

Somerset County Council
Scrutiny for Policies, Children and Families Committee –
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Addressing drug and alcohol safeguarding concerns in families

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Cabinet Member: Cllr Anna Groskop – Cabinet Member for HR, Health and Transformation

Division and Local Member: All

1. Summary

- 1.1. Drug and alcohol use has a huge negative impact on children, young people and families. The impact is detrimental whether the young person or adult use drugs and alcohol themselves or is affected by someone else's use. The impact can pose both immediate risks on young people or adults, as well as children and young people's longer term ability to thrive.

Somerset County Council is responsible for commissioning a range of responses to address the safeguarding concerns in families where there is drug and /or alcohol use. The responses are linked to population need, recognising that drug and alcohol misuse is a complex issue. While the number of people with a serious problem is relatively small, someone's dependency affects everybody around them.

This report is designed to give Members an understanding of what services are available and how drug and alcohol use and the safeguarding concerns associated with it in families are addressed.

- 1.2. This work contributes to the previous and new County Plan:
County Plan 2013 – 2017, Our priority is that Somerset is a safer and healthier place where:

- our most vulnerable people have the care they need and the choices they want
- our children feel protected and safe

The County Plan 2016 – 2020:

- Adults health and Wellbeing - Long term prevention – We will reduce early deaths from preventable causes
- Children's health and wellbeing – Help yourself - we will make it easier to find the right information and support to help families help themselves.
- Partnerships - working partnerships across the public sector, but also with the voluntary sector and private industry too in order to succeed.

2. Issues for consideration / Recommendations

2.1. Members are asked to consider:

- The progress being made to develop a joint working approach between the services dealing with drug and alcohol misuse, domestic abuse and mental health.
- The work of the public health commissioned services to respond to drug and alcohol misuse especially Somerset Drug and Alcohol Service and Targeted Youth Support team.

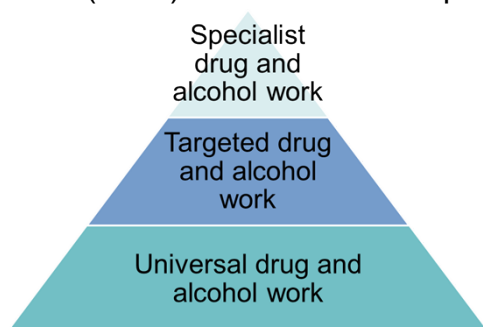
Members appreciate the impact of drug and alcohol use on children, young and families.

Members acknowledge the importance of the addressing drug and alcohol use and of maintaining a balance between the preventative and treatment responses across Somerset.

3. Background

- 3.1. The strategic approach in Somerset to addressing drug and alcohol concerns recognises that there are different levels of need within the population which require different levels of response in terms of promotion, prevention, early intervention and specialist treatment. This approach is illustrated in the diagram below.

The higher the pyramid the smaller the numbers and the more complex the need. The Somerset 16+ population is estimated to be around 390,000 (2014). Around 2000 (0.5%) of whom access specialist treatment services at any time.



- 3.2. **Universal drug and alcohol work** focus on the provision of evidence based, accurate and up to date information and advice on drugs and alcohol for everyone. Evidence suggests that ‘changing norms’ and ‘challenging assumptions’ are important aspects of influencing beliefs and behaviours around drugs and alcohol.

Somerset supports a range of national campaigns such as Dry January to ensure people have the information to adopt sensible drinking within their lives. This encourages people to live healthy and independent lives, a key ambition of the County’s Health and Wellbeing Board.

- 3.3.** Promotion of local and national digital sources of self-help are also delivered using tools such as Somerset Choices <https://www.somersetchoices.org.uk/> and <http://www.talktofrank.com/>.

Public Health in the last year has updated, in line with outcome to the consultation on the Chief Medical Officers Guidance *How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines*, all the locally developed information on alcohol. Examples include:

- for adults - One too many? and for young people aged 16-24 Look Out For Your Mates <http://www.somersetdap.org.uk/page/alcohol-brief-interventions>
- <http://www.lookoutforyourmates.co.uk>

- 3.4.** The outcomes on the consultation nationally was produced in August 2016 and can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545911/GovResponse2.pdf

- 3.5.** Nationally, 38% of secondary school pupils aged 11-15 reported ever having drunk alcohol, 18% reported ever having smoked tobacco, and 15% ever having taken drugs.¹ These are the lowest proportions since the surveys of Smoking, Drinking and Drug Use among Young People in England started.

