Recommendations

Table B

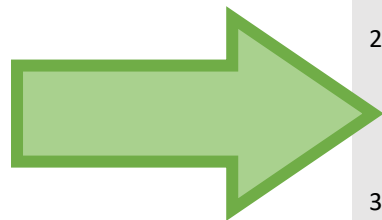
Our Challenges



School Absence and Exclusions	Secondary School Attainment	NEETS	Child Sexual Exploitation	Reoffending
<ol style="list-style-type: none"> The exclusion rate is too high and schools must be held to account. One of the key issues is the lack of suitable alternative provision which limits the options for pupils. It is essential that school governors are equipped to provide challenge to Heads on exclusions. Pupil mobility is also acknowledged as an issue and impacts on behaviour and attendance. 	<ol style="list-style-type: none"> There are very few schools in Redcar and Cleveland which are council maintained. However, the role of the Local Authority remains, to champion the needs of vulnerable learners and to support school improvement. If standards of education fail to meet the floor standards, then the quality of education provided to young people will not be adequate and could affect future welfare and prosperity. Schools, academies and colleges need to work to remove or minimise the disadvantages suffered by pupils. In making maximum use of funding for SEND and for Pupil Premium, school leaders should ensure appropriate support is available for young people which enables them to progress on their journey through education. <p>There is a risk that, should standards not improve, schools may be forced to become academies or change their sponsors. There are few sponsors available and transitions add strain to communities when policies change. There is an added risk that parental preference may place undue pressure upon more successful schools and colleges.</p>	<ol style="list-style-type: none"> Most young people in Redcar and Cleveland make the successful transition to post-16 provision but some withdraw early in the first few months, having either made the wrong post-16 choice, or being unable to adjust to their post-16 education / training environment. NEET numbers increase considerably in Year 13 and 14 (17-19 years), with some young people completing their programme and not progressing further; compounded by fewer higher level vocational progression routes (as an alternative to university). There are specific groups of young people more at risk of becoming NEET and long-term unemployed, including: young people excluded from school, SEND young people, those in our care or who were previously in our care, young people supervised by the Youth Offending Service and young carers. Young people are more at risk of becoming NEET, dependent on the ward in which they live and travel to education / training can be a barrier for young people living in rural communities. There are increasing numbers of young people who are NEET and not available to participate fully in full-time education, employment or training, including those pregnant, teenage parents and those with health conditions (with increasing numbers with mental health). These require alternative flexible re-engagement pathways to move them from part-time provision to full time education, employment or training. Redcar and Cleveland has the highest number of SEND NEET young people of all North East local authorities; with more progression routes needed for young people with learning disabilities and high needs. There are still too few good quality apprenticeships and jobs for young people that provide sustained employment and career progression. 	<ol style="list-style-type: none"> The number of CSE incidents and crimes are considerably increasing each year, notably online-related CSE. Many victims of CSE are not receiving support beyond their 18th birthday and there are currently no CSE services available to victims beyond their 19th birthday. It is unclear if the current services are effectively managing the transition of CSE victims between children and adults services. Under-reporting for CSE from underrepresented groups. The majority of CSE incidents and crimes are from the most deprived areas. A consultation carried out by Barnardo's identified three main factors which inhibited young people from disclosing they were victims of CSE. These concerns, were: <ul style="list-style-type: none"> They did not understand, recognise or accept that they were being sexually exploited; That even when they became conscious that something was not right about what was happening to them, they had concerns about the consequences of telling somebody; and That there was no one whom they regarded as being an appropriate person to talk to – someone they were confident would listen to them, believe them and whom they could trust. Online awareness training is currently not as effective as required. Many children across Teesside are not following the e-safety advice provided. Emerging concerns relating to child criminal exploitation and modern slavery within Redcar & Cleveland. 	<ol style="list-style-type: none"> Need to intervene earlier and further develop the programmes we use to challenge offending by young people and establish positive outcomes. Young people are identified as having re-offended at a specific point in time, i.e. between January and March in any given year and then tracked for 2 years. The YOS often have little opportunity to prevent further re-offending as the young people can go on to offend again before they receive a YOS intervention, receive outcomes which do not require YOS intervention i.e. Fines, Conditional or Absolute Discharge etc. or have reached their 18th birthday and may be no longer under YOS supervision. The Youth Justice Board have recently produced a revised set of National Standards for YOS to be introduced from April 2019 which will focus on the young person's journey with YOS, moving away from process driven guidelines to direct YOS towards a framework which challenges YOS to work towards positive outcomes for the young person. With the revised Inspection Framework introduced from April 2018, the challenge for the YOS is to identify and respond to the key desistance factors impacting on the young person and build a framework for intervention which offers support and engagement as well the challenge around the young person's behaviours. Continued uncertainty over budgets means that any future developments and changes to practice have to be made against the risk of cuts to funding.

