

CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL

A meeting of the Children and Young People's Learning Scrutiny Panel was held on 23 September 2019.

PRESENT: Councillors J Platt (Chair), C Dodds, A Hellaoui, P Storey, G Wilson and D Rooney (As Substitute)

PRESENT AS OBSERVERS: J Cain

OFFICERS: S Davidson, G Moore, C Parker and R Scott

APOLOGIES FOR ABSENCE Councillors L Garvey, T Higgins, M Nugent and D Smith.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest made by Members at this point in the meeting.

1 **MINUTES - CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL - 29 JULY 2019**

The minutes of the previous meeting of the Children and Young People's Learning Scrutiny Panel, held on 29 July 2019, were submitted and approved as a correct record.

2 **ADDRESSING POVERTY ISSUES AND THE IMPACT ON LEARNING - AN INTRODUCTION**

The Chair advised that officers had been invited to the meeting to provide an overview of poverty and its impact on learning, including:

- Information on child poverty, poverty estimates for the local area and the uptake of Free School Meals (FSM).
- An overview of the impact of poverty on education.
- An outline of the work being undertaken to tackle poverty and its impact on learning.

The Public Health Consultant advised that, broadly speaking, those living in poverty were considerably worse off than the general population and living at a level of deprivation that was heavily out of line with general living standards.

The scrutiny panel was advised that there were not particularly good measures in existence to assess poverty. One measure that was often used was to identify those households that had an income of 60% lower than the median income level in the country. A Member enquired whether the scrutiny panel could receive information on the current median income figure. The Public Health Consultant advised that the national and local figures would be circulated to Members, following the meeting.

When rises in poverty occurred, problems manifested themselves within communities and could be demonstrated in higher foodbank use, homelessness, poor physical health and mental wellbeing.

The Public Health Consultant advised that poverty was an extremely complex issue. Members heard that there was not one single cause of poverty, whilst it may be triggered by one issue (such as a bereavement, a job loss or a relationship breakdown) very often poverty occurred when there was a complex interaction of issues. The Joseph Rowntree Foundation regularly commented on people being stuck in a cycle of poverty and families being trapped and constrained by circumstances that led to financial hardship.

The scrutiny panel was advised that poverty was caused by factors such as:

- Low wages, insecure jobs and unemployment

- Family problems
- High costs, including housing
- Ineffective benefit system
- Lack of skills
- Poor physical health
- Poor mental health
- Addictions, including gambling or substances

A Member requested further clarification on the issues associated with an ineffective benefit system. The Public Health Consultant advised that, for example, there had been problems encountered with the roll-out of Universal Credit, individuals had waited significant amounts of time to be reassessed and had experienced delays in receiving their benefits. A Member commented that meetings had been held in the Newport ward to provide advice on financial issues. It was commented that there was a need for local authorities to provide a safety net, to ensure that support was provided to those who fell into poverty - to mitigate its impact.

The Public Health Consultant advised that further work was required to examine the Local Authority's role in preventing poverty and addressing the root causes of disadvantage by focussing on issues such as job creation and economic inclusion etc.

The Advanced Public Health Practitioner provided the scrutiny panel with information on how poverty impacts on education.

Reference was made to a study that was undertaken in the 1970s that investigated how a child's IQ was effected by socioeconomic status. The study assessed a group children throughout their childhoods from 22 months to 10 years old. The study demonstrated that children with a high cognitive score at 22 months, with a low socioeconomic status, achieved a lower cognitive score at 10 years than those who had been assessed with a low cognitive score at 22 months with a high socioeconomic status. Those results demonstrated the negative impact poverty could have on education.

Reference was also made to a graph that contained figures on school readiness and FSM (at age 5), across all wards in Middlesbrough, from the most deprived to the least deprived. The scrutiny panel was advised that although there was some variation, the general trend was that those children living in the more affluent wards, who were not eligible for FSM, were more likely to be ready for school. It was also commented that the pattern continued when reviewing Key Stage 2 (KS2) data, more pupils living in the least deprived wards achieved the expected standard in reading, writing and maths.

