

YOU MATTER TO US - CORPORATE PARENTING BOARD

A meeting of the You Matter to Us - Corporate Parenting Board was held on Thursday 13 March 2025.

PRESENT:	Mayor C Cooke (Chair) and Councillors D Jackson and L Young
ALSO IN ATTENDANCE:	A Hart - Care Ambassador K Shah - Dental Public Health Consultant, NHS England.
OFFICERS:	D Alaszewski, V Banks, G Field, L Grabham, T Jelfs, C Lunn, K Peacock and K Smith
APOLOGIES FOR ABSENCE:	Councillors P Storey and Z Uddin

24/19 **WELCOME AND FIRE EVACUATION PROCEDURE**

The Chair welcomed all attendees to the meeting and explained the fire evacuation procedures.

24/20 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

24/21 **MINUTES - YOU MATTER TO US - CORPORATE PARENTING BOARD - 30 JANUARY 2025**

The minutes of the You Matter to Us - Corporate Parenting Board meeting held on 30 January 2025 were submitted and approved as a correct record.

****SUSPENSION OF COUNCIL PROCEDURE RULE NO. 4.13.2 - ORDER OF BUSINESS****

In accordance with Council Procedure Rule No. 4.57, the Board agreed to vary the order of business to deal with the items in the following order: 6, 5, 7 and 8.

24/22 **CARE EXPERIENCED YOUTH UPDATE**

The Voice and Influence Manager and a Care Ambassador provided a Care Experienced Youth Voice update to the Board.

As a preliminary, the Board was advised that two of the Care Ambassadors had recently stepped down from the role after an 18-month period. The Chair wished to express his gratitude to them both and requested that a note of thanks be recorded in the minutes.

The following matters were raised as part of the update:

- The Care Ambassadors had met with Pathways and were developing an engagement and events plan for 2025. They would all meet once a month to review progress.
- The Care Ambassadors had met with the Head of Corporate Parenting and Fostering to discuss progress and would continue to meet every six weeks - to include other key decision makers.
- The Care Ambassadors would be asked to support several events during Social Work Week.
- The 'We Matter' group - Middlesbrough's Children in Care Council (CiCC) - had received a visit from the Fostering Service Manager, who had sought views around the fostering feedback forms that cared for young people were given. This work currently continued.
- Two members of the 'We Matter' group who would be attending the Regional CiCC residential in April, had attended a regional meeting hosted by Sunderland. All the cared for and care experienced young people present were asked their views on what should be discussed at this year's regional CiCC conference. Views were sought on

digital inclusion and they were provided with information pertaining to the residential. The Care Ambassador would also be attending the residential.

- The 'We Matter' group worked with the fostering service to host an event at Jump 360. Two members attended and supported 16 young people to have a voice. The fostering team asked those who fostered about their experiences, and the fostered young people were asked questions about who they approached for support, how they shared their views in their cared for meeting, and what they thought about using an app to share their views.
- The Voice, Influence and Change Group met on the first Wednesday of every month. Numbers were still low and Pathways were working hard to encourage attendance from their young adults. Pathways would identify two champions in the team to promote participation and events; one member of Pathways would attend the group meetings.
- The Voice, Influence and Change Group would be holding a social event on 26 March 2025 for the young adults to come together for food and fun.
- Over the next few months, the Care Ambassadors hoped that a decision would be made regarding the opportunities and incentives that should be made available to care experienced young adults, including Apprenticeships and Volunteering.
- The Change the Language initiative would go live mid-March 2025.

During discussion, the following points were raised:

- The Mayor referred to proposals regarding the Middlesbrough Priorities Fund and corporate parenting. It was hoped that the matter would be resolved within the next two months.
- The Director of Children's Care advised that a work programme for the You Matter to Us - Corporate Parenting Board would be devised in due course. It was requested that increased consultation with the Care Ambassadors be undertaken during the development of the programme.

The Chair thanked the Voice and Influence Manager and the Care Ambassador for their attendance and contributions to the meeting.

NOTED

24/23

CHILDREN IN CARE UPDATE

The Chair welcomed Kamini Shah, Consultant in Dental Public Health, NHS England for North East and Yorkshire, to the meeting, who delivered a presentation to the Board.

The presentation focused on the following topics:

- Service Evaluation of a Tees Valley Dental Access Referral Pathway for Safeguarding Clinicians Assessing Children in Care; and
- Dental Attendance for Children in Care: Facilitators and Barriers.