Summary of Key Challenges and Recommendations

Our Recommendations



<ol style="list-style-type: none"> 1. Support and develop the Pupil Placement Panel so that schools continue to work together to achieve the best outcomes for children and young people. 2. The Director of Education and Education Advisors will put in early challenges to schools to help to support pupils to stay in school. 3. Develop alternative provision so that good quality options are available. 4. Roll out of a new Pupil Mobility Strategy across the borough which will focus on providing intervention to help to prevent unnecessary pupil movement. 5. Improve outcomes for disadvantaged students. 6. Develop and deliver a transition strategy. 7. Develop an attendance strategy. 	<ol style="list-style-type: none"> 1. Capacity in Redcar and Cleveland going forward; staff will work alongside all partnership groups to assist in the endeavour to improve the outcomes for all young people in our area. 2. There is a need to increase capacity with the School Effectiveness and Education teams to continue to challenge education leaders to effect positive change. 3. Underperforming schools and colleges may need emergency support to make more rapid improvements in the short term. The LA will support Schools access the DfE Emergency School Improvement Fund for this; there is also funding this year from the Opportunity North East initiative for two of our secondary schools. 	<ol style="list-style-type: none"> 8. Differences exist in the number of meaningful interactions young people have with employers and their experiences of work dependent on the school / academy they attend. <ol style="list-style-type: none"> 1. Systematically capture and use data and wider information to better understand, and respond to the individual circumstances of all NEET young people, feeding into the continuous improvement of interventions and performance monitoring. 2. Continue to target provision towards those young people of school age (who are vulnerable / at risk of becoming NEET) and their families through early intervention and support. 3. Ensure that young people at risk of becoming NEET have access to high quality impartial careers, advice and guidance and inspiring careers and enterprise education, providing information and experiences of what they could become in the future. 4. Develop a robust process with colleges and training providers to facilitate rapid identification and support for young people at risk of withdrawing early from education / training, or those who have left early. 5. Implement increased transitional support for the most vulnerable / at risk young people to ensure they are fully supported during the first few months of their transition to post 16, 17 and 18 provision. 6. Form NEET Provider Forum to facilitate case conferencing, align resources and provide seamless solutions and support for young people; ensuring that the right provision is available at the right time. 7. Increase the breadth and availability of good quality alternative education and flexible training provision (pre-and post-16) to meet the needs of vulnerable / at risk groups of young people, with a focus on SEND progression and flexible pathways for young carers, parents and those with health conditions. 8. Create a campaign to raise awareness of social value and its role for vulnerable / at risk young people to encourage employers and stakeholders to take positive action and increase opportunities, including experiences of work, employment and apprenticeships 	<ol style="list-style-type: none"> 1. Ensure the communication and sharing of resources with children/young people, parents, families and communities of the exploitation of children/young people through digital technology/social media. In particular with a focus those under the age of 13. 2. Implement robust early intervention and preventative mechanisms and ensure effective sharing of information between partner agencies and the voluntary sector. 3. Collect Police information on disruption activity for digital profiling. 4. Develop the understanding of CSE across the workforce. 5. Ensure there is an appropriate and effective transition to adult services for those young people identified as vulnerable to sexual exploitation beyond their 18th birthday. 6. Ascertain why certain groups are not captured in local figures. 7. Raise awareness of CSE with children and young people, parents, families and communities for all target groups. 8. Ensure CSE awareness training is tailored to the needs of residents in the most deprived areas. 9. To raise public and workforce awareness of child criminal exploitation and modern slavery. 	<ol style="list-style-type: none"> 1. Monitor and track offending by young people using the live tracker tools to identify those young people who continue to offend and review the work delivered and identify other opportunities to challenge behaviours and engage the young person. 2. Introduce a new risk management framework to monitor and respond to the risks presented by the young person, including issues of risk of harm, safety and wellbeing and risk of re-offending. 3. Using desistance information from AssetPlus, identify the key factors impacting on offending by young people, further developing interventions to offer individual responses and group based intervention. 4. Re-align the YOS structure to promote further growth with an emphasis on developing our programmes for young people, promote the voice of the child, switch our focus to the issues impacting on the whole family and further develop our internal structures and process in response to local and national developments. 5. To meet this challenge the YOS will re-align its structures to establish greater scope to develop our practice, learn from the experiences of young people and build a framework of programmes and interventions to meet needs and create opportunity for the young people we work with.
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