
CORPORATE PARENTING BOARD

A meeting of the Corporate Parenting Board was held on 1 December 2005.

PRESENT: Councillor Brunton (Chair) Councillors, J Taylor and P Thompson.

OFFICIALS: C Arbuthnot, H Booth, J Cooke, D Johnson, S Little, C Nugent and J Wilson.

PRESENT AS AN OBSERVER: B Simpson (Foster Carer).

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors McIntyre, B Taylor and A E Ward. Apologies also received from Thomas Tolmie (young person)

****DECLARATIONS OF INTEREST:**

No Declarations of Interest were made at this point of the meeting.

****MINUTES**

The Minutes of the meeting of the Corporate Parenting Board held on 10 November were submitted and approved as a correct record.

BE HEALTHY

The Health Co-ordinator for Looked After Children and the Fostering Service Team Manager gave a presentation on the health issues affecting children looked after under the Every Child Matters: Be Healthy agenda.

The Be Healthy agenda was aimed at improving the health and well being of all children in a number of areas. These were: -

- Physical Health.
It was Government policy to reduce the levels of obesity in the under 11-age group.
- Mental and Emotional Health.
It was noted that access to CAMHS (Child and Adolescent Mental Health Service) was to be improved.
- Sexual Health.
It was proposed to reduce the number of teenage pregnancies and the levels of Sexually Transmitted Infections in the under 16 and the 16 – 19 age ranges.
- Healthy Lifestyle.
This included providing information on physical exercise, smoking and healthy diet including eating five pieces of fruit and vegetables a day.
- Choosing not to take illegal drugs.

The levels of physical and mental/emotional problems for Children Looked After had always been higher than average, and national research had indicated that 1 in 5 children were overweight, 1 in 4 smoked, 1 in 5 had psychological problems, 14% of children had a dependency on alcohol and 1 in 20 had attempted suicide.

It was also acknowledged that nationally, fewer children visited the dentist on a regular basis, however this was not the case for Children Looked After in Middlesbrough. Disrupted education meant that some children missed out on health promotion activities in school. There had also been a tendency to focus the standards for Children Looked After on illness as opposed to health.

It was also noted that there were significant gaps in health care records for children and young people looked after. Dental records of Children Looked After did not follow the child if they moved between authorities as the records stayed with the dentist rather than the authority.

In Middlesbrough, children had been asked for their views on health. The children's ideas included: -

- A doctor of the same gender as the child, and on a one to one basis and for thirty minutes.
- Not to be seen in hospital, but in school or at home.
- If travel was necessary, it should be free of charge.

To promote the various aspects of the Be Healthy agenda, numerous projects had been established. Under physical health, it was noted that a regional football league was being developed and Leisure Link cards had been issued to carers to reduce the cost of participation in physical activity. The football activities had increased self-esteem amongst the children and young people that took part and had led to an application being submitted for Lottery funding. The funding was not to be limited to football, and was intended to be used to develop a range of other activities.

It was stated that mental and emotional health was considered to be very important for Children Looked After. CAMHS were responsible for the children's service and the views of young people had been sought. These views had established five important areas to ensure the mental and emotional well being of children looked after. These were: -

1. A supportive and stable living environment.
2. Inclusion in society.
3. An outlet to express themselves, either through sport, art or drama.
4. Educational support.
5. Positive experiences of school.
6. Adequate preparation for leaving care.

In response to a review of the service, it had been decided to expand with one further full-time position becoming available.

Sexual health was being addressed through training for all staff involved in the care of Young People Looked After as well as residential staff. The education should involve promoting assertiveness skills and making positive choices where sex was concerned. The Panel were also advised that through building relationships with the Genito-Urinary Medicine (GUM) clinic, it was now possible to refer as appropriate a young person for an appointment within four days.

Lifestyle issues were addressed through the health assessment and re-assessment processes with children. In addition, assessment processes for foster carers included discussions on family lifestyle and a new smoking policy for foster carers had been developed.

The panel were advised that as of 1 October 2005, local authorities were expected to report on the number of looked after children with substance misuse problems and whether they had been offered any intervention. All staff working with looked after children were being trained to screen young people using the screening protocol. If any issues were discovered, the child or young person would then be referred to a specialist if the worker making the identification did not feel able to deal with the issue. Staff were also being trained in brief interventions so that wherever possible an onward referral is not necessary. Young people could refuse an offered intervention but this must be recorded. The Eclipse Service provided a reference point regarding harm minimisation and for information in relation to the recreational use of drugs. Make a Change (MAC) specialised in work with more problematic substance use. It was noted that the training provided would continue until March 2006 for key personnel. This work was supported by the development of a policy and guidance for staff.