The scrutiny panel was advised that 1 in 5 of the UK population lived in poverty. Over half of those people lived in working households. It was explained that poverty damaged health and poor health increased the risk of poverty. Members heard that an inadequate income could cause poor health because it was more difficult for people to avoid stress and feel in control, access experiences and material resources, adopt and maintain healthy behaviours and feel supported by a financial safety net.

It was advised that poor health also impacted on education. It was explained that education could create opportunities for better health but poor health could put education at risk (reverse causality).

The Advanced Public Health Practitioner advised that, in respect of life expectancy, there was a difference of 12 years between the most deprived ward and the least deprived ward in Middlesbrough. Therefore, there was a need to intervene from birth. The scrutiny panel was provided with figures that demonstrated the impact of poverty on health. Middlesbrough's figures were worse than national averages and the ward variation was vast in respect of:

- Under 18 conceptions (Middlesbrough = 43.8/1,000, England = 17.8/1,000, ward variation 96-9);
- Children in poverty (Middlesbrough = 30%, England = 17%, ward variation 64%-4%);
- Dental health - decayed, missing or filled (Middlesbrough = 32.1%, England = 18.5%, ward variation 56%-11%);

- Smoking in pregnancy (Middlesbrough = 17.8%, England = 10.8%, ward variation 35%-1%);
- Breastfeeding initiation (Middlesbrough = 47.9%, England = 74.5%, ward variation 28%-78%);
- Attainment (Middlesbrough = 53%, England = 60.4%, ward variation 33%-68%); and
- Admissions for injury for under 15s (Middlesbrough = 185/100,000, England = 110/100,000, ward variation 247-119).

In respect of the figures obtained on breastfeeding, a Member queried whether it would be more useful to include data on breastfeeding at 8 weeks, rather than on breastfeeding initiation. The Advanced Public Health Practitioner advised that, locally, data was obtained at initiation, 10-14 days and then 6 to 8 weeks. It was commented that the data collected at initiation was significantly higher than those figures obtained at 6 to 8 weeks. Those wards that demonstrated high figures for initiation, but lower figures at 10-14 days and 6 to 8 weeks, were being targeted to receive ongoing support. It was commented that data, in respect of breast feeding, was dependent on wards and levels of poverty. Women from more affluent wards were more likely to sustain breast feeding.

A Member commented that although Middlesbrough had a higher percentage of children living in poverty (30%), than the England average (17%), it appeared that children were being well supported in education-as attainment data demonstrated that in Middlesbrough 53% of children had a good level of development at 5 years old (compared with 60.4% in England). The Advanced Public Health Practitioner commented that effective support was provided by schools, however, ward variation (33%-68%) was a significant factor in respect of educational attainment data.

The scrutiny panel was advised that, in an attempt to compact the impact of poverty, the Child Partnership had been developed. The partnership involved a range of professionals (including midwives, health visitors and staff from children's centres) all working collaboratively to ensure that children were provided with the best start in life. The development of the partnership had:

- Achieved a significant reduction (34%) in the number of women smoking in pregnancy. That work had included screening mothers for carbon monoxide at every appointment and referring those who smoked immediately to the Stop Smoking Service. It was also commented that South Tees undertook a risk perception at the 12 and 20 week scan. Members heard that the risk perception resource provided visual information to women at the time of their scan that demonstrated the effect that smoking had on their unborn infant.
- Achieved a significant increase in referrals to talking therapies. Talking therapies developed positive mental health during pregnancy and postnatally. It was advised that health visitors and midwives identified those who would benefit from talking therapies as part of the booking process.
- Ensured that development delays were being identified at the earliest possible point, so that children received support earlier to help them start school on an equal footing with their peers. Health visitors undertook an assessment of 2 years old to identify any development needs. A Member raised concerns in respect of the assessment and the tasks that children were asked to undertake. In response, the Advanced Public Health Practitioner explained that the assessment was a national screening tool. It was also added that nurseries also used various screening tools and work was being undertaken to combine the tools to determine an overall picture of development. A Member commented that it would be beneficial if the outcomes of assessments were determined at the discretion of the Health Visitor. The Advanced Public Health Practitioner advised that the Member's comments would be communicated to the Manager of the Health Visiting Service.
- Ensured that women were screened for alcohol use during pregnancy. For those women who were identified as drinking alcohol, immediate early support was received. It was added that questions regarding alcohol consumption were asked at the booking appointment, however, research was being undertaken to identify more efficient ways of obtaining information. It was also commented that there was a 0-9 campaign that urged women to avoid drinking any alcohol during pregnancy. As a result of the work that had been undertaken locally, with regards to issues such as

Foetal Alcohol Syndrome Disorder (FASD), Public Health was also supporting a regional pathway.

