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JOINT CHILDREN AND YOUNG PEOPLE & HEALTH AND ADULT SOCIAL CARE TASK AND FINISH GROUP - A FOCUS ON REDUCING TEENAGE CONCEPTION RATES IN THE CITY

DATE: MONDAY 22 FEBRUARY 2010
TIME: 10.00 AM
PLACE: COUNCIL HOUSE (NEXT TO THE CIVIC CENTRE)

Committee Members–

Councillor Purnell, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Delbridge, Mrs Stephens and Mrs Watkins

Substitutes–:

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review. **However, once a review has commenced, substitutes are not permitted.**

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

**BARRY KEEL
CHIEF EXECUTIVE**

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL (SCRUTINY REVIEWS)

1. APOLOGIES

To receive apologies for non attendance submitted by Task and Finish Group Members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIRS URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. NOTES OF MEETING HELD ON 22 JANUARY 2010 (Pages 1 - 10)

To review the notes of the meeting on 22 January 2010.

5. JOINT TASK AND FINISH GROUP RECOMMENDATIONS

Panel Members to consider recommendations resulting from the work of the Task and Finish Group.

6. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

NIL.

Notes of Joint Children and Young People and Health and Adult Social Care Task and Finish Group – A Focus on Reducing Teenage Conception Rates in the City

22 January 2010

Attendees: Councillor Purnell (Chair)
Councillor Aspinall (Vice-Chair)
Councillors Delbridge and Mrs Watkins

Apologies: Councillor Mrs Stephens

1. There were no declarations of interest.
2. Update

Dave Schwartz (DS) handed out copies of the Draft Implementation Plan to the Panel Members. Feedback so far has been positive and this plan is more comprehensive than anything we have ever had in the city. We've moved to change SRE to RSE and will have a final plan in place in around 3 week's time.

DS also handed papers, 'the Spirit Level' this is a new publication which looks at a whole range of evidence with a major study on relationship to income and inequality. It highlights that you are likely to have higher conception rates in the poorest areas.

3. Witness - Karl Sweeney, Adviser for Citizenship, PSHEE and Healthy Schools

Karl line manages advisory teachers, providing high quality training in schools for teaching and support staff and parent support advisors. We provide the teaching profession skills, knowledge and understanding. SRE to RSE is another message we are taking to schools. Ability to resist peer pressure, giving them the knowledge they need around sexual relationships. Produced a pack of resources which is 70% complete and will roll out to stage key 3 and 4. Along side that a programme of training – matrix to go programme, schools prefer us to undertake this training in schools. In addition to this looking to showcase best practice at an annual conference which will be taking place in a couple of months.

Panel members responded -

We are very pleased about SRE changing to RSE. Best practice in the city is it good enough? Not yet, this is not legislation as yet. We have a non-statutory set of guidelines.

How many staff have been trained? Matrix to go training is in-house training and 30% – 40% of schools and community nurses have engaged. It is very difficult for teachers to leave school so we take the training into schools for staff. This is much more fruitful route but it's not economic.

What discussions do you have with headteachers? We negotiate with the deputy. This is one of our main challenges and we do not have the consistency.

There are several special schools in Plymouth, what training do you provide? We recently provided training for children in Courtlands and Brooke Green and we are extending this work into lower secondary schools and will deliver this training to children in this high risk category.

What are doing to ensure every single school recognise vulnerable children? It's about common sense as well as the ethos of the school. We are hoping that the ethos will be adopted that puts the health and wellbeing of the child first and the academic side second. Schools are under immense pressure with OFSTED and league tables. If you have an emotionally, healthy, stable and resilient children you will have better attendance and achievement.

The Panel thanked Karl for his contribution.

The Chair revised the agenda and requested that this will be a witness day and another meeting to be arranged to look at all the evidence.

The Panel summarised –

- 30% – 40% of children not receiving the training;
- how this is being delivered is on an ad-hoc basis;
- youngsters need to complete an evaluation form;
- when a child is ok, the problem children is not the school's responsibility;
- schools releasing teachers for training;
- good that community nurses attending the training;
- Hounslow report states that community nurses with the right training might be best placed to deliver;
- there is too much autonomy at schools;
- Karl has to deal with each school on an individual basis;
- young girls are very keen to undertake education;
- is 5 members of staff is this adequate and only one has an SRE role.

