LiveWell

SOUTH TEES

HEALTH & WELLBEING BOARD

SOUTH TEES

JSNA

Joint Strategic Needs Assessment

JUNE 2024

MISSION

_____

We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030.

GOAL

_____

We want to eliminate the attainment gap at 16 among students receiving free school meals

Contents

1. Introduction

1.1 Mission led approach

The South Tees Health & Wellbeing Boards have agreed to a "mission-led" approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	**Children and Young People have the Best Start in Life** We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles	**People live healthier and longer lives** We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle	**More people lead safe, independent lives** We want more people leading independent lives through integrated and sustainable support

1.2 Start well strategic aim

There are three missions within the start well strategic aim. **The first mission relates to narrowing the outcome gap for children growing up in disadvantage, the second mission relates to improving education, training and work prospects for young people and the third missions relates to improving young peoples mental health**. The second goal within the first mission, and the focus on this needs assessment looks at the attainment gap at 16 among students receiving free school meals.

Aims	Mission	Goal
Start Well	**We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030**	**We want to eliminate the school readiness gap between those born into deprivation and their peers.**
		We want to eliminate the attainment gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	**Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities**
		We will have no NEETs in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.
	We will prioritise and improve mental health and outcomes for young people	**Embed sustainable school based mental health support and support education partners in the establishment of whole school based programmes**
		Improve access to mental health care and support for children, young people and families, led by needs.

2. What is our mission and why do we need to achieve it?

2.1 The mission

We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030.

2.2 Why do we need to achieve it?

Unicef identify 5 key domains that facilitate school readiness: physical well-being and motor development; social and emotional development; approaches to learning; language development; and cognition and general knowledge.

For too many children, especially those living in the most deprived areas, educational failure starts early. Children from affluent backgrounds are more likely to begin primary school with higher personal, social and emotional development and communication, language and literacy skills than their poorer peers. Children from affluent areas are on average 10% more ready than middle-ranking families and 30% ahead of those at the bottom. [1].

The gap continues to widen whilst children are in school. Only 18.3% of disadvantaged pupils in Middlesbrough achieve grade 5 or above (Grade 5 is recognised as a "strong pass" for the purposes of school accountability only), compared to 25.2% of disadvantaged children in England. Middlesbrough rate of 18.3% is 18th highest out of 152 local authorities in England. Disadvantaged pupils in Redcar & Cleveland performs slightly better compared to England with 26.4% achieving this grade.

To ensure that children and young people in our area have happy adult lives we need to narrow the outcome gap between children growing up in disadvantage and the national average by 2030. Quite simply, **happy and healthy children generally grow to become happy and healthy adults.**

A sole focus on the educational curriculum will not narrow the outcome gap between children growing up in disadvantage and the national average by 2030, therefore we need to focus on social determinants as much as the educational issues.

---

[1] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020), "Health Equity in England: The Marmot Review 10 Years On", Institute of Health Equity; 2020, Available at: Health Equity in England: The Marmot Review 10 Years On - The Health Foundation (accessed: 31 October 2023).

3. What is our goal and why do we need to achieve it?

3.1 What is our goal?

The attainment gap between pupils eligible for free school meals and their peers has continued to grow over the last 20 years, particularly in locations where poverty is at its highest. South Tees is one of these areas and has significant socio-economic challenges that have driven inequalities around attainment in recent years.

In 2019 the Institute of Fiscal Studies published the Deaton Review _inequalities in the 21st Century which evidenced that –

- Inequalities – including GCSE disadvantage gap – have barely changed over a twenty year period.
- Inequalities due to family circumstances emerge well before school starts.
- Equalities persist throughout primary school and into secondary school.
- Improved educational performance correlates directly to improved family economic status.
- The Covid pandemic has impacted on the attainment of poorer primary school pupils twice as hard as their more affluent peers.

In South Tees around one in five of our children start school behind their peers and are below the bar of the school readiness marker set by government. This immediately highlights that problems associated with low attainment at 16 years of age start early and cannot solely be attributed to their experience in school.

Our local workforce regularly highlight that generational issues that predate birth are often the chief factor in low attainment but this not the only one. Factors vary but low aspirations, low familial literacy levels, poor health, poverty and disadvantage and entry into the criminal justice system are regularly cited as reasons. It is important to highlight that whilst there are significant challenges, many local families overcome barriers daily just to get their children to school and are very resilient in lots of areas of their life.

Research evidence highlights that educational performance improves as family income goes up. Just over 10% of young people in middle-earning families gained at least one A or A* grade at GCSE, compared to a third of pupils from the wealthiest tenth of families These inequalities lead to vast gaps in earning, by the age of 40 the average UK employee with a degree earns twice as much as someone qualified to GCSE level or below[2].

Cultural Capital

Cultural capital is a term introduced by Pierre Bourdieu to refer to the symbols, ideas, tastes, and preferences that can be strategically used as resources in social action. He sees this cultural capital as an embodied socialised tendency or disposition to act, think, or feel in a particular way. This is linked intrinsically with economic capital thus more affluent parents are able to endow their children with the linguistic and cultural competences that will give them a greater likelihood of success at school and at university. Disadvantaged children without access to such cultural resources, are less likely to be successful in the educational system. Bourdieu concludes that education reproduces class inequalities. (Bourdieu, P. (1979) *Distinction*).

---

[2] Farquharson C, McNally S, I.Tahir I (2022), "Lack of progress on closing educational inequalities disadvantaging millions throughout life", Nuffied Foundation (2022), Available at: Lack of progress on closing educational inequalities disadvantaging millions throughout life | Inequality: the IFS Deaton Review (accessed: 31 October 2023).

Ofsted added the term 'cultural capital' to the inspection handbook in 2019[3]. It defines it as:

... the essential knowledge that pupils need to be educated citizens, introducing them to the best that has been thought and said and helping to engender an appreciation of human creativity and achievement.
This was further defined by the Chief Inspector in 2019 to explain that is about pupils being able to learn about and name things, that are for many, outside their daily experience.

3.2   Why do we need to achieve it?

This JSNA focuses on eliminating the attainment gap at 16 among students receiving free school meals

Why does attainment matter?

Education and skills are important for future wellbeing and for the area of South Tees as a whole. They ensure children and young people develop the knowledge and understanding, skills, capabilities, and attributes that they need for mental, emotional, social and physical wellbeing now and in the future.

What does success look like?

Our overall goal is to eliminate the attainment gap at 16 among students receiving free school meals. To do this we need the following building blocks in place:
- An understanding of children who make up the attainment gap
- A greater understanding of the experiences of children who make up the gap
- Understand which areas of focus will make the biggest difference to narrowing the attainment gap
- Benchmark progress to show how we are mitigating the gap over time

---

[3] School inspection handbook - GOV.UK (www.gov.uk)

4. Key data and drivers for change?

Attainment

Key Stage 1

At around five years of age children are measured in school to assess their level of development. Those achieving a Good Level of Development at the end of Reception Early Years Foundation Stage (EYFS) outcomes are seen as 'School Ready'. School Readiness is generally defined as 'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life'[4]

In South Tees around one in five of our children start school behind their peers and are below the bar of the school readiness marker set by government. UNICEF identify the following as key dimensions of school readiness[5]:

1. Ready children, focusing on children's learning and development.
2. Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children.
3. Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school.

In Middlesbrough, the proportion of children achieving good level of development historically is stubbornly below England. However, outcomes in 2023 for this cohort did improve and saw a narrowing of the attainment gap by 2% from 8.7% to 6.7%. Also, improved on local scores by 4.4% from 2022.

Key Stage 2

In Middlesbrough the proportion of Key Stage 2 children (11-year-olds) achieving 'expected' standards in Maths and Reading at KS2 improved from 57% in 2022 to 59% in 2023 eliminating the gap with England and are an improving trend since 2019 (pre-pandemic outcomes).

These statistics cover the attainment of Key Stage 2 pupils who took assessments in summer 2023 (GOV.UK, 2023) and show that:

- 59% of pupils met the expected standard in reading, writing and maths (combined)
- 69% of pupils met the expected standard in reading; an increase of 1% on 2022 scores but 4% lower than England
- 71% of pupils met the expected standard in mathematics; an increase of 3% on 2022 scores meaning a narrowing of the gap to national by 2%

---

[4] www.gov.uk (2023), "Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five", Department for Education (2023), Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1170108/EYFS_framework_from_September_2023.pdf (accessed: 10 November 2023).

[5] Rebello Britto P (2014), "School Readiness: a conceptual framework", UNICEF (2014), Available at: School Readiness. A conceptual Framework. UNICEF (leicestershire.gov.uk) (accessed: 10 November 2023).

- 74% of pupils met the expected standard in writing; an increase of 6% on 2022 scores and 3% above England
- The disadvantaged gap index is down from 3.23 in 2022 to 3.20 in 2023.

Based on key stage 1 outcomes, pupils at the end of key stage 2 make more than expected progress compared to their peers nationally.

4.1 Key Stage 4 background

Key stage 4 relates to two years of school education which incorporates GCSEs. This period is normally known as year 10 and year 11 when pupils are aged 14 to 16 years old. This is for state-funded schools. The GSCE reform were introduced in 2015 and results issued in 2017 for English language, English literature and maths first then the remaining subjects changed in the subsequent years.

Instead of grades A* - G, new reformed GCSEs are graded 9-1:
- Grade 7 equates to grade A
- Grade 4 equates to grade C
- Grade 1 equates to grade G

Grade 4 represents a "standard pass" and the Department for Education (DfE) state this as being a "credible achievement for a young person that should be valued as a passport to future study and employment". Grade 5 is recognised as a "strong pass" for the purposes of school accountability only[6].

The Covid-19 pandemic had a significant effect on key stage 4 performance. In both 2020 and 2021, public exams were cancelled, and grades were awarded using different systems, known as Centre Assessment Grades (CAGs) and Teacher Assessed Grades (TAGs). The grades awarded using CAGs and TAGs were higher, on average nationally, than those awarded in previous years with 71.2% of pupils in 2020 and 72.2% in 2021 achieving a grade 4 or above in English and maths GCSEs, compared to 64.9% in 2019. In 2021/22, to avoid a sudden sharp fall in grades, they were adjusted to a level between their peak in 2021 and the level in 2019, the year before the pandemic affected exams. In 2022/23 there was a return to pre-pandemic standards for GCSEs with 65.1% of pupils achieving a grade 4 or above in English and maths GCSEs.

There are **five main measures** for secondary school performance at key stage 4
- **Pupils who achieve a grade 5 or above in English and maths**
- **Attainment 8**
- **EBacc entry measure**
- **EBacc average point**
- **Progress 8**

Attainment 8 is a measure published annually showing the average academic performance of a secondary school. It is calculated by adding together pupils' highest scores across eight government approved school subjects. While these numbers are not made publicly available on a pupil-by-pupil basis, scores taken from across a school year group are averaged to produce a school's overall score. The eight subjects are divided into three categories, called "buckets" with grades converted into points:

---

[6] Secondary accountability measures 2023-2024 guidance (publishing.service.gov.uk)

- Bucket 1 - English and maths, which are worth double marks, but English will only count for double marks if both English literature and English language are taken. The higher grade of the two is used;
- Bucket 2 – The top three scores from the English Baccalaureate (EBacc) subjects taken, i.e. sciences, computer science, history, geography and languages;
- Bucket 3 – The top three scores from remaining EBacc subjects or other government approved qualifications (e.g. other GCSEs or Level 2 Certificates in some technical subjects).

The English Baccalaureate (EBacc) is a set of subjects at GCSEs which are considered essential to accessmany university degrees and can offer greater career opportunities. The EBacc is English language and literature, maths, the sciences, geography or history and a language. Research shows that a pupil's socio-economic background impacts the subjects they choose at GCSE, and that this determines their opportunities beyond school. A study by the UCL Institute of Education shows that studying subjects included in the EBacc provides students with greater opportunities in further education and increases the likelihood that a pupil will stay on in full-time education[7].

Secondary schools are measured on the number of pupils that take GCSEs in these core subjects. Schools are also measured on how well their pupils do in these subjects. Pupils' attainment is calculated as an **EBacc average point score**, meaning that all results at all grades count towards the EBacc. Although the EBacc keeps young people's options open, the EBacc may crowd out a more diverse curriculum and may close some options for students, e.g. creative arts.

Progression 8 is a measure of the progress made by pupils between the key stage 2 SATs and the key stage 4 attainment. Progress 8 is a type of 'value-added' measure that indicates how much a secondary school has helped pupils improve over a five year period when compared to a government-calculated expected level of improvement. The measure takes a pupil's performance in relation to their peers at primary school level, compares it with their performance at GCSEs and then establishes whether the individual has progressed at, above or below the expected level.

4.2 2022/23 attainment overview

English and maths skills are essential building blocks for any career and play an important role in helping people both find and sustain employment.

Figure 1 below shows the percentage of pupils achieving grades 4 or above or grades 5 or above in English and maths for the latest academic year of 2022/23. In Middlesbrough the rate of pupils achieving grade 4 (standard pass) was significantly lower at 55.89% compared to the North East at 62.2% and England at 65.1%. Redcar & Cleveland has a much higher rate and is higher than the England rate at 65.3%. The rate of pupils achieving grades 5 or above is much lower both locally and nationally. The Middlesbrough rate of 33.9% in 2022/23 is the 6th lowest rate of 151 local authorities in England, whilst Redcar & Cleveland's rate of 45% ranks much higher at 85th. In Middlesbrough this equates to 1,058 out of 1,600 key stage 4 pupils and 872 out of 1,586 pupils in Redcar & Cleveland who did *not* achieve a grade 5 or above in GCSE English and maths.

---

[7] English Baccalaureate (EBacc) - GOV.UK (www.gov.uk)

Figure 1: Pupils achieving grades 4 or 5 in English and maths

Pupils achieving GSCE grades 4 or above and grades 5 or above in English and maths (%) - 2022/23

Grade 4 ▪ Grade 5

Location	Grade 4	Grade 5
Middlesbrough	55.8%	33.9%
Redcar & Cleveland	65.3%	45.0%
North East	62.2%	41.7%
England	65.1%	45.3%
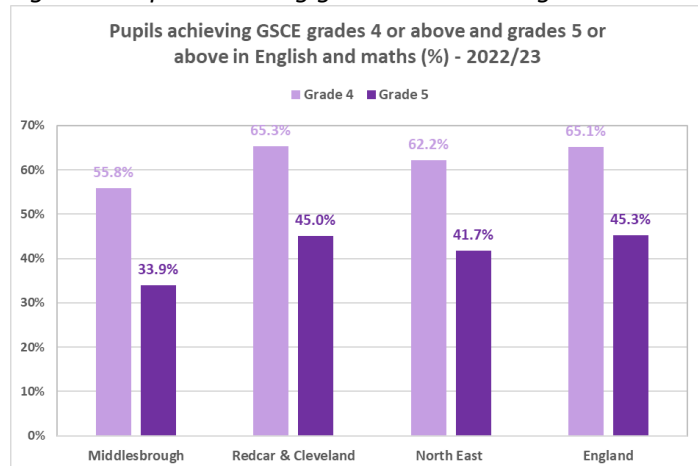
Source – DfE, GOV.UK

As previously highlighted the 2022/23 academic results and previous year's results are not comparable due to changes in grading, however a comparison can be made with the 2018/19 data, the last year that summer exams were taken before the pandemic (figure 2). The national picture shows a small increase of 1.9% from 43.4% in 2018/19 to 45.3% in 2022/23. The North East rates show a similar small rise. Redcar & Cleveland saw a much larger rise with a 4.8% rise from 40.2% in 2018/19 to 45% in 2022/23. Middlesbrough however has seen a small decrease of 0.6%. Middlesbrough was amongst 30 local authorities who saw a decrease in performance between the periods.

