

GATESHEAD METROPOLITAN BOROUGH COUNCIL
FAMILIES OVERVIEW AND SCRUTINY COMMITTEE MEETING

Thursday, 19 October 2017

PRESENT: Councillor B Oliphant (Chair)

Councillor(s): L Caffrey, B Clelland, S Craig, L Kirton,
K McCartney, E McMaster and S Ronchetti

F21 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Thompson, Cllr Geddes, Cllr Hall, Cllr Mullen, Cllr Craig, Cllr Davison and co-opted members Sasha Ban and Maveen Pereira.

F22 MINUTES OF LAST MEETING

The minutes of the meeting held on 7 September 2017 were agreed as a correct record.

F23 UPDATE - CARE PATHWAY FOR FOETAL ALCOHOL SPECTRUM DISORDER

The Committee received an overview of the report by Dr Carmen Howey – Consultant Paediatrician and Designated Doctor Safeguarding Children, Gateshead Health NHS FT.

Concerns were raised by partner agencies, Local Authority and Public Health, in relation to a potential excess of Foetal Alcohol Spectrum Disorder/Foetal Alcohol Syndrome (FASD/FAS) diagnoses amongst the Gateshead paediatric population, particularly those children who are Looked After (LACYP). It was agreed by Gateshead NHS Foundation Trust (GHNT), in conjunction with Newcastle Gateshead Clinical Commissioning group (CCG), to review the diagnoses of this group to establish if those concerns are valid.

The Committee were advised that a new review tool has been developed to review the diagnosis of children on the FASD database. This has been completed for 60 randomly selected children from a total of 223 on the database which was compiled by the previous Designated Doctor LAC.

The accepted diagnostic criteria for FASD that the review has been working to are:

- A. History of maternal alcohol intake in pregnancy (quantities needed to cause effects of FASD/FAS are uncertain with limited evidence available)
OR
- B. Presence of typical facial features associated with FAS
AND
- C. Microcephaly (head circumference <3rd centile for age) in pre-school children

OR

- D. Clear evidence of significantly impaired function across at least 3 domains of the FASD checklist

An overview of the outcomes of cases reviewed to date was provided from the report and the Committee were advised that the review is a significant piece of work which is ongoing.

It was noted that the results of the review so far support the view that some children were receiving a FASD/FAS diagnosis without the relevant diagnostic criteria being evidenced. The Committee were also advised that in order to determine the validity of a child's diagnosis further assessments would need to be done.

A comment was made that professionals working with young women and expectant mothers need to get better at discussing the risks of drinking alcohol during pregnancy in a non-judgemental way. It was also noted that improvements need to be made to keep a record of when an expectant mother makes an admission of drinking alcohol – having such a record can assist in making a diagnosis of potential FASD/FAS should a child display symptoms later on.

A comment was made that the information presented at Committee on this occasion was a more neutral and balanced view than what had been previously reported. Information presented to Committee previously suggested an epidemic of FASD/FAS which would have a significant impact on Children's Services. It was commented that the volumes identified by the previous Designated Doctor LAC were deemed to be large proportion of children however it was much about perception.

It was asked whether enough importance on diagnosing FASD/FAS was being given by the CCG. It was noted that the process has been manageable so far however there may be a need for a more formal approach in the future. The Committee were also advised that a discussion needs to take place with the CCG to see if the diagnosing FASD/FAS could be balanced with other statutory functions. It was also noted that the children identified so far on the database are not at any immediate risk of harm.

It was asked as a result of the comments above whether this issue of FASD/FAS is not as worrying as other health issues in children. It was noted that more work needs to be done in prevention and that young women needed to improve their awareness of the risks alcohol poses to unborn children. Targeted work with young women who have unplanned pregnancies and have been binge drinking as well as middle class women who drink wine regularly needs to take place.

It was asked whether FASD/FAS are a result of sustained or just occasional alcohol intake. The Committee were advised that this is variable from individual to individual however for a child to have the facial features associated with FASD/FAS alcohol is consumed by the mother in the first 12 weeks of the pregnancy. The physical effects on a child due to alcohol consumption within the first 12 weeks is a concern as many women may be unaware they are pregnant during those weeks and drink alcohol.

The Committee were advised that this is a long term project and once children from

the database are investigated then there is potential for a wider regional approach to take place.

RESOLVED

- (i) That the Committee notes the actions and comments outlined in the report.

F24 OSC REVIEW - CHILDREN ON EDGE OF CARE - EVIDENCE GATHERING

The Committee were presented with information from the Edge of Care Review report. The review was established to look at the challenges facing services for adolescents and to consider the key ingredients of successful approaches to effectively support young people and their families on the edge of care.

An overview of the term 'edge of care' was provided – this covers the following situations:

- Before entering care the young person has been identified as being at risk of needing care
- When a young person is leaving care by going home or to live with a relative or into a range of accommodation
- Young people 16 and 17 years presenting as homeless
- Care leavers are particularly vulnerable as are their future children

It was noted that every young person's situation is different and that it is important not to generalise from specific situations as there are varying circumstances that can lead to a young person to be looked after.

