

Doncaster Hidden Harm Strategy Drug and Alcohol Misuse in the Household

2016 - 2019

3 year strategy to identify, support, safeguard and improve the health and well-being of families where there is drug and alcohol misuse.

DRAFT

Introduction

In 2003, The Advisory Council on the Misuse of Drugs (ACMD) produced a report considering the negative consequences of parental drug misuse on children and young people. It highlighted that often the children were unidentified by services and therefore appropriate support was not offered. The report described the adverse consequences for the children as multiple and cumulative in nature, varying according to age, stage of development and the level of protective factors within the wider environment.

The most recent biennial analysis of serious case reviews undertaken by Brandon et al published in 2012 relates to the period 2009-11. Analysis of the prevalence of parental substance misuse indicates that it was a feature for 42% of families; with a context of drug misuse in 29% of families and alcohol misuse in 27% of the cases. In some families there was misuse of both alcohol and drugs. In 22% of cases substance misuse co-existed with domestic violence and mental ill health. (New Learning from Serious Case Reviews: Brandon et al 2012).

According to the Department for Education's Working Together to Safeguard Children guide, safeguarding children is the responsibility of all agencies and individuals that come into contact with families and children. The Advisory Council on the Misuse of Drugs (2003) - Hidden Harm: responding to the needs of the children of problem drug users highlight 35 per cent of the treatment population live with children, and substance misuse can affect families and communities as well as the individual who has a drug or alcohol problem. The Hidden Harm report cautioned that parental substance misuse can cause serious harm to children from conception to adulthood, but suggested also that effective treatment of the parent can have a significant positive impact for the child. The National Institute for Health and Care Excellence (NICE) quality standards for drug use disorders recommend that service providers establish systems which enable them to offer the families of people who use misuse substances an assessment relating to their own need, and advise that commissioners should commission these types of services.

The NSPCC suggests that substance misuse services have an important role to play in child safeguarding. It points to research to show that 78 per cent of parents with a drug or alcohol problem who had not received treatment abused or neglected their children following their return from care, compared with 29 per cent of parents without drug and alcohol problems. When asked what support they needed, parents prioritised treatment for drug and alcohol problems, coupled with clarity about the consequences of taking no action with regards to their substance misuse problem. However, while approximately half of mothers and one fifth of fathers to whom children were returned were known to have substance misuse problems, only 5 per cent had been provided with treatment. This highlights the need for greater access to treatment for parents with drug and alcohol problems.

Beyond supporting parents to reduce their substance misuse, drug and alcohol services can play an important role in delivering enhanced outcomes relating to child safeguarding and families; by providing treatment and supporting recovery for parents they play a part in facilitating the safe return of children in care to their families. The Hidden Harm report

suggests that drug services should play a crucial role in efforts to support parents with substance misuse problems and their children. It makes a series of recommendations which include enquiring about children and their care, reducing or stabilising the parent's drug use, and discussing the safe storage of drugs and needles in the home. The report cautions against drug services attempting too much single-handedly, emphasising the importance of working closely with other agencies such as GPs and the local child protection team.

Key messages from research and evidence based practice:

A 'whole family' approach must be adopted when providing support to those affected by alcohol or drug misuse to harness the resource of the family to support those in treatment, and to effectively identify and reduce harm to other family members. **Over the limit: the truth about families and alcohol (2012).**

Services need to redouble efforts to identify families for whom alcohol or drug use is a problem and in addition provide clear and unambiguous advice to all expectant and existing parents, father as well as mother, about the harm that alcohol and drugs can do to family life. **Over the limit: the truth about families and alcohol (2012).**

Pregnancy is a crucial opportunity for engaging and working with substance misusing parents, with childbirth being a potential motivator towards behaviour change in the interests of the unborn child. **All Babies Count: Spotlight on drugs and alcohol (2013)**

Being a parent of resident children can be a protective factor for those in treatment and can support recovery goals. Conversely, parents who have had their children removed are likely to have more complex problems that are difficult to overcome and are more likely to struggle with addressing their substance misuse. **NTA Report – Parents with Drug Problems: How Treatment Helps Families (2013)**