The decline in use of alcohol since 2014 can in part be explained by the increasing proportion of young people who reported not drinking at all.²

Alcohol however, remains widely available and at an affordable price. A high proportion (40%) of 11-15s who had drunk alcohol reported being able to purchase alcohol from a shop; this was more common amongst older pupils and those who drank 10 units or more in the past week.³

Despite the reductions in reported use, the proportion of children in the UK drinking alcohol remains well above the European average and those that do drink consume more than children from most other European countries.⁴ The Chief Medical Officers revised their advice on low risk drinking in 2016. They reiterated their advice issued in 2009 that an alcohol free childhood is best, and if a child

¹ HSCIC, *Smoking, Drinking and Drug Use Among Young People in England – 2014*, <http://digital.nhs.uk/catalogue/PUB17879>

² HSCIC, *Smoking, Drinking and Drug Use Among Young People in England – 2014*, <http://digital.nhs.uk/catalogue/PUB17879>; PHE, *Data intelligence summary: Alcohol consumption and harm among under 18 year olds*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf

³ HSCIC, *Smoking, Drinking and Drug Use Among Young People in England – 2014*, <http://digital.nhs.uk/catalogue/PUB17879>; PHE, *Data intelligence summary: Alcohol consumption and harm among under 18 year olds*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf

⁴ Public Health England, *JSNA support pack prompts for young people 2016* <http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsyoungpeople2016-17.pdf>

does drink it should not be until at least age 15.⁵

- 3.6.** A programme of training for non drug and alcohol specific services is provided to ensure that anyone working in Somerset (whether in paid employment or as a volunteer) is confident and competent to respond to drugs and alcohol issues at a level that is right for them and the setting they are working in.

The training programme focusses on: knowledge, skills and tools to support responses, so that anyone can act on what they hear and see when working with young people and parents. The training stresses the need to think family in working with any individual to ensure best outcomes from early interventions.

- 3.7. Targeted drug and alcohol work** acknowledges the need to do specific prevention and intervention work with groups in the population, who have a particular of higher level of risk. Public Health currently commissions Somerset County Council Targeted Youth Support Service (TYS) to deliver early drug and alcohol interventions with their client base aged 13-19 years old.

This targeted work in addressing the drug and/or alcohol use is to intervene to safeguard young people. It seeks to identify drug and/or alcohol use and provide evidence based interventions in line with NICE guidance to reduce the use, provide relapse prevention support to maintain reduction of use, and as needed, support the young person to access specialist support.

- 3.8.** In 2015/16 TYS worked with 237 cases (172 new in that year) where the young person had drug/alcohol use in their profile. The table below provides a breakdown of new TYS clients assessed with a substance use issue by substance type in 2015/16

	Alcohol Only	Alcohol and Non-Opiates	Non-Opiates Only	Opiates	Total
Total	23	103	46	0	172
% Total	13%	60%	27%	0%	100%

In the same time period, TYS closed 141 of their substance use cases. The table below provides a breakdown of TYS substance use cases closed by substance type 2015/16.

	Alcohol Only	Alcohol and Non-Opiates	Non-Opiates Only	Opiates	Total
Total	28	74	39	0	141
% Total	20%	52%	28%	0%	100%

- 3.9.** Looking at outcomes for those young people in relation to alcohol use:
- 102 young people identified as drinking alcohol (either alcohol only, or with non-opiates) had their cases closed.
 - Measurement of change was identified by use of the AUDIT-C tool.
 - Of the 102 young people using alcohol with their cases closed, 58% who TYS delivered an intervention to reduced their alcohol use.

⁵ Department of Health, *UK Chief Medical Officers' Alcohol Guidelines Review 2016*

3.10. Outcomes for those young people in using non-opiates:

- 113 young people were identified as using non-opiates had their case closed.
- Of the 102 young people who had been using cannabis, 48% had reduced or made a positive change in their use.