A High Focus Steering Group (one of 30 in the country) was working to mainstream drug and alcohol services and to develop appropriate commissioning mechanisms. To monitor the implementation of the policies and screening process, a Vulnerable Young Persons Steering

Group had been established. This group met on a monthly basis to discuss any issues raised in the training and also to monitor the number of young people who misused substances and each particular substance that they misused. This was continued in the Sexual Health Action Group that was set up to share good practice ideas on dealing with and informing young people about sexual health.

In discussion, the relationship between the health of children looked after and the health of the general population was queried. Officers would provide statistical information to the Board. In response to a query, it was stated that around 3% of the general population used drugs, whereas the percentage of Children Looked After was closer to 30% – 40%, although there may be some double counting because of the way the statistics are collected. This was also reflected in the increased average of suicides amongst Children Looked After, which was two or three times the average.

It was noted that Middlesbrough Football Club had also been approached previously in relation to providing coaching for children involved in the regional football activity. Whilst at that time, the Club were unable to help; they had donated strips for the teams to use, and had stated that they may offer help in the future. The Club would be approached again to determine if they could offer any assistance.

RECOMMENDED as follows: -

1. That the information in the presentation be noted.

POLICY AND GUIDANCE RELATING TO ALCOHOL AND SUBSTANCE MISUSE

The Young People's Joint Commissioning Manager and the Fostering Service Team Manager submitted a report informing the Board of the revised policy and guidelines relating to alcohol and substance misuse for staff working within Middlesbrough's Children Looked After service. It was noted that the organisation 'Action Together' mentioned in the guidance no longer existed but that their role had been taken on by the 'Directions' project.

The policy and guidelines had been attached to the report, and outlined the procedures in dealing with situations that may arise in the course of looking after children and young people. The aim was to adopt a preventative and non-criminalising approach.

The guidance highlighted certain areas, including: -

- The procedure to follow if a carer found drugs/alcohol or any suspected illegal substances in a child or young persons' possession.
- Dealing with a child or young person believed to be under the influence of a substance.
- Police involvement and confidentiality.
- The procedures to follow if any discarded hypodermic needles were discovered.
- Any local resources that may be able to offer assistance.

The drug and alcohol screening protocol had also been attached to the report and gave information relating to the particular processes involved in screening.

In a general discussion, the following points were raised: -

- It was considered positive to see that the report highlighted the misuse of alcohol as well as drug misuse and the dangers that this posed to young people. This should include the long-term effects and the dangers of activities such as drinking and driving.
- The policy and guidance were about ensuring that staff and carers gave the children and young people all the information necessary for them to make informed choices. Ongoing training would enable messages to be given in clear language that young people would understand.
- There had been a higher number of Children Looked After, when compared to the general population, that had drug and alcohol issues. One possible explanation might be that in their previous homes, drugs or alcohol had been used as a coping mechanism and this was the only way some children knew how to deal with problems that they

experienced. Foster care tended to produce good outcomes by providing good models of family life. However, there was a statutory duty to maintain contact with birth families and this also contributed to good outcomes for children.

RECOMMENDED as follows: -

1. That the policy and guidance relating to alcohol and substance misuse be forwarded to the Executive for approval.
2. That the Middlesbrough alcohol and drug screening and referral protocol be forwarded to the Executive for approval.

SMOKING POLICY FOR MIDDLESBROUGH FOSTER CARERS

The Fostering Service Team Manager submitted a report outlining the policy and guidance relating to prospective and approved foster carers who smoke.

The guidance highlighted the policy regarding smoking and the dangers it presented to children and young people as well as offering advice on where smokers could find assistance in stopping smoking.

In response to a query from the Board, it was stated that it would be very difficult to enforce a complete smoking ban on foster carers for a number of reasons, including the fact that foster carers were volunteers as opposed to employees. If the Fostering Service sought to ban smoking in the carers' homes, it might discourage people from applying to become carers. In addition, the Department for Education and Skills had advised against a blanket ban, as this might be open to legal challenge.

Foster carer medical assessments addressed the issue and health promotion was undertaken with foster carers in relation to smoking and other health issues such as obesity and eating disorders. The possibility of including the information on how to stop smoking, and where to find the best assistance, in a health pack presented to all newly approved carers was raised.

RECOMMENDED as follows: -

1. That the Corporate Parenting Board forward the smoking policy to the Executive for approval.

MEMBERS ATTENDANCE

The Chair asked that consideration be given prior to the start of the municipal year to the timing of future meetings in order to encourage attendance.

NOTED