In response to a Member's query regarding access to ongoing support, it was clarified that each service communicated with one another to ensure support was in place and intensive ongoing support was offered by the Health Visiting Service, through the universal plus pathway. However, it was commented that after a certain point, women may choose to disengage from the service.

The Advanced Public Health Practitioner provided the scrutiny panel with a brief overview of the different initiatives in Middlesbrough, which included:

- The Healthy Child Programme - a public health programme for children, young people and families which focussed on early intervention and prevention.
- Dental health - undertaking work to increase dental registration, introduce tooth brushing schemes and raise the profile of oral health. A Member requested an update on water fluoridation and whether Northumbria Water would consider controlled addition of fluoride to the public water supply to reduce tooth decay. The Advanced Public Health Practitioner advised that discussions had been held locally in that respect and work feasibility studies were being undertaken at a regional level. The Public Health Consultant commented that natural fluoridation could drastically improve dental health.
- Healthy Start Vitamins - vitamins were available for pregnant women and children up to the age of 5. It was commented that families were eligible to receive the vitamins, if they were on benefits. Following a Member's request for further information, the Practitioner advised that the vitamins were in tablet form (with the exception of babies, under one, who received drops) and would be available from children's centres from 1 April 2020. It was advised that, in respect of those families who were not eligible to receive Health Start Vitamins, Public Health was working with pharmacies and other providers to investigate whether the cost of vitamins could be standardised.
- Food poverty - food banks were funded via the Food Power Alliance (Middlesbrough Council).
- Fuel poverty (Affordable Warmth) - there was now an action plan in the South Tees area.
- Welfare Rights Advice Service.
- Live Well Centre - providing signposting to welfare support.
- Fund elements of period poverty and support with staffing resources. A Member enquired whether progress had stalled, since the funding had transferred to the Red Box Scheme. The Public Health Consultant advised that regular distribution centres were now in operation and details of the Middlesbrough's locations for the Red Box Scheme would be sent to the scrutiny panel.
- Holiday Hunger - focusing on free meals, building communities and supporting community cohesion, health activities and education. A Member queried why some support was specifically identified for adults only, the Public Health Consultant commented that current services that supported holiday hunger appeared to be fragmented, therefore, further work was required to develop an improved and more cohesive approach. A Member advised the scrutiny panel that an event had been arranged to take place on 24 September 2019 at My Place in respect of Holiday Hunger and the Feast of Fun Project.
- Support for the Financial Inclusion Group.
- Target health services and screening services to areas of high deprivation in respect of cervical screening, bowel screening, healthy heart checks etc.
- Improve access to health services.
- Stop before the knock.
- Middlesbrough Achievement Partnership (MAP), including poverty proofing.

The Advanced Public Health Practitioner advised that a My Little One pilot had recently been launched, covering Grange Town and South Bank practices. Work was also being undertaken to introduce the scheme in Middlesbrough. It was commented that My Little One asked women to complete some questions prior to attending booking or early bird appointments. The questions assessed the vulnerability of women, and dependent on the outcome of the

questionnaire, women would receive targeted newsletters and signposting to relevant services. Members heard that the information provided by the questionnaire would enable the midwife to tailor the booking appointment and meet the needs of individuals.

A Member commented that it would be beneficial if newsletters and other correspondence could be printed in different languages.

Members were advised that there was currently a disconnect between prevention services and early help. Therefore, work was being undertaken to introduce an integration pilot with the Health Visiting Service, School Nursing Service, children's centres and the School Readiness Team. The scrutiny panel heard that a matrix had been completed to assess leadership, governance, delivery and planning - in an attempt to establish a more co-ordinated approach. It was also added that a vulnerable parenting pathway was being developed to provide early targeted support, in the first 1000 days, for parents and families.