Opioid substitution treatment will improve as a result of changes at a system, service and individual level. These include: treatment that works alongside peers and families to give people direct access to, or signposts and facilitates support to, opportunities to reduce and stop their drug use, improve their physical and mental health, engage with others in recovery, improve relationships (including with their children), find meaningful work, build key life skills, and secure housing. **NTA - Medications in recovery: Re-orientating drug dependence treatment (2012)**

The 2010 Drug Strategy lists four kinds of recovery capital, or resources;

- social: support from and obligations to family, partners, children, friends and peers
- physical: finances and safe accommodation
- human: skills, mental and physical health, a job
- cultural: values, beliefs and attitudes held by the individual. **The potential of recovery capital (2010)**

Effective multi-agency working is crucial to offering support to families where drug and alcohol misuse is a feature. **Juggling Harms: coping with substance misuse (2010)**

Cannabis must not be ignored. Its use is linked with mental health problems for the user, and poor speech development and vocabulary for children living in the household. **Southampton Serious Case Review (SCR) (2012)**

When assessing the care of babies, children and young people, practitioners must not ignore the long term impact of living in households with drug and alcohol misuse or the fact that drug and alcohol misuse impacts on all parts of everyday life. **Bristol SCR (2012)**

Toxic trio (mental health, domestic abuse and drug and alcohol misuse) – professionals can be overwhelmed by the number and complexity of the problems. Children often become “lost” within the chaos. **Community Care inform (Oct 12)**

The effect alcohol misuse has on the individual and family life has been ignored for too long. There is limited data available to know the true number of adults and children affected. **Silent Voices: Supporting children and young people affected by parental alcohol misuse (2012)**

A desire to think the best of adults and to hope they overcome their difficulties should not trump the need to rescue children from chaotic, neglectful and abusive homes. **Working Together to Safeguard Children (2013)**

Doncaster Demographics

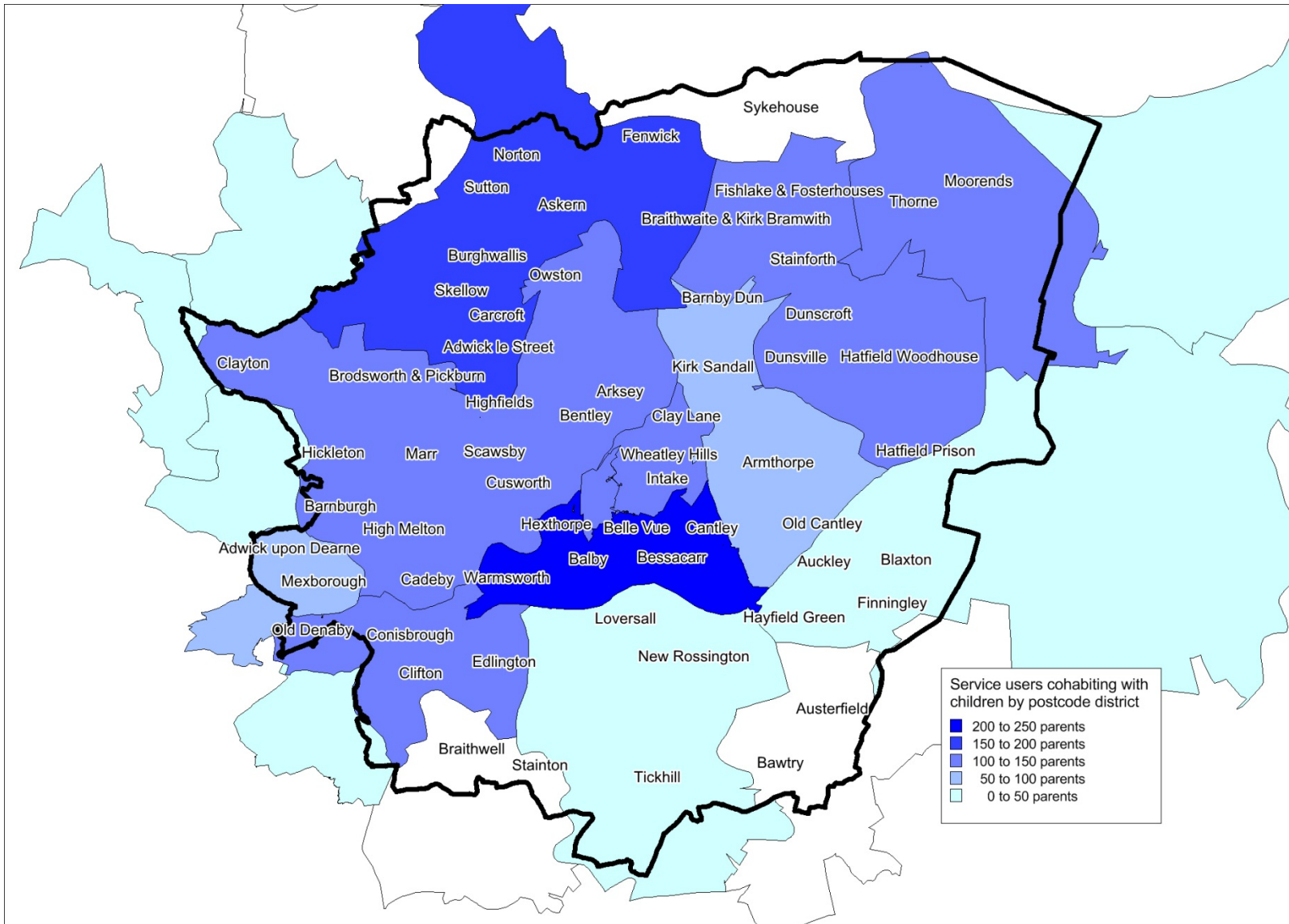
Of clients in substance misuse treatment in Doncaster, the following have children under 18 living with them:

- Opiate users 914 out of 1527 (59.9%) The National average is 32.5%
- Non-Opiate users 93 out of 169 (55%) The National average is 26.4%
- Alcohol users 221 out of 596 (37.1%) The National average is 27.2%

Figures below show clients starting substance misuse treatment while pregnant:

- Pregnant opiate using females 4 out of 123 (3.3%) The National average is 4.1%
- Pregnant non-opiate using females 2 out of 28 (7.1%) The National average is 4.8%
- Pregnant alcohol using females 2 out of 209 (1.0%) The National average is 4.4%

The below map shows the number of service users cohabiting with children by postcode district:



Doncaster, where are we now?

Since 2014 progress has been made by developing a hidden harm training package which addresses parental substance misuse, mental health issues and domestic violence (formally known as “toxic trio” training) within Safeguarding Level 3 Training for all frontline staff. Development of substance misuse referral alcohol screening tool via GPs. Gathering information about parental status is routine within adult substance misuse services. Implementing the MPACT (Moving Parents and Children Closer Together) programme in Doncaster which is commissioned by Public Health Substance Misuse and Stronger Families. *See appendix A.*

Doncaster already has some good practice that has helped establish some effective multi-agency care pathways for families where there is drug and alcohol misuse, which we now need to build on.

Local Services

Adult Substance Misuse Services

Doncaster Drug & Alcohol Service has a nominated Safeguarding Children Lead and participates in an Annual Safeguarding Audit; this includes ensuring all staff attend safeguarding children training.

Every adult accessing the Doncaster Drug & Alcohol Service is asked whether they are a parent/carer. If they are, detailed information is collected regarding the child(ren) on a Substance Misuse Safeguarding Children’s assessment and, where consent is given, on the National Drug Treatment Monitoring Service (NDTMS).

Safer storage boxes are provided to every adult with a child in their household who is taking home substitute medication (e.g. methadone)

Substance misuse services routinely attend meetings regarding the child in the family and complete reports using a specific substance misuse reporting template. Safeguarding Children support on complex cases is provided internally (via RDaSH) to Substance Misuse Safeguarding Children Leads and an established local referral pathway is well embedded. Quarterly group safeguarding supervision is in place for all clinical staff with Doncaster Drug & Alcohol Services. All staff complete relevant training (Safeguarding level 3) to meet requirements of safeguarding and is part of a Multi Agency Safeguarding Team (MAST).

Following accreditation, 4 substance misuse workers (2x DDAS, 2x Depot) are trained and delivering MPACT 8 week programmes (2 cohorts per annum minimum). MPACT is a voluntary programme, families are assessed before being accepted onto the programme.

Agreed database and KPI is in place to ensure that safeguarding assessments take place for all service users.