Figure 2: Trends in pupils achieving grade 5 or above in English and maths

Trends in pupils achieving grade 5 or above in English and maths (%)

▪ 2018/19 ▪ 2022/23

Location	2018/19	2022/23
Middlesbrough	34.5%	33.9%
Redcar and Cleveland	40.2%	45.0%
North East	39.6%	41.7%
England	43.4%	45.3%
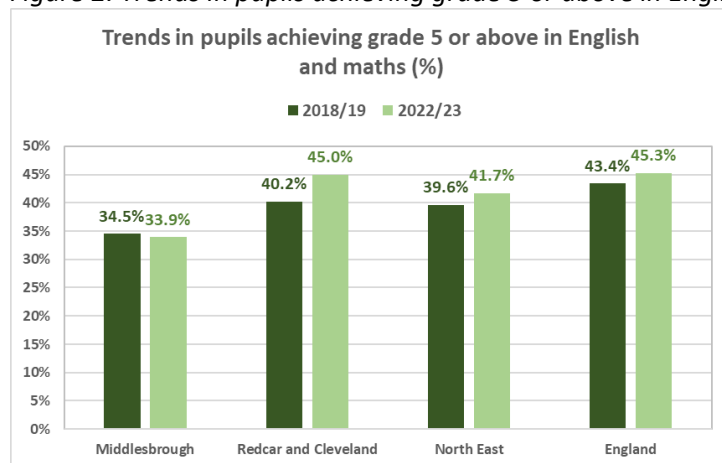
Source – DfE, GOV.UK

Average attainment 8 score for 2022/23 show a similar pattern to grade 5 or above achievement in English and maths. Middlesbrough's average attainment 8 score was 40 compared to 46.3 in England. Redcar & Cleveland was much higher at 45.2 which was higher than the North East average. Trends as shown in Figure 3 below follow a similar pattern with reductions in Middlesbrough and increases seen in Redcar & Cleveland. Whilst achievement levels for English and maths increase as shown above, attainment 8 levels saw small decreases in the North East and England.

Figure 3: Trends in attainment 8 score

Trends in average Attainment 8 score

■ 2018/19   ■ 2022/23

	Middlesbrough	Redcar and Cleveland	North East	England
2018/19	41.5	43.8	44.7	46.8
2022/23	40	45.2	44.4	46.3
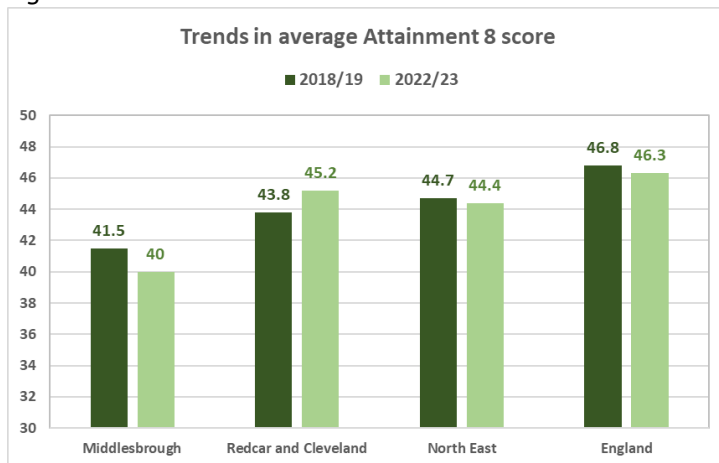
Source – DfE, GOV.UK

4.3 EBacc

In Middlesbrough a smaller proportion of pupils entered for all five EBacc components (English, maths, a science, a language and a humanities) in 2022/23 with only 32.8% pupils entered compared to 39.4% in England. Redcar & Cleveland has a much greater entered rate at 41.9% of pupils. Figure 4 below shows the entry proportions compared between 2018/19 and 2022/23. In England the entry rate decreased slightly from 40.1% in 2018/19 to 39.4% in 2022/23. The North East saw an increase between the two periods and both South Tees local authorities saw significantly increased entry rates, particularly in Redcar & Cleveland where rates increased from 23.5% in 2018/19 to 41.9% in 2022/23.

Far greater proportions of girls are entering the EBacc compared to boys with 43.9% for girls and 35% for boys in England. The gap is larger in Middlesbrough with 37.8% of girls and 27.6% of boys entering the EBacc. In Redcar & Cleveland 45.1% of girls and 38.9% of boys are entering the EBacc.

Figure 4: Pupils entered into the full EBacc

Pupils entered into the EBacc (%)

■ 2018/19   ■ 2022/23

	2018/19	2022/23
Middlesbrough	22.2%	32.8%
Redcar and Cleveland	23.5%	41.9%
North East	33.2%	36.9%
England	40.1%	39.4%
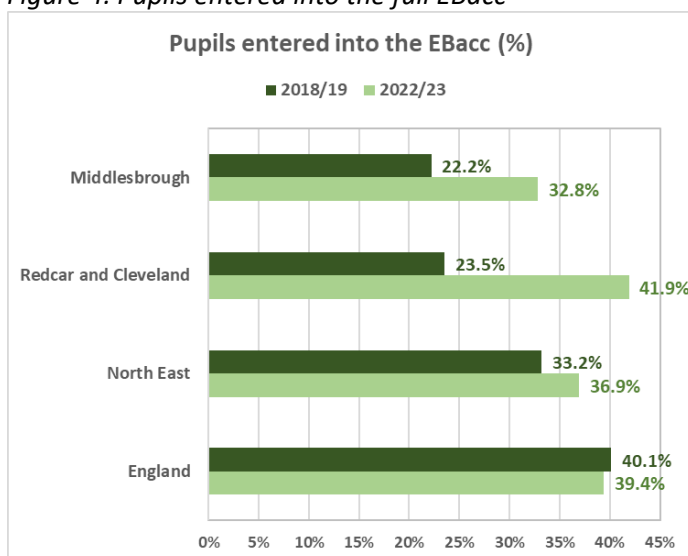
Source – DfE, GOV.UK

Figure 5 below shows the average point score (APS) for pupils entering the Ebacc. For those children in Middlesbrough who enter the EBacc, their average scores are lower than pupils entering the EBacc in Redcar & Cleveland, regionally and nationally. The APS in 2022/23 for all pupils in England was 4.06, with the highest APS for a local authority at 5.42 and the lowest at 2.81. Girls have a higher average score compared to boys both locally and nationally.

Figure 5: Average EBacc APS per pupil

	Average Ebacc APS score per pupil		
	Total	**Boys**	**Girls**
Middlesbrough	3.4	3.19	3.61
Redcar and Cleveland	3.97	3.86	4.09
North East	3.83	3.65	4.02
England	4.06	3.88	4.25

Source – DfE, GOV.UK

Figure 6 below shows the percentage of pupils achieving grade 5 or above in each of the five EBacc component in 2022/23. Proportions are highest in the English component with 64.2% in Redcar & Cleveland compared to 60.6% in England. Middlesbrough is much lower at 51.1%. For Redcar & Cleveland proportions are lowest for humanities and science and in Middlesbrough scores are lowest for languages and science.

Figure 6: EBacc achievement per component
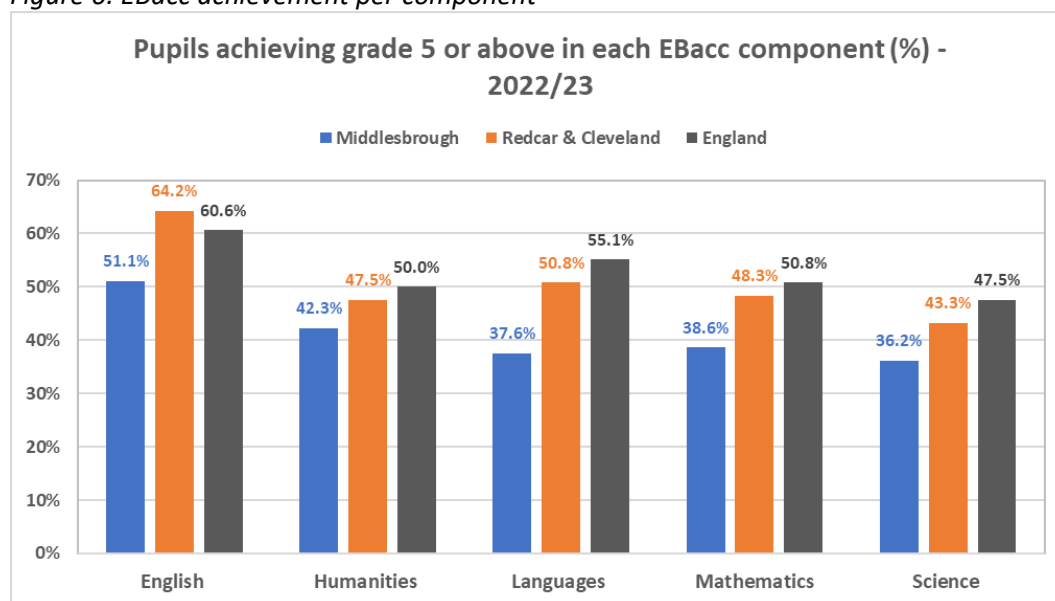
Source – DfE, GOV.UK

4.4 Demographics

Attainment 8 scores by sex as highlighted in Figure 7 below show that boys have a lower score compared to girls both regionally and nationally. The gap in 2022/23 was 4.5 points between boys and girls in England. In Redcar & Cleveland the gap is smaller at 4.1 points. Boys in Middlesbrough have a significantly lower attainment 8 score at 37.2 compared to 44.1 in England. The gap is larger in Middlesbrough between boys and girls at 5.6 points.

Figure 7 below also shows the difference between scores by sex between 2018/19 to 2022/23. The gap narrowed in England moving from 5.4 in 2018/19 to 4.5 in 2022/23 with a decrease in attainment for girls and a similar attainment level for boys. A similar picture is seen at North East level. In Middlesbrough the attainment gap increased from 4.5 in 2018/19 to 5.6 in 2022/23 with a decrease in girls attainment and a larger decrease in boys attainment. Whilst in Redcar & Cleveland the gap reduced from 5.2 in 2018/19 to 4.1 in 2022/23 with attainment 8 scores increasing in both boys and girls.

Figure 7: Attainment 8 scores by sex
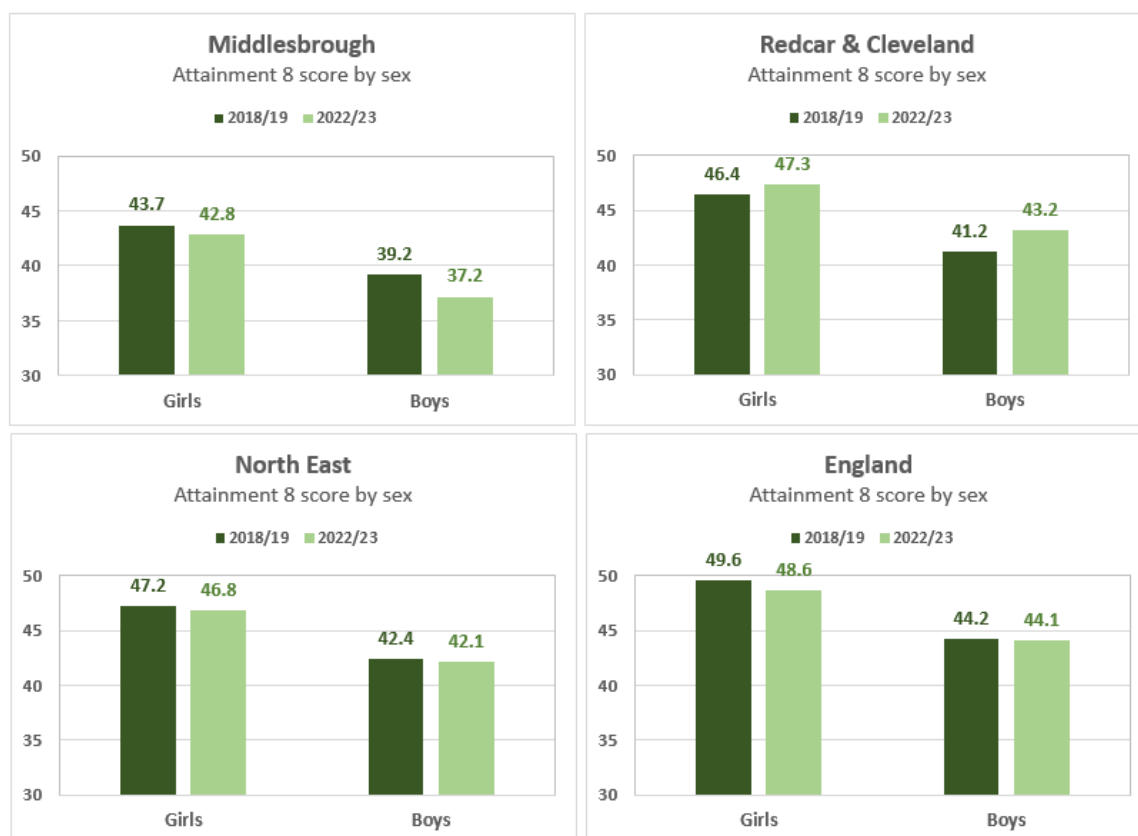
Source – DfE, GOV.UK

Redcar & Cleveland has a much smaller proportion of ethnic minority groups at 4.2% in 2022/23 compared to 22.2% in Middlesbrough and 26.3% in England, as shown in Figure 8. In Middlesbrough pupils who are in the Asian, Black and Mixed ethnicity groups have significantly higher attainment 8 scores compared to those in the white British category. Although pupil numbers are small in Redcar & Cleveland, scores are also higher in the Asian and Black categories. In England pupils in the Asian ethnicity category also have higher attainment 8 scores, however those in the Black and Mixed categories have similar scores to those in the white British category.