4. Witness - Councillor Roberts

Councillor Roberts handed out a paper on promoting good sexual health within the Scouts.

The Scouts are members of the voluntary sector and have the biggest contact with young people. The Scouts in Plymouth come into contact with 5000 young people. The Scouts are divided into age sections. Councillor Roberts has been a Scout leader for 50 years and has never been asked a question on sexual health. We don't encourage leaders to have one to one meetings and if issues come up we will arrange a meeting and call in the experts. Personally I think it is the responsibility of the parents.

Panel members responded –

Who are the experts that you invite to these meetings? The GP, district nurse, anyone of that nature that can address the group.

Would you consider contacting Karl Sweeney? Yes.

How many times would you call in a GP? 2 -3 times a year.

The Panel thanked Councillor Roberts for his contribution.

5. Witness - Chris Doncaster, PCC Youth Service

The general issues on teenage pregnancies are that tend happen in the lower class areas, and the pregnancies are either planned or aspirational. We are developing a service that is younger person friendly and the target age is 13 – 19 years. It's not just about giving out contraception it is also about education. We work across the whole of the city and Clinic in a Box works very well.

Panel members responded -

How many young people do you reach? We still have ground to cover and we reach a 1,000 young people a year. A big priority is to engage with young men.

How many schools have requested your services? The team work with the Pupil Referral Programme and are developing a programme on sexual health.

Identifying the children that are vulnerable, what training do youth workers have and how to they recognise a vulnerable child? |A lot of training available through the NVQ and support workers are encouraged to undertake this qualification. We have grown as a service and the more experience youth workers will be trained.

There are some areas of the city were there is little or no youth work and a lot of centres are being demolished. There is no youth provision in St Budeaux and Stoke, this is a basic flaw. In Stoke a lot of good work was being undertaken but there are issues around the people who run the building. The Youth Service is about to close in St Budeaux. Youth provision across the city is patchy but we are working towards full coverage. We will seek out young people and look at different ways of working, we engage with people at risk and cater the provision to suit their needs.

Are young people aware of this service? Most young people are aware of the services available. We advertise on buses such as the 34 and have looked at the hotspot areas. We also have youth festivals which offer the full range of services and hold events in line with National Youth Week.

How many youth workers? 170 staff.

How many teenage pregnancies are actually planned? Some are planned but it is linked to self esteem.

The Panel summarised –

- there is an issue around links with the schools and are they aware of this service?;
- this is an LSP target and is the PCT inputting money into this?;
- advertising on buses is a very good idea;

- we need a breakdown on how many people they come into contact with and how many staff;
- young people would open up more to youth workers outside of a school environment.

6. Witness - Judy Roberts, Connexions

Judy has a lead role working with teenage parents. Number of staff is 65 and there are personal advisors based in every secondary school and community centres. We support young people leaving school going into employment. We need have a good awareness of what the barriers could be and need to be in a position to sign post people to the right services. We keep our advisors trained and up to date and spotting the vulnerable and directing them appropriately. We talk to young people about risk taking behaviour and have the resources and information to sign post people and the Zone is located next door. We engage with young people either after having a child or through their pregnancy. We link with the Young Parent Centre and attend children centres and undertaking outreach working, making the links and trying to raise aspirations.

Panel members responded -

What is the engagement outside of schools? Each advisor has a caseload and we offer a 52 week service.

How many schools will one advisor cover? It will depend on the size of the school and proportion will have a weighting on personal adviser time.

How do you quality assure your work? We have quality drivers and a booklet we send out to parents and employers. We ask about the experience of the service as a whole. We have a young people participation group that meet on a monthly basis, this is consultation with young people. We also ensure that young people are aware of the benefits that are available to them.

What is your engagement with the LEA? We are local authority controlled company.

Is there much overlap with the LEA? We are a good fit and try not to duplicate. We link in with other agencies and use them as and when appropriate. We have developed good relationships within a locality basis.

7. Witness - Joanna Tyrell, Education Welfare Service

We have 10 staff to cover every school in Plymouth. We monitor attendance, undertake home visits and engage with the parents and child to gain an understanding on why they are not attending school, we then look at what support is needed. We do not have a social work background but do have national qualifications in working with children and families.

