

EDUCATION, CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

MINUTES OF THE MEETING of the Education, Children & Young People Scrutiny Panel held on Monday 8 October 2012 at 7.00 pm in the Executive Meeting Room, in the Guildhall, Portsmouth.

(NB These minutes should be read in conjunction with the agenda for the meeting.)

Present

Councillors Darron Phillips (In the Chair)
Ken Ferrett
Lynne Stagg
Matthew Winnington
Will Purvis

Also Present

Stephen Kitchman, Head of Children's Social Care
Catherine Kickham, Head of Early Years
Kate Slater, Senior Development Manager,
Public Health Portsmouth
Hayden Ginns, Commissioning & Partnerships Manager
Sharon George, Youth Support Commissioning Manager
Teresa Deasy, Local Democracy Officer
Helen Reader, Teachers' Liaison Panel

43 Declaration of Members' Interests (AI 1)

There were no declarations of interest.

44 Apologies for Absence (AI 2)

Apologies for absence were submitted on behalf of Councillor Alistair Thompson and Kate Freeman, Looked After Children Service Commissioning Manager.

45 Minutes of the Meeting held on 10 September 2012 (AI 3)

(TAKE IN MINUTES)

RESOLVED that the minutes of the Education, Children & Young People Scrutiny Panel meeting held on 10 September 2012 be confirmed as a correct record.

46 The Pre-Birth to Five Strategy in relation to Looked After Children

Catherine Kickham explained that early intervention was an important factor in preventing children from becoming looked after. The city council's pre-birth to five strategy recognises research carried out by the Allen report which indicates that early intervention can make a difference to a child later in life.

Health visitors and midwives are the lead professionals providing support to parents in the first few months of life. A conference will be taking place in January to review the pre birth to 5 strategy and it has been recognised that more support is required for assisting families where domestic abuse is an issue.

Catherine reported that currently there were 81 children who were in the pre-birth to five category who were looked after. Of these 40 had been looked after for less than one year, 19 had been looked after for one to two years, 16 had been looked after for two to three years and six had been looked after for three years plus.

The numbers of child protection cases in the pre-birth to five age group is 87. There are higher numbers in Somerstown, Buckland and Paulsgrove than in other parts of the city.

The numbers of children in need in the pre-birth to five category currently stands at 267. Again, there are higher numbers of children in need in Somerstown, Buckland and Paulsgrove than in other parts of the city.

The pre-birth to five strategy has prevention at its core and all services work in an integrated way to prevent escalation.

Identifying vulnerable families that attend universal services and ensure interventions are appropriate by:

- Keeping the focus on the child as the child is the first priority.
- Working in partnership with other agencies, liaising with other professionals that know the family such as Health, nursery and Social Care, to gather as much information as possible on the family, to share information and to use this to provide short term, evidence-based interventions that prevent escalation, maximise impact and avoid duplication (for example) Incredible Years Parenting.
- Giving advice and support, often using “brief solution” approach. Taking through issues and focusing on the child’s situation, as the child is the priority taking into account all individuals in the family and the family circumstances.
- Complete full common access form if possible and have a TAC meeting.
- Offer one to one support at home or in the centre.
- When home visiting use the LSCB tool on neglect to help identify concerns/strengths. Keeping in mind the toxic trio: domestic abuse, substance misuse and mental health problems.
- Encourage the family to attend appropriate groups.

- Regularly review and keep in contact with the family.
- Make referrals to other professionals/services.
- Signpost to other services.

The services provided through the children's centres and other services to prevent escalation or help families move down the tiers of need:

- Evidence-based parenting programmes
- Regular one to one/nurture groups for specific needs
- Portage
- TAC meetings
- Lead professional
- Appropriate referrals to targeted and specialist services as appropriate
- Supportive environment at children's centre
- Good communication between professionals and parents
- FNP
- Supervised contact venues.

**47 Child and Adolescent Mental Health Services (CAHMS)
Kate Slater, Senior Development Manager, Public Health Trust HQ**

Kate explained that CAHMS commissioning works very much in tandem with the Head of Early Years Service on the pre-birth to five age group. Currently, midwifery services were being remodelled around services provided by general practitioners. This would lead to good pre-birth outcomes for mothers.

The government has made available £1 million to double to health visitor work capacity. Investment had also been received from the Primary Care Trust to deliver this government policy and it was expected that by 2015 the health visitor workforce would be doubled across the City.

The local health commissioners, the City Council and Portsmouth Hospital services are working together to deliver family health programmes and some health visitors, midwives and mental health nurses are specialist trained in this area. The quality of service now delivered would not have been possible without the introduction of partnership working. The work is centred very much on children's centres and it is recognised that the pre-birth to five age group is very important.

CAHMS is working with general practitioners to make the pathway to support for families with children in this age group much easier. They are putting children's centres at the heart of the system with all workers linked to children's centres.

Catherine Kickham added that children's centres provided a whole range of services which needed to be welcoming and non-threatening to parents. There are advisers for lone parents and also for minority ethnic groups such as Turkish and Polish. There are also grandparent groups and a group called "Men Behaving Badly" run from the Cumberland Children's Centre to encourage fathers to get involved.