As part of the presentation, Members were appraised of several matters, including:

- The requirement for every child in care to receive an annual dental check-up. It was explained that having monitored this, Local Authorities had identified problems with provision. Statistics in respect of 2021/22 were provided as follows:

Local Authority	Percentage of Children in Care not receiving an annual dental check (21/22)	Numbers of Children in Care not receiving an annual dental check (21/22)	Eligible Cohort
Stockton	57%	253	445
Hartlepool	29%	73	254
Redcar and Cleveland	12%	27	231
Middlesbrough	19%	70	370
Darlington	11%	21	190
Tees Average	25%	444	1490

- The aims of the Tees Valley Safeguarding Referral Pilot.
- The Tees Valley Dental Access Care Pathway for children having child protection medicals and 'children in our care' health assessments (Initial and Review Health Assessments).
- Audit referral data for the period January - July 2023.
- Quotations from various professionals, including Community and Consultant Paediatricians and Children in Care Nurses, on the importance and rationale for commissioning a dental access referral pathway, and the impact of it on general dental access, referrers and families.
- Conclusions from the pilot, which included: the identification of significantly unmet dental needs; that the dental access referral pathway had addressed a gap in services for safeguarding clinicians to refer children requiring general dental care; that there was variability in referral rates and patterns, which could be optimised with further updates to clinical referral teams; and recognition of a need for mechanisms for post-referral follow-up to be more robustly implemented.
- Facilitators and barriers around dental attendance for Children in Care in Stockton-on-Tees were highlighted, which included the positive impact that seeing the same dentist, and having matters explained to them, could have on attendance. Other carer-reported facilitators to improve access included: oral health passport; referral to a named dental practice; and convenient appointment times, i.e. after work or school. Barriers included: school commitments; difficulties obtaining time off work; the child being refused; and child behaviour concerns.
- In terms of Stockton-on-Tees, Children in Care had good access to and positive experiences of dental care, and the implementation of a dental access referral pathway may have contributed to increased attendance rates.
- Recommendations arising from the pilot, for the attention of the North East North Cumbria Integrated Care Board (NENC ICB) and to Local Authorities, were highlighted. Regarding the NENC ICB, these concerned:
 - The continued commissioning of dental practices to provide facilitated services, and to provide ongoing updated lists of these to clinical teams.
 - The consideration of extending the referral pathway to other NENC areas and safeguarding professionals.
 - Further work/evaluation to explore the views of families and Children in Care about the impact of the dental access referral pathway.

In terms of the Local Authorities, promotion was key. This included promotion of the dental access referral pathway with social work teams and independent review officers; and promotion of the use of the dental access referral pathway with their commissioned 0-19 service. Consideration of the introduction of an oral health passport to share oral health information between carers and health professionals had also been recommended.

To ensure dissemination/availability of appropriate information, recommendations had been made around the following:

- Information on dental charge exemptions should be provided to children and young people over the age of 16 and still in the care system, and they should be encouraged to get dentally fit prior to the charges coming into effect.
- Information should be made available to carers about the availability of referral-based specialist paediatric services that may be more suitable to provide care for extremely anxious children.

The Director of Children's Care thanked the Consultant for the work undertaken in respect of the pilot and commented that it had made a significant difference. In response to a subsequent enquiry as to the extension of the pilot scheme, the Consultant indicated that the pilot had been extended on the back of the dental access initiative for the duration of the next financial year. It was explained that, because the future of the scheme beyond that time was currently unknown, contingency arrangements would be established to ensure that the pathway and progress made would result in something sustainable going forward.

The Director of Children's Care referred to the barrier concerning appointments during school hours and queried whether there was opportunity to offer more appointments outside of

school hours. In response, the Consultant advised that this had been difficult to address, but further consideration would be given.

The Director of Children's Care referred to dental charge exemptions and queried whether there was scope to provide free dental checks for Children in Care up to age 25. In response, the Consultant advised that this was a national payment system and therefore neither Integrated Care Boards nor NHS England could change this. If, however, resources were available locally to offer this, it could perhaps be considered. The Chair felt that the cost implications associated with this could be looked into, potentially to offer provision up to the ages of either 21 or 25.

A Member referred to schools and the work taking place to offer advice to providers that would support children/families without access to dental health services. In response, Members were appraised of a historical 'Adopt a School' scheme that linked schools and practices together. It was also explained that if school staff identified children experiencing dental pain, who did not have access to a dentist, an urgent care service was available via 111 and appointment slots. A short discussion ensued in relation to Urgent Access Dental Centres (UADCs) and urgent appointment allocations. It was indicated that there were plans for two further UADCs within the patch, with scoping work for potential localities currently taking place.

The Chair thanked the Consultant for her attendance and contributions to the meeting.

The Head of Corporate Parenting and Fostering presented a report, the purpose of which was to inform the Board of the current numbers and brief circumstances of children in the Council's care, and the actions being taken to improve the experience and outcomes for children in the Council's care.