The Head of Achievement advised that the Child Poverty Map of the UK 2016 (End Child Poverty, November 2016), had identified that 37% of children in Middlesbrough lived in poverty, compared with 29% nationally (the eighth worst local authority area in respect of that measure). The former electoral wards of University (now subsumed within Central ward) and Gresham (now subsumed within Newport ward) were the tenth and eleventh worst wards in the UK for child poverty, with rates of 52.0% and 51.5% respectively.

The scrutiny panel heard that poverty could be measured by a range of criteria. It was added that, in schools, poverty/deprivation was measured using:

- The proportion of children eligible for FSM
- The Index of Multi Deprivation Rank (IMD); and
- The Income Deprivation Affecting Children Index (IDACI)

Members were advised that in respect of eligibility for FSM:

- In Middlesbrough's primary schools, 26.1% of pupils were eligible (national average = 15.8%)
- In Middlesbrough's secondary schools, 26.9% of pupils were eligible (national average = 14.1%)
- In Middlesbrough's special schools, 52.0% of pupils were eligible (national average = 37.5%)

It was commented that Middlesbrough's schools were well above the national average for eligibility for FSM. In terms of the FSM figures, it was explained that there was significant variation between schools - primary being between 0.5% and 64.7%, secondary between 17.4% and 64.2% and special between 46.7% and 64.2%.

It was also advised that, in respect of the IDACI indicators, all local areas were ranked between 1 and 32844 (1 is the most deprived and 32844 being the least deprived). In 2019, in terms of the variation between the 43 primary schools, the IDACI index for KS2 demonstrated that schools were ranked from 71.8 through to 27958.9. The percentage of children in each school who scored as disadvantaged ranged from 10% to 88.2% of the cohorts. Members were asked to note that the Local Authority did not receive IDACI information about all schools.

A Member queried whether, with the introduction of Universal Credit, any pupils had experienced delays in accessing FSM. The Head of Achievement advised that clarification would be sought and information would be fed back to the scrutiny panel.

The scrutiny panel was informed that, in respect of the Index of Multi Deprivation Decile, of the 43 primary schools - 19 scored in the Index of Multi-deprivation first decile, i.e. the highest 10% of deprivation in the country.

Members heard that, in respect of contextual information, children were at greater risk of being subjected to the effects of poverty if they lived in a deprived area with a single parent

family; with a family member who was unemployed or who had low educational attainment; with a family member who misused alcohol or other substances; or if they were a looked after child. From a population perspective, the IMD 2015 identified Middlesbrough as having the second highest proportion nationally of people living in income deprived households, and the third highest proportion of working age-adults in employment deprivation.

The Head of Achievement explained that the Pupil Premium grant was additional funding for publicly funded schools in England. The Pupil Premium was a school-level grant that gave schools extra resources to help them meet challenges, including those arising from deprivation. The grant was allocated to schools to:

- improve the academic outcomes of disadvantaged pupils of all abilities; and
- close the attainment gap between disadvantaged pupils and their peers across the country.

It was commented that schools maintained by the Local Authority, special schools, pupil referral units (PRUs), academies and free schools could receive Pupil Premium funding.

Members heard that school leaders determined how the funding would be utilised, as they were best placed to identify the measures and strategies that would have most impact in improving the academic attainment of disadvantaged pupils.

A Member questioned whether best practice was shared between schools, in respect of the support mechanisms that demonstrated the greatest impact in improving outcomes for disadvantaged pupils. The Head of Achievement explained that, during inspections, Ofsted used the outcomes of disadvantaged pupils as a key line of enquiry when assessing each school's effectiveness. It was also advised that schools were encouraged to organise independent reviews of their Pupil Premium spending. It was clarified that there was no expectation that schools should spend the grant only on eligible pupils, or on a per eligible pupil basis. The Head of Achievement commented that improving the quality of all teaching was extremely important. Good teaching was the most important lever schools had to improve outcomes for disadvantaged pupils.

The scrutiny panel was informed that the Educational Endowment Foundation (EEF) had produced a guide to the Pupil Premium. The EEF was an independent charity dedicated to breaking the link between family income and educational achievement. The guide provided an evidence-informed approach to Pupil Premium and had been circulated to all Middlesbrough's schools.