3.11. Commissioners are working with TYS to improve data quality so we better understand the outcomes for those cases closed because of disengagement.

3.12. Specialist drug and alcohol work

Our specialist treatment service in Somerset is an integrated young people's and adults alcohol and drug treatment system. It works with all ages; and is a single service delivered by three providers working together, known as Somerset Drug and Alcohol Service (SDAS). It provides a service to dependent drug and alcohol users and the family, and friends of those users.

SDAS has a single point of contact for referrals - 0300 303 87 88 – 24 hours / 7 days a week; and has 5 area bases from which the staff work (Taunton, Bridgwater, Yeovil, Frome and Minehead); along with outreach in Wells and Chard.

3.13. Alcohol and drug treatment is evidence based and compliant with national standards set through NICE guidance. The service is subject to clinical governance and one part of it has recently been inspected by the Care Quality Commission (CQC).

3.14. In September 2016 Somerset's drug and alcohol treatment service was inspected by the CQC for the first time against the new CQC framework for community substance misuse services. The final CQC report was published 5th December 2016 and can be read in full at <http://www.cqc.org.uk/location/1-226794829>. Overall the report findings are very positive; some improvements have been identified and the service is working on an action plan to address improvements, which will be monitored through contract management process.

3.15. Appendix 1 visually shows the overall profile of Somerset's in treatment profile Q1 2014/15 to Q3 2016/17 split by:

- Opiates,
- Alcohol only,
- Non-opiates,
- Non-opiates & alcohol
- Young people (under 18)

In terms of one of the key measures, successful completions for all drug groups are either near to or within the upper quartile for national performance, indicating that Somerset is gaining excellent return on its investment in drug and alcohol treatment.

3.16. Safeguarding is central to SDAS; for with anyone coming into treatment whatever their age 'thinking family' is critical. The case studies discussed at the meeting

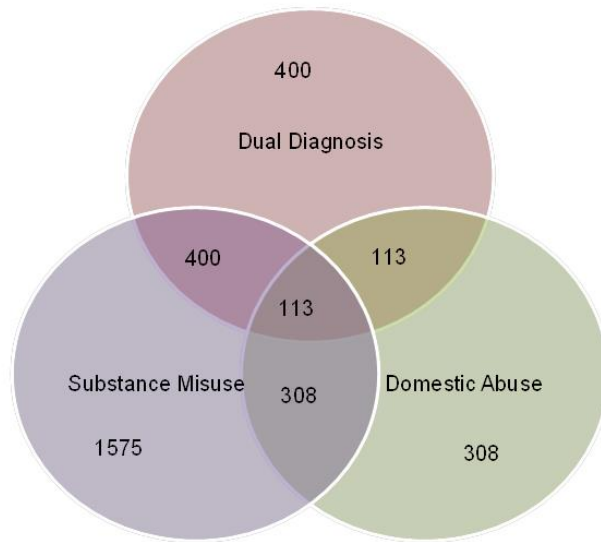
illustrate this approach.

Following the Hidden Harm Needs Assessment (January 2015), Somerset County Council Public Health commissioned The Training Exchange to provide external facilitation of a joint working project, to develop and improve the outcomes for children and parents affected by the trio of substance misuse, domestic abuse and mental health. The project ran from September to November 2015 with a follow up in September 2016.

- 3.17.** One of the key products of this is a shared working protocol that describes the joint approach that will be taken by staff in Somerset Drug and Alcohol Service (SDAS), Somerset Integrated Domestic Abuse Service (SIDAS) and Somerset Partnership NHS Foundation Trust, in respect of parents and children affected by co-existing domestic abuse, mental health, and substance misuse problems.
- 3.18.** The core of the protocol is that each agency looks for the other 2 issues and as part of the assessment process each of the 3 services has a responsibility to:
 - identify parental status of the person and associated children
 - identify the other 2 issues - *ask the question about the trio of issues*
 - identify if the other specialism's are involved i.e. MH &/or SM &/or DA
 - consider the needs of the child[ren] affected by those issues
 - identify what other services might be involved e.g. CSC, getset, health visitor, probation etc.
- 3.19.** Representatives of the 3 service areas with commissioners continue to meet to progress actions identified as part of implementing the protocol.
- 3.20.** Looking at the issue from a drug and alcohol perspective we have been able to update the information on parents in drug and alcohol treatment who are also affected by other issues particularly mental health and domestic abuse.