Figure 8: Attainment 8 scores by ethnicity

		Total	White	Asian	Black	Mixed	Other	Unknown
Middlesbrough	**Pupils**	1,600	1,226	180	44	92	39	19
	Attainment 8	40	38.4	48.1	47.8	44.9	37.6	31.9
Redcar & Cleveland	**Pupils**	1,586	1,484	19	8	28	11	36
	Attainment 8	45.2	45.1	54.3	55	44.2	45.8	41.9
England	**Attainment 8**	46.3	45.1	53.4	46.7	46.8	48.7	42.3

Source – DfE, GOV.UK

4.5 Progress 8

The progress 8 score shows how much progress pupils at schools have made between the end of key stage 2 and the end of key stage 4, compared to pupils across England who got similar results at the end of key stage 2.

- A score of zero means that the school's pupils progressed at a rate in line with the average rate of progression of other children across the country who achieved similar results at the end of Key Stage 2.
- A score above zero means that the school's pupils have progressed more than children across the country who achieved similar results at the end of Key Stage 2.
- A score below zero means that pupils made less progress than children across the country who achieved similar results at the end of Key Stage 2. A negative score does not mean there was no progress, but rather that pupils made less progress than at schools with higher scores.

In 2022/23 the Redcar & Cleveland progress 8 score was -0.33 and in Middlesbrough the score was -0.46, suggesting that pupils locally are making less progress between key stage 2 and key stage 4 compared to similar pupils nationally. Figure 9 below shows the progress 8 scores for Middlesbrough and Redcar & Cleveland secondary schools mapped against the rate of free school meal eligibility with the school. Only four schools within South Tees have a progress score above 0 showing pupils have progressed more compared to the England rate. There is a correlation between progress 8 and free school meal eligibility rates locally with some schools with 50% or higher of free school meal eligibility showing progress 8 scores that are well below the England average.

Figure 9: Progress 8 scores by secondary school vs free school meal eligibility
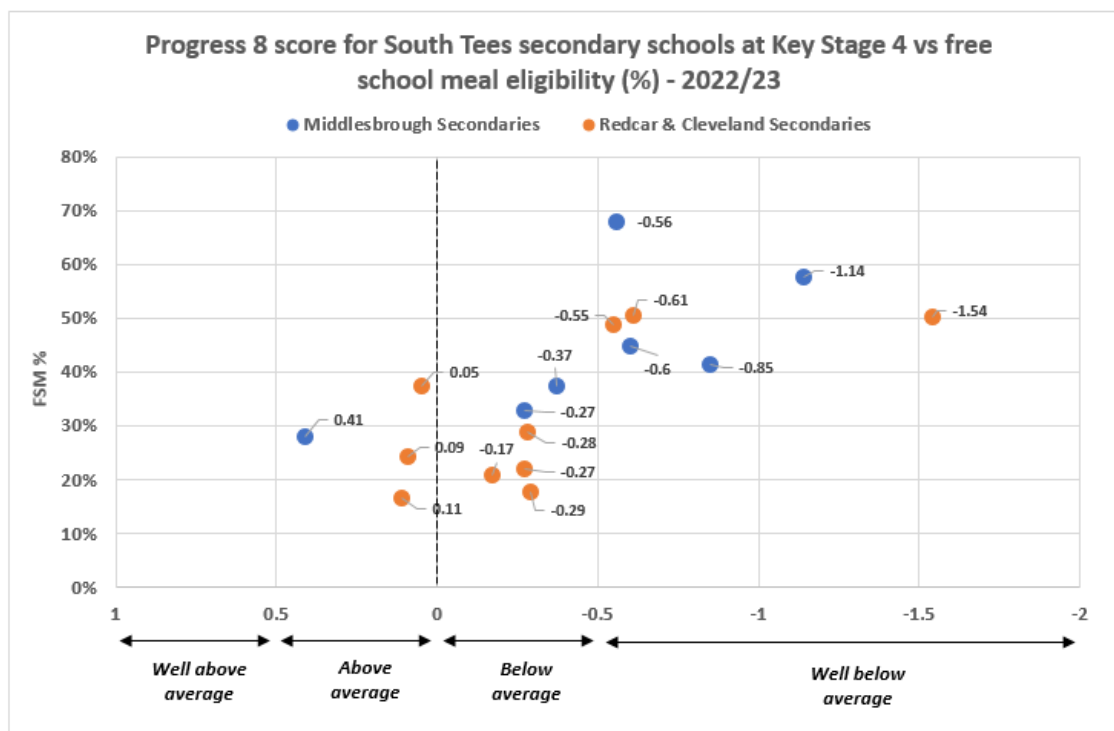
Source – DfE, GOV.UK

4.6 Disadvantage Status

Pupils are defined as disadvantaged if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they are recorded as having been looked after for at least one day or if they are recorded as having been adopted from care. Figure 10 below shows that Middlesbrough has a much larger proportion of pupils in key stage 4 in 2022/23 who were classified as disadvantaged at 44.7% compared to England at 26.2%. Redcar & Cleveland's figure was slightly higher than England at 28.9%,

Figure 10: Disadvantaged pupils – 2022/23

	KS4 Pupils	Disadvantaged pupils	
	No.	No.	%
Middlesbrough	1,600	715	44.7%
Redcar & Cleveland	1,586	458	28.9%
England	603,648	157,984	26.2%

Source – DfE, GOV.UK

Figure 11 below shows that in 2022/23 the average attainment 8 for disadvantaged pupils was significantly lower than non-disadvantaged pupils both locally and nationally. Not only does Middlesbrough have a much larger proportion of disadvantaged pupils but these pupils have much lower attainment 8 scores compared to disadvantaged pupils in Redcar & Cleveland and England. There was also a larger change when comparing 2018/19 data to 2022/23 data with a 2.2 score reduction in Middlesbrough compared to 1.7 score reduction in England. In Redcar & Cleveland however, there was an increase in attainment for disadvantaged pupils between the two periods.

Figure 11: Attainment by disadvantaged pupils

	Disadvantaged			All other		
	2018/19	2022/23	Change	2018/19	2022/23	Change
Middlesbrough	33.5	31.3	-2.2	48.1	47.1	-1
Redcar and Cleveland	33.3	34.5	1.2	48.6	49.5	0.9
North East	34.9	33.5	-1.4	49.4	49.5	0.1
England	36.8	35.1	-1.7	50.4	50.3	-0.1

Source – DfE, GOV.UK

Just focusing on pupils who achieve a grade 5 or above in English and maths GCSEs, only 18.3% of disadvantaged pupils in Middlesbrough achieve this grade, compared to 25.2% of disadvantaged children in England. Middlesbrough's rate of 18.3% is 18th lowest out of 152 local authorities in England. Disadvantaged pupils in Redcar & Cleveland perform better compared to England with 26.4% achieving this grade.

4.7 Prevalence of long-term conditions

Data provided by NECS business intelligence team shows the prevalence of long-term conditions (LTCs) in the under 18s population in Middlesbrough and Redcar & Cleveland, taken from GP practice systems. The quality of the data is reliant coding completed within practice, which can be inconsistent. Although many adult LTCs fall within the Quality and Outcomes Framework (QOF) which encourages consistent coding, but this does not cover most conditions in under 18s. Recorded ADHD prevalence, in particular, is significantly below that expected from national surveys.

Figure 12 below shows the number and rate per 1,000 population of long term conditions for under 18 year olds, as a snapshot taken in October 2023. Asthma is the most common LTC followed by autism spectrum disorder ad common mental health disorders. Rates of Asthma are similar in Middlesbrough and Redcar & Cleveland compared to the North East. Both Middlesbrough and Redcar have lower rates of autism spectrum disorders, common mental health disorders and anxiety disorders.

Figure 12: Prevalence of long term conditions in under 18s

Long Term Conditions (under 18s)	Middlesborough		Redcar and Cleveland		North East
	No.	Rate	No.	Rate	Rate
Asthma	1,349	36.9	1,038	38.8	37.8
Epilepsy	126	3.4	112	4.2	3.8
Diabetes	82	2.2	81	3.0	2.8
Serious Mental Illness	<5	0.1	<5	0.0	0.1
Common Mental Health Disorders	698	19.1	499	18.6	24.0
Anxiety Disorder	662	18.1	465	17.4	22.7
Depression	88	2.4	93	3.5	3.1
Learning Disabilities	163	4.5	230	8.6	7.0
Autism Spectrum Disorder	727	19.9	645	24.1	41.3
ADHD	<5	0.1	6	0.2	0.5

Source – NECS business intelligence team

Figure 13 below shows the rate per 1,000 of LTCs by age group in under 18s. Prevalence of mental health disorders increases significantly with age and are especially high in the 17 year old age group. Asthma rates start increasing at a much younger age, with the rate of 5-10 years higher in Redcar & Cleveland compared to England. Autism spectrum disorder is also higher in younger age groups compared to other LTCs.

Figure 13: Prevalence of long-term conditions in under 18s by age group

Long Term Conditions (under 18s)	Middlesborough					Redcar and Cleveland					North East & North Cumbria				
	under 1	1 to 4	5 to 10	11 to 16	17 only	under 1	1 to 4	5 to 10	11 to 16	17 only	under 1	1 to 4	5 to 10	11 to 16	17 only
Asthma	0.0	9.7	39.3	53.5	45.8	0.0	10.9	46.7	49.9	41.6	0.1	8.6	41.4	52.9	49.3
Epilepsy	0.6	2.0	3.1	4.3	7.7	0.0	1.8	5.0	5.1	4.9	0.5	1.8	3.8	5.1	4.8
Diabetes	0.0	0.5	2.0	3.7	2.6	0.0	1.0	2.8	4.4	4.9	0.1	0.5	2.2	4.4	5.8
Serious Mental Illness	0.0	0.0	0.0	0.2	1.5	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.7
Common Mental Health Disorders	0.0	0.0	4.8	36.1	89.5	0.0	0.4	4.2	32.6	85.1	0.2	0.4	6.3	44.6	98.8
Anxiety Disorder	0.0	0.0	4.8	34.5	81.8	0.0	0.4	4.1	30.6	77.1	0.2	0.4	6.2	42.4	89.7
Depression	0.0	0.0	0.1	3.8	20.1	0.0	0.0	0.1	5.7	22.0	0.1	0.0	0.2	4.8	22.6
Learning Disabilities	0.6	1.6	2.3	7.9	10.3	0.9	1.8	5.5	14.4	17.7	0.9	2.0	6.0	10.5	13.4
ASD	0.0	9.0	24.9	23.2	22.1	0.0	10.3	25.0	30.0	43.5	0.0	13.4	47.1	55.1	46.6

Source – NECS business intelligence team

Prevalence of LTCs in under 18s by deprivation deciles show that Asthma prevalence is more common in more deprived areas, particularly in Middlesbrough, whilst prevalence amongst the other three most common LTCs of common mental health disorders, autism spectrum disorder and anxiety disorder are highest in the most affluent areas of South Tees.

4.8 Mental Health

Figure 14 below shows the number and rate per 1,000 population of mental health conditions for under 18 year olds by age group, as a snapshot taken in October 2023. For all under 18s both Middlesbrough and Redcar & Cleveland has lower rates for common mental health disorders and anxiety disorders compared to the North East and North Cumbria average rate. Redcar & Cleveland has a higher rate for depression compared to the region, however the Middlesbrough rate is lower. Prevalence of mental health disorders increase significantly with age and are especially high in the 17 year old age group.

Figure 14: Prevalence of mental health conditions in under 18s by age group

Long Term Conditions (under 18s)	Middlesbrough								Redcar & Cleveland								North East & North Cumbria			
	5 to 10		11 to 16		17 only		Total		5 to 10		11 to 16		17 only		Total		5 to 10	11 to 16	17 only	Total
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Rate	Rate	Rate	Rate
Common Mental Health Disorders	62	4.8	462	36.1	174	89.5	698	19.1	38	4.2	320	32.6	139	85.1	499	18.6	6.3	44.6	98.8	24.0
Anxiety Disorder	62	4.8	441	34.5	159	81.8	662	18.1	37	4.1	300	30.6	126	77.1	465	17.4	6.2	42.4	89.7	22.7
Depression	<5	0.1	48	3.8	39	20.1	88	2.4	<5	0.1	56	5.7	36	22.0	93	3.5	0.2	4.8	22.6	3.1

Source – NECS business intelligence team

Prevalence of mental health conditions in under 18s by deprivation deciles show that in Middlesbrough, the highest rates across the three conditions are seen in the most affluent decile 10, followed by decile 8 and then by the more deprived decile 3. In Redcar & Cleveland the prevalence rates are more evenly distributed, with the highest rate seen in decile 8.

Figure 15: Prevalence of mental health conditions by deprivation decile
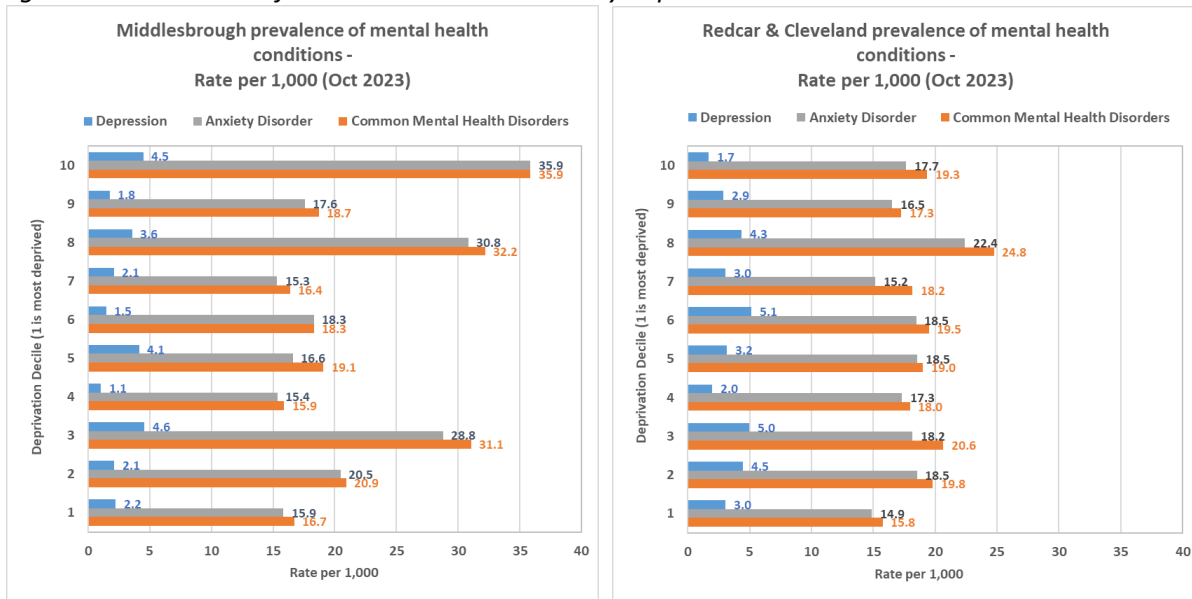
Source – NECS business intelligence team

Figure 16 below shows the rate per 1,000 population for mental health conditions by wards in South Tees for under 18s. The table is ordered by the highest rate for common mental health disorders. The rates for common mental health disorders and anxiety disorders follow a similar patter with the highest rate seen in Coulby Newham ward in Middlesbrough, followed by Saltburn ward in Redcar & Cleveland. The most deprived wards in Middlesbrough of Central, Newport and North Ormesby wards have significantly lower rates. Rates of depression fluctuate more across wards in South Tees, although rates are high in Coulby Newham, Saltburn, Skelton East and Eston.