The guide advised that a tiered approach to Pupil Premium spending could help schools balance approaches to improving teaching, targeted academic support and wider strategies. The guide stated that:

- Improving teaching could include professional development, training and support for early career teachers and recruitment and retention. Effective teachers were the key ingredient of a successful school and should rightly be the top priority for Pupil Premium spending.
- Evidence consistently showed the positive impact that targeted academic support could have, including on those who were not making good progress across the spectrum of achievement. It was explained that classroom teachers and teaching assistants could provide targeted support for disadvantaged pupils through evidence-based interventions, such as one-to-one or small group intervention to classroom teaching.
- Wider strategies related to the most significant non-academic barriers to success in school, including attendance, behaviour and social and emotional support. While many barriers may have been common between schools, it was also likely that the specific features of the community each school serves would affect spending in the category.

The scrutiny panel was advised that there were various routes where best practice could be shared via the learning hubs for English, maths, leadership, management and Special

Educational Needs (SEN). There was also a network that had been established for Parent Support Advisors to discuss effective strategies to support parents and families.

In respect of funding, £1,320 was received for pupils in reception to year 6, £ 935 for pupils in year 7 to year 11 and schools received £2,300 for any pupil who was in the care of the Local Authority.

It was commented that in respect of those pupils with Special Educational Needs and Disabilities (SEND), higher rates of those with SEND were identified in the more deprived areas, particularly in respect of central and east Middlesbrough. There was a SEND and Vulnerable Learners Service that supported those children to ensure they received appropriate support through careful planning, staff expertise and placements. It was explained that the Inclusion Strategy, which was introduced in January 2019, aimed to ensure that support was provided in mainstream schools, where possible.

Members were informed that number of schools had secured the inclusion quality mark and two schools had been identified as centres of excellence. The main aim of the Inclusion Strategy was to reduce both fixed-term and permanent exclusions. Anecdotally, some schools had adopted strategies such as restorative practice and as a result, exclusion rates had decreased and behaviour incidents had reduced.

In January 2018, the School Census identified that there were a total of 4,336 pupils recorded with SEND, of that cohort 31.85% had a Moderate Learning Difficulty, followed by 16.54% with a Severe Learning Difficulty and the third highest proportion was Social, Emotional and Mental Health with 14.14%. Middlesbrough had a higher prevalence of some of the wide-ranging issues which could stem from deprivation and contributed to a continued and increasing rate of SEND in the town.

In terms of access to education, the Head of Achievement explained that the service aimed to ensure that all children and young people gained access to a school place. The service worked with schools in regard to exclusions and elective home education. The scrutiny panel was advised that maintaining learning and a school place could be much harder for children from areas of higher deprivation, either because of Adverse Childhood Experiences (ACEs) such as family substance misuse or domestic violence or through lack of skills in the family home. The impact of ACEs on school attendance was a particular concern and was a strategic priority for the Local Authority. Members were informed that an attendance action plan had been developed, which identified priorities that would be pursued with the Local Authority's partners. To improve attendance, the scrutiny panel also heard that the development of a local strategy and marketing campaign were also planned. Members were informed that some schools already had effective strategies and interventions in place.

In response to a query regarding monitoring elective home education, the Head of Achievement explained that the Local Authority had an Elective Home Education Policy and Parental Guidance document, which contained the procedures to be followed where parents/carers made the decision to educate their children at home. The Local Authority's Elective Home Education Team offered advice, support and guidance to those parents/carers who were educating their children. The team also maintained a database of pupils being educated at home and assessed arrangements to fulfil the Local Authority's statutory duty. In response to the Member's query regarding whether parents had a duty to engage with the Local Authority, the Head of Achievement advised she would seek clarification from the Elective Home Education Team and provide feedback.

A discussion ensued with regard to elective home education. The Head of Achievement commented that further information regarding the support provided by the Elective Home Education Team, and the number of children being educated at home, would be circulated to the scrutiny panel.

The scrutiny panel was advised that Middlesbrough Achievement Partnership had facilitated school leaders in a poverty proofing working group. It was added a poverty proofing guide would be developed for all schools, in the new academic year, based upon best practice and research. The Local Authority also funded Children North East to carry out poverty proofing

reviews in three Middlesbrough schools (as a pilot), and a brief guide had been developed by the schools and shared with others. The Parent Support Advisory Network was a key mechanism in sharing best practice between schools.