GPs are routinely copied into safeguarding concerns. However, recent audits demonstrate GPs are not consistently updated on TACS, meetings and therefore do not always have the context of what is going on in a family when a patient presents for a consultation.

Routine information sharing from DDAS to universal services. They currently have a shared electronic record and records can be shared with consent and special permissions including fathers accessing services and or other men that have caring responsibilities for children.

Pregnancy

Currently in Doncaster all pregnant woman are routinely asked when they book for their antenatal care around any drug or alcohol issues (including opiate users, dependant drinkers, recreational users and binge drinkers) – if disclosed they are referred to the Specialist Substance Misuse Midwife. Some women may already be accessing substance misuse services, if not they are encouraged to attend Doncaster Drug and Alcohol Services (DDAS) for assessment. The community midwife contacts the Substance Misuse Specialist Midwife after informing the client and then contact is made with the client to arrange any further appointments. These clients are then discussed at the monthly pregnancy liaison meeting. The members include a social care representative, Health visiting representative, substance misuse specialist midwife and Named midwife for safeguarding which improves information sharing and allows multiagency discussion around plans for birth. Data is not routinely collected but can be made available via system one at Drug services or the maternity unit.

Clients are referred to a named consultant at Doncaster Woman's Hospital and all receive consultant led care. The Substance Misuse Specialist Midwife works alongside the consultant on a Tuesday to ensure continuity of care and management plan. There are guidelines and pathways in place in The Doncaster Woman's hospital in regards to care of these clients.

Health Visiting

All families have a universally delivered Healthy Child Programme which includes core contacts at key times in a child's development. As part of these contacts a full health needs assessment is completed with the family and this includes parental health needs and exploration of parenting capacity. The misuse of substances by parents is explored at key contacts with parents and parents to be; this forms part of any risk assessment in understanding any safeguarding concerns for children and unborn babies. This relies on parental disclosure to universal services.

There is in place a process of liaison by midwifery if substance misuse is disclosed at booking or the client is accessing intervention, multiagency meetings are then arranged.

Any family requiring social care intervention will receive a multi-agency support package. Social care share information, with universal services (health visiting) routinely, about any concerns with parental substance misuse to inform any future health needs assessment.

Doncaster health visiting service provides a specific team that provides care for families requiring a more specialised and intensive package of support. Care is provided by the Universal Partnership Plus team; which provides a progressive universal health visiting service for families identified with more complex and acute health and social needs. Families where parents are using substances may receive support from this team if health needs require a multi-agency package of support.

Health visitor will make referrals to MPACT as required.

There is not a commissioned specialist role within health visiting to support parents and families with Hidden harm concerns.

Young People's Drug and Alcohol Service

Provides targeted and specialist interventions and treatment to young people under 18, and advice and information to family members and significant others who may be worried about or affected by a young person's substance misuse.

Project 3 has a nominated Safeguarding Children Lead and all staff attend safeguarding children training. Following accreditation, 2 substance misuse workers are trained and are delivering MPACT 8 week programmes (2 cohorts per annum minimum). MPACT is a voluntary programme, families are assessed before being accepted onto the programme.

Project 3 write to GP's for every substance misuse contact at the start of an episode and at the point of discharge. If medical reviews are taking place as part of a substitute prescribing regime then the prescribing medic sends copies of all review letters to the GP.

Early Help

Early Help provide universal services to children and young people through their delivery at Childrens centres. All staff within these settings is trained to level 3 safeguarding. Hidden Harm may be identified within these settings by close observations of the child, their interactions with parents and if they are meeting their developmental mile stones.

Early Help also offer targeted interventions working directly with the family within the family home.

Within this work hidden harm can be identified as the impact on the child from parents who are misusing substances is recognised.

There will be a Team around the Child approach in place for these children. Specialist adult substance misuse services and also specialist programmes/ services may be invited to attend the Team around the Child meeting to offer additional support to meet the needs of

the children. Team around the Child members will work together applying a whole family approach to prevent escalation into statutory Social Care Services.

Education

Education does include hidden harm and all safeguarding procedures are adhered to following DSCB/South Yorkshire Child Protection procedures' as per the 'Safeguarding Children and Young People Policy 2016.

Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children. This system is described in statutory guidance Working Together to Safeguard Children 2015. Schools and colleges should work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. Each school and college should have a designated safeguarding lead who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as children's social care. This is in line with Keeping children safe in education 2016 (revised Sept 2016)

Following local procedures all designated safeguarding leads will support any child, young person or family identified at risk due to hidden harm and make the appropriate referral and maintain relationships to ensure all young people have access to support and are protected from significant harm by following local procedures.

Doncaster Childrens Services Trust

The Doncaster Childrens Services Trust is a new and independent organization set up to deliver social care and support services to children, young people and families in Doncaster. We provide support and Children's Social Care for children in Doncaster, except for education and learning. We work with our local partners to do the best for children and young people who support in their daily lives. Doncaster Childrens Services Trust works to keep young people safe, and we have a number of services across each of our three localities, which include East, North and Central Doncaster. These are front door services, including Early Help, Referral and Response, Child Sexual Exploitation and the locality teams, which include assessment and child protection services, Children in Care and 18+ services for young people leaving care. The misuse of substances by parents is explored during any assessment or review undertaken by Childrens social care, this will inform part of any risk assessment undertaken to ensure that if any children or young people are at risk where there are additional safeguarding concerns, these can then be appropriately supported by Doncaster Childrens Services Trust and our partner agencies.

Arrangements in Doncaster

DSCB Training

The hidden harm training which addresses parental substance misuse, mental health issues and domestic violence (formally known as “toxic trio” training) has been incorporated into Level 3 Effective Partnership back in summer 2014.

In brief this covers Doncaster’s figures regarding both alcohol and substance misuse; an overview of drug services, the impact on children; the cycle of change and how to broach the subject of substance misuse with parents. The offer of further training to organisations is also discussed and a number of organisations have undertaken this.

The trainers have also delivered two DSCB seminars and workshops. This has also covered the work of MPACT (Moving Parents And Children Together). This session has also been delivered to all GPs at TARGET as part of their level 3 safeguarding children update.

The training always receives good feedback and fits in well with the other course content as it usually follows our look at the Daniel Pelka case where high levels of substance misuse and a lack of referrals to specialist services were a significant factor.

This training has proved extremely successful and been positively evaluated. However due to increasing levels of demand the decision has been made by the Workforce Development Sub Group to run core training with elective modules in the form of short courses and seminars. Substance misuse will form a key part of these modules and will be delivered by experienced substance misuse professionals specialising in this area.

Research has shown that multi-agency training in particular is useful and valued by professionals in developing a shared understanding of child protection and decision making. Carpenter et al (2009). *The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children. London: Department for Children, Schools and Families.*

Where do we want to be?

Households where there is drug and alcohol misuse come into contact with a range of different services on a daily basis. There is scrutiny, oversight and intelligence surrounding individuals who are in formal structured drug or alcohol treatment. The majority of opiate and crack using parents are known to adult substance misuse treatment services; their children are identified throughout the care pathway and systems are in place to ensure good multi-agency working especially if the child is preschool age.

However there appears to be greater difficulties within universal services in identifying fathers, mothers, carers who use drugs viewed as “recreational” e.g. cannabis; powder cocaine; new psychoactive substances (“legal highs”); over the counter and prescribed analgesic preparations as well as alcohol. In some cases this may be because the father, mother, pregnant woman does not consider that they have a problem with drugs or alcohol; or the drug and alcohol misuse just becomes one more factor in an overall complex range of issues e.g. domestic abuse, mental health issues, eviction.

Doncaster needs a commitment by all our partner agencies to drive forward the required changes to bring about better outcomes for this vulnerable group of children and their families.

This agenda, strategy and accompanied action plan will be led by the Doncaster Health & Wellbeing Board who will ask for assurances from the Doncaster Children’s Safeguarding Board including regular updates with regards to actions taken forward.

This strategy should highlight new initiatives in Doncaster regarding Hidden Harm, consider the findings from National and local research and encompass the direction of other key priorities for Doncaster.

Joint strategic priorities are translated within Appendix A into clear, measurable actions which will be updated on an annual basis to ensure it remains effective and relevant.

By providing the right help at an early stage and by recognising the needs of the whole household we will reduce the need for more intensive intervention at a later stage, leading to better outcomes for children and their families.