Panel members responded -

Do they come to you for other problems, such as appearance, personal hygiene, behaviour etc? We take on a holistic approach and have engaged with the parents.

How many children do you have contact with? We have an active caseload of 90 – 100 children at any one time.

Is this the child's or parents problem? It is usually a family problem.

Who deals with the special schools? The EWO deals with special schools.

The panel thanked Joanna for her contribution.

The Panel summarised –

- how can you have 10 staff covering the whole city;
- should they have a social working background;
- do the psychologists get involved?

8. Witness - Shirley Sinclair and Jenny Hoare, Harbour Young People's Specialist Substance Mis-use

We are a team focusing on young people aged 18 years and younger. There are 7 people on the team, with 5 at field level contracted to 185 young people. Some of our young people are hard to engage with and we will use partner offices and home visits. We undertake a lot of work around education and work with GPs. We will go out to deliver the service.

Jenny deals with contraception and most young people we deal with do not want a pregnancy. They believe a pregnancy is a way out. We deal with young women that get pregnant through abuse and sex work and we work with a lot of men who are very sexually active and we do not see their partners. Youth Worker link with Jenny for her expertise.

Recently dealt with a 16 year old new mum who wasn't well supported in regard to a termination was she was from a family with alcohol abuse

We need to reach the young people when they are sober in the morning and a discussion needs to be had, we need help to get into the cells. This is the time they need help and support; it is about crisis intervention and trying to get them to understand the implications.

Panel members responded -

You do not have an office? We meet where a child is comfortable.

Do you receive an allowance? We do not have an allowance as such but we are flexible, food is a key. We do not think twice about buying someone something to eat.

Do you identify any young people working in the sex industry? Not at the moment.

What about accommodation for young people? Young people will sleep with someone to get a roof over their head. We want a safe house, something similar to a children's home for older children.

How do we compare with Europe? We are very high in Europe in relation alcohol. There are legal highs and alcohol is easily accessible. Legal highs are man made drugs that mimic illegal drugs such as mephedrone.

The panel thanked Shirley and Jenny for their contribution

9. Witness - Olga Tomic, Team Manager, Children's Services and Ann Foster and Toni Dunbreak, Foster Carers

The Foster Carer reported that a young person had an implanted contraceptive which didn't agree with her. They looked at different types of contraception and she fell pregnant when we didn't put on her repeat prescription. Young people take more risks and young men need to take more responsibility, they don't like using contraception. Young girls are looking for love.

Olga stated that the objective is for every social worker will promote RSE and will start this with 5 year olds. Di Dimond undertakes sexual health training but unsure how effective this has been. We do have the virtual baby programme.

Panel members responded –

Alcohol plays a strong part, is this an issue with the children you look after? This probably was a factor but it is also down to self esteem. It stems from their early years they do not think enough of themselves and not taking responsibility from a young age.

Do social workers know where to sign post? The Zone is the biggest place and they offer a great service, such as the C Card.

Where do Social Workers get their advise on a Saturday and Sunday, do they know where to go? There is a lack of clarity on where to get this information on the weekend.

The Panel thanked Olga, Ann and Toni for their contribution.

10. Witness - Angie Collins and Tim Olssen – Children's Social Care

They work with 16+ Team and take a holistic view. They look at the family and why young people partake in sex, many young girls, believe that is how they get love. We should start the sex education at a younger age. We very clearly believe it is about self esteem and foundation in their life to lead them to what they do. They want to be perceived as an adult, we need to change that mindset and do this with early education.

We need a tool to engage the kids (c card). Our highest period around xmas for people to get pregnant so we sent out a Christmas card with a condom. They were easily accessible and young people where taking them. We offer Chlamydia screening and pregnancy kits and we keep a list of the young girls who take a pregnancy test kit.

Panel members responded -

What work is being done with young children from refraining from sexual activity? Sexual health is under health, it is not important enough to be mentioned in its own right. We set up training for asylum seeking young men, we got a group of them together and talked to them about sexual health, the law and the consequences. 13 of them accessed our service and we are hoping to repeat this training. We are planning a drop in from February onwards at Frederick Street and part of that drop in will be around sexual health.

The Panel thanked Angie and Tim for their contribution.