Figure 16: Prevalence of mental health conditions by ward (rate per 1,000)

South Tees Wards	Common Mental Health Disorders	Anxiety Disorder	Depression
M - Coulby Newham	60.3	57.6	6.7
R&C - Saltburn	44.3	41.8	7.6
M - Nunthorpe	29.8	27.9	2.9
R&C - Loftus	27.4	25.7	3.5
M - Hemlington	26.5	26.5	0.7
R&C - St Germain's	25.8	21.2	5.5
R&C - Belmont	25.0	22.9	6.3
R&C - Brotton	24.0	22.3	4.1
M - Park End & Beckfield	23.4	21.8	3.7
M - Berwick Hills & Pallister	22.5	21.8	2.8
M - Stainton & Thornton	22.4	22.4	0.9
R&C - Guisborough	22.3	21.6	6.5
M - Brambles & Thorntree	21.9	19.3	5.0
R&C - Skelton East	21.9	20.6	6.9
M - Acklam	21.6	20.1	3.0
R&C - West Dyke	21.5	20.2	3.3
M - Ladgate	21.3	21.3	1.6
R&C - Skelton West	20.9	20.0	5.5
M - Longlands & Beechwood	20.4	19.5	1.9
M - Marton West	20.3	19.2	3.4
M - Ayresome	19.8	17.7	3.7
M - Trimdon	19.4	19.4	2.3
R&C - Coatham	18.8	15.9	2.9
R&C - Eston	18.7	16.5	7.2
R&C - Kirkleatham	18.3	17.1	3.1
R&C - Newcomen	18.2	18.2	2.1
R&C - Dormanstown	17.5	16.4	1.0
M - Marton East	17.1	17.1	1.4
R&C - Hutton	16.0	15.0	1.0
R&C - Zetland	15.7	14.4	5.2
R&C - Wheatlands	14.8	14.8	1.1
M - Kader	14.7	14.7	1.1
R&C - Grangetown	14.4	13.8	2.6
R&C - Ormesby	13.4	12.6	1.7
M - Linthorpe	13.0	9.7	4.1
M - Park	12.9	12.5	1.5
R&C - Teesville	12.3	10.8	3.1
R&C - Normanby	10.6	9.8	0.8
R&C - Longbeck	10.0	10.0	2.0
R&C - South Bank	9.5	8.9	0.7
M - North Ormesby	7.9	6.9	1.0
R&C - Lockwood	7.6	7.6	0.0
M - Newport	7.0	6.7	1.0
M - Central	6.7	6.7	0.3

Source – NECS business intelligence team

4.9 Special educational needs and Disabilities (SEND)

The SEND category indicates whether a pupil has learning difficulties or disabilities that make it harder for them to learn than most children of the same age. Pupils with special educational needs include those with SEN support or an education, health and care (EHC) plan. In 2022/23, 16.5% of pupils at the end of key stage 4 in state-funded schools had a special educational need in England. In Middlesbrough this figure is much higher at 23.1% and in Redcar & Cleveland the figure is slightly above the England rate at 17.3%, as shown in Figure 17.

The rate of those with a SEN state EHC is slightly higher in Middlesbrough compared to Redcar & Cleveland, whilst the rate of pupils with SEN Support is significantly higher in Middlesbrough compared to Redcar & Cleveland and England. The proportion of SEN pupils has increased nationally from 14.2% in 2018/19 to 16.6% in 2022/23. In Redcar & Cleveland the proportion has increased slightly from 16% to 17.3% whilst in Middlesbrough the proportion has remained similar.

Figure 17: SEN pupils – 2022/23

	KS4 Pupils	SEN State EHC		SEN Support	
	No.	*No.*	*%*	*No.*	*%*
Middlesbrough	1,600	87	**5.4%**	283	**17.7%**
Redcar & Cleveland	1,586	75	**4.7%**	199	**12.5%**
England	603,648	26,997	**4.5%**	73,069	**12.1%**

Source – DfE, GOV.UK

In 2022/23 pupils with SEN have significantly lower attainment that pupils without SEN both locally and nationally. The attainment 8 score for those with a SEN state EHC is similar between Middlesbrough and the North East but Redcar & Cleveland and England have higher rates of attainment. Not only does Middlesbrough have a higher proportion of pupils with SEN support but these pupils have lower attainment rates compared to Redcar & Cleveland and regional and national rates. Figure 18 shows attainment rates for pupils with SEN state EHC have increased both locally and nationally when comparing 2018/19 attainment to 2022/23, however attainment for pupils with SEN support show that attainment has increased in Redcar & Cleveland, North East and England whilst attainment has decreased in Middlesbrough.

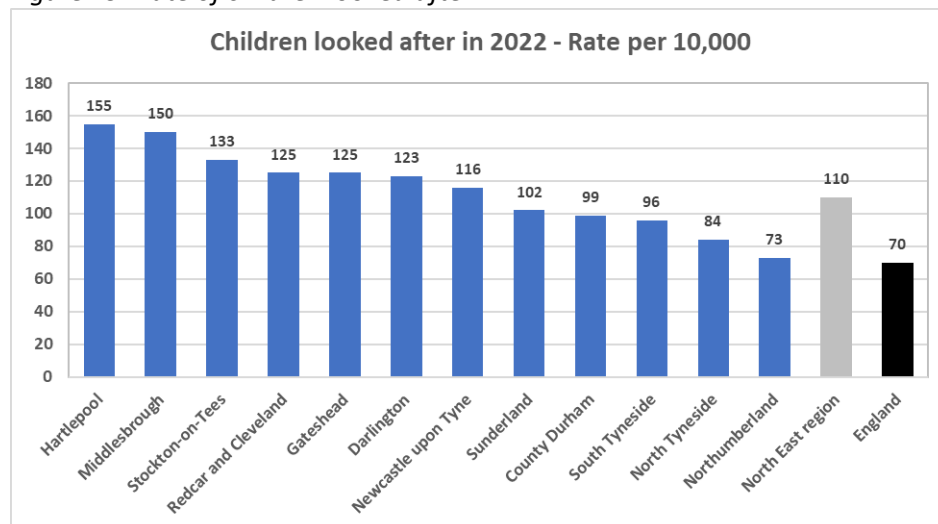*Figure 18: Attainment 8 score for SEN pupils – 2022/23*
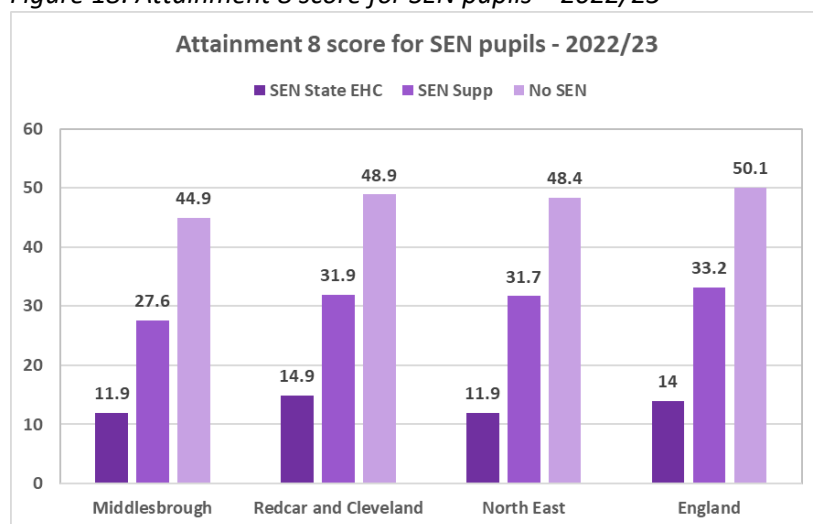
Source – DfE, GOV.UK

4.10 Children in Care/Children with a Social Worker

Children in Care can be amongst the most vulnerable of learners. Many have had a disrupted education before coming into care, poor attendance, school moves, multiple exclusions and possibly elective home education. For those children coming into care late in their secondary school journey many have significant learning gaps. Many will have suffered trauma and have attachment difficulties which impact upon neurological development. It is well researched and evidenced that the fight, flight or freeze response leading to the child often being hyper- vigilant will negatively affect their ability to focus in a school environment, until they feel safe and secure. This in turn has an impact on many of the skills needed for good learning. Children Looked After will inevitably suffer from a sense of loss whether this is due to being removed from birth family or bereavement, or they may feel very different to their peer group due to their circumstances. This often leads to low self-esteem, which again can affect confidence and the willingness to try new experiences and challenges.

Figure 19 below shows the rate of children who are looked after in the North East in 2022. All local authorities in the North East have a higher rate compared to England. In 2022 Middlesbrough had 502 children looked after or a rate of 150 per 10,000 compared to 70 per 10,000 in England. Redcar & Cleveland had 341 children looked after or a rate of 125 per 10,000. The Middlesbrough rate was the 6th highest and Redcar & Cleveland was the 12th highest for the number of looked after children out of 150 local authorities in England.

Figure 19: Rate of children looked after

Children looked after in 2022 - Rate per 10,000

Area	Rate per 10,000
Hartlepool	155
Middlesbrough	150
Stockton-on-Tees	133
Redcar and Cleveland	125
Gateshead	125
Darlington	123
Newcastle upon Tyne	116
Sunderland	102
County Durham	99
South Tyneside	96
North Tyneside	84
Northumberland	73
North East region	110
England	70

Source – Local Health, OHID

Virtual Schools exist to ensure that the education provided to Children in Care takes appropriate account of these factors in providing a bespoke approach suited to their needs. Children Looked After also experience changes in fostering arrangements, residential and care placements which can affect their schooling. This has been evidenced as a factor that impacts on outcomes by the research undertaken by the Rees Research Centre (The Educational Progress of Looked After Children in England: Linking Care and Educational Data, Nov 2015).

A Personal Education Plan (PEP) is a legal requirement for all looked after children. It is a document that provides a comprehensive overview of the educational needs, goal and support required for Children Looked After (CLA). The PEP is designed to ensure that children in care receive the necessary support and guidance to achieve their academic and personal goals.

End of key stage unvalidated data for the 2022/23 academic year provided by Middlesbrough Virtual School shows;

- In EYFS there were 18 children in the qualifying cohort and 40 % achieved GLD. This is a 13% increase from 21/22. Of the cohort 44% had SEND (6% having an EHCP).

- There were 11 children in the qualifying cohort at KS1 and 18% achieved the expected standard in Reading, Writing, Maths Combined, 46% achieved the expected standard in Reading, 18% achieved the expected standard in Writing. Three children in this cohort were working at Pre-Key Stage Standards and consequently did not meet EXS in any area. Two of these had an EHCP and are at special schools. One has SEN Support and is at a mainstream school.

- There were 18 children in the qualifying cohort at KS2, 32% achieved the expected standard in Reading, Writing, Maths Combined, 52% achieved the expected standard in Reading, 49% achieved the expected standard in Writing and 52% achieved the expected standard in Maths.

Of the overall cohort 56% had SEND (26% with an EHCP). Three children with an EHCP were disapplied – two now attend a special school.

- At KS4 there were 38 children in the qualify cohort, 16% of those students achieved grade 4s in both English and Maths, 29% achieved a grade 4 or above in English and 24% in Maths.

4.11 Speech, language and communication

Data provided by NECS business intelligence team shows unique attendances/referrals at SALT services for under 17 year olds in Middlesbrough and Redcar & Cleveland during a period between April 2021 and October 2023. Figure 20 shows the number and rate per 1,000 population across age bands for the Tees Valley local authorities. Middlesbrough has the highest rates for under 17s in Tees Valley with 2,460 attendances or a rate of 78 per 1,000 population. Redcar & Cleveland is also higher than the Tees Valley average with 1,809 attendances or a rate of 71 per 1,000 population.

The greatest number of referrals Is in the under 5 age band, and this is highest in Redcar & Cleveland with a rate of 169 per 1,000, followed closely by Middlesbrough at 168 per 1,000. In the 5-10 year old age band, Middlesbrough is second highest in Tees Valley with 68 per 1,000 and Redcar & Cleveland's rate is lower at 52 per 1,000. Middlesbrough's rate for the 11-16 year old cohort is similar to the Tees Valley average at 15 per 1,000, whilst Redcar & Cleveland's rate is higher at 19 per 1,000.

Figure 20: Under 17s attending SALT by age band

Local Authority	Under 5			5 to 10			11 to 16			Total (under 17s)		
	SALT	Pop.	Rate	SALT	Pop.	Rate	SALT	Pop.	Rate	SALT	Pop.	Rate
Darlington	890	5,473	163	552	7,648	72	128	7,887	16	1,570	21,008	75
Hartlepool	753	4,969	152	402	6,749	60	149	7,018	21	1,304	18,736	70
Middlesbrough	1,492	8,881	168	801	11,775	68	167	11,012	15	2,460	31,668	78
Redcar and Cleveland	1,137	6,747	169	490	9,506	52	182	9,390	19	1,809	25,643	71
Stockton-on-Tees	1,433	10,602	135	624	15,106	41	147	15,135	10	2,204	40,843	54
Total	5,705	36,672	156	2,869	50,784	56	773	50,442	15	9,347	137,898	68

Source – NECS business intelligence team

Figure 21 shows the number of Speech and Language Therapy (SALT) service attendances over the previous four financial years across Tees Valley. The 2020/21 financial year saw a significant increase in SALT attendances, particularly in Middlesbrough and Redcar & Cleveland. Numbers reduced significantly in 2021/22 and further still in 2022/23 where attendances in 2022/23 the lowest for South Tees over the four-year periods.