In reply to questions from members, Catherine Kickham explained that there was evidence that supporting parents of children in the pre-birth to five age group results in these children being less likely to become looked after by the local authority. All the literature available in case studies points to that fact. Members suggested that obtaining evidence locally might lead to obtaining more funding and this point was noted by officers. It was pointed out that the support to families provided by the children's centres makes it easier to intervene if there is evidence of neglect or abuse.

In reply to a question regarding the fitness of purpose and the capacity of children's centres to carry out their work, Catherine Kickham explained that the service was always looking at how to make the most efficient use of resources including looking at buildings, services and staffing etc. The services were fully used, but they could always do with more staff. Sixty five percent of parents living in the Cumberland area were registered with the children's centre and 73% of those engaged actively with the centre. They were looking at combining groups in different centres where

With regard to buildings, there were 16 centres which were all different but all adapted to provide an appropriate service. For example, some were church halls and some were community centres. The Cumberland Centre operates out of the Devonshire Baptist Church, a regular church hall type of venue. Another centre is based at Eastney Methodist Church which is a very modern building. St Cuthbert's was not a purpose-built children's centre but it possessed very good facilities. Every centre has its own merits.

Following a question on funding for children's centres, Catherine Kickham explained that some buildings are funded by the city council, some by voluntary agencies, some by the health service and some by Jobcentre Plus.

The question was asked as to whether there was a correlation between the level of need and the type of housing stock. Catherine Kickham replied that it was true that many of the Buckland Centre users come from the flats in the area. The user mix includes families from Portsmouth City Council owned properties, housing association properties and hostels. Buckland is by far the neediest area as it is very densely populated.

Members asked about the contribution which the Jobcentre Plus had brought to children's centres. It was explained that having a Jobcentre Plus element brings people into the centres and facilitates positive and working relationships. There is also the opportunity to share information with a view to improving services to families. However, IT was a significant problem but measures were being introduced to address this issue. As far as Jobcentre Plus are concerned, staff say that children's centres are a more friendly environment for them and for families and they are able to provide training for families to get parents back to work.

Members also asked about the ethnic minority take-up. Some children's centres have a significant BME involvement. However, services at the children's centre are aware of the need for more support to the minority ethnic communities. The take-up amongst Polish families is very high and one of the key principles of support to families was to promote play.

Catherine Kickham advised that she was on the steering group working with troubled families and was working with James Hill on this group. This year they would be targeting families where there was evidence of domestic abuse and "the fruits of early labours were now coming together".

Members referred to housing need. It was explained that if housing issues for a family were identified by Children's Centre managers, they could offer support to families by helping them through the system in order to obtain accommodation. It was reported that all agencies had a very positive attitude to working with children's centres and were very keen to work with them.

Kate Slater further reported that the Child and Adolescent Mental Health Service was working in a proactive way with children in care with mental health and emotional issues. The health services were working very much in partnership with the local authority in particular. A project manager had been commissioned to review the Child and Adolescent Mental Health Service to ensure that the right resources were in place to enable the service to intervene at the appropriate time to prevent children becoming looked after or from suffering harm. A report was due out at the end of March next year to inform the local authority and health services on the work of CAHMS over the next two years.

In response to a question regarding using extended family members for the care of children, Stephen Kitchman replied that the Looked After Children service always looked towards the extended family for care where possible and appropriate. They had commissioned an organisation called Daybreak who co-ordinate family meetings (called Family Group Conferences) to identify support for children within their families and networks, as they were keen to make the most use of the wider family.

48 Hayden Ginns, Commissioning & Partnerships Manager

Hayden Ginns began by explaining that his service was supporting the Children's Trust plan and was a sister partnership to the Safer Portsmouth Partnership. Five of the Children's Trust priorities relate to looked after children and they are:

Priority A – identification, assessment and support for families from pregnancy to school age.

Priority B – co-ordinated multi-agency intervention for families with multiple needs.

Priority D – targeted support for young people

Priority E – excellent safeguarding and early intervention practice, processes and procedures.

Priority F – improving outcomes for looked after children.

In particular, the troubled families' agenda was an important aspect of his service area. In dealing with families affected by the toxic trio, a multi-systemic therapy was employed involving very intensive support where children were at risk of coming into care.

The University of Portsmouth had been commissioned to look at 196 children who had come into care over the last few years. The report by the university had indicated the need expressed by parents for a worker attached to their family and not specifically to each of their problems. Therefore, there was a need for cohesive co-ordinated support to empower and enable families to look after themselves.

Of the 45,000 children in the city only 310 were looked after. Of these 150 were on a child protection plan.

The troubled families' agenda aims to prevent children from becoming looked after. It is about effective assessment and planning to facilitate co-ordinated service delivery. The aim is to get parents away from public services' intervention and to stop them coming into the care system or youth justice system.

