

**MINUTES OF THE SCRUTINY REVIEW - CORPORATE PARENTING  
THURSDAY, 10 FEBRUARY 2011**

Councillors: Ejiofor (Chair), Gibson and Solomon

Co-opted Member: Ms Y. Denny (Church representative)

**LC12. APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Alexander.

**LC13. URGENT BUSINESS**

None.

**LC14. DECLARATIONS OF INTEREST**

None.

**LC15. MINUTES**

Consideration of the minutes of the meeting of 18 January 2011 was deferred until the next meeting.

**LC16. CORPORATE PARENTING**

The Panel received evidence from the following:

Andy Briggs; Head of Sport and Leisure.  
Chris Chalmers; Head of Service, Children in Care  
Emma Cummergen; Senior Team Manager, Leaving Care and Asylum Team  
Wendy Lobatto; Manager, Tavistock Haringey Service  
Judy Mace; Haringey Designated Nurse for Children in Care, Bounds Green Health Centre

Mr Briggs reported that the Leisure Service was responsible for a wide range of facilities including parks and leisure centres. It was a universal service and did not target specific groups of individuals. However, there were specific arrangements for some groups at Tottenham Green Leisure Centre and children from residential care homes could obtain free access to the pool.

There were also partnership arrangements with Tottenham Hotspur who ran a number of schemes that specifically targeted children in care. There was also the Positive Futures scheme that was run by the Youth Service and aimed to get unemployed young people into sustainable employment. However, the future of this and some other schemes was currently in doubt due to budget cuts.

The service was aware of the fact that leisure opportunities were important to many disadvantaged groups. However, they did not want to stigmatise them by specific targeting. They instead preferred to, where appropriate, provide vouchers to partners

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that offered concessionary prices to specific groups of people. They could then also use facilities when they wished to.

There were reduced rates for the Haringey Active card offered to specific groups within the community. Discounts varied from 30% to 70%. Members of the Council had indicated that they were committed to continuing with this. The service promoted the use of its leisure centres but it was accepted that they could link up better with particularly disadvantaged groups within the community, such as children in care.

They had no specific schemes to assist with the career development of young people who wished to work in the leisure industry. However, they worked closely with the College of Haringey, Enfield and North East London who ran specific placement projects. They also provided work experience for local schools. There was a considerable need for lifeguards and a rookie lifeguard scheme for under 16s was provided. There were further opportunities that could possibly be investigated including increasing awareness amongst staff of the needs of children in care. It was noted that whilst there was information available on the health of adults, similar information on children was not available.

The Leisure Service did not have a volunteer programme. Qualified staff were required by the service and it was essential for their qualifications to be maintained. There was a casual pool of staff who filled in on an "as and when" basis. There was generally a low turnover of staff. Volunteers were, however, used in parks.

There were opportunities outside of leisure centres. Sports clubs required volunteers on a regular basis and could sponsor individuals who wished to gain coaching qualifications. The service could, however, look at what could be done to assist in terms of work placements.

Entitlement to concessionary rates for children in care who were fostered was dependent on the status of their foster carer. No leisure services were provided free – they were already heavily subsidised. For example, the economic cost of a swim was £7. The service cost the Council around £2 million per year. If a particular group of people started to gain free entry, there was the danger that it would set a precedent.

Ms Chalmers reported that foster carers received a generous weekly allowance that covered the full range of needs. Checks were made on how the allowance was being utilised. However, this could be more specific about levels of activity and sporting opportunities. It would nevertheless not be possible to ring fence any of the money for certain activities as allowances were subject to national parameters. In addition, around two thirds of foster carers lived outside of the borough. A lot of young people over the age of 16 were living independently and were short of money. Some had taken lifeguard training.

Mr Briggs reported that there were a number of leisure premises that could possibly be used as a venue for the virtual school if need be, for example Tottenham Green or Broadwater Farm. In addition, the libraries might also provide opportunities. It was agreed that he would meet with staff from the Children in Care team to discuss how sport could be better promoted and awareness increased amongst foster carers.

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Ms. Lobatto reported that her team was commissioned by the Children and Young People's Service and was based at Bounds Green Health Centre. The team was multi disciplinary and included a psychiatrist, a psychotherapist, a family therapist and psychologist. Referrals came from social workers and other professionals. Specific packages of care were developed for individuals. The service took children and young people who were based in or around Haringey. They were currently providing services for 135 children in care, which was 22% of the total. It was highly likely that children in care would have mental health needs as they all came from difficult family situations. A small number had a specific psychiatric condition. Others were upset, unhappy, traumatised or neglected. Although they might often feel that they did not want the service, they were referred as others were worried about them.

There were two different services that were provided by the Tavistock. There was the service that was provided locally for children who were being fostered and there was the service provided centrally that was open to children in care once they had been permanently placed. It was a misconception to suggest that children could not access the service until permanently placed but it was acknowledged that the current arrangement could cause confusion. There was no waiting list for the local service although the central clinic had one. The central clinic was a pan London service that required a referral from a GP. The two services were very different. If issues needed to be addressed urgently, the local service was available.