Figure 21: Under 17s attending SALT by year

Local Authority	2019-20	2020-21	2021-22	2022-23
Darlington	691	914	492	869
Hartlepool	955	1,187	481	497
Middlesbrough	801	1,806	1,207	778
Redcar and Cleveland	603	1,617	842	601
Stockton-on-Tees	1,543	2,055	936	796
Total	4,593	7,579	3,958	3,541

Source – NECS business intelligence team

Figure 22 below shows the number and rate of SALT attendances for under 17s by wards in Middlesbrough (highlighted blue) and Redcar & Cleveland (highlighted orange). The highest rate in Middlesbrough were seen in Stainton & Thornton (a less deprived ward), followed by North Ormesby and Brambles & Thorntree which have higher levels of deprivation. In Redcar & Cleveland the highest rates were seen in Skelton West, Teesville, West Dyke which have average levels of deprivation in the local authority

Figure 22: Under 17s attending SALT by ward

Ward	Total Pop.	Under 17s attending SALT		
		Pop.	No.	Rate
M - Stainton & Thornton	3,130	539	75	139
R - Skelton West	4,739	921	127	138
M - North Ormesby	3,077	661	74	112
R - Teesville	5,826	912	99	109
M - Brambles & Thorntree	8,632	2,488	265	107
R - West Dyke	5,947	999	90	90
R - Skelton East	4,212	903	81	90
M - Trimdon	4,966	965	85	88
R - Kirkleatham	7,458	1,556	135	87
R - Normanby	6,724	1,139	98	86
R - Newcomen	5,199	1,192	102	86
M - Hemlington	6,226	1,484	125	84
M - Berwick Hills & Pallister	9,037	2,608	219	84
M - Longlands & Beechwood	10,664	2,730	221	81
M - Acklam	5,616	1,075	86	80
R - Grangetown	6,619	1,975	157	79
M - Park	9,815	2,337	185	79
R - Dormanstown	4,679	1,010	78	77
R - Loftus	6,472	1,289	99	77
M - Park End & Beckfield	7,658	1,693	130	77
M - Newport	12,335	2,995	228	76
M - Kader	5,150	755	57	75
R - Eston	7,578	1,471	111	75
R - Belmont	4,292	698	52	74
M - Marton East	5,424	1,104	78	71
R - Guisborough	8,063	1,327	90	68
M - Ladgate	5,317	1,248	83	67
M - Nunthorpe	4,857	884	58	66
M - Coulby Newham	8,507	1,587	104	66
M - Ayresome	6,161	1,627	105	65
R - Lockwood	2,367	365	23	63
M - Central	13,001	2,481	156	63
M - Marton West	5,183	873	54	62
R - Zetland	4,359	801	48	60
R - Coatham	5,123	838	50	60
R - Ormesby	6,325	1,144	61	53
R - Saltburn	6,060	833	44	53
R - Longbeck	4,026	630	33	52
M - Linthorpe	6,529	1,446	72	50
R - Brotton	6,905	1,335	66	49
R - Hutton	6,420	1,162	46	40
R - South Bank	5,353	1,353	48	35
R - Wheatlands	5,367	1,283	42	33
R - St Germain's	7,115	1,065	29	27

Source – NECS business intelligence team

4.12   Autism Spectrum Disorder (ASD)

Data provided by NECS business intelligence team shows the numbers of referrals of under 1''s for assessment for suspected ASD, outcomes and outstanding requests in Tees Valley during a period between April 2019 to June 2023. Figure 23 below shows the number of referrals and outcomes by financial year in Tees Valley. Numbers of new suspected ASD referrals, closed suspected referrals and patients with an open referral receiving an diagnosis have increased significantly over the 5 year periods, particularly the number of new suspected autism referrals.

Figure 23: Referrals for suspected ASD and outcomes–- Tees Valley

Referrals for suspected ASD and outcomes - Tees Valley	2019/20	2020/21	2021/22	2022/23	Jul 22 - Jun 23
Number of new suspected autism referrals	330	1,365	2,205	5,080	5,200
Number of closed suspected autism referrals	100	400	1,200	2,230	2,480
Number of patients with an open suspected autism referral receiving an autism diagnosis	5	150	545	1,070	1,040

Source – NECS business intelligence team

Figure 24 below shows the number of outstanding referrals for suspected ASD awaiting assessment in Tees Valley. There have been significant increases in the waiting list numbers over the previous four years, with numbers over 20 times what they were in June 2019 (350) compared to June 2023 (8,300).

Figure 24: Referrals for suspected ASD awaiting assessment–- Tees Valley
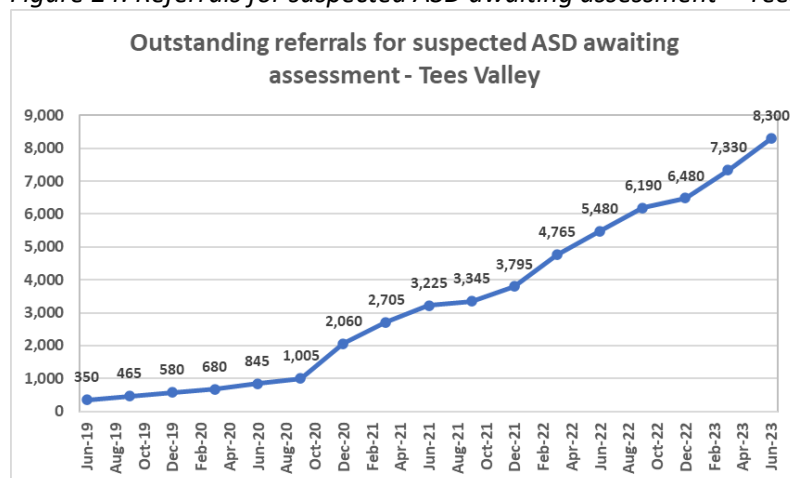
Source – NECS business intelligence team

4.13 Young Carers

A young carer is defined as someone under the age of 18 who looks after relative with a health condition, disability or substance dependence or addiction.

The charity Action for Children's research evidences that up to 1 in 5 of all children are young carers.

The impact of caring responsibilities can be significant with a high proportion of young people experiencing high levels of stress and anxiety, feelings of isolation and loneliness and a sense of being 'different' from their peers. This along, with the time required for caring , can have an adverse impact

on school attendance. The research evidences that as the young person enters secondary education they recognise their duties and responsibilities as a carer and their differing home circumstances from peers exacerbating poor emotional well-being and place limitations on personal pursuits.

There are currently 407 registered young carers within Redcar & Cleveland and 463 in Middlesbrough, all aged between 5-18 years.

4.14 Absence and exclusions

Department for Education found a strong link between absence and exclusions and attainment[1]. In 2019, pupils with higher attainment at KS4 had lower levels of absence over the key stage compared to those with lower attainment. Pupils who did not achieve grade 9 to 4 in English and maths GCSEs in 2019 had an overall absence rate of 8.8% over the key stage, compared with 5.2% among pupils who achieved a grade 4 and 3.7% among pupils who achieved grade 9 to 5 in both English and maths. Generally, the higher the percentage of sessions missed, the lower the level of attainment at the end of the key stage. Among pupils with no missed sessions over KS4, 83.7% achieved grades 9 to 4 in English and maths compared to 35.6% of pupils who were persistently absent.

Overall attendance in educational settings across South Tees runs slightly either side of national rates. Persistent absence is significantly greater than the national average in Middlesbrough, except in special settings. The rate is below national level in all settings in Redcar and Cleveland.

Figure 25: Overall attendance and persistent absence

2022— 23	Overall Attendance %			
	Redcar & Cleveland	M'Bro	National	Regional
All pupils	92.6	90	92.4	92.2
Secondary	91.4	87	90.8	89.9
Primary	94	92.9	93.8	94.1
Special	87.9	89.9	87	87.6

2022-23	Persistent Absence (PA) %			
	Redcar & Cleveland PA	M'Bro PA	National PA	Regional PA
All pupils	23	33	24	24
Secondary	26.2	51	28	29
Primary	18.5	29	20	19
Special	29.3	23	40	36

Source – Middlesbrough and Redcar & Cleveland Council

A permanent exclusion refers to a pupil who is excluded and who will not come back to that school (unless the exclusion is overturned). The permanent exclusion rate is calculated as the number of permanent exclusions divided by the number of pupils (x100). Figure 26 below shows the numbers and rate of permanent exclusions in 2021/22. There was only 1 permanent exclusion in primary schools in South Tees, however, this rose to 45 exclusions in secondary schools in Middlesbrough and 65 exclusions in Redcar & Cleveland. As a rate Redcar & Cleveland is significantly higher at 0.78 compared to 0.31 in North East and 0.16 in England. Middlesbrough rate is lower than Redcar & Cleveland at 0.51 but still higher than the England rate.
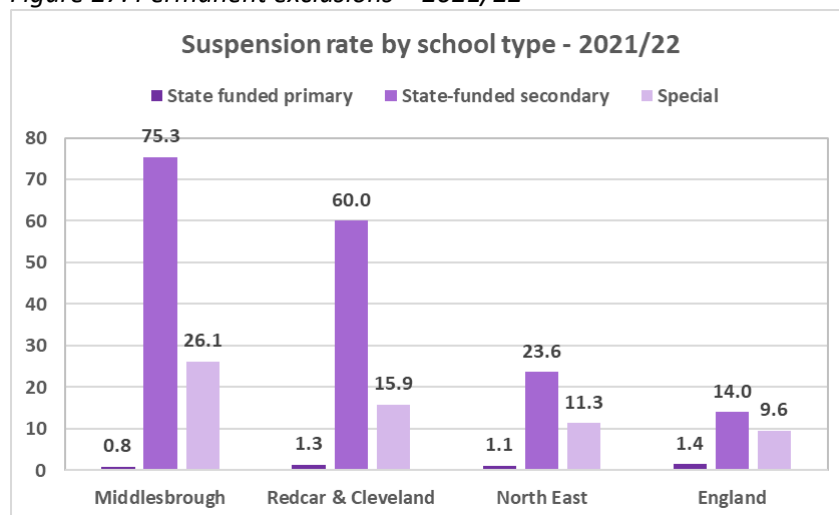
Figure 26: Permanent exclusions – 2021/22

		Middlesbrough	Redcar & Cleveland	North East	England
Total	Headcount	25,362	21,514	393,924	8,368,293
	Permanent exclusions	45	66	531	6,495
	Permanent exclusions (rate)	**0.18**	**0.31**	**0.13**	**0.08**
State funded primary	Headcount	15,910	12,793	220,885	4,655,489
	Permanent exclusions	0	1	21	758
	Permanent exclusions (rate)	**0**	**0.01**	**0.01**	**0.02**
State-funded secondary	Headcount	8,858	8,286	16,982	3,567,402
	Permanent exclusions	45	65	504	5658
	Permanent exclusions (rate)	**0.51**	**0.78**	**0.31**	**0.16**

Source – DfE, GOV.UK

Suspensions, previously known as ''fixed period exclusion'', refers to when a pupil is excluded from a school for a set period of time. A suspension can involve a part of the school day and it does not have to be for a continuous period. A pupil may be suspended for one or more periods up to a maximum of 45 school days in a single academic year. There has been large increases in the secondary suspension rate, with the highest both locally and nationally in 2022/23 compared the previous 10 years.

Figure 27 below shows the suspension rate by school type in 2021/22. There were 129 suspensions in Middlesbrough primary schools and 166 in Redcar & Cleveland primary schools, with the rates similar to that of the North East and England. In secondary schools there was 6,668 suspensions in Middlesbrough and 4,975 in Redcar and Cleveland. As a rate per pupil in Middlesbrough this was 75.3 and in Redcar & Cleveland it was 60, significantly higher than the North East rate of 23.6 and 14 in England. The Middlesbrough suspension rate is the highest of all 152 local authorities in England for 2021/22 and the Redcar & Cleveland rate is the 2nd highest. There were also 155 suspensions in special schools in Middlesbrough and 69 suspensions in Redcar & Cleveland, as a rate there were higher than North East and England.

Figure 27: Permanent exclusions – 2021/22

Source – DfE, GOV.UK

Data on the reason for suspensions and permanent exclusions changed in 2020/21. Up to three reasons may now be recorded for each suspension or permanent exclusion. Figure 28 below shows the reasons for suspensions in secondary schools in 2021/22. The most common reason for suspension was persistent disruptive behaviour with 68.3% in Middlesbrough and 69.8% in Redcar & Cleveland.

This compared to 45.9% in England, however the category of physical assault against a pupil is much higher in England with 14.6% compared to 7% in Redcar & Cleveland and 5.5% in Middlesbrough.

Figure 28: Reason for suspensions – 2021/22

Reason for secondary school suspension	Middlesbrough		Redcar & Cleveland		England
	No.	%	No.	%	%
Persistent disruptive behaviour	5,256	68.3%	3,965	69.8%	45.9%
Verbal abuse or threatening behaviour against an adult	1,274	16.5%	835	14.7%	17.6%
Physical assault against a pupil	420	5.5%	396	7.0%	14.6%
Verbal abuse or threatening behaviour against a pupil	157	2.0%	112	2.0%	4.5%
Drug and alcohol related	100	1.3%	41	0.7%	3.9%
Damage	159	2.1%	68	1.2%	2.4%
Use or threat of use of an offensive weapon/prohibited item	80	1.0%	56	1.0%	2.1%
Physical assault against an adult	97	1.3%	52	0.9%	1.9%
Inappropriate use of social media or online technology	39	0.5%	30	0.5%	1.7%
Racist abuse	25	0.3%	20	0.4%	1.5%
Bullying	28	0.4%	43	0.8%	1.1%
Sexual misconduct	24	0.3%	38	0.7%	1.0%
Theft	28	0.4%	10	0.2%	0.9%
Abuse against sexual orientation and gender identity	8	0.1%	11	0.2%	0.4%
Deliberate breaching of protective measures	6	0.1%	1	0.0%	0.4%
Abuse relating to disability	0	0.0%	3	0.1%	0.0%
All exclusions	7,701	100%	5,681	100%	100%

Source – DfE, GOV.UK

4.15 Pupil Premium

Pupil premium: overview–- GOV.UK (www.gov.uk)

The pupil premium grant, introduced in 2011, is funding to improve educational outcomes for disadvantaged 5-16-year-olds in state-funded schools in England. Pupil premium funding is allocated to eligible schools based on the number of:
- Pupils who are recorded as eligible for free school meals, or have been recorded as eligible in the past 6 years (referred to as Ever 6 FSM)
- Children previously looked after by a local authority or other state care, including children adopted from state care or equivalent from outside England and Wales

Pupil premium is not a personal budget for individual pupils, and schools do not have to spend pupil premium so that it solely benefits pupils who meet the funding criteria. It can be used:
- To support other pupils with identified needs, such as those who have or have had a social worker, or who act as a carer
- For whole class interventions which will also benefit non-disadvantaged pupils

