



**CHILDREN & FAMILIES SCRUTINY &
IMPROVEMENT COMMITTEE**

TUESDAY, 13 DECEMBER 2022 AT 10.00 AM

**REDCAR & CLEVELAND CIVIC CENTRE, RIDLEY STREET, REDCAR,
TS10 1TD**

CONTACT

David Boville

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2 December 2022

CIRCULATION

Councillors V Rider (Chair), C Hannaway (Vice-Chair), G Cutler, D Fisher, T Gray, M Head, C Holmes, K King, D Rees, C Richardson, A Turner, G Williams and M Wilson.

Councillors Barnes, Kay, and Lanigan (Cabinet Members - for information)

All Members of the Council (for information)

Executive Director for Children and Families

The Press [except for Confidential item(s)]

A G E N D A

	<u>Pages</u>
1. Apologies for Absence	
2. To confirm the Minutes of the meeting held on 1 November 2022.	2 - 6
3. Declarations of Interest.	
4. Health Visiting and School Nursing Service Annual Report.	7 - 18
5. Q2 Directorate Performance Report.	19 - 43
6. Relevant Cabinet Reports.	
Would Members please refer to their copy of the Cabinet Workbook for the meeting (these papers will follow).	
7. Action Update.	44
8. Any items the Chair certifies as urgent.	

Would Members please note that following the meeting there will be a demonstration of the Virtual Reality Headsets used by the Virtual School.

Tuesday, 1 November 2022

CHILDREN & FAMILIES SCRUTINY & IMPROVEMENT COMMITTEE

A meeting of the Children & Families Scrutiny & Improvement Committee was held on Tuesday, 1 November 2022 at the Redcar & Cleveland Civic Centre, Ridley Street, Redcar, TS10 1TD.

PRESENT Councillor V Rider (Chair)
Councillors C Hannaway (Vice-Chair), A Brook (substituting for Councillor Richardson), K King, D Rees and M Wilson.

OFFICIALS K Boulton, V McLeod, L Bulmer, M Davis, C Mahoney, A Pearson and D Boville.

IN ATTENDANCE Councillor Kay.

Gary Watson – South Tees Children’s Safeguarding Partnership.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G Cutler, T Gray, C Richardson and G Williams.

12 **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 21 SEPTEMBER 2022.**

RESOLVED that the Minutes of the Children & Families Scrutiny and Improvement Committee held on 21 September 2022 be confirmed and signed by the Chair as a correct record.

13 **PRINCIPAL SOCIAL WORKER ANNUAL UPDATE.**

The Principal Social Worker (Children & Families) presented a report which provided details on the progress of work undertaken to promote and improve the quality of social work practice and highlighted priorities for the coming year. Areas highlighted within the report included:

- The continued safe and effective delivery of social work duties during COVID lockdown.
- The coordination of two well attended and informative themed practice weeks across the service.
- The delivery of a highly successful celebratory event to mark World Social Work Day.
- The focus on the recruitment and retention of social workers, including the development of new strategies designed to enhance

Tuesday, 1 November 2022

- the Council's offer to attract people to join the workforce.
- The development of a robust new Quality Assurance Framework.

As part of the ensuing discussion, the following points were made:

- Future reports should include the numbers of new social workers recruited over the past year and highlight any areas within the service where the Council was struggling to recruit.
- Every service undertook audits which helped inform the development of service improvement plans.
- The work undertaken by Audit to Excellence had provided a good base for further development of the quality assurance activity across the service.
- Training could now be delivered through Virtual Reality Headsets across all relevant teams. These headsets would be brought to a future committee meeting for Members to experience:-**NOTED**

14

SOUTH TEES CHILDREN'S SAFEGUARDING PARTNERSHIP ANNUAL REPORT.

The Partnership Manager for the South Tees Safeguarding Children Partnership (STSCP) presented the partnership's annual report which summarised the work of the STSCP over the previous financial year. Areas highlighted within the report included:

- The role of chair of the STSCP had been assumed by the Executive Director for Children & Families, which had allowed for the appointment of independent scrutineers to undertake focused work as identified by the Executive.
- The importance of effective partnership working between local authorities, health care providers and law enforcement.
- The membership of the STSCP Executive had been extended to include the Directors of Education for both Redcar & Cleveland and Middlesbrough Borough Councils.

As part of the ensuing discussion, the following points were made:

- Concern was raised that the STSCP no longer had an independent chair as this was felt to be an important principle of the former Local Safeguarding Children Boards. Members were advised that it was felt that this was a sign of increasing confidence in the operation of the executive and had allowed for a more effective use of limited resources to undertake focused scrutiny work.
- Having a joint partnership with Middlesbrough allowed for more effective partnership working and information sharing, especially as a number of families were shared across the local authority areas.

Tuesday, 1 November 2022

Whilst it was correct that there were some differences in working practices between the two local authorities, there were also a large number of activities that were undertaken in the same manner. Both Councils also experienced the same issues such as high levels of neglect and criminal exploitation and therefore the partnership was useful to tackle those bigger themes.

- The scrutineer would challenge local authorities if it was felt that key meetings were not being appropriately attended.
- Work was already being undertaken to address the quality and number of referrals received from Cleveland Police:-**NOTED**

15 **RELEVANT CABINET REPORTS.**

**INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES
OUTCOME REPORT: REDCAR AND CLEVELAND**

The Executive Director for Children & Families presented a report providing the outcome of the Ofsted Inspection of Redcar & Cleveland Borough Council's Children's Services undertaken in June 2022, which would be considered by Cabinet on 8 November 2022.

As part of the ensuing discussion, the following points were made:

- Poor attendance at the Council's Corporate Parenting Board Meetings had been highlighted by Ofsted. The Committee requested that work should be undertaken to determine if the Corporate Parenting Board could be removed from the Council's proportionality calculations, to allow for membership of interested members, as opposed to being determined by numbers of seats held by political groups. Consideration should also be given to reduce the membership size if appropriate.
- Members felt that the council had acted appropriately in ensuring that children received the care that they needed without unnecessary delay, particularly regarding the requirement of care orders for connected persons. It was felt that the wording used by Ofsted in describing these placements was unhelpful.
- Middlesbrough had left the Multi-Agency Children's Hub (MACH) in order to have full control of their improvement programme following their Ofsted inspection. It was thought that Middlesbrough would be open to re-joining the MACH in future.
- Members agreed that it was clear that Children's Services was staffed with dedicated professionals who cared deeply about the children in the Borough:-**NOTED**

Tuesday, 1 November 2022

16 **ACTION UPDATE.**

The Governance Manager presented an update on the progress made against outstanding actions from previous meetings of the Children & Families Scrutiny and Improvement Committee:-**NOTED**

Children and Families Scrutiny Committee

ATTENDANCE RECORD - 2022/23

Surname	First name	14.06.2 2	26.07.2 2	21.09.2 2	01.11.2 2	dd.mm. yy	dd.mm. yy	dd.mm. yy	dd.mm. yy	dd.mm. yy	Total Meetings Attended / total possible
Rees	Dan	Apols	✓	Apols	✓						
Williams	Geraldine	✓	X	✓	Apols						
Richardson	Carrie	✓	RA	✓	RA						
Head	Malcom	✓	✓	Apols	X						
King	Karen	Apols 2	✓	Apols	✓						
Wilson	Margaret	Apols 1	✓	✓	✓						
Turner	Andrea	✓	✓	Apols	X						
Holmes	Craig	Apols	Apols	X	X						
Thomson	Phillip	✓	✓	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Rider	Vera	✓	✓	✓	✓						
Gray	Tim	Apols	Apols	Apols	Apols1						
Wells	Billy	✓	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Hannaway	Craig	✓	Apols	✓	✓						
Cutler	Graham	n/a	Apols	Apols	Apols2						
Fisher	Dave	n/a	n/a	Apols	X						
Substitutes											
Brook	Adam		✓		✓						

Page 6

Key	
✓	Attended
RA	Apologies Submitted (replacement attended)
Apols	Apologies Submitted (no replacement)
X	Did Not Attend (no apologies received)
C	Cancelled Meeting
n/a	Not a Member

Reason for Absence (NB Full details may not be provided for reasons of confidentiality)	
1	Personal Commitment
2	Work Commitment
3	Illness/Medical
4	Conflicting Council Commitment
5	Other
6	Civic Duties



Redcar & Cleveland Borough Council

Health Visiting and School Nursing Service Annual Report

Contents

1 Purpose	page 4
2 Summary	page 5
Annual report highlights	page 5
CQC Transitional Monitoring	page 5
Health Visitor and School Nurse Safeguarding	page 5
Infant Feeding	page 12
The Solihull Approach and the HENRY Programme	page 15
Institute of Health Visiting Perinatal Mental Health Listening Visits	page 16
Compliments	page 12
Service Development Session	page 18
Supporting Nursing Practice Placements	page 18
Conclusions/recommendations	page 18
Future Challenges: Cost of Living Difficulties	page 19
3 Further information sources	page 19



1 Purpose

To summarise key highlights of the work and impact of the 0-19 Service (Health Visiting & School Nursing) from 1st April 2021 to 31st March 2022.

To provide a brief overview of new service developments since April 2021, including the service's response to COVID-19.

Safeguarding is a fundamental activity of Health Visitor and School Nurse work, through the delivery of the universal elements of the Healthy Child Programme. The Public Health Nurses are skilled in undertaking holistic assessments of children, young people and their families identifying when families have additional needs, this is when they step up to universal plus service provision to hopefully prevent the situation deteriorating. Public Health nursing's core values are prevention, provision of safe and effective care, enabling all children and young people to reach the best outcomes.



2 Summary

Annual report highlights

In 2021 – 2022 the 0-19 Service has continued to deliver the Healthy Child Programme. Due to the ongoing pandemic the service remained responsive and adaptive to the restrictions at any given time. From May 2020, the service provided face to face contacts for children, young people, and their families with compelling needs (a strong reason for visiting), with the face-to-face universal offer fully resuming at the end of June 2021.