The following matters were highlighted:

- Of the children currently in the Council's care, 345 were supported by the Children Looked After teams. 21 were supported by Social Workers in the Children with Disability Service; 147 children and young people were subject to permanence planning within the Safeguarding and Care Planning Service; and three children were cared for and open to the Assessment teams.
- Work currently taking place by the Safeguarding and Care Planning Service, in relation to supporting applicable children, included reviewing care plans and working with the courts.
- Reunification processes, including the impact/delays associated with DBS checks.
- Timescales around Care Order discharges (around 16 weeks) and the number of orders/related applications currently being processed.
- The permanency of staff within the Corporate Parenting Service workforce.
- Approval for a Modernising Fostering transformation project had been granted in February 2025. The project covered a variety of tasks, including the creation of a Kinship Team, which would provide support to carers when Orders, such as Special Guardianship Orders or Child Arrangement Orders, had been granted. The service would also implement a review process to check that Support Plans continued to meet need, or that amendments could be made, as required, to reflect changes within the family. The Team Manager had been recruited for this team; Social Workers were currently being recruited.
- With regards to foster carers, work on recruitment and appropriate support provision continued.
- Regarding 16 and 17 year olds, the Council currently had 111 young people. 14% (16) were Not in Employment, Education or Training (NEET) and 60% (67) were in Employment, Education or Training (EET). 28 children had no defined outcome and data was being worked on within the teams to resolve some recording issues.
- There were 249 care experienced young people who were open to the Pathways Service. 71 were aged between 21 and 25, with 176 aged between 18 and 21. 47% (118) care experienced young people were Not in Employment, Education or Training (NEET), 51% (127) were in Employment, Education or Training (EET). Four young people showed as having no defined outcome; data was being worked on within the teams to resolve some recording issues.
- The Pathways Service had continued to develop following the focused visit by Ofsted

in July 2024. To assist with forward planning, work continued with Housing and Health to advise needs as soon as they were known. A Care Leavers Hub was being established to replace pop-up drop ins.

During discussion, the following points were raised:

- A Member suggested that the Director of Regeneration be invited to the 3 April 2025 You Matter to Us meeting to provide an update regarding the Care Leavers' Hub and a timeline for completion.
- The Chair commented on the importance of the projects, such as those around reunification and kinship, that were taking place. The Director of Children's Care advised that further details had been provided at a recent Transformation Board meeting, which had focused on the outcomes that the projects aimed to achieve. Further details could be circulated to Members, if requested.
- The Chair referred to the Kinship Team and the support offered to carers in terms of preparing for the role and queried whether any example preparatory documents were available that could be shared. This would be looked into.
- Members thanked the Director of Children's Care for the work that had been undertaken in relation to HR and creating more permanent roles within Children's Services. It was acknowledged that work was on-going, but work carried out to date had been successful.

The Chair thanked the Head of Corporate Parenting and Fostering for the information provided.

AGREED that:

1. **Regarding the possibility of increasing dental provision for those in care (currently capped at age 18) to either age 21 or 25, the potential costs of this would be looked into.**
2. **The Director of Regeneration would be invited to the next scheduled You Matter to Us meeting (3 April 2025) to provide an update on the Care Leavers' Hub and the timeline for completion.**
3. **Regarding Kinship Care and the work that was carried out to prepare carers for undertaking this role, case study documentation detailing processes/procedures would be circulated, as appropriate.**
4. **The information, as provided, was noted.**

24/24

YOU MATTER TO US - PERFORMANCE

The Director of Children's Care provided information to the Board in relation to service performance. Members were referred to the 'Children's Services Analysis Tool (ChAT)' document, which was based on Ofsted's ILACS Annex A dataset / Inspection Report, and which had been circulated as part of the agenda pack.

The snapshot data for the last six months covered the following areas:

- Children Looked After (CLA) started and ceased in the last six months.
- CLA with an open episode of care.
- CLA Placements.
- CLA Health and Missing / Absent from Placement.
- Care Leavers Eligibility, PA Allocation and Pathway Plans.
- Care Leavers Demographics and UASC.
- Care Leavers Pathway Plan and Contact Timescales.
- Care Leavers PA Allocation and In Touch.
- Care Leavers Accommodation Suitability and Type.
- Care Leavers Activity (Education, Employment, or Training).

Members heard that there were 508 children currently in care which, statistically, was of a similar level to neighbouring local authorities. It was indicated that preventative work was a key driver in reducing the number of children entering care. Increased work in the gateway system; the implementation of family hubs; and work with SHiFT were some of the initiatives being undertaken.

In response to an enquiry from a Member regarding the number of CLA started and ceased in the last six months, the Board was advised that there had been a reduction in those numbers. There were several potential reasons behind this - work was currently taking place to insert additional categories within the dataset to help identify these.

In terms of pathway plans, it was explained that the Pathways team had been undertaking work with colleagues in Islington to further develop service provision. A short discussion ensued in relation to the model adopted by Islington and the barriers that faced Middlesbrough. Consideration was given to staff training and turnover. The importance of performance, quality and consistency in planning performance was highlighted.

Regarding missing incidents and return home interviews, it was indicated that all CLA with a missing incident (72 of 580 within the last 12 months) had been offered a return to home interview. 68% of these had been accepted. A weekly report of the respective statistics was generated.

The Chair thanked the Director of Children's Care for the report.

NOTED

24/25

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

None.