Pupil premium funding is allocated to local authorities based on the number of:
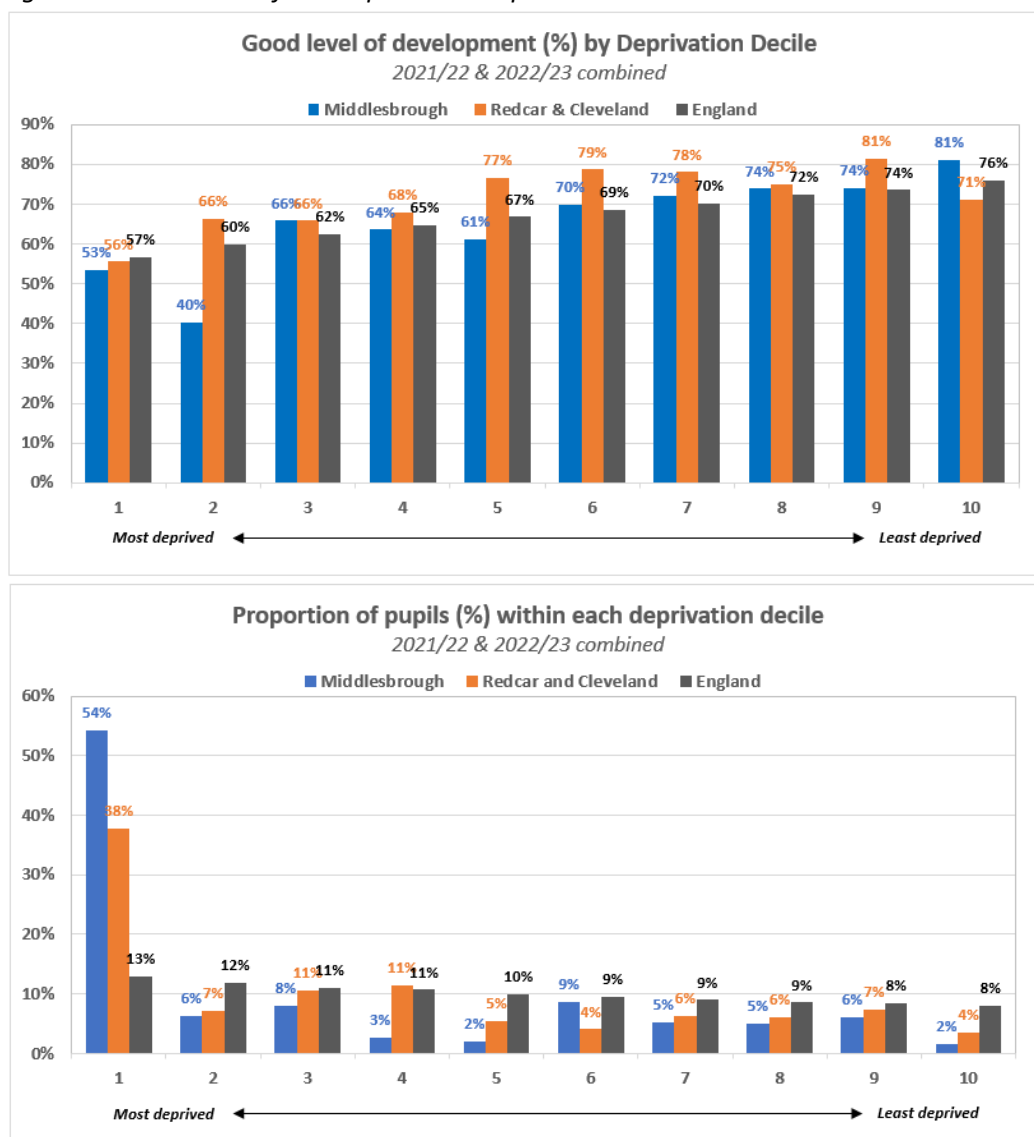- Looked-after children, supported by the local authority
- Pupils who meet any of the eligibility criteria and who attend an independent setting, where the local authority pays full tuition fees

4.16 Deprivation & free school meal eligibility

The levels of school readiness vary significantly by income deprivation. Figure 29 below shows the rate of good level of development by deprivation decile for England deciles and South Tees deciles across both 2021/22 and 2022/23. In England, the percentage of children with a good level of development is higher for children who live in less deprived areas, and lower for children who live in more deprived areas. Overall, there is a difference of 18 percentage points between the children who live in the 10% most and 10% least deprived areas with 57% in decile 1 and 76% in decile 10.

Although there are fluctuations moving from the most deprived to least deprived areas, in Middlesbrough there is a 41-percentage point difference between the lowest rate of good level of development in decile 2 at 40% and decile 10 at 81%. Not only is there very low level of school readiness in the most deprived areas of South Tees, but a significantly higher proportion of pupils in reception live within the most deprived 10%. In England, 13% of pupils live in the most deprived decile but in South Tees this figure is significantly higher at 38% of pupils in Redcar & Cleveland and 54% in Middlesbrough. This is one of the leading explanations as to why local levels of school readiness, especially in Middlesbrough are dramatically lower than the England average.

Figure 29: Good level of development vs deprivation decile

Free school meal (FSM) eligibility is a proxy measure for low parental income and potential disadvantage. Locally there are a greater number of pupils in reception who are eligible for free school meals with 32.7% in Middlesbrough and 25.4% in Redcar & Cleveland compared to 18.3% in England. In England there is a 20-percentage point gap between those known to be eligible for free schools and those who are not. Redcar & Cleveland has a larger gap at 21.5 percentage points with free school meals pupils having similar levels of school readiness compared to England. In Middlesbrough the percentage point gap is smaller compared to England but both pupils known and not known to be eligible for FSM perform worse.

Figure 30: Good level of development by FSM eligibility – 2022/23
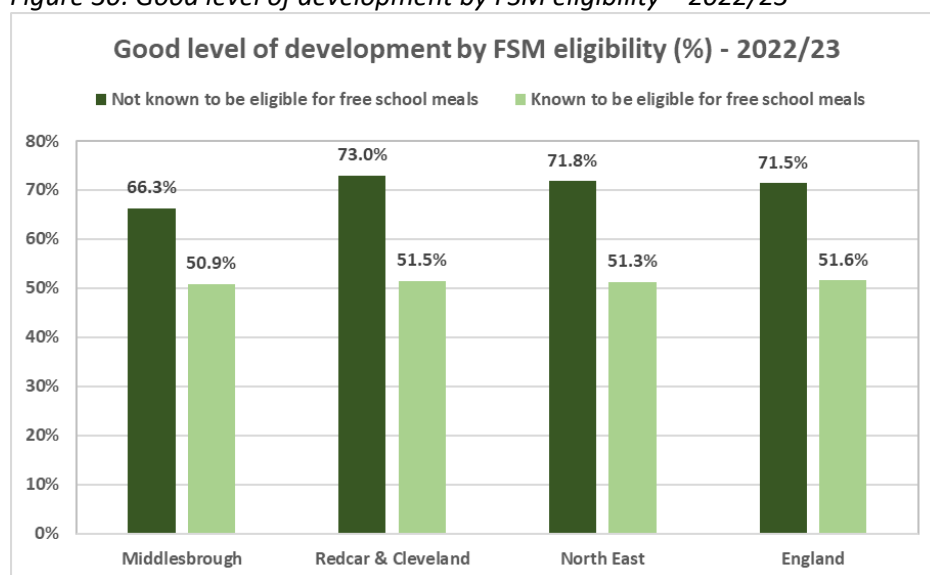
Source – Department for Education (DfE)

5. What are we doing already in relation to this goal?

5.1 At home and in the local community

Home life

Support offered to families in South Tees through public services are as follows:

- Antenatal and postnatal mandated assessments and reviews from Health Visiting services until a child reaches 2.5 years of age
- Health needs assessment, one-to-one support and referral to specialist services from School Nursing services
- Local authority early years support to support school readiness
- A local offer is available for parents with children with Special Educational Needs
- Antenatal care throughout pregnancy from maternity services
- Foster care and adoption services
- Social care intervention for children and young people who need it

These services offer support to children and their families to overcome challenges but often this is not enough as many of the issues faced are complex and challenging and require long-term intensive support.

Support in the local community for parents and young children

In both Redcar and Cleveland and Middlesbrough we are fortunate to have secured Government *Start for Life Grant* funding to support the development of Family Hubs until 31st March 2025. Family Hubs offer community-based support services for all the family with a particular focus on pre-school. Services offered in Family Hubs focus on the following:

- Early language and improving the home learning environment
- Infant feeding and bonding and attachment
- Parenting programmes to offer parents with responsive parenting techniques
- Parent/child relationships and improving perinatal mental health

In Middlesbrough a Community Champions approach has been introduced led by parents and carers. The Community Champions will work with organisations and commissioners to co-design new services; ensuring the needs of families, children and young people are represented in decision making.

The support provided by Family Hubs is much needed in South Tees and one of the challenges over the next two years will be to evaluate success and sustain services in the long-term.

Service in the community for young people

Youth work impacts positively on young people's lives, contributing to health and wellbeing, personal safety, employment and training, future aspirations and much more.

Middlesbrough has long been an area of high level of need in relation to support for young people. Youth provision and centres have declined over the last decade. There are services to support young people in the area including national, regional and local providers, delivered in a variety of ways including centre-based work, street-based work (detached and outreach), universal, specialist and targeted provision, community of interest provision and mobile provision. This provision is not available in all areas and is limited in terms of reach. Provision in the local area also has a complicated funding mix – from commissioned contracts, local and national grants, locally funded and supported groups and voluntary groups and is often short term. This adds a layer of complexity in understanding local provision – both for providers and young people. Many organisations have become over

stretched, isolated and internally focused given the lack of capacity, resources and infrastructure to support collaborative working.

A youth mutual has been developed in Middlesbrough with the aim of developing a strong and sustainable youth sector in the coming years. The mutual aims to ensure that youth organisations are well governed, financially sustainable, offer an enterprising approach and evidence their impact. Furthermore organisations will be a be a connector and strong voice for the sector, raising investment, promoting collaboration and enabling career opportunities for youth workers and young people. This will help young people to belong, feel their voice is heard and that they can make a difference. This supports their wellbeing and future prospects.

In *Redcar and Cleveland* nine youth & community centres offer a safe environment for young people to be involved in fun and challenging activities around the following:
- Arts, Culture and Sports
- Project & Issue Based Work
- One to One & Group Work
- Partnership Working
- Opportunities for Young People to be involved in decision making
- Opportunities for Volunteering
- Events, Trips & Holiday activities

Young people spend 80-85% of their time outside of school, and yet youth support is not a statutory service. Youth work is a profession in its own right but is often the poor relation of services when compared to education, social care and health.

The link between attainment and support for young people in the local community is often not emphasised enough but is really needed to help narrow the outcome gap between children growing up in disadvantage and the national average by 2030.

5.2   To support better health and wellbeing

It has been shown that education associates with health outcomes, but the less is known about the specific associations[8]. Good health is integral to both attendance and attainment, and we know that in South Tees many children's health and wellbeing is much worse than their peers. Some of the major health issues in South Tees that affect school-aged children are highlighted below.

Wider Health Determinants
A public health response to better support pupil health is in development and will be piloted in the 2024/25 academic year. Termed HealthStart this will enable schools to build their capacity, supported by public health professionals, to -

- Respond to health conditions experienced by children and young people,
- Address take up of vaccinations and immunisations,
- Minimise the harms caused by risk taking behaviours,
- Promote healthy choices and lifestyles.

---

[8] Marko Elovainio, Tom Rosenström, Christian Hakulinen, Laura Pulkki-Råback, Sari Mullola, Markus Jokela, Kim Josefsson, Olli T. Raitakari, Liisa Keltikangas-Järvinen *Journal of Public Health*, Volume 38, Issue 3, 17 September 2016, Pages e254–e262, https://doi.org/10.1093/pubmed/fdv124

Mental Health

Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.

Diagram 1: Overview of i-Thrive model in South Tees

There has been significant time and resource invested in mental health provision for school aged children and young people. Across South Tees the *i-Thrive* approach and framework (see diagram 1 above) is used to map and describe the children and young people's mental health system. The framework[9] is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families.

All education settings across South Tees have access to mental health support via the ***Getting Help*** offer. The ***Getting Help*** offer is a distinct area of *i-Thrive* Framework that makes offers the following to education settings:

- Inside Out (Mental Health Support Teams)
- Getting Help VCS Collaborative
- HeadStart Service (Public Health South Tees)
- Specialist support from Tees Esk and Wear Valley NHS Trust Services

In line with 'Whole Pathway Commissioning' principles', services are funded via Tees Valley Integrated Care Board (ICB), Public Health South Tees, Redcar and Cleveland Council and external funders.

---

[9] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019), "THRIVE Framework for system change", Anna Freud: National; Centre for Children and Families ; 2019, Available at: THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org) (accessed: 02 November October 2023).

The main aim of the Getting Help service is to coordinate support, whilst responding to mental health difficulties at its earliest point. The Whole system approach is designed to support the Getting advice and Getting Help quadrants of the i-Thrive Framework and offers:

- Evidence-based interventions for mild to moderate mental health issues
- Support in each setting to introduce or develop their whole school or college approach
- Timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education:
- Multi-Agency Triage Huddles to discuss wider support needs for those who do not meet the criteria.
- Peer networks to support educational settings to learn and share good practice around mental health.
- Workforce training and support for education settings

Sexual Health
In South Tees we have one of the highest teenage conception rates and despite having robust services in place we struggle to reduce conceptions compared to our peers. HCRG provide a service across Tees that offers contraception and advice for all the community. Brook have responsibility for one-to-one support locally for young people and also to support schools around RHSE (Relationships Health and Sex Education). A key gap locally is that we do not truly know what the quality of RHSE is like in schools and if it is having an impact on young people.

Long-term conditions
We know that those in poorer health tend to spend less time in school. It's very difficult to attribute the true impact of chronic health conditions on attainment but we do know that those with poor health are at school less and attendance is a particular problem in the area, which follows national trends since the COVID-19 pandemic.

Oral Health
A workshop held with professionals in South Tees in September 2023 highlighted that oral health is a particular problem for our children with complaints from children in school about toothache. We know that many of our new families struggle to get registered with a GP or dentist locally. Toothbrushing schemes are available to all primary schools in South Tees to support oral health. Most recent national data shows that 31.2% of five years olds in Middlesbrough and 24.6% in Redcar and Cleveland have visually obvious dentinal decay. This compares to the England I average of 23.7%[10].

Special Educational Needs and Disabilities (Middlesbrough)
Currently within *Middlesbrough* there are approximately 5,000 children and young people aged 0-25 with special educational needs and or disabilities (SEND).
- 1400 children and young people aged 0-25 have a have an Education, Health and Care Plan (SEN2 Data 2023)
- 3664 children and young people 0-19 have a SEN Support Plan.

The needs of children and young people are identified through a number of ways across the area which support early identification. Pressures in terms of identification or increases in referrals are discussed and monitored through our SEND and Inclusion Strategic Board.

---

[10] Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children

Places in alternative provision and assessment provision are also partially funded by the Local Authority to support early identification of needs. The model provides additional funding where needs have been identified within a setting and a response is provided as quickly as possible to ensure the child or the young person can have access to the resources they require.