The performance against the national reported indicators including the five mandated contacts within the first 5 years of life, National Child Measurement Programme (NCMP) has remained consistently strong when benchmarked regionally and nationally (figure 1)

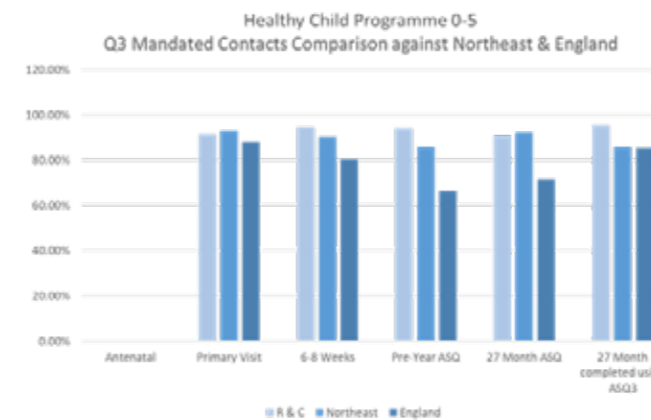


Figure 1- Q3 2021

(Regional & National comparison data released annually)

CQC Transitional Monitoring

The 0-19 Service is inspected by the Care Quality Commission (CQC) with the last inspection taking place in 2017. It was anticipated that a further inspection would take place in 2020 however due to the impact of the pandemic this was delayed. In 2021 the CQC implemented a transitional monitoring inspection as an interim measure to review services during the continued pandemic. The service was inspected in March 2021. We are very pleased to share that the inspection outcome rated the 0-19 Service as a 'low risk' service with the inspector commending the commitment of our nurses continuing to deliver the Healthy Child Programme and supporting our children, young people, and their families during the pandemic. As a result of this no further enquiry is required at this time. However, CQC have published a revised framework for inspection, and we are preparing the service for a future inspection.

Health Visitor and School Nurse Safeguarding

During 2021-22 the 0-19 Service Safeguarding Team has seen an increase in the demands on their service, specifically for supervision and advice calls with our practitioners and the numbers of requests for health information from the MACH. However, following successful recruitment into an additional Safeguarding Nurse and Business Support role, this has secured further capacity and resilience into this niche team of 4 people. Therefore, the increasing demands have managed to be met with over 500 supervision

and advice calls from practitioners compared with 250 the previous year, which resulted in 84 SAFER referrals being submitted during 2021-2022, compared with 78 in 2020-21 (Figure 2).

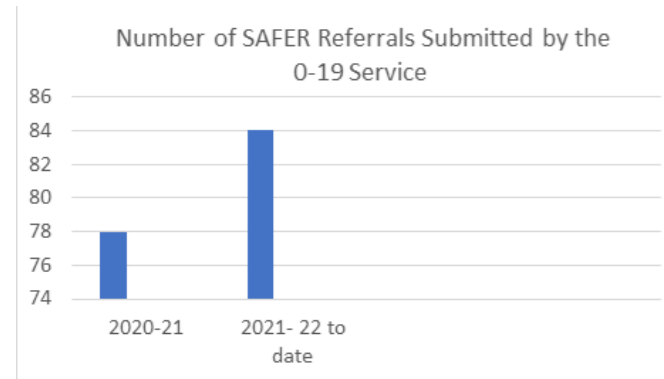


Figure 2- 0-19 Service 2022

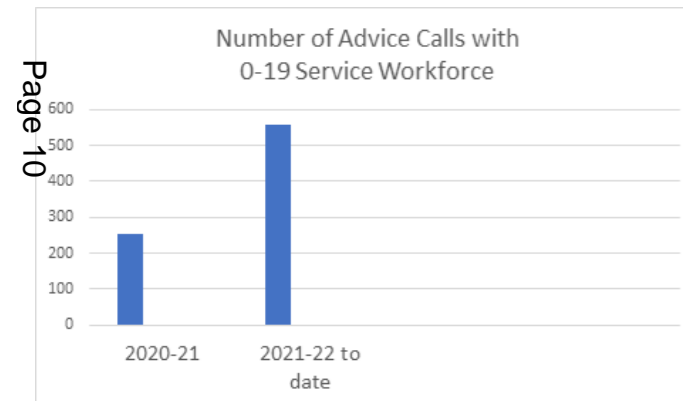


Figure 3- 0-19 Service 2022

There could be a variety of reasons for the increase in supervision and advice calls. Over the last couple of years, the safeguarding team have delivered service specific training, in conjunction with the local serious case reviews which has resulted in a heightened anxiety amongst the practitioners, this perspective has been confirmed by health visitors nationally. Our practitioners are encouraged to be professional curious, checking information out and this often leads to the “what next questions”. Our practitioners are being supported to use

additional new tools such as the home assessment tool and the PAMIC tool (Impact of parental mental ill health on children) to collate the available evidence to see the bigger picture. Therefore, our practitioners have required a greater amount of containment and the safeguarding team are accessible to provide this reassurance that they are doing the right thing.

Additionally, the safeguarding team are supporting health visitors with an increase in the number of professional challenges made, generally with a good outcome. Professional challenge is a sign of effective multi-agency working whereby a decision or action which may not effectively ensure the safety or well-being of a child, young person or his/her family is questioned.

In summary, we feel our practitioners are sensing when “something doesn’t feel right” and are seeking advice from the safeguarding team. Health visitors and school nurses analyse multiple pieces of information, to try and make sense of what is happening for the child and can therefore draw a conclusion from the indications. Findings from our audit review of SAFER referrals submitted by our practitioners evidences an increase in the quality of the content and impact on the child within their SAFER’s. As a service we have reduced the number of SAFER referrals submitted which would not have met the thresholds.



South Tees
Safeguarding
Children Partnership



The Safeguarding Specialist nurse works with the Multi Agency Children’s Hub (MACH), sharing health information to support multi agency decision making. To strengthen the quality of referrals into the MACH, the 0-19 Service have participated in a series of multi-agency audits which commenced earlier this year, reviewing SAFER referrals and Early Help Assessments, to support future workforce learning and the outcomes for our most vulnerable children and young people. The team has responded to over 1900 requests for health information during 2021-22 (figure 4).

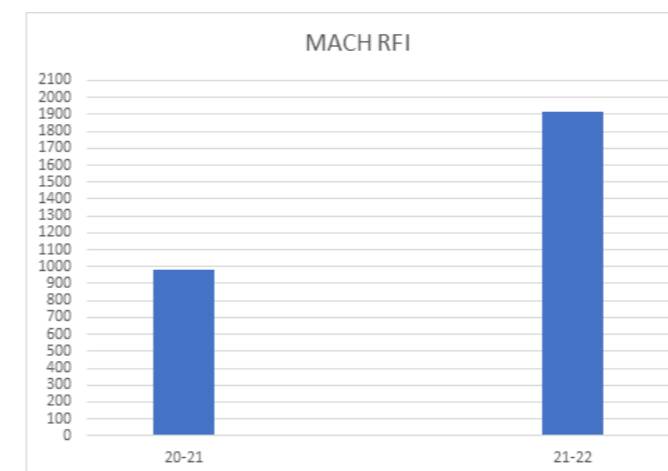


Figure 4- 0-19 Service 2022

Like other services, the number of MACH information requests and number of strategies has significantly increased and therefore this suggests that safeguarding concerns have grown and as a result this overflows into the work our nurses are doing.

In October 2021 the 0-19 Service commenced receiving Operation Encompass information from the police via the 0-19 safeguarding team who receive notifications from the police when they have been called out to a home where children live. The information is reviewed by the health visitor, next steps are assessed and is added to the electronic health record as this information may initiate in an additional targeted visit where the HARK questions will be asked, lone working risk or cross-referencing EHM (Early Help Module) to provide valuable information which sometimes is critical to the nurses understanding of what is happening in the life of a child or young person.

This information has been valuable and sometimes critical to the nurses in understanding what is happening in the life of a child or young person. We are one of the few 0-19 Services to receive this information. Currently, we have been tracking the numbers of operation encompass shared with the service and which locality team they have been forwarded to (Figure 5).

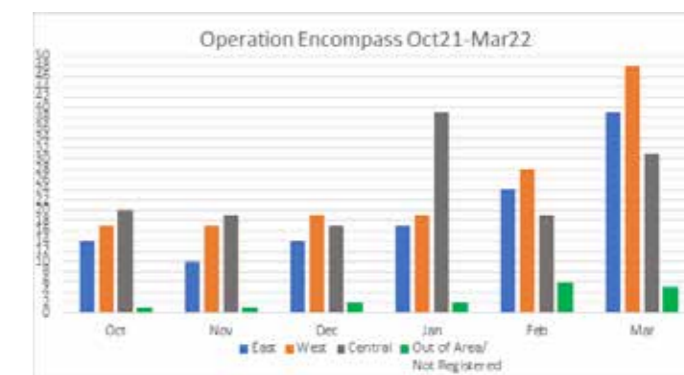


Figure 5- 0-19 Service 2022

The Safeguarding Lead Nurse undertakes a variety of core duties to ensure the delivery of high-quality children’s safeguarding practice within the 0-19 Service, continuing to represent the service at the South Tees Safeguarding Children Partnership, the Child Death Overview Panel, Learning Reviews, Multi-Agency Risk Assessment Conference (MARAC) and Vulnerable, Exploited, Missing and Trafficked meetings (VEMT).