Members asked about information regarding families moving into the area and whether this was available. Hayden explained that following the Victoria Climbié case, electronic information sharing mechanisms had been put in place to share information regarding domestic abuse. .

In reply to a question regarding the issues involving information sharing between the social care services and Jobcentre Plus, Hayden explained that there were anxieties among staff members about data protection issues. This matter was being dealt with by providing safeguarding training for staff and building relationships between services in an attempt to demystify information sharing.

Following a question about forces families, Stephen Kitchman explained that information on service families only came into play after these families had left the forces; as during their time in the forces the services concerned provided their own support mechanisms for families. He added that social services worked very closely with the naval welfare service. He added that problems experienced by service families tended to come to the attention of the children's social care services after the family members had left the forces and many problems were due to post traumatic stress.

Whilst members embraced the concept of continuity of support by a single worker for troubled families they commented that there could be a need for expert help sometimes. Hayden explained that they were trying to skill up the workforce to tackle a whole range of problems. However, he accepted that there was always a need for some form of specialist help in more extreme circumstances.

Stephen Kitchman added that there was a need to do more work or give more support when children are returned to their families after being in care.

Councillor Will Purvis left the meeting at this point at 8.30 pm.

49 Sharon George, Youth Support Commissioning Manager

Sharon George reported that the Integrated Targeted Youth Support Services was amalgamation of services which came together on 1 October. The aim was to develop a workforce which was skilled enough to deal with a range of issues to enable one worker to deal with a particular client. Three area based teams were available to carry out this work: north, central and south. One of the teams was managed by a voluntary sector partner and this was a very exciting innovation.

The early intervention audit had highlighted the following issues, school attendance, attainment and exclusion. Appropriate measures were used to target young people at risk of poor outcomes. All advisers were trained on the common assessment framework.

The Youth Offending Team is tasked with the prevention and reduction of offending among young people between the ages of ten to 18. A partnership arrangement with the Education Service, Social Care, Probation and Health Service was in place. Previously, the service had been delivered by the Wessex Youth Offending Team but in April this year the Wessex YOT had been disaggregated.

A service to care leavers is also provided. The whole team is based on the fourth floor of the Civic Offices enabling all parts of the service to communicate effectively with each other. The positives of this relocation and amalgamation are beginning to show. Each week managers are now able to meet to identify young people known to all services to target measures to meet their needs.

Stephen Kitchman commented that it was an advantage to have all services based in the same building for the benefit of information sharing. The Targeted Youth Support Service team would be working with individuals. Looked after children would all have an individual key worker responsible for assessing them or their needs including substance misuse.

With regard to the need to reduce the number of young people coming into care care as teenagers, a service, 'First Options,' is being redesigned, this provides focussed intensive intervention to young people on the edge of care to enable young people to remain in their families.

With reference to substance misuse, a young people's drop-in centre called "Go for It" is located next to Portsmouth & Southsea railway station. All services are available there for young people and, as well as being a signposting service, some facilities are actually based at the centre. This is a good resource with a high level of usage by young people. The lowest number of users has been about 700 per month but it can be up to a thousand per month especially at exam times, Christmas and the new year etc.

Members referred to the Baffins area and the numbers of young people consistently abusing alcohol and they asked if there were any figures on looked after children who have substance misuse issues. Sharon George explained that outreach workers in the Health Improvement Development Service work with young people involved in substance misuse There used to be detachment workers in the Baffins area but now this service is no longer provided resulting in a gap in provision. Members commented that, outside of the deprived areas in the city, the provision of leisure activities and support services for young people was patchy.

In response to a question about plans to open more youth centres, Sharon explained that, the current financial position did not allow this. However, it was possible to work with the voluntary sector to provide youth services in the city and the service was looking at how the voluntary sector could become more involved as a provider of leisure services targeted at young people.

Members commented that the Culture, Leisure & Sport service was looking into community centres and how they were used and the comment was made that perhaps some community centres were underused. There was a need to look at resources for young people in the city and to be more creative with the use of premises. A city-wide database was needed.

Discussion then turned to leisure activities for young people and the problem of venues. The point was made that boys requested football and BMX and girls requested drama, music and dance. Members highlighted the fact that the eastern side of the city did not have sufficient facilities.

Mention was made of the Stacey Centre, used by a lot of groups but there was no co-ordination about what could be provided there. Sharon George commented that this issue had been raised recently and was something she had been considering developing. A practitioner network had been developed in Southampton where people would meet regularly to discuss needs and the need for co-ordination of services. She was looking into operating this sort of network in Portsmouth.

The chair commented that he was impressed with the information provided to the panel at this meeting and also with the enthusiasm of the officers concerned. However, he expressed an interest to receive information about staff counselling and support due to the emotional trauma in dealing with this type of work. He commented that this aspect of staff support should be covered in some way in this review and he asked for a presentation to be included at a future meeting.

50 Date of Next Meeting

The next meeting will be held on Monday 29 October 2012 at 7.00 pm in the Executive Meeting Room.

The meeting concluded at 9.15 pm.

TMD/DMF
15 October 2012
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