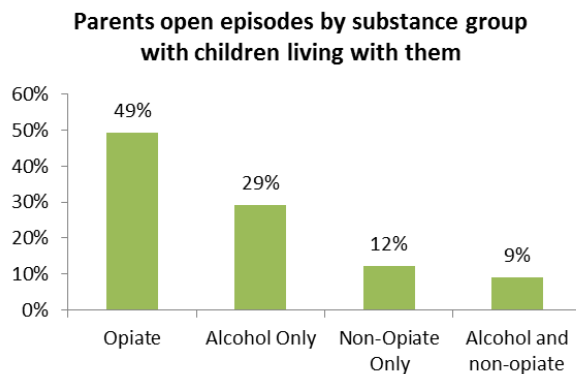
The diagram below show the number of open episodes in 12 months from the 01/01/2016 to 31/12/2016, who are parents⁶ who have substance misuse issues, dual diagnosis and/or are affected by domestic abuse.

⁶ Parent is shorthand for a wider definition that can include biological parents, step parents, foster parents, adoptive parents and guardians. It also includes de facto parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities. The minimum period of cohabitation would be one month



3.21. Looking at 12 months from the 01/01/2016 to the 31/12/2016, o note is:

- 58% ($n = 1575$) of the people in treatment are parents (64% males/ 36% females)
- 20% ($n = 549$) parents in treatment have a child living with them (48% males/ 52% females)
- The chart below breakdown the parents with a child(ren) living with them by substance



These parents are being supported by a SDAS working in partnership with other agencies to safeguard the children and improve outcomes for the whole family.

The Public Health England quarterly report on Somerset indicates that the current outcomes for substance misusing parents are high indicating that families engaged in treatment will be gaining the intended benefits. Whilst positive news for Somerset, locally commissioners require providers to review any re-presentation of a parent. This means the service with partner agencies learn from previous experience, to ensure support following treatment is sufficient to sustain recovery in the community.

4. Consultations undertaken

- 4.1.** In designing the tiered response to drug and alcohol use, two public consultations were undertaken; alongside extensive work with partners in health, police and

probation as well as others within and outside the County Council.

- 4.2. Commissioned services are all required to undertake user involvement in the development, review and assessment of the service. This is monitored through contract management process regularly. In addition SDAS actively seeks to involve ex-service users and people in recovery from drug and alcohol dependency through its peer mentoring and volunteer programmes. These help to raise the profile of recovery to new people coming into treatment.
- 4.3. Public Health commissioners have contract management arrangements in place with all commissioned services quarterly to monitor outcomes and developments for continuous improvement.

5. Implications

- 5.1. Addressing drug and alcohol use is a complex issue. While the number of people with a serious problem is relatively small, the safeguarding concerns require intensive multi-agency responses.
- 5.2. To maintain the smaller number of people needing treatment, it is important to maintain the ability for preventative work to minimise the escalation of use and associated impact on children.

6. Background papers

- 6.1.
 - Commissioning Future Drug and Alcohol Services in Somerset (May 2013)
 - Specification for Recovery Focused Drugs and Alcohol Services for Young People and Adults (May 2013)
 - Hidden Harm Needs Assessment (January 2015)
 - Improving outcomes for children and parents affected by the trio of substance misuse, domestic abuse and mental health, A joint working project for Somerset, Summary Report (April 2016)
 - Working Together to respond to parents and children affected by the trio of domestic abuse, mental health and substance misuse, A protocol between: Somerset Drug and Alcohol Service (SDAS), Somerset Integrated Domestic Abuse Service (SIDAS) and Somerset Partnership NHS Foundation Trust (January 2016)
 - Further information about drugs and alcohol can be found at:
 - www.talktofrank.com/
 - www.lookoutforyourmates.co.uk/
 - www.somersetdap.org.uk

Note: For sight of individual background papers please contact the report author