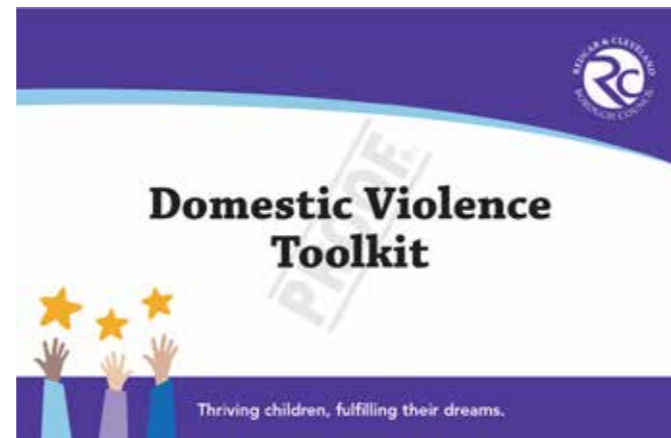


The Safeguarding Lead Nurse monitors the nurse’s compliance with supervision and reviews their documentation, SAFER referrals and safeguarding reports thus identifying any safeguarding training

needs which are addressed in bi-monthly bite-size training sessions facilitated by the team. Additionally, a 0-19 safeguarding newsletter has been developed quarterly for all practitioners providing updates and new relevant evidence-based safeguarding practice and information.

Further developments for the service area include an action plan to specifically support development within the team from recent learning reviews regarding domestic abuse and the identification of injuries to non-mobile babies. Developments have included the development of a domestic abuse tool kit for the practitioners. This tool kit is a one stop shop providing practice guidance on recognising the signs, responding to concerns, screening, Clare’s Law, trigger

points for supervision, use of safety strategies, power, and control wheels.



The Safeguarding Team have focused with all practitioners, on the recognition of domestic violence in a relationship using the HARK questions (Humiliation, Afraid, Rape, Kick) mandated domestic violence screening at 4 of the health visitors contacts via mandatory training. As the evidence suggests that direct questions need to be asked about domestic violence rather than general questions which can be ambiguous and inconsistent. The Safeguarding Team conducted a comparison audit of the antenatal use of the HARK tool, 45 records from 2021 and 2022 were audited to ensure the training has improved practice, demonstrating an increase from 25% in 2021 to 75% in 2022.

Alongside, the revision of practice guidance on supporting a submission for a Clare’s Law application when there are concerns about a person’s current or ex-partner, encouraging individuals to utilise their “Right to Ask” whereby an individual can ask the police to check whether a current or ex-partner has a violent or abusive past. If records show that an individual may be at risk of domestic abuse from a partner or ex-partner, the police will consider disclosing the information. Additionally, the nurses can utilise the “Right

to Know” by sharing information concerning the violent or abusive behaviour of a person that may impact on the safety of that person’s current or ex-partner. This enables the police to make a disclosure if they receive information.

Further development identified from the Learning Reviews focussed upon the identification of injuries to non-mobile babies, this has been supported through the sharing of the ICON messages antenatally and postnatally. Providing help for people who care for babies to cope with crying. Research suggests that some parents/carers may lose control when a baby’s crying becomes too much and some may go on to shake a baby with devastating consequences, resulting in abusive head trauma.

ICON stands for...



The practitioners use the Crying Curve to demonstrate the pattern of early infant crying with parents and carers.



Alongside the ICON messages, practitioners continue to share The Lullaby Trust’s safe sleeping messages with all parents and carers antenatally and postnatally, as it is possible to significantly lower the chance of a sudden infant death occurring. Following the Learning Review, we have strengthened our practice for practitioners who visit the family home by asking all parent and carers what they understand by safe sleeping and what their safe sleeping arrangements are.



Further development from the Learning Reviews, identified the importance role of both parents/main carers/partners, specifically absent partners/main carers in the antenatal and postnatal periods. A letter is now given to all partners/main carers with useful information about caring for your baby safely, efforts are made to identify all absent parents/main carers/partners and their contact details so that these important messages can be shared with all individuals who will be caring for the baby.

Infant Feeding

Sarah Winspear our Health Visitor Infant Feeding Lead continues to work with both the Health Visiting service and our Family Hub colleagues to ensure we have a workforce who have the knowledge and skills to supporting our families with regards to Infant feeding.

Our Health Visiting service successfully achieved Stage 3 UNICEF Reaccreditation in 2022 with our Family Hubs achieving Stage 5 accreditation. Regionally, we are one of the only local authority areas to have both health visiting and family hubs accredited at stage 3. Sarah and her breastfeeding champions are now for the UNICEF Gold Award.

Sarah has worked through the preparation phase by reviewing our practice, our parent's experience and providing subsequent training with regards to breastfeeding. The review of parent's experience identified positive feedback with 100% of parents reporting they were completely happy with the service and 100% of parents reported that they found their Health Visitor was kind and considerate.

We are pleased to report that the breastfeeding rate at 6 – 8 weeks is being sustained. Breastfeeding Data from April 2020 to March 2021 indicates that the rate was 31%. Reviewing this data set has shown an upward linear trend from 25% in 2017 (figure 10). This demonstrates an encouraging trend, comparable with other regional areas, however the service is striving to further increase the number of breastfeeding mothers to narrow the gap between us and the national rates of breastfeeding.

Redcar and Cleveland is largely defined as having a bottle-feeding culture, this is partially due to a misconception that infant milk is seen as a close second best to breast milk and therefore generational role models within families have continued this trend. However, we have identified that some breastfeeding mothers stop breastfeeding before they want to due to lack of access for support in the community and the workplace, lack of public places to breastfeed, misinformation and cultural barriers. The service is working with our public health and family hub colleagues to



Anne Woods – Programme Director commented that there is strong leadership support and understanding of the value of Baby Friendly work, which is underpinned by strong links with Public Health and integrated working with our Family Hubs. It was recognised that our Best Start in Life Infant Feeding Partnership was proactive in its ambitions to create a Breastfeeding Friendly Borough.

"I am delighted to be able to inform you that the Designation Committee has accepted the report and has agreed that Redcar & Cleveland Council should be re-accredited as Baby Friendly... I would like to pass on congratulations from everyone at UNICEF UK for this excellent achievement".

Feedback from Parents:

"The care's been brilliant, they included my partner and really got him onboard"

"My health visitor is really good, I can text her and ask any questions, she always gets back to me. She is very sensitive to my circumstances"

"As a first time mum, I found the antenatal contact really helpful and very reassuring, they gave me loads of information and answered all my questions, particularly the feeding and sleep information"

"I can't fault them, they gave me loads of support and got me through a difficult time. They really have been instrumental in keeping me breastfeeding"





drive forward breastfeeding within our borough, using a whole system approach, by increasing the number of Breastfeeding Welcome venues and creating an enabling breastfeeding friendly borough for all women who choose to breastfeed. This work is integral to the development of our Best Start in Life offer, seeking to overcome the practical, emotional, and cultural barriers to breastfeeding.

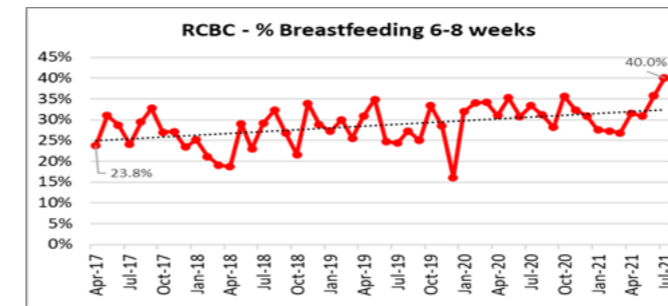


Figure 10 - % Breastfeeding rates. 0-19 Service

The Solihull Approach and the HENRY Programme

(Health, Exercise and Nutrition for the Really Young)

The 0-19 Service continues to provide the above strengths-based models of support to families.



The Solihull Approach promotes the emotional health of children and their families from the antenatal period onwards, through supporting the relationship between children and parents and between practitioners and parents. During 2020-2021, the 0-19 Service undertook 178 individual assessment and sessions over the 4-6-week programme with families who have engaged with the Solihull model, resulting in 28 families completing the programme. However, during 2021-22, 330 individual assessment and sessions were delivered resulting in 68 families completing the programme. This demonstrates a rise in the numbers of families required additional support post pandemic.



Additionally, the HENRY Programme, supports behaviour change which helps parents gain the confidence, knowledge, and skills they need to help the whole family adopt a healthier lifestyle. The 0-19 Service jointly delivers this programme with Family Hubs who deliver the group programme whilst we deliver the 1 to 1 home visiting programme. During 2020-2021, 2 families completed the 8-week Healthy Families: Right from the start programme via face-to-face home visits, the delivery of this programme was affected by the onset of the pandemic. However, during 2021-22, there has been 9 families who completed the 8-week programme.

Institute of Health Visiting Perinatal Mental Health Listening Visits

The Lockdown period was a disruptive and challenging time for everyone. The longer-term impact of the pandemic on maternal and paternal mental health and social isolation is emerging across the social spectrum irrespective of class. Locally, this has been evident in the increase of parents of all social classes requiring support with their emotional mental health within the post-natal period. Pre-pandemic, the greater emotional mental health need of parents was seen in the families who are at risk of poorer outcomes.

April 2021 saw the Health Visitors receiving enhanced training on 'Listening Visits' by the Institute of Health Visiting. 'Listening Visits' is the term used to describe the therapeutic package of care that health visitors offer to mothers with mild to moderate mental health problems during pregnancy or the year after delivery. This package of care usually consists of 4 -8 weekly visits. The health visitor uses a range of different techniques to enable the mother or father to gain a better understanding of her/himself and her/his circumstances to explore interventions or support that will help her/him to feel better. This training has provided the nurses with additional resources to explore and support both parents in the post-natal period and following a full family health needs assessment the provision of listening visits. These visits include many different forms of support including self-help advice, talking support and psychological therapies. During 2021-22, 251 listening visits were offered to parents. This is the first year that the service has collected this data therefore annual data comparisons will be available in the future.



Page 15



Compliments

I am delighted to share some of the compliments received by the 0-19 Service over this last year.

“The health visitor who visited us was so positive and friendly. She left me feeling confident, believing that I was doing the right things and was very complimentary about my son’s development. I felt the information and advice I was given was so helpful and I am grateful for it.”