11. Witness - Alison Cruse, Community Contraception and Sexual Health Service

We will see anyone who walks through the door and also run a young person service a drop in service for the under 25.

Co-operation with the youth service has been good. We have clinics in two schools Tamarside and Stoke Damerall but do have issues with the governing bodies, we are now working with the school nurses. Schools needs to be signed up to an overarching policy.

Panel members responded -

What contraceptives are being used? Patches are new and pill and IUDs are still widely used. We advocate LARK, the fit and forget method. 25% use the pill and 50% use condoms. We welcome young men and it is nice when a young couple visit. Young men tend to go more to the youth workers.

We are a team of 8 with 2 full time workers. We problems with recruitment we cannot recruit to short term funded post.

How many young people do you see? 8,000 under 25 and 4,000 under 16.

How many conceive? They come in after the event and see those for a pregnancy test or termination. There is no support around termination to talk about options, adoptions etc and talk again before and after. Girls referred by GPs and not being given the knowledge, we do not advertise but would hope all GPs are aware of our service.

After termination what advice is given? There are 3 stages of counselling up to termination, after the event they need to decide on future contraception. Derriford does offer counselling and we make people aware of this service.

The Panel thanked Alison for her contribution.

12. Witness - Nicola MacPhail, Midwifery

Nicola explained that she had a prior role working as a Sure Start specialist midwife working with teenage parents. After a 4 year period we hoped that midwifery would be mainstreamed and it wasn't. Women access maternity services between 6 and 8 weeks and young people go through the same process. We encourage them to access services, they do access the services later but this is starting to change.

Midwives are in all GP services with follow ups in children centres. We try and undertake the booking at the GP surgery and will take a booking in the children centre with home visiting for the early part of pregnancy.

Wherever possible we try to include the dad, a lot of dad's do come through the service. In Plymouth we have serial impregnators for example a young man came in the same week with different girls. This is a group that we are not dealing with and this needs to be looked at. We are getting better at making links with the pregnancy testing agency, with early access into the service and getting them supported.

Panel members responded -

What about a young parent that needs more support? We have a protocol with the health visitor.

Is there a big shortage in health visitors being trained? We are looking at revamping this service they have too large caseload. Malaise workers work specifically with vulnerable young families and are funded through the children centres. We have maternity care assistants trained to level 3, they work closely with the midwifery team in the community and support the midwife in additional skills either ante-natal or post-natal.

What work do midwives undertake on contraceptive advice? A midwife shouldn't be discharging a woman before they have discussed contraceptive advice. Big issue with repeat conceptions, we have links with outreach. Midwives looking at high risk with GP colleagues and this is with ad hoc individuals.

How many young men are out there giving support? A lot of young men are involved and a lot more not involved; it also may not be their choice.

How many serial impregnators? There are about 6 or 7. A few young women have foreign partners and the culture around the use of contraceptives. We are having more births as a city.

How many breastfeed? We had 100% success rate for one year only.

The Panel thanked Nicola for her contribution.

13. Witness - Ann Dixon, Family Nurse Partnership – Health Visitor

In 2004 the Government as part of tackling social inclusion they looked at parenting base programmes. We are one of 50 sites and our target is young parents under the age of 20 years in first pregnancy. We are in the second wave and have a team of 5 nurses with multi disciplinary backgrounds, covering mother's health, baby's health, domestic violence, alcohol and substance misuse, housing; this is a very broad ranging programme plus whatever issues they bring.

We aim to improve the long term health benefits of mother and baby. Improving breastfeeding rates and will give support up until the child is 2 years old. We have 86 enrolled on the programme, and are in the testing stage. We try to be flexible, not at present doing anything at the weekend.

The Department of Health tracks performance every 6 months and our main goal is to prevent second pregnancies. The real key target is to get girls back into education and employment; this is a very aspirational programme. The key is building a trusting relationship.

Panel members responded –

How many 14 – 15 year olds? Can get the figures to you.

The Panel members thanked Ann for her attendance.

14. Further half-day meeting to be set to –

- (i) include circulation of –
 - AB's notes
 - All papers previously circulated
- (ii) review all of the above and form recommendations
- (iii) invite Patrick Hartop to assist

Confirmed Monday 22 February, 2010 commencing at 10.00 a.m.

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