The service liaised closely with Barnet, Enfield and Haringey Mental Health Trust. They offered flexible services in a range of settings and endeavoured to make them as accessible as possible. For example, home visits could be undertaken or clinics used for consultations. The Bounds Green location had the benefit of being co-located with nurses so physical and emotional issues could be better linked.

There was no formal system for following up on people who had come through the system. There were close links with social workers so there was an awareness of how many young people progressed through the system. Long term outcomes were not known though. There were clear differences between childrens and adults services. The Leaving Care team might be in the best position to co-ordinate the monitoring of long term outcomes. If emotional issues were identified at a later stage, professionals would want to look at the earlier history of patients.

Ms Chalmers stated that, whilst evaluations were undertaken, following up on young people was a newer area. Quite a few young people moved out of the area although others returned. It was perhaps an issue that the service should think about.

Ms Mace reported that her service undertook a health assessment of children after four weeks in care. This was reviewed every six months until the child was 18. The service was offered first and foremost from Bounds Green but the nurses could visit if need be. If any needs were identified, these were followed up to ensure that children received the appropriate service. The system now allowed comparisons with the health of other children to be made and a tool had been developed that allowed a wider picture of health issues to be taken. This would be fully operational in a year.

Ms Chalmers reported they had had to wait until a third nurse was in place before starting to undertake health assessments. They were previously undertaken by GPs and the quality of them had been variable. Foster carers could also find it difficult to get appointments with GPs for children. The previous system had been a source of

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frustration to the service. Social workers and managers picked up on comments from assessments. There was now an electronic system for recording assessments and consideration was currently being given to uploading this directly onto case records.

Ms Mace stated that a performance management tool had been developed so that progress could be monitored. It will capture relevant data and be linked in with other systems. Two of the nurses were specially trained in sexual health issues and it was discussed in detail with young people. They also could provide chlamydia screening and contraception. In addition, a lot of targeted work was undertaken and schemes like Teens and Toddlers used. A similar approach was adopted in respect of substance abuse. Work covered motivation and risks. Nursing staff liaised closely with social workers. They did not undertake blood tests, which were required for HIV tests, as these had to be done by doctors. It was noted that there was complex guidance on HIV testing. Tests were not routine and depended on the circumstances.

Ms Wright reported that NHS Haringey commissioned services. They worked with the Council to determine what services were needed. The data that was being collected on health would be very valuable and help to drive commissioning. Feedback was obtained from C&YPS and other services. They also obtained feedback indirectly. She was happy to take back the issues raised on delays in getting treatment from the central Tavistock clinic.

Ms Cummergen stated that the Leaving Care team provided a range of services for young people over the age of 18 as well as pathway planning. They also undertook targeted work. A number of care leavers were young mothers. There was currently a sexual health clinic on site although it was not clear whether it would survive the current budget cuts. This had been asked for by the young people and could also be accessed by their partners. Chlamydia testing and condom distribution was carried out. Dedicated personal advisers were also available to assist. In terms of the teenage pregnancy, a range of resources were available on site including virtual babies. A number of young girls who were in care aspired to be mothers from an early age. The motivation for this included a wish to create a family and to provide a child with a better start than they had been given. The service tried to influence young women to make different choices. It was agreed that teenage pregnancy statistics would be shared with the Panel.

The service also supported a number of young fathers and assisted them in developing parenting skills. This could sometimes be difficult, especially where there were access issues. Efforts were made to keep young families together where at all possible. There were monthly targeted mother and toddler sessions and the partnership between nurses and families generally worked well. There was currently a dedicated post to address substance abuse but it was unlikely that this would survive the current round of budget savings. This did not mean that no service would be provided though as mainstream services could be accessed instead.

Members of the Panel felt that further consideration needed to be given to emotional support issues. In particular, they felt that the issue of waiting lists at the central Tavistock clinic was of concern and that it should be determined whether other providers had been considered. In addition, it was felt that the Director of C&YPS should be invited to meet with the Panel to obtain his views on some of the issues that had been raised so far as part of the review.

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The Panel thanked Mr. Briggs, Ms Mace, Ms Lobatto, Ms Wright, Ms Chalmers and Ms Cummergen for their kind assistance.

**AGREED:**

1. That teenage pregnancy statistics for children in care e shared with the Panel
2. That the Director of C&YPS be invited to meet with the Panel to discuss issues arising from the review.

**LC17. VISIT TO STUDY CENTRE**

The Chair reported on a visit that he and Councillor Solomon had undertaken to the Study Centre. He stated that he had been impressed with the dedication shown by the young people in attending the centre as many had come a long way. The centre was also not very accessible. The young people felt that the centre had helped them to improve their performance and all of them were keen to attend.

**Clr Joseph Ejiofor  
Chair**