“Please let it be noted how fantastic she is as a health visitor”

“Just want to say Thank you for everything over the last 3 years! You've been there when I've needed advice and it has really helped when dealing with my son's behaviour. Not only with my son but me as well when I was going through a hard time. I finally feel like we are coming out the other side and I have you to thank for that. I'm sad we won't see you anymore, you have been so lovely and understanding and have believed in us from the start. Thankyou.”

“Thank you so much for all your help. I have never had such a supportive health visitor like you before. You have really supported us.”

“Her caring nature has helped me through my struggles”

“She is calm, caring & very informative”

“During the 6–8-week review mum shared with me, “I know I might have been a bit quiet when you have been out the last few times but it’s because I was told that health visitors are here to look around my house and I felt you might judge me due to my past of being a looked after child, however that can’t be further from the truth and I can’t believe how nice and helpful you are and I'm so grateful that I have you as my health visitor”.
I reassured her that she presented as a lovely mum, and I am only here to help and support her as I can see that she is doing a fantastic job looking after her daughter and her difficult upbringing has clearly shaped her to want the best for her and her daughter’s future.”

“Feel really been listened to”

“HV has been a saviour to me when I have been at my lowest”

Service Development Session

The Leadership Team has maintained its commitment with the workforce's request to have development sessions twice a year as a service. These have continued with a virtual event held in December 2021 and our first face to face service development since December 2019 was held on International Nurses Day on 12th May 2022. The service development day focus was on the Oxford Brain Story which aims to articulate the intergenerational cycle of adversity within families and how we can use our scientific understanding to improve outcomes for children and adults in the future. The whole service played the Brain Architecture game which enabled all the workforce to gain an understanding of the powerful role of experiences on early brain development – what promotes it, what derails it and with what the consequences are for society. Additionally, workforce appreciation is recognised, compliments celebrated, an opportunity to share good practice, feedback sought, and future service developments identified and committed to.



Supporting Nursing Practice Placements

The Service has continued its provision of practice placements for a range of students, including pre-registration students from all branches of under-graduate nurse training, midwifery, both local and national specialist practice placements and Specialist Community Public Health Nursing (SCPHN) for Health Visitor and School Nurse students. The service has much to be proud of and is keen to share this with pre and post reg students.

We have continued our excellent relationship with Teesside University, supporting our pre-reg and post reg students with learning opportunities within our service.

Conclusions/ recommendations

2021-2022 has seen an acknowledgement of living and working with covid as a backdrop. The service has continued to apply a responsive and adaptable approach to the delivery of The Healthy Child Programme in accordance with the new ways of working directive.

The service's key performance indicators have remained strong throughout this period when benchmarked with the local, regional, and national 0-19 Services.

The service has continued to respond to the identified needs of our local children, young people, and their families, offering support and information as required.

The work force must be commended for their continuing commitment and hard work in sustaining the delivery of a quality public health service for all children, young people, and their families within the borough.

Future Challenges Cost of Living Difficulties

Nearly two in five children in the Northeast (38%) are living in poverty, this rises to almost half (47%) of Northeast children living in a household with a child under 5 years (Northeast Child Poverty Commission September 2022). This winter, many of our families will experience cost of living difficulties which will present our service and the wider Children's Services with a significant increase in the number of our families who will be in crisis and in need of additional support. Families with newborn babies will be particularly vulnerable. Staff are supporting with signposting and supporting parents/carers to access money and welfare advice however as the winter progresses it is envisioned that the demand for these services will be significantly higher which will impact upon the response for our families. Therefore, the challenge for the service is having the capacity to meet the increased, additional, and potentially widespread need with the availability of the appropriate resources to be able to support our families in crisis.

The consequences of the cost living difficulties could potentially impact upon the wider determinants of the health within our families,

as financial worries and debts can trigger an increase in incidents of parental conflict and domestic violence in addition to the lack of food, heating, and warm clothing.

Teenage Parents

Whilst the number of teenage conceptions continues to decrease from 121 in 2010 to 57 in 2020, this trend has not kept pace with the national rate of conceptions, as Redcar & Cleveland's conception rate in 2020 was 27.5% compared to the national rate of 13%. Therefore, this remains a key priority for the 0-19 Service, aiming to reduce the number of under 18 conceptions as well as improving the offer of practical parenting support for teenage parents from health visiting, school nursing and the family hubs.

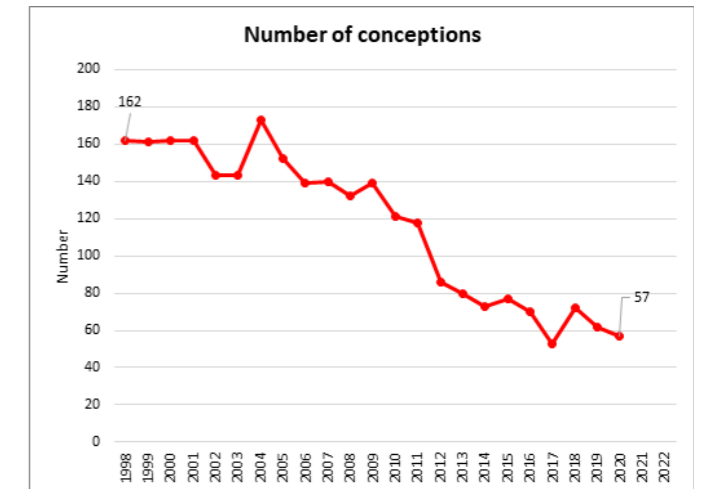


Figure 11 0-19 Service

3 Further information sources

Healthy Child Programme. <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>



Who are health visitors and what do they do?

They are a vital infrastructure, working in partnership with families, communities and professionals



infant - /'ɪnf(ə)nt/
from Latin infant - 'unable to speak'

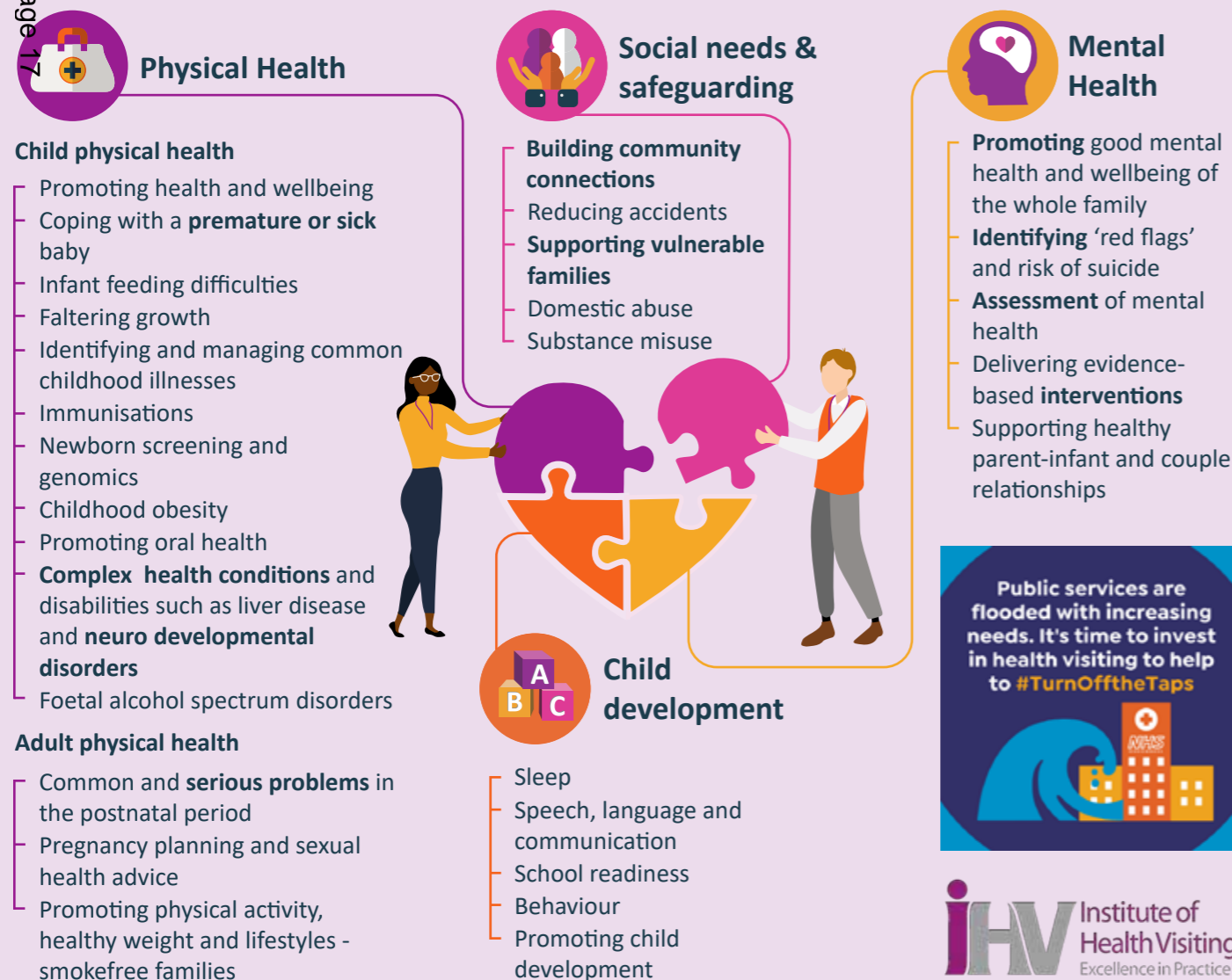
Health visitors speak up for babies and their families



Health creation is at the heart of health visiting

"As we recover from the pandemic, we have huge opportunities and challenges ahead...I am convinced that health visitors will play a key role in addressing the crucial issues amongst the families they work with."

Dr Camilla Kingdon, President of the Royal College of Paediatrics and Child Health



Who are school nurses and what do they do?