Through an Inclusion and Outreach model, children and young people can access support via an Inclusion Officer allocated to their setting which includes Outreach Practitioners and Specialist Teaching staff. Where there are concerns regarding a child or young person the school or setting will discuss these concerns with their Inclusion Officer. The Inclusion Officer will then suggest next steps which will support the young person. This could be suggesting key strategies, sign posting to other services, referral to our triage panel for a multi-agency approach to support. To support this work there is a training programme on offer which all staff can access, this has been developed through identifying gaps in skills and knowledge across the local area.

Alongside the Inclusion Model the local area has in place a High Needs Funding system to support inclusion for children from age 0-25. This is achieved via an Early Year Inclusion Development Fund, Schools matrix funding model and a Post 16 high needs funding system which supports all children and young people with SEND regardless of if they have an EHCP or not. We have also recently introduced a pilot funding model with our secondary schools where they have been allocated funding based on key data and the identified needs of children and young people in their setting.

Increases in referrals for younger children into Speech and Language, Occupational Therapy and Community Paediatrics have been seen over the last two years and have clear links to the COVID-19 pandemic with many children having restricted socialisation. A significant increase in social, emotional and mental health needs (SEMH) has also been seen with children starting school.

Work is ongoing with health services to address some of these concerns as a system.
There are also a small number of registered alternative provision providers and specialist providers who are commissioned to deliver assessment provision and/or outreach services to support with the identification of needs of children with SEND.

Special Educational Needs and Disabilities (Redcar and Cleveland)

Early Years
The early years portage team assign a key worker to families to ensure that they are fully involved in decision making about their child. Key workers also work with the early year's setting in order to help them follow code of practice guidance around ensuring parental involvement in support and decision making

Schools
Schools are strongly encouraged to help children and their parents/carers engage in decision making about their plans and support. Guidance is offered to Special Educational Needs Coordinators (SENCo) via the SENCo handbook. This outlines key documents and network meetings, and support is available from the non-statutory SEND manager for individual schools that require more support with this.

SEN Support Plan and SEN Support Plan Plus templates are offered to schools. Referral forms for support and requests for statutory assessment are available.

Parents in the local area have access to the SENDIAS service, run by Barnardos, which is jointly commissioned with Middlesbrough Council. Information from them suggests that they are involved in highly complex cases (often involving children that have involvement from a number of agencies)

which impacts their capacity to provide support for families with 'lower level' concerns.

The local Parent Carer Forum (PCF) are increasing their capacity to offer support to parents with concerns via their Facebook Page 'your voice' facility.

<u>Statutory</u>
Local teams are fully compliant with code of practice guidance around involving children and families in Education and Health Care (EHC) needs assessments and EHCP review processes. EHCPs are quality assured to ensure that parents and children's views are included, and that outcomes (and provision) have regard for children's aspirations.

Positive feedback has been received from parents and SEN caseworkers where SEN Support Plans are used prior to EHC needs assessment. Parents report that they can see their views included throughout subsequent plans.

My Story proforma documents are available for schools and families to use in order to capture children's views both at the point of EHC needs assessment and at EHCP review. Recent information from our PCF suggests that some families have found this approach rigid.

Redcar and Cleveland is oversubscribed for places in specialist provision. Attempts to increase capacity within the specialist sector have not been successful. We know that the number of places within specialist provision is not significantly lower in Redcar and Cleveland than in other local authorities. Local experience tells us that some parents are not always confident in the support that can be offered in mainstream schools, and this may be why some families chose to home educate their children who have SEND.

Alongside seeking opportunities to develop more specialist provision, we are focussing on supporting our mainstream schools to be able to accommodate a wider range of needs within their settings; it is hoped that in doing so, there will be a reduction in demand for specialist places.

Neurodevelopmental needs
South Tees has a needs led neurodevelopmental pathway for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Through this Childrens' needs are triaged and managed in a continuum of need.

We are aware that approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs).

As a response, a trauma offer is being developed. Feedback from parents regarding the new pathway has been positive.

5.3 In Schools

Attendance

Middlesbrough Council , supported by the DfE, has developed an attendance strategy to help support school leaders to address poor attendance. Additional staff will be recruited to provide targeted support to both schools and families. Joint working between social workers, schools, and families will help remove barriers in attending school for children with a social worker. Date sharing has been established across disciplines to facilitate a clear understanding of attendance concerns.

DfE has commissioned Barnardos to run an attendance mentoring programme in Middlesbrough where mentors work directly with children and their families when attendance is identified by the school as a significant issue. Middlesbrough LA is working in partnership to support this work.

Redcar and Cleveland Borough Council are implementing a Theory of Change model to support attendance, facilitating an ethos of attendance being everyone's business. This has been developed with parents and children and young people with lived experience, social care, Early Help, DfE and all managers in Education and schools.

Middlesbrough and **Redcar and Cleveland Educational Psychology (EP) Services** and **Specialist Teaching Service** have developed a comprehensive resource pack containing guidance on emotionally based school avoidance (ESBA) for all educational settings.

To support schools directly in **Redcar and Cleveland** a specialist teacher and teaching assistant for SEMH, who have a specialism in ADHD and EBSNA, works with the pupil, school, and family to overcome the barriers to school non-attendance.

Transition

Transition to secondary education is a pivotal time for young people; a time of change both physically, physiologically and environmentally. Across all South Tees settings attendance levels are better in primary schools and drop on entry into secondary education.

Within Middlesbrough a tranistion working group, comprising schools and relevant professionals, has been established to ensure a consistent approach is implemented across all settings to make the transition to secondary provision less stressful for pupils and, importantly, establishing data sharing protocols so pupil needs are understood by their new settings.

Transition is a key priority for the Strategic Education Board in Redcar and Cleveland. Plans to improve the transition experience of pupils and proved support for those not coping well in secondary schools are being developed.

The South Tees Public Health HeadStart service provides year 6 – 7 transition support to all education settings across South Tees,

According to the Office for Health Improvement and Disparities educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances. Being on FSM is considered to be a good indicator of socio-economic disadvantage in the UK. Young people in the UK are usually eligible for free school meals (FSM) if their parents or carers are on a low income or in receipt of certain benefits. Children on FSM perform relatively poorly compared to counterparts without Free School Meals (FSM).

6   What are the key issues?

6.1 At home and in the local community

Some of the challenges that children face at home are the same ones faced by their parents such as low aspirations as many of the local population have never continued learning beyond their secondary education. The Census 2021 showed 23.9% of Middlesbrough population and 22% in Redcar & Cleveland aged 16+ had no qualifications at all. This compared to 18.1% for England. In South Tees many parents struggle to meet the demands to support their children in school having had a limited education themselves. In 2022 The Learning & Work Institute estimated that 25.5% of South Tees adults have low literacy or numeracy. One of the strengths in our area is that parents want their children to do better than they did, this view resonates particularly with fathers. Mothers tend to be content with their children being happy. An insight study in South Tees in 2023 with parents who had children under two years of age highlighted this.

Further issues that hinder home life include more of our children and young people being young carers, poor English proficiency (in Middlesbrough English is not often the first language spoken by many parents) and neglect.

Both Middlesbrough and Redcar and Cleveland have rates of Children in Care above national averages and key factors around this tend to be based around neglect, substance use and poor parental mental health. In 2022 Middlesbrough had 502 children looked after or a rate of 150 per 10,000 compared to 70 per 10,000 in England. Redcar & Cleveland had 341 children looked after or a rate of 125 per 10,000. The Middlesbrough rate was the 6th highest and Redcar & Cleveland was the 12th highest out of 150 local authorities in England.

A session workshop with professionals held in September 2023 highlighted the following key issues:
- A lot of children and young people in our area are young carers
- Parental poor health often is a driving factor for the health of their children – there can often be a family history
- English language proficiency is generally low within our local population
- Lack of emotional literacy for parents, focusing on negative emotions and expressing this to the child (unmet need of parent reflected in reporting behavioural issues of child)
- Poor home/ living conditions
- Family take care of their health in a very reactive way
- The default position in our area is generally to create a new service for a problem/ issue in the population, however driving factor is often that the parent lacks ability, capacity or motivation to resolve the problem. Is creating more services always the answer to the problem?

6.2   To support better health and wellbeing

Key issues around health and wellbeing that hinder attainment are as follows:
- Support for key health conditions is available for parents and/ or children and young people. However, waiting times for some specialist services are a challenge and motivation for families is often lost due to long waiting times. Need data re health conditions of CYP to back this up.
- Behaviour needs to be seen as a health issue rather than a problem by all professionals, including schools, in the area. We know that a lot of children in our area experience trauma and for many children the behaviours is a product of their life experiences and home environment.

- Health literacy is very low in our population, especially amongst parents and teens. Health services regularly undertake work to make their services understandable and accessible but that still does not seem to help everyone. A recent workshop highlighted that professionals felt that more needed to be done to explain systems and referral pathways with parents/ young people as they often feel lost and subsequently drop out of support, support that sustains family involvement is needed. Estimated prevalence of low health literacy in Middlesbrough is 50.2% for in 16-64 year olds and 45.3% for Redcar & Cleveland. This compares to 38.7% for England.
- Lack of cultural enrichment activities in the local area for young people. Access is limited in the area for a variety of reasons.
- Our model of working with people around their health is very deficit based – we look at problems and then address them and that's often too late. Is there a way to predict problems using demographic so we can work earlier with families that will need support in the future.
- Successes have been seen with the new local neurodevelopmental pathway which supports Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Through this Childrens' needs are triaged and managed in a continuum of need. Highlighted that aware that approximately 45% of referrals are not accepted onto the pathway as the needs associated with these referrals are predominately aligned with trauma and/or adverse childhood experiences (ACEs).
- Parent-led therapy is the solution that professionals highlighted works. Is it felt that we need to increase the amount of parent led therapy available in the local area.

6.3   For services and the systems they work in

At a session in September 2023 professionals highlighted following as issues and challenges they face:

- The short-term nature of the funding available limiting planning and success.
- Mental Health services were highlighted as one of the areas of concern as much of the funding is short-term and generally commissioned by individual organisations. It was felt that to have a sustainable impact a long-term plan and collaborative commissioning model is needed for mental health services.
- Lack of participatory budget options in our local community. It was highlighted as something that worked well in the past but had collapsed over recent years.
- On a service delivery level there are often different interpretations of what help is needed and the level of support required. This fragments support and means that families get duplicated offers of support.
- Information sharing of family and young persons details have never really moved forward in the last 10 years and we still don't share information well. IT/ case management systems are not compatible. Schools are reluctant to share pupil level data with external partners due to interpretation of GDPR guidance.
- Health literacy support for parents is needed. Professionals tend to complicate things for parents as we tend to talk about the services available but don't tell them about how they work or support them to navigate the various referral routes. Furthermore the use of varying terms and definitions compounds confusion.
- Support in the local community is still not truly tailored. We tend to offer the same things everywhere. We need to truly have a tailored offer in certain communities, led by communities and the engaging with the voluntary and community sectors is key to this.

- There is generally never any additional staffing resource to develop and implement new projects. The lack of resources to support development and implement means that most of our new services/ projects don't achieve the results we wanted them to.

6.4   In Schools

A session workshop session with professionals held in September 2023 highlighted the following key issues:
- Transition approaches need to be standardised and improved.
- Attendance is a particular challenge in our local area, particularly in secondary schools. This follows national trends but is much worse in South Tees. Schools provide one of the major protective factors for children and young people and attendance mitigates a lot of adverse experiences.
- A more positive and promoting environment is still needed in some schools rather than out-of-date punitive approaches that are out of touch with much of our local children and young people. Trauma informed and resilience approaches need to be the norm in all settings.
- Proportionate literacy support for new arrivals is a key area of need.
- Schools are finishing their day earlier and earlier, which leads to problems at home and in the community. Higher crimes rates, increased anti-social behaviour are reported. It is challenging for parents to find more childcare too.
- Children and young people need to by fed, fuelled for school to enable them to learn. Many schools fail to meet food standards for their school meals.
- Opportunity to auto-enrol parents for school meals, which reduced stigma and can offer income for schools to use effectively for other provision.
- To ensure school funding is used effectively partnerships with the local authorities and would result in more effective and efficient solutions?
- Poverty proofing toolkits should be implemented in all educational settings.
- There is a lack of cultural enrichment activities available in some educational settings.

7 What is the current evidence base?

7.1 Free school meals (and the inequalities involved/impact on children)

- Relation between free school meals and literacy levels (Ashraf et al., 2021).
- Childrens and parent's views on the quality of free school meals and how this affects their willingness to eat at school and heightening parental concerns with health, food, and resources. Also, how crucial free school meals actually are (Cardoso et al., 2019)
- Stakeholder's willingness to engage with and promote the free school meal policy, and to help this reach more people affected by poverty (Chambers et al., 2020; Higham, 2014).
- The stigmatisation attached to receiving free school meals, especially at secondary school and how this affects take-up levels (Chambers et al., 2016; Fisher, 2017).
- The differences between food choices and those who received free school meals compared to those who didn't (those who received free school meals were more likely to choose healthier and nutritionally valuable options) (Ensaff et al., 2013).
- How free school meals are not offered to all deprived households (Ilie et al., 2017).
- The effects of COVID on free school meals and how well the vouchers were perceived by parents (most results were poor, with people having difficulties with accessing and using the vouchers, as well as the low amounts they were given) (Lalli, 2023; Morris, 2022; Parnham et al., 2022a; Parnham et al., 2022b)
- How free school meals are crucial and beneficial to disadvantaged families, as well as how they protect children from the direct effects of poverty and food security (Marcus & Yewell, 2022; O'Connell et al., 2022).
- How free school meals are not well promoted or advertised by secondary schools (Sahota et al., 2014).
- How unhealthy some free school meals are, with a lack of options for fruit (Spence et al., 2021).
- The links between poor mental health and receiving free school meals (those who were receiving free school meals were more likely to have poorer mental health than those not receiving free school meals) (Yang et al., 2021).