Members heard that, as part of the School Improvement project, the Local Authority had worked with a range of developing schools in central and east Middlesbrough who were struggling to improve their levels of achievement and progress. Those schools often had the highest percentages of children living in deprivation and strategies were offered to schools to raise aspirations and develop teaching and leadership strategies to close achievement gaps.

Following the summer 2018 outcomes, five of the primary schools (originally identified as developing through their outcomes data) improved to the extent that they were no longer in the category. Summer 2019 outcomes suggested that 8 primary schools in the category improved to the extent that they were no longer classed as developing. Fourteen schools eligible for developing schools funding had been inspected by Ofsted during the School Improvement project. All of those schools had retained their previous judgement (all but one were good or outstanding) and two retained their outstanding judgements, despite outcomes that were lower than the national average. 89% of schools in Middlesbrough were now good or better. The majority of school Ofsted reports recognised the improvements in areas funded through the School Improvement project and recognised the Local Authority's contribution to improving pupil outcomes. Members were also informed that the work had achieved a positive impact on the expected progress of pupils at KS2.

In response to a Member's query regarding engagement with the academy trusts, the Head of Achievement advised that effective working relationships had been developed with all schools in Middlesbrough.

Primary outcomes for those living in deprivation were assessed using data in respect of those pupils eligible for FSM and the Pupil Premium. The Head of Achievement explained that Middlesbrough children living in deprivation began their formal learning at a lower point than their peers. By the end of their first school year in Reception, approximately 14% less children living with deprivation achieved the age-related expectation compared to all other Middlesbrough children. Although it was a struggle to help those children achieve the same progress as their peers, and the gap widened as they moved through their Primary education years, compared to the National data the gap was not as wide. In 2018, the end of KS2 children living in deprived areas of the town were doing better than similar children nationally. Similarly with KS4 data, as children moved into secondary school the gap widened in outcomes for children living in deprivation against all other children, but it was not as wide as the national gap.

The Head of Achievement advised that there was variance across schools, with some schools achieving better outcomes for FSM children than others. The School Improvement Strategy allowed for sharing of best practice and provided support to schools to enable them to develop and excel, regardless of their current level of achievement. There were good signs of progress for some of Middlesbrough's schools with the highest levels of deprivation in the town.

The Public Health Consultant provided potential considerations for the scrutiny panel, which included:

- changing the narrative on poverty to remove stigma and focus on social justice;
- maximising the resources available, across all agencies (including the Voluntary Community Sector);
- actively engaging with partners on tackling poverty;
- developing a more cohesive and coordinated approach; and
- developing practices to mitigate against the root causes of poverty, not just the impact.

AGREED as follows:

That the information presented at the meeting be considered in the context of the scrutiny panel's investigation

3 OVERVIEW AND SCRUTINY BOARD - AN UPDATE

The Chair presented an update on the matters that were considered at the meeting of the Overview and Scrutiny Board on 5 September 2019. At the meeting, the Board considered the following items:

- Executive Member Update: Finance and Governance
- Scrutiny Work Programme
- Executive Forward Work Programme
- Role of Ad Hoc Scrutiny Panel
- Scrutiny Panel Progress Report

AGREED

That the update be noted.

4 ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

The proposed draft aim and terms of reference for the review of 'Addressing Poverty Issues and the Impact on Learning' were tabled at the meeting for Members' consideration.

A discussion ensued regarding the focus of the new investigation and the format of future meetings.

AGREED:

That the terms of reference, for the review, be agreed as detailed:

- a) **To examine local child poverty rates.**
- b) **To investigate the effects of poverty on learning and educational achievement.**
- c) **To examine the work being undertaken by the Local Authority and its partners to:**
 - **Tackle the root causes of poverty.**
 - **Raise the educational attainment of pupils from disadvantaged backgrounds (for example, through a focus on early years and use of the Pupil Premium).**
- d) **To identify good practice and evidence-based approaches that aim to tackle poverty and remove barriers to learning.**

That the Chair of the Financial Inclusion Group and the Member Engagement Manager for the North East Child Poverty Network be invited to the next meeting to submit evidence.