School nurses are crucial to child health and wellbeing, ensuring young people reach adulthood ready and resilient both physically and psychologically.¹

School nurses champion children and young people to reach their full health and wellbeing potential.

Who are school nurses?

- Registered nurses with additional registered specialist training in public health
- Skilled, knowledgeable, experienced and vitally, trusted by families and stakeholders, who, with the required investment, can significantly contribute to a number of cross-governmental priorities¹
- Bring clinical expertise and knowledge to a wider system to improve population health and reduce health inequalities²
- Innovative workforce that embraces digital technology, service redesign, skill mix, and models for integrating services around children, families and schools¹
- Supported by skilled, mixed teams of health workers and work alongside other members of the wider children's workforce.



What do school nurses do?

- Promote the health, wellbeing and protection of all children and young people in all settings throughout their school aged years³
- Identify the health needs of individuals and communities using evidence-based assessment tools³
- Co-produce programmes with children, young people and families. Plan work collaboratively in partnership with the multi-agency team to address local need and national health priorities outlined by the NHS, OHID and UKHSA¹
- Use research and audit to deliver an evidence-based service with clear outcomes, with evaluation as an integral part of the process³.

School nurses put children and young people's health and wellbeing central to the delivery of services²

"School nurses have long played an invaluable role, helping children with both their physical and mental health in a safe and supportive environment. From early intervention services to dealing with serious youth violence, school nurses have a significant, positive effect on young people's lives which benefit them both within and beyond the school gates. Their pastoral, supportive role is needed now more than ever as our young people recover from the impact of the pandemic and our schools try to build safe environments for pupils to thrive in going forward. School nurses are on the frontline of spotting problems such as abuse and mental health support needs in vulnerable young people, as well championing healthy eating and providing immunisation and health protection services. The need for comprehensive wellbeing support for pupils has never been greater and school nurses are an essential part of this."

Councillor David Fothergill, Chairman of the Local Government Association's Community Wellbeing Board







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Children and Families Scrutiny and Improvement Committee

Children & Families Performance Summary

July - September 2022



Thriving children, fulfilling their dreams.

Executive Director's Opening Statement



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Corporate Plan Action Updates



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Action	Update	Next Steps
<p>Develop a Social Work Academy to secure high quality, skilled social work students into permanent positions within the children and families service.</p>	<p>Project Manager appointed in September 2022. Team Manager, Advanced Practitioners and Business Support have been appointed and in post from November. NQSW's are in the process of being appointed start date 6.12.22. Official launch date for the academy will be January 2023. Visions and Values for the Academy completed. Academy work plan in progress, including comprehensive induction, practice models and recruitment drive.</p>	<p>Adverts to go live for the posts within the academy and for the x7 NQSW cohort one JDPSs written and evaluated.</p> <p>Cohort 2 will start March 23, Cohort 3- September 23 and will continue with 2 cohorts of 7 NQSW each per 6 monthly thereafter.</p>
<p>Redesign youth service assets to ensure community-based provision for young people.</p>	<p>Following Cabinet approval in December 2021, an independent review has been completed of the working and financial relationships between the existing Voluntary Management Committees (MCs) and the Youth and Community Centres, including consultation with all key stakeholders. Chris Barlow from ERS Research and Consultancy was appointed to conduct this independent review. A summary of his report and recommendations are now being shared back to the MCs and the Cabinet report is on track for December 2022.</p>	<p>By end of December 2022 – Report to Cabinet outlining findings and recommendations.</p> <p>By end of March 2023 – Completion of any changes recommended.</p>

Action	Update	Next Steps
<p>Working with partners, further develop our Family Hubs to provide universal and targeted services for those 0-19 years, in line with the newly published DfE Framework.</p>	<p>The Transformation Coordinator role has been advertised twice already but shortlisted candidates pulled out prior to interview due to being offered other roles. It is now back out to advert for the third time. The sign up form containing our outline proposals was submitted to the DfE on 30th September 2022 and we expect the first tranche of funding in November for year one, with the second to follow submission of our outline delivery plan.</p>	<p>Recruitment to Transformation Coordinator post and development of transformation project team is a high priority by December 2022. Establishment of governance and workstreams with key stakeholders. A local needs assessment is being co-developed with public health and work is also underway on a draft delivery plan that needs to be submitted to the DfE regional representative by end of November 2022. Key stakeholders have been involved in developing the proposals and will continue to be involved in the delivery plan.</p>
<p>Develop a multi-agency model of care to support adolescents in or on the edge of care to remain safely at home, thus improving their long-term life chances.</p>	<p>All SC1 and SC2 paperwork has now been submitted for Ofsted registration and the visit is due to take place on 7th December 2022.</p> <p>Identified snags in the building have been addressed and all paperwork including policies and procedures have been completed by the team. There is ongoing recruitment for the Hub however, there are enough staff members for it to be operational.</p>	<p>Await Ofsted registration.</p> <p>Plan a staggered approach to entry into the Hub as well as the referral process.</p>

Action	Update	Next Steps
<p>Now that we have excellent data about young people's education, employment and training status, strengthen partnerships working with education and training providers around individual young people to support their progress to further education, employment or training.</p>	<p>We continue to work with partners to improve post-16 transition for young people and support their retention in education and training. The Risk of NEET Indicator is now fully embedded across all schools for Year 11s and this academic year we will work with schools and academies to ensure they are using it for year 10s. Schools have been encouraged and supported to complete a transition plan for all young people identified as high / very high risk of becoming NEET. Transition guidance has been updated, and circulated to schools, with training provided. We delivered a Summer Programme with the Youth Employment Initiative to keep our more vulnerable young people engaged during the holiday period. This has been very successful, with 7 out of the 8 young people so far moving into a positive outcome. In the last academic year we had large numbers of young people dropping out of education and training and in the main from FE College. Those who are NEET have been picked up and supported quickly by Careers Advisers. Interviews have been held with 44 of the young people to determine why they have dropped out and if anything could have supported them to remain in education or training. An analysis and report has been produced and we will work with our college and training provider partners to use the findings to implement further measures to support retention. Our Transition Mentor continues to work with college and training provider partners to provide additional support for those young people who are at risk of disengagement. Regular meetings are held with Redcar and Cleveland College and Middlesbrough College to discuss any concerns in relation to our most vulnerable young people and implement additional support where required.</p>	<p>Expand use of Year 10 Risk of NEET Indicator. Further support and training for schools / academies to complete transition plans. Work with Head of Inclusion and Education Psychologist and wider partners to strengthen KS4 / 5 transition further. Use findings from young people leaving education / training questionnaire to feed into measures to improve post-16 retention.</p>

Early Help, Safeguarding and Children in our Care

What's Working Well



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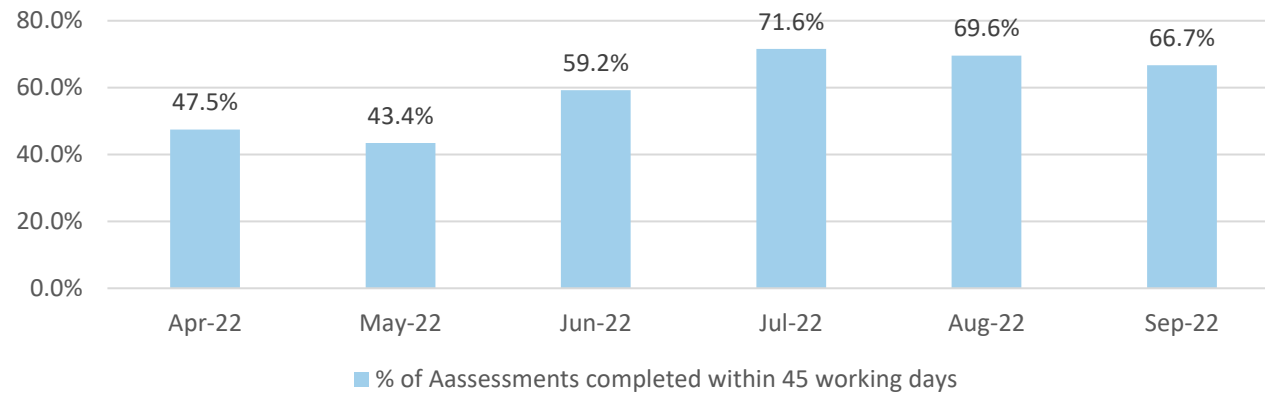
Improvement in the Assessment Teams

As a result of positive recruitment for both permanent and agency staff, the Assessment Team is fully staffed for the first time since the agreement to investment and restructure in 2021.

We have started to see the service area move forward with great improvements around team development and our assessments completed within the statutory timescales.

As of W/C 28th November there were 2 assessments that were just over 45 days.

% of Assessments Completed within 45 working days (Assessment Teams)



Early Help Assessment Questionnaire

Following robust efforts from the Early Help Service, 45 responses were received from closed assessment questionnaires in Q2 22/23 in comparison to 10 in Q2 21/22.

91.1% of respondents agreed or strongly agreed that they understood what their Early Help Worker was worried about.

93.3% of respondents agreed or strongly agreed that their Early Help Worker listened to them and understood what they were saying.

93.3% of respondents agreed or strongly agreed that their Early Help Worker did what they said they would.

91.1% of respondents agreed or strongly agreed that their Early Help Worker really wanted to solve their problems.

Comments from families:

I would strongly recommend the service to people who need help. I was crying out for help and didn't even know this service existed!

They went above and beyond for my family. My worker was perfect; a real one in a million. She has made a big difference to me and my family and she got us on the right track.

My Worker was absolutely brilliant with what she did for us.

My Worker was brilliant, She engaged well with the children and really took her time to get to know them and understand their needs.

It was brilliant. I would like to thank my worker as she really helped me build a bond with my daughter. She helped me feel more confident and I am in a better place.

I was originally worried about getting help as I thought a Social Worker would swoop in and take my kids off me. I highly recommend Early Help as they really are fantastic and families who need help really should get in touch. My worker was fantastic and jolly.