The main recommendations put forward by the above papers include:

- ❑ **Studies using randomised controlled trials are needed to explore educational capabilities in relation to those who receive free school meals.**
- ❑ **More qualitative studies are needed to explore the feelings of children and parents concerning free school meals.**
- ❑ **A greater focus on the longer-term aims of free school meal policies is essential, through robust evaluation and high-quality communication between all stakeholders involved.**
- ❑ **Future studies should focus on additional school-level variables to identify characteristics associated with take-up of free school meals, with the aim of reducing the number of registered pupils not taking these up.**
- ❑ **Studies to identify pupils at risk of low attainment levels for taking up free school meals are needed.**
- ❑ **Future plans are needed to be put in place incase of another pandemic for free school meal vouchers.**
- ❑ **More papers looking at the stigma of free school meals would be beneficial.**
- ❑ **Schools should develop proactive approaches to promoting free school meals and attention should be given not only to the quality and availability of food, but also to the social, cultural and environmental aspects of dining. Processes to maintain pupils' anonymity should be considered to allay parents' fear of stigma.**

7.2 Free Nursery Places

- The effects of free pre-school education on child outcomes in primary school (no significant findings) (Blanden et al., 2016).
- How parents are missing out on available support, such as free nursery places, that they are entitled to, especially those who are disadvantaged (Coleman & Cottell, 2019; Rutter & Stocker, 2015).
- How the voluntary sector is taking the responsibility of free nursery places instead of the government due to cutbacks (Faulkner & Coates, 2013; Montacute, 2020).
- The quality of care received by children who attend nursery for free (Gambaro et al., 2015; West et al., 2020).
- The impacts of an increase in childcare subsidies on the use of paid childcare and the participation rates of mothers (Givord & Marbot, 2015).
- The struggles of nursery school staff and how they have become a frontline service, often funding trips themselves for children and offering money for clothes and food (Hoskins et al., 2017).
- How nurseries can help the cognitive development of disadvantaged children (De Souza Morais et al., 2021).
- How the policy of funded early years places for disadvantaged children reconfigures spaces within early childhood and care in new ways of working with young children (Lee, 2021).
- Policies surrounding free nursery places (Lewis & West, 2017).
- The effects of COVID on families who had free nursery places (Round & Longlands, 2020).
- The effects on families who lose free school placements (Solvason et al., 2021).

The main recommendations put forward by the above papers include:
- ❏ **More comparison studies are needed to outline the benefits of free nursery places to families and the children themselves.**
- ❏ **More awareness is needed for disadvantaged families on how to receive free nursery places for their children.**
- ❏ **More funding is needed from the government to allow more disadvantaged children free nursery places.**
- ❏ **Qualitative studies speaking with families and childcare staff exploring free nursery places and the benefits and barriers to accessing this.**
- ❏ **Research surrounding the quality of care received for children who have free nursery places.**

7.3 Children in absolute low-income families

- How to support low-income children living in residentially unstable circumstances (Anastasio et al., 2022).
- The link between motor skills and the importance of them in the physical development of children in absolute low-income families (Burns et al., 2017).
- Neighbourhood factors (such as social relationships) in relation to children in low-income families that are experiencing trauma or post-traumatic stress disorder (Carbone et al., 2019; Coley et al., 2021).
- How children in low-income families are more at risk of obesity (May et al., 2013).
- Concurrent relations between child-directed speech and children's language skills in low-income households (Dore et al., 2022).
- Measuring behaviour problems in children from low-income families (Hsiao et al., 2023).
- Children's cognitive development in low-income, rural families and health impacts (Mills-Koonce et al., 2015; Odgers & Adler, 2018; Ridge, 2013).

- Children's literacy experiences in low-income families and the importance of book access (Luo et al., 2020).
- How mixing low-income families with higher income families in the same neighbourhood unexpectedly increases disadvantaged boys to engage in more anti-social behaviour (Odgers et al., 2015).

The main recommendations put forward by the above papers include:
- ❑ **Research looking at how to promote children's resiliency in the face of disruptive events such as residential mobility.**
- ❑ **Future research should examine if increases in ball skills can improve health related fitness in physical education settings over time for children in absolute low-income families.**
- ❑ **As researchers look more closely at the social and environmental factors that influence the onset of PTSD, it is important to consider complex associations and interactions between individual-level factors and the larger social environment.**
- ❑ **The outcomes of children in absolute low-income families, for example links to other health issues such as obesity**
- ❑ **Qualitative studies are needed to fully understand the impact of children in absolute low-income families.**

7.4 Educational Attainment Levels and Poverty

- The link between poverty, neighbourhoods, mental health problems, and school achievements (Bandyopadhyay et al., 2023; Goldsmith et al., 2017).
- Media representations that contribute to institutionalised understandings of locations of poverty and educational attainment (Baroutsis, 2021).
- How income and parental divorce lowers educational attainment (Devor et al., 2018).
- Teachers' perceptions of the effects of poverty on learners' educational attainment and well-being (Ellis et al., 2019).
- How atypical patterns of structural brain development mediate the relationship between household poverty and impaired academic performance (Hair et al., 2015).
- The effects of school spending on educational attainment (Hyman, 2017).
- The interaction between school poverty and agreeableness in predicting educational attainment (Nieuwenhuis, 2018).
- Exploring the inequalities and trajectory levels of educational attainment (Parsons, 2016; Parsons & Thompson, 2017).
- Comparing the effects of the timing, accumulation, duration and sequencing of exposure to neighbourhood poverty in relation to educational attainment (Troost et al., 2023).
- Examining the role of cognitive ability, teacher assessment, and educational expectations (Weinberg et al., 2019).

The main recommendations put forward by the above papers include:
- ❑ **To continue to investigate the long-term effects of family instability on educational success.**
- ❑ **To avoid long-term costs of impaired academic functioning, households below 150% of the poverty level should be targeted for additional resources aimed at remediating early childhood environments.**
- ❑ **To explore and determine if school spending on educational attainment is beneficial in a longitudinal study.**
- ❑ **To explore demographic factors to educational attainment with those who are in poverty.**
- ❑ **Qualitative research would be beneficial to explore the experiences of educational attainment levels and poverty amongst children, parents, and teachers.**

7.5 Persistent absentees & school exclusions

- The link between school attendance and good health (Allison et al., 2019).
- The disproportionalities and consequences of being suspended from school (Belfanz & Fox, 2014).
- Statistics regarding permanent exclusion from schools in England (Black 2022).
- The relationship between school climate and chronic student absence (Van Eck et al., 2017).
- Risk factors for school absenteeism and drop-outs (Gubbels et al., 2019; McClusky et al., 2019).
- The link between neurodevelopmental disorders, mental disorders, self-harm, severe poverty, and school absence and exclusion (John et al., 2022; Levag et al., 2019; Shooter et al., 2022).
- The link between bullying, victimisation, and school attendance (Laith & Vaillancourt, 2022).
- Interventions to reduce school exclusions and absences (Tobias, 2019).

The main recommendations put forward by the above papers include:
- ❑ **Future research should explore the school's climate and environment in relation to student absence.**
- ❑ **Qualitative research exploring the experiences and reasonings for school student dropouts and exclusions by students and teachers.**
- ❑ **Research exploring the underlying factors of school absences (such as bullying and mental health problems).**
- ❑ **Research to explore interventions to reduce persistent absentees and school exclusions.**

7.6 Pupils with social, emotional and mental health needs

- What children with mental health needs struggle with at school and what support is needed in this area (Berridge et al., 2021; Carroll & Hurry, 2018; Willis et al., 2021).
- The disproportionality in the attainment of pupils with special educational needs (such as gender, socio-economic status, ethnic background and exclusion rate) (Demie, 2022; Mowat, 2019).
- How head teachers define, identify and recognise underlying causes of pupils with social, emotional and mental health needs (Martin-Denham, 2021).
- How schools can promote well-being and support the social and emotional development of children (Al-Ghabban, 2018; Holt et al., 2022).
- What schools and mental health services can do about bullying of adolescents with severe emotional health conditions (Hart & O'Reilly, 2022).
- Exclusions amongst pupils with social, emotional and mental health needs (Lawson et al., 2022; Thompson et al., 2021).

The main recommendations put forward by the above papers include:
- ❑ **Localised review of the support that is needed by children with mental health needs at school and the barriers to this.**
- ❑ **To measure the educational attainment levels in children with mental health needs.**
- ❑ **Studies to explore the experiences of children, families, and teachers in relation to the child's social, emotional and mental health needs.**
- ❑ **Early identification and intervention of underlying difficulties (such as mental illness) is important to ensure secondary school children are able to effectively engage in their education as well as to prevent further negative outcomes associated with school exclusion.**

7.7 Pupils with SEND

- Understanding what makes a positive school experience for pupils with SEND (Dimitrellou & Male, 2020; Mowat, 2019; Van Themaat, 2019).
- What trainee teachers learn about teaching pupils with SEND needs (Lawson et al., 2013; Shani & Hebel, 2016).
- Teachers' insecurities regarding a lack of expertise in special educational needs and disability (Martin, 2021; Tarantino et al., 2022).
- Including pupils with SEND needs in physical education and the benefits of this (Morley et al., 2021).
- Exploring the experiences of children with SEND needs and how they feel about school life (Porter & Ingram, 2021; Skrzypiec et al., 2016; Wagner & Bunn, 2020).
- Identifying solutions to overcome the barriers to pupil participation for children with SEND needs (Sharma, 2022).

The main recommendations put forward by the above papers include:
- ❑ **Research into how physical education and activity can help pupils with SEND needs.**
- ❑ **Research into how teachers and the school environment can be adapted and improved for children with SEND needs.**
- ❑ **Understanding the needs from SEND children through qualitative interviews.**

7.8 Young people providing unpaid care

- If young adult carers services in England are facilitating the transition to adulthood (Boyle & Mozdiak, 2022).
- The role of formal care services in supporting young people who provide unpaid care in England (Brimblecombe et al., 2022).
- The prevalence and nature of caring among young people (Joseph et al., 2019).
- The link between young informal caring and mental health problems (King et al., 2021).
- Job career development, pressures of conflict, a lack of recognition of their existence, and financial stress amongst young people providing unpaid care (Kiraly et al., 2021).
- How can services be more helpful towards unpaid young carers (Stevens & Brimblecombe, 2022)

The main recommendations put forward by the above papers include:
- ❑ **This area is predominantly under-researched and areas that are of interest include; young carers' experiences, demographics of young carers, available support and awareness for young carers, and long-term effects of being a young unpaid carer.**

7.9 Children entering the youth justice system

- Girls in the juvenile justice system and gendered impacts (Arnull et al., 2021).
- Children's citizenship in the youth justice system (Arthur, 2015).
- The relationship between adverse childhood experiences and juvenile offending trajectories (Baglivio et al., 2015; Case & Smith, 2021).
- Child protection, equality, and youth offending (Baidawi & Ball, 2023; Case & Bateman, 2020; Cunneen et al., 2018; Hunter et al., 2023; Van den Brink, 2021; Van den Brink, 2022)
- Trends in youth reconviction rates (Bateman & Wigzell, 2020)
- Neurodivergent and traumatised youth in the criminal justice system (Day, 2022; Dierkhising et al.,2013).

- Practitioners' views on preventing drug abuse amongst youth involved in the criminal justice system (Duke et al., 2020).
- Childrens educational provision and views in custody (Paterson-Young et al., 2022)

The main recommendations put forward by the above papers include:
- ❑ **More research on girls in the youth justice system is needed.**
- ❑ **There is a need for targeted and collaborative strategies across court and youth justice systems to address children's unique needs.**
- ❑ **Links between youth mental health and the criminal justice system would be beneficial to explore.**
- ❑ **Experiences of the youth justice system are under-researched.**

7.10 Other

In depth analysis of key areas relating to the flowing linked areas can also be found in here Start Well JSNA Evidence Review . The review covers the following key areas:

- Deprivation
- Employment
- NEETs
- Teenage Conceptions
- Attainment and attendance
- Impact on young carers
- Children in care
- Substance misuse
- Youth Justice

8 What do local people say

Children and Young People

The Junction organisation had a co-production workshop with the young people accessing their Pathways Project as part of a service redesign in September 2023.
The young people who attended wanted youth services that –
- Was both face to face and on-line sessions.
- Had a person centred approaches.
- Had an identified trusted adult providing support.
- Used mixed methods of engagement to suit needs.
- Had an holistic approach that addresses a multitude of the issued experienced by young people.
- Offered a good range of access times.
- Facilitated a peer support approach.

Young Carers

The Junction lead on a young carers support programme. They are seeing an increased number of young carers disengage from education and are working with the local council's to improve levels of support. Further work in on-going with schools in both boroughs to raise awareness of young carers, provide staff training and assemblies to ensure young carers are recognised and supported within education and proving young carers passports and ID cards.

Parents

Middlesbrough parents' forum- Parents4Change - identified that families require a range of support to meet the needs of children and young people. This support includes access to good training/support on a wide range of issues that would facilitate improved outcomes.

Feedback from families often highlights the difficulties or understanding of what support is available in the local area to meet needs. Greater and accessible information would enable families and professionals understand what is available and how to access it.

9 What are the recommendations?

9.1 Recommendation 1

It is recommended that a system wide South tees Partnership is established that will focus on high-level issues that cause inequalities in school educational attainment including tackling the social determinants as much as the educational issues.

The partnership will move from reactive silo working to coordinated decision making with a focus on prevention.

9.2 Recommendation 2

Building parental confidence, skills and capacity including literacy support for adults to enable the creation of a positive home learning environment.

This will involve partners working collaboratively to effectively identify the families and children who need additional support and ensure the services meet their needs. Parents will be engaged clearly about their child's educational development, ensuring parents have a voice in decision making.

9.3 Recommendation 3

Improved transitions into secondary school and from school to further education and training. This will involve partners working collaboratively to effectively understand the transition stages and ensuring schools and families understand and are better informed of their role.

9.4 Recommendation 4

It is recognised that across the system, partners hold different data on the population, but this is isolated and siloed. It is recommended that work should be undertaken to unblock this isolated and siloed working and enhance information sharing, so that at a population level, the local system has a more comprehensive understanding of the issues and potential solutions when following the journey of the family and child. Greater collaboration between partners would also benefit the sharing of data.

9.5 Recommendation 5

It is recommended that further research is required to fully understand the high-level issues and therefore align resources effectively.

Deep dive intelligence gathering to better understand why the local Progress 8 scores that compare KS2 to KS4 are lower locally (particularly in Middlesbrough) when comparing local children to other similarly performing children nationally. This will involve collating datasets from different sources and partners and tracking children at key stages through primary age into secondary age.

10 References

[1] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020), "Health Equity in England: The Marmot Review 10 Years On", Institute of Health Equity; 2020, Available at: Health Equity in England: The Marmot Review 10 Years On - The Health Foundation (accessed: 31 October 2023).

[2] Farquharson C, McNally S, I.Tahir I (2022), "Lack of progress on closing educational inequalities disadvantaging millions throughout life", Nuffied Foundation (2022), Available at: Lack of progress on closing educational inequalities disadvantaging millions throughout life | Inequality: the IFS Deaton Review (accessed: 31 October 2023).

[3] Marko Elovainio, Tom Rosenström, Christian Hakulinen, Laura Pulkki-Råback, Sari Mullola, Markus Jokela, Kim Josefsson, Olli T. Raitakari, Liisa Keltikangas-Järvinen *Journal of Public Health*, Volume 38, Issue 3, 17 September 2016, Pages e254–e262, https://doi.org/10.1093/pubmed/fdv124

[4] Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019), "THRIVE Framework for system change", Anna Freud: National; Centre for Children and Families ; 2019, Available at: THRIVE-Framework-for-system-change-2019.pdf (implementingthrive.org) (accessed: 02 November October 2023).

[5] Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children