Some of the multiple elements that cause a young person to become looked after were described from the report; these include violence from the young person, anti-social behaviour, mental illness and family dysfunction.

The Committee were advised that a Rapid Response Team (RRT) is being developed to increase the support capacity of the Looked After Children's Service. It was noted that this team would be made up of multiple partners across varying departments able to provide knowledge and support in areas such as housing, mental health and referral & assessment. Staff members from these services were present at the meeting to screen questions from the Committee. The function of the RRT was outlined as follows:

- The ethos is predicated on a belief that children should live within the family where safe to do so
- The team will work intensively with families in order to bring about change to reduce the need for accommodation or rehabilitate the child quickly
- They do not work with families beyond 12 weeks
- The team's terms and conditions include evening and weekend/bank holidays
- There is a firm commitment to invest in the professional development of the team and equip them with the skills and tools to do the job

- Staff are recruited with the pre-requisite skill mix
- The rapid response service will work as part of the CCIN team
- Clinical supervision is provided by the Manager/Systemic Practice lead
- It is understood that the Social Worker from CCIN retains responsibility for the case
- The team works collaboratively with partners

It was repeated that importance is being placed on supporting the young person through their issues whilst they remain at home whenever practical and safe to do so. It was also said that the prevention of homelessness in care leavers is a priority and that collaborative work with Housing Services has helped to develop a taster flat scheme. It was advised that the taster flat scheme has been developed to promote stability and integration for care leavers within the community.

A comment was made that the multi-service approach is welcomed – particularly in areas such as housing and mental health. It was said that families often reach the point of crisis as a result of financial problems which lead to subsequent issues. It was asked whether there was a support mechanism in place to provide benefits and financial advice; the committee were advised that individuals and families requiring this kind of support are currently identified via Housing Services.

It was noted that the Looked After Children's Service are working closely with housing colleagues and that there are staff from within Housing Services qualified to provide benefit and financial advice.

A concern about Council services making referrals to the Citizen's Advice Bureau (CAB) was raised. It was said that CAB are at breaking point and that residents need to be clear as to where they should go for advice and guidance on matters that could cause them to fall into crisis.

It was said that services within Gateshead are being proactive with these issues and that work is being done to identify families with issues before they become out of hand. It was noted that significant investment has been put in to Housing Services to support families/tenants and that links with DWP are also established.

A question was asked about how families at risk of crisis are identified. In answering, the Committee was advised that these are picked up via the Early Help team, Safeguarding as well as Referral and Assessment. More detail on this will be provided in the next report.

It was asked what was new about the information provided to Committee today and whether the Council were already providing the support outlined. It was noted that whilst these services have always existed they have been reconfigured with stronger collaboration to support young people and their families.

An update on the mental health service was requested. The Committee was advised that significant progress has been made and that a new model to reduce waiting times and improve pathways for Looked After Children would be implemented in April 2018. The Committee was also advised that there was potential for a web based/app system to be developed for young people to use to access mental health

services. The Committee was further advised that the new process won't happen overnight and that there is to be a systematic approach to implementation.

RESOLVED

- (i) That the Committee note the contents of the report.

F25 EARLY HELP STRATEGY

An update on the Early Help Strategy was provided to the Committee. It was noted that there are strong links between this report and Edge of Care report.

The Committee were advised that the Early Help Strategy will bring together many strands of work to create a vision for the future where families are resilient and supported within their local community. It was noted that by developing flexible evidence based early interventions, which are delivered in a timely way families would feel empowered and less reliant on Council services.

From the report the Committee were advised the delivery model will:

- Bring together a range of services which support children and families – a broader range of provision and community activity, including health, emotional wellbeing, behaviour support, family support, advice and support around debt, worklessness and poverty
- Use CAF and TAF approaches to wrap support around families to meet the multiplicity of their needs
- Ensure that practitioners identify and intervene with causes rather than with presenting symptoms
- Harnesses the social capital of communities and use an asset based approach to developing solutions

It was noted that this draft of the Strategy which will be brought before Cabinet in November 2018. The draft has been developed in partnership with internal and external partners and it is hoped that it is used as a working document.

It was said that in practise this Early Help Strategy would be implemented before the need for statutory Council services whilst working in a coherent way with relevant partners. It was also noted that work within children's centres and other outreach locations would continue.

It was mentioned that the outcomes framework as outlined within the report was helpful and that it was encouraging to see further joined up working across services. Further to this, the Committee were advised that some of the intended outcomes from the report were aspirational and contained a mix of Council priorities as well as outcomes dictated by external partners.

Background on the Families Gateshead was provided. It was noted that unlike some other local authorities Gateshead have taken a proactive approach to working with families to put interventions in place to remove their barriers to employment. The Families Gateshead programme provides support to all family members regardless

of age and is run on a payment by results model. Recent audits have shown that there has been an impact due to this service.

RESOLVED

- (i) That the Committee note the contents of the report and the Early Help Outcomes Framework.

F26 WORK PROGRAMME

The Committee received the work programme for the municipal year 2017/18. It was noted that the work programme would be a standing item on each agenda so that members could see any changes.

RESOLVED

- (i) That Committee noted the provisional programme.
- (ii) That Committee noted that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

Chair.....