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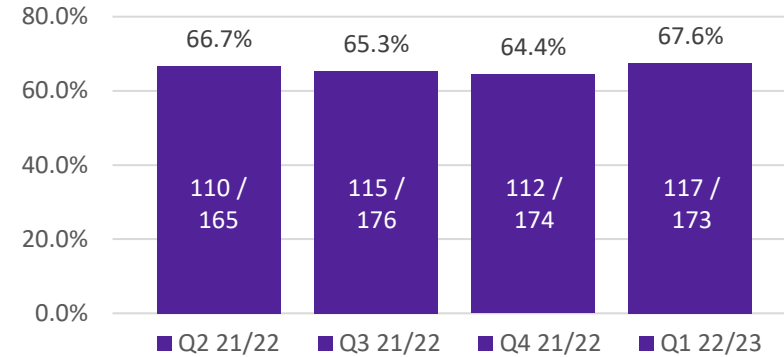


Implementation of Permanence Review Meeting

A Permanence Review Meeting has been implemented into the Safeguarding Service to robustly track decision-making around Children in our Care.

This allows the Senior Leadership Team to be assured that planning and the progress of work with children in our care is robust and timely.

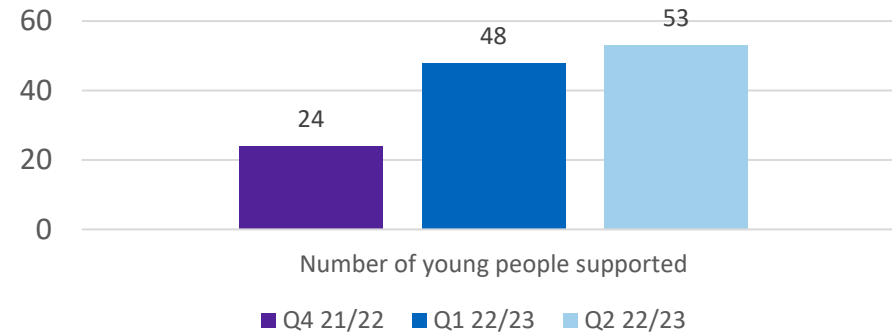
% of Fostered Children placed with in-house Foster Carers



It is positive to note that despite the significant challenges both locally and nationally in placing children with in-house Foster Carers, we have continued to remain above or very near to our target of 65% over the last year.

We continue in our efforts with our fostering recruitment and now have potential foster carer applications scheduled for approval at our Fostering Panel each month until April 2023.

Number of young people supported through No Wrong Door Edge of Care



We have continued to increase the number of young people who are being supported through our NWD Edge of Care Service from 48 in Q1 22/23 to 53 in Q2 22/23.

At September 2022, 74.5% of young people who accessed Edge of Care Support did not become children in our care.

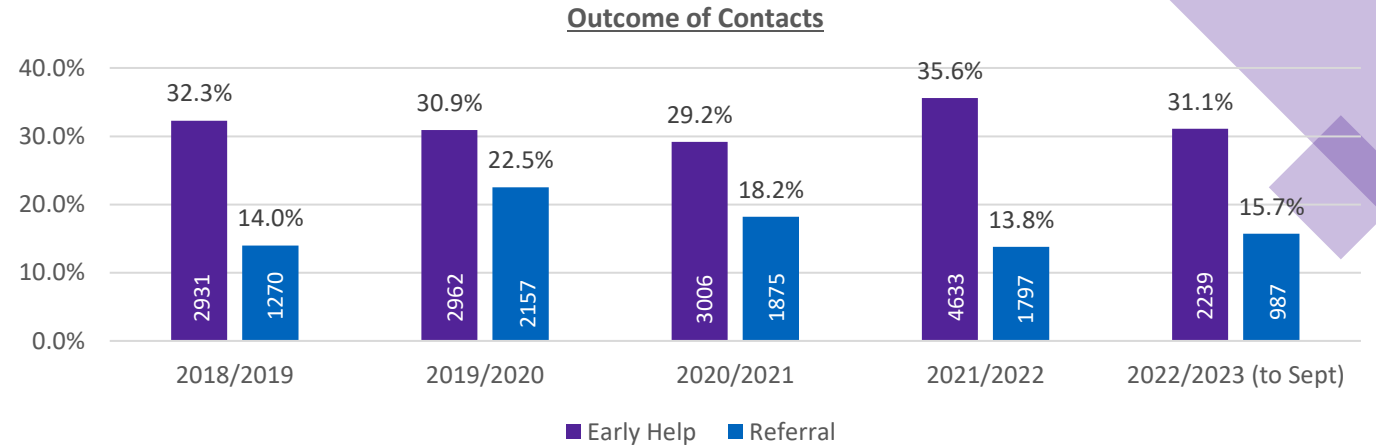
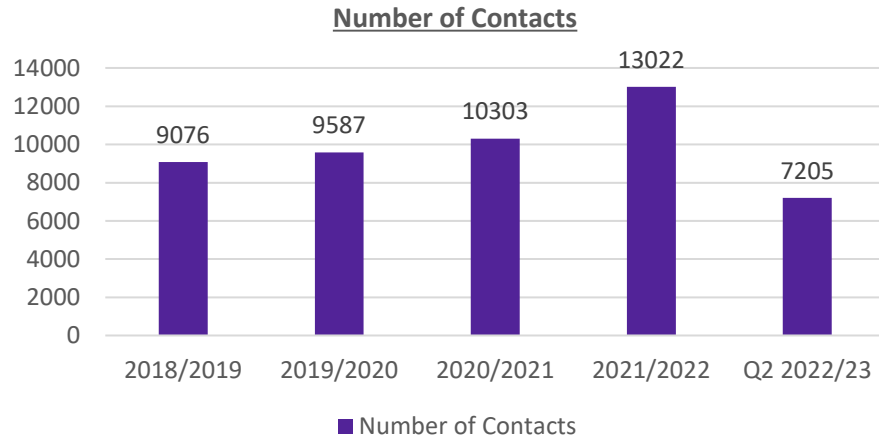
The Ofsted Inspection of the Residential Provision will take place on 7th December 2022 and we should find out within 2 weeks if all requirements were met and we can launch the Residential Provision.



Early Help, Safeguarding and CIOC

What We Are Worried About





Increase in demand across the service

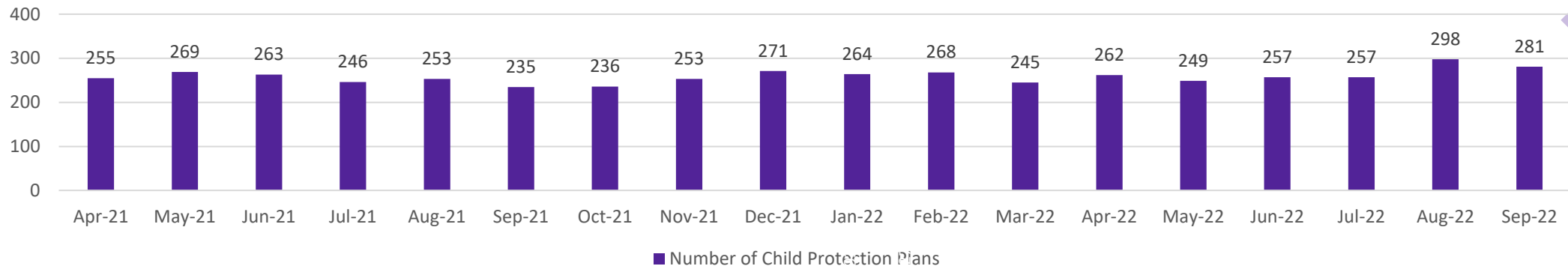
Between 2018/19 and 2021/22 we have seen a 43.5% increase in the number of Contacts received into the service from 9076 to 13022. Based on the current number for 2022/23, we anticipate by the end of the year that the number will again increase and exceed the 2021/2022 figure.

The number of Contacts that progress to a Social Care referral has remained fairly stable since 2020/2021.

The main area of shift we have seen is the number progressing to Early Help. In 2018/19, 2931 Contacts progressed to Early Help. In 2021/22, this increased by 58.1% to 4633 Contacts. This year to date, 2239 Contacts have progressed to Early Help which indicates that the end of year figure will remain in line with the previous year's increased number, which is worrying in respect of capacity.

As schools are one of the highest referral sources, we generally see a reduction in the number of contacts and corresponding referrals over the 6-week summer holiday period. Unusually this year, there was no anticipated reduction, with demand levels remaining high throughout.

Number of Child Protection Plans

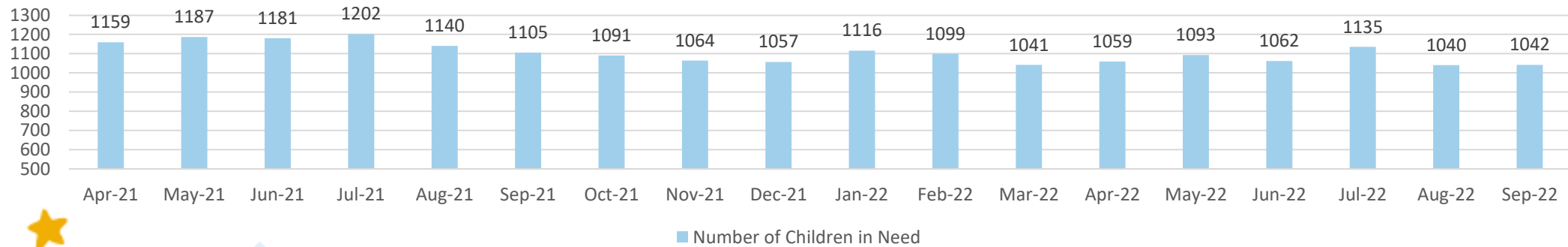


In line with the increasing number of Contacts received, we have seen an increase in the number of Children who are subject to Child Protection Plans, and have not seen the expected decrease throughout the summer period.

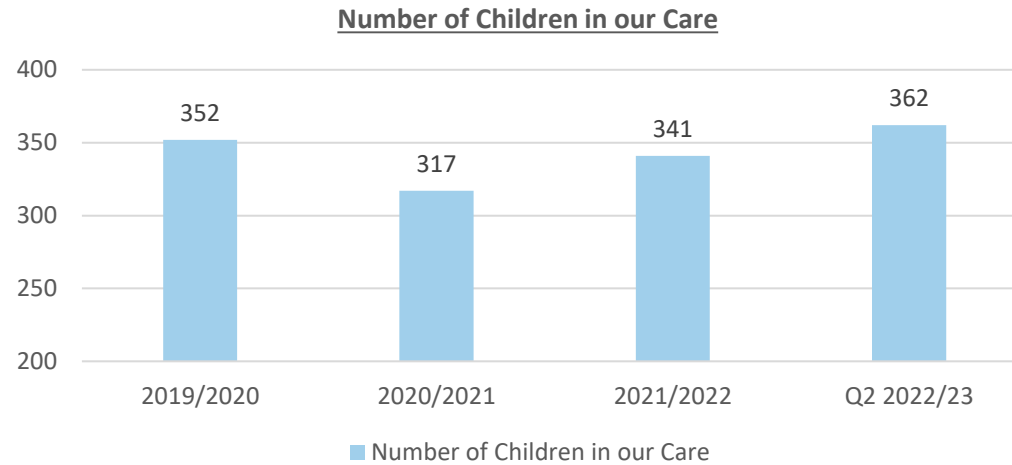
We have not seen a similar increase in the number of Children in Need. Between April 2021 and September 2022, the number of Children in Need has remained fairly static, indicating that the cases we are receiving are much more complex and are progressing to Child Protection Planning instead.

Page 33

Number of Children in Need



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In line with the increasing number of Contacts and Child Protection Plans, we have also seen an increase in the number of Children in our Care. It is worth noting that following a dip in the number in 2020/2021, the number has gradually increased again to those reported in 2019/20.

During 2020/2021, 43 children left care or moved to the Leaving Care Service as they had reached the age of 18, whereas in 2021/2022, we saw a much lower number of 29.

It is also worth highlighting that in 2021/2022, we saw an increase in the number of 15-17 years olds coming into care at 41 in comparison to 20 in 2020/21.

Of the 362 children in our care at September 2022, 54 are aged 17. They will therefore be leaving or transferring to the Leaving Care Team over the next year.

Virtual School, SEND, Careers & NEETs and Inclusion

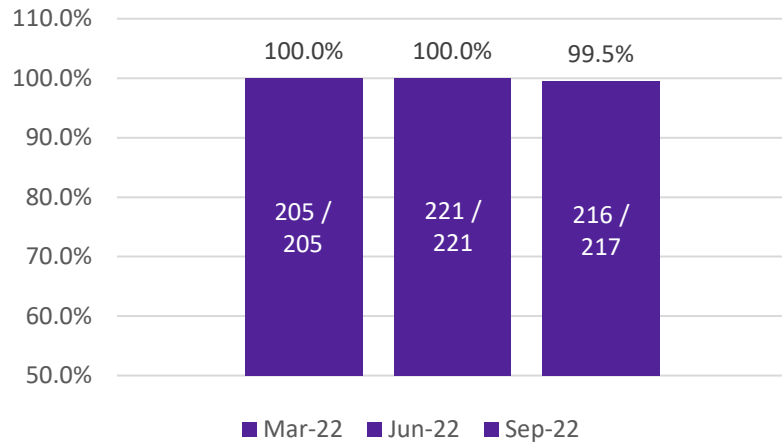
Page 35

What's Working Well



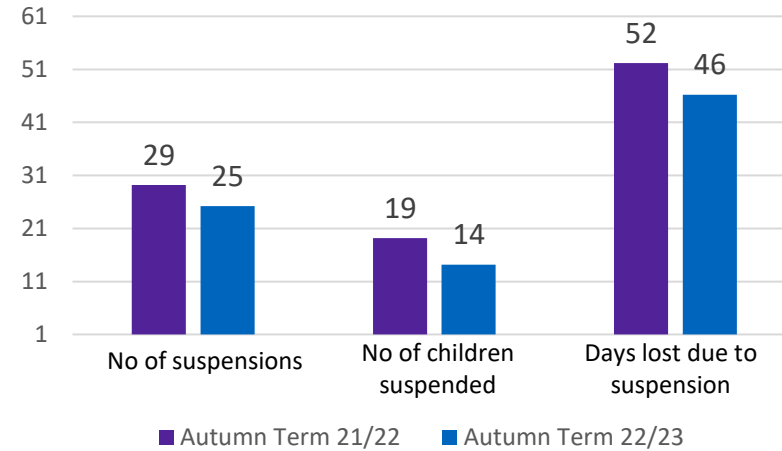
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% of PEPs completed within timescale



PEP completion times continue to remain high. We continue to review the quality of PEPs and of the 940 which have been reviewed, 80.4% (756) were graded green and 8.7% (82) were graded gold.

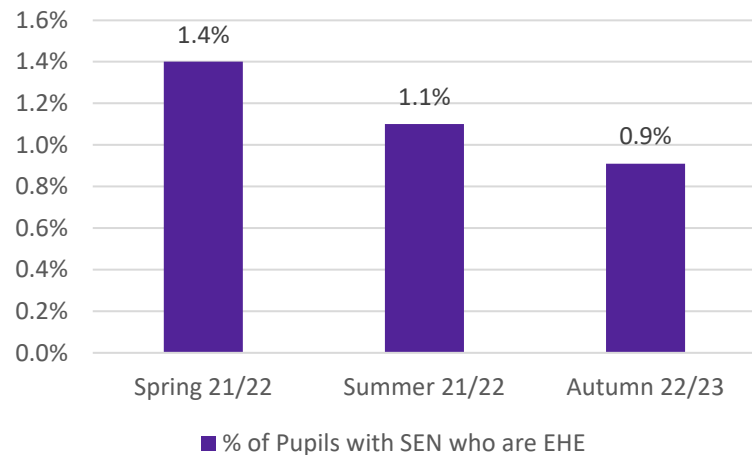
Number of CIOC Suspensions



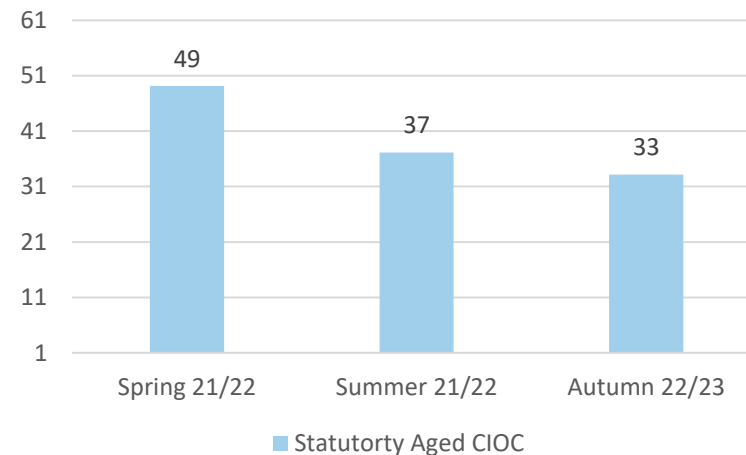
We continue to see a decrease in the number of suspensions and days lost as a result.



% of Pupils with SEN who are Electively Home Educated



Reduction in the number of children missing education



We have seen a reduction in the number of SEN pupils who are Electively Home Educated. There are currently 4397 SEND Children and 40 are Electively Home Educated.

EHE-SEND K-30 14%
 EHCP-10
 209 in full EHE cohort 4.8%
 Total = 19.4%

Over the last three terms we have seen a reduction in the number of Children Missing Education (CME) from 49 in Spring 21/22 to 33 in Autumn 22/23.

A newly introduced Children Not In Full Time School Meeting is now in place, with a working register bringing together LA service areas to identify and allocate CME and children who are not in full time school.

Mental Health Services

There is now almost full coverage for Mental Health Services for children to access within their Schools.

There are three provisions across the Schools:

Headstart - 100%

Mental Health Support Teams-Inside out - 59%

Getting Help - 17%

There are 9 primary schools, 2 secondary and 6 special/AP schools without named individual MH workers.

Anglo American Project work

Improving Attendance

Supporting Mental Health needs 15-30 year olds

WoodSmith Project

Supporting Headstart across all secondary schools
Working with Outwood Redcar and St Peter's for 3 years

Primary Careers

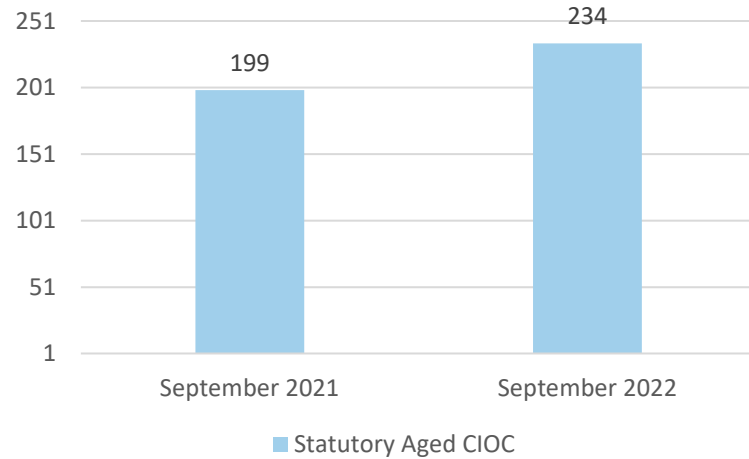
Virtual School, SEND, Careers & NEETs and Inclusion

What We Are Worried About



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Increase in the number of CIOC in the Virtual School



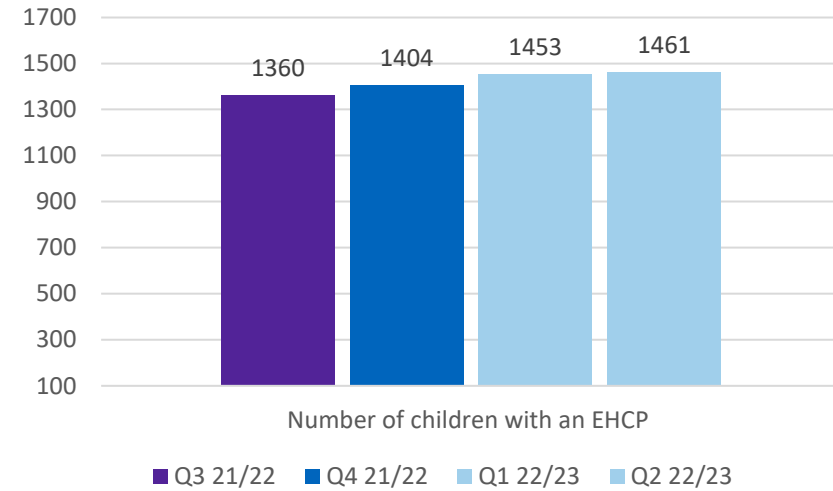
We have seen an increase in the number of CIOC this quarter, alongside a significant rise in the number of secondary aged CIOC with complex needs.

In the first academic half term, we have seen 32 statutory aged children, 7 Early Years, and 4 Post-16 children entering the Virtual School.

What we are doing:

Continue to monitor caseloads. Officers to prioritise PEP completion and quality assurance processes.

Increase in the number of children with an EHCP

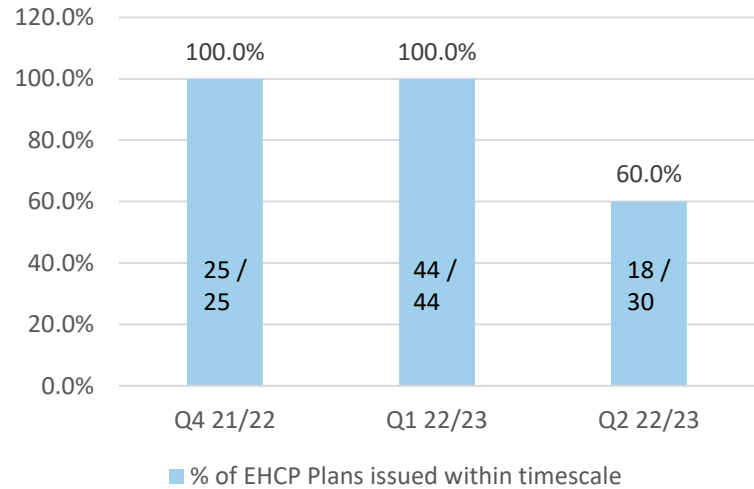


We have again seen an increase in the number of children with an EHCP, although we know the percentage rise is more stable than many other LAs. This is a national trend, with no signs of reduction in demand.

What we are doing:

We have a robust panel system in place, which is rigorous in determining whether an EHCP will be issued, following a multi-professional assessment. In addition, we are ceasing EHCPs for some of the older cohort (19-25s) and working with the NEET reduction team.

% of EHCP Plans issued within 20 weeks

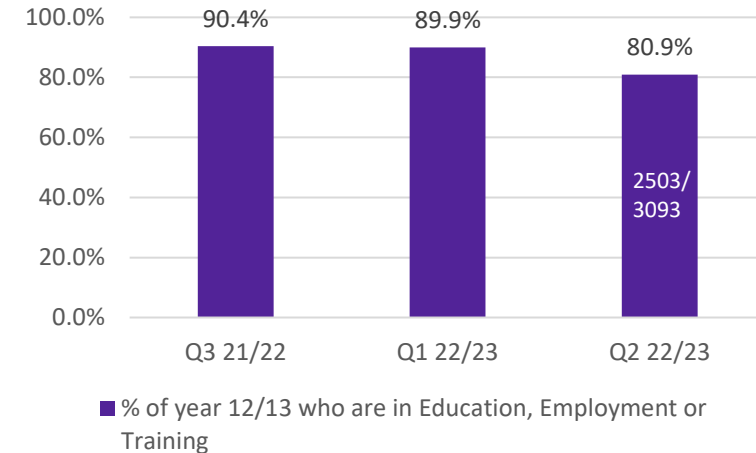


We have seen a reduction in the number of EHCP Plans issued within 20 weeks over the last quarter. Despite this reduction, we still remain above National recorded timescales.

What are we doing about it:

A Designated Clinical Officer has now been appointed. We are sourcing some external support around the Educational Psychology Service.

% of year 12/13 who are in Education, Employment or Training



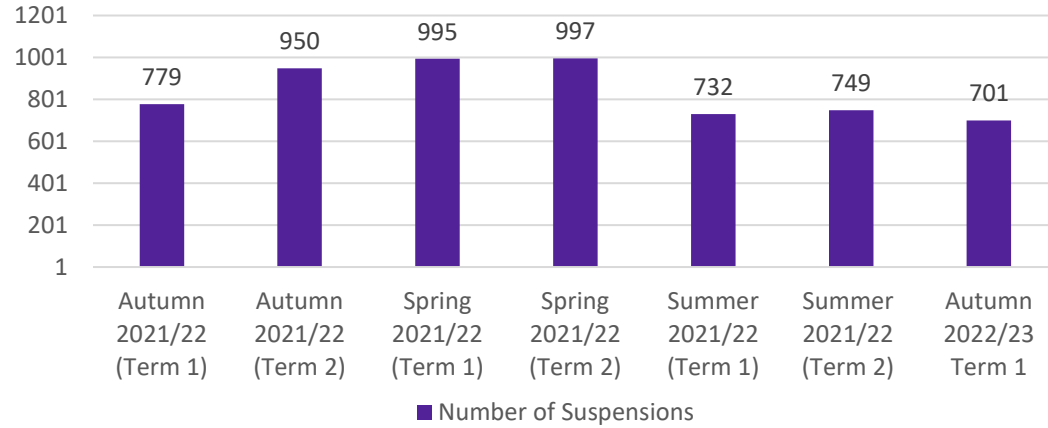
We have seen a reduction in the % of Year 12/13 who are in Education, Employment or Training. It is worth noting that September does not provide an accurate picture of participation and NEET/Not Known numbers, as we continue to clear not knowns during September and October until young people are settled in their post-16 destination.

Despite this decrease, we remain above the North East at 79.4% and England at 66.2%.

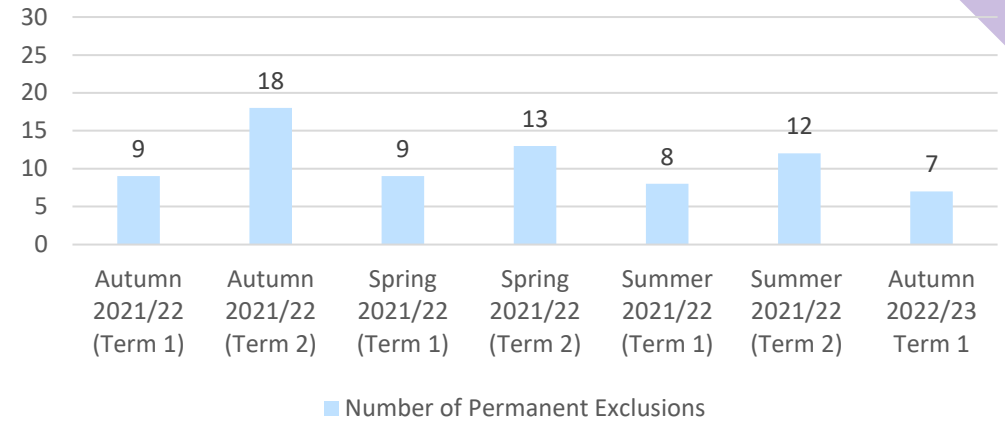
What we are doing:

We continue to identify young people quickly who are not participating so that they can be attached to a dedicated Careers Adviser.

Number of Suspensions



Number of Permanent Exclusions



In Autumn 2022/23 Term 1, we saw a reduction in the number of children who had been suspended from School and the number of Permanent Exclusions. Both are also a decrease on the same period in the last academic year. Although this is positive we are still concerned around the number.

What we are doing:

We continue to work with schools and give clear dialogue around avoiding suspensions particularly beyond 10 days and have arranged appropriate training for schools.
 We are negotiating more with schools prior to Permanent Exclusions and will be undertaking a review of the Managed Move Systems and Pupil Inclusion Panels.



Thank you

Any questions?



Children & Families Scrutiny and Improvement Committee – Action List

Actions from 1 November 2022		
Action:	Responsible Officer:	Comment:
<p>Principal Social Worker Annual Update</p> <p>Members to be given the opportunity to experience the Virtual Reality Headsets.</p>	LB	Item to take place at the close of the current meeting.
<p>Inspection of Local Authority Children’s Services Outcome Report: Redcar & Cleveland</p> <p>The Committee requested that work should be undertaken to determine if the Corporate Parenting Board could be removed from the Council’s proportionality calculations, to allow for membership of interested members, as opposed to being determined by numbers of seats held by political groups. Consideration should also be given to reduce the membership size if appropriate.</p>	DB	It is not a statutory requirement for the membership of the Corporate Parenting Board to be politically proportionate. Committee size is set out in the Council’s constitution and therefore any proposed change to this would require consultation with the Governance Committee and approval by Borough Council. It is suggested that initial discussions take place at the Corporate Parenting Board itself, with a view to implementing any proposed changes to seat allocation or membership at the AGM following the local elections in May 2023.