

Somerset County Council
Scrutiny for Policies, Children and Families
Committee – 16 November 2018

Protecting children and families from the harm of drugs and alcohol

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Cabinet Member: Cllr Christine Lawrence – Cabinet Member for Public Health and Wellbeing

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 throughout their lives.

Somerset County Council is responsible for commissioning a range of responses to protect 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 the work of the commissioned Somerset Drug and Alcohol Service specifically in relation to supporting young people and parents in treatment for drug/alcohol misuse.

- 1.2.** This work contributes to 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 and comment on:

- The work and performance of Somerset Drug and Alcohol Service (SDAS) in relation to young people and parents in treatment;
- The work to identify and reduce the impact of adult behaviours on children (sometimes referred to as hidden harm);
- The contribution of people with experience of substance use as peer mentors within the Somerset Drug and Alcohol Service;
- Members are asked to recommend any other measures to help reduce the impact of drug and alcohol use on children, young people and families in 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 452,892 (2016 mid-year estimates). Around 2000 (0.4%) of whom access specialist treatment services at any time.



This report focuses on the specialist drug and alcohol work in relation to young people and parents

3.2. About Somerset Drug and Alcohol Service (SDAS)

This is the specialist treatment service for Somerset and it is commissioned by Somerset County Council Public Health. The current service contract runs from February 2014 to 31st March 2019. A new five-year service contract has been awarded from 1st April 2019.

The specialist service works with all ages. The service is provided to dependent drug and alcohol users, of any age, and the family, and friends of those users.

Some areas have separate services for children and adults. The all age

model ensures that there are no gaps in transition, and that the whole service understands its role with regard to children and families. Its focus is on dependent use of substances which includes alcohol and novel psychoactive substances.

SDAS has a single point of contact for referrals/consultation - 0300 303 87 88 – 24 hours / 7 days a week; and has area bases across Somerset.

When anyone seeks support and treatment from SDAS there is a recognition that the person is part of a family or social network not just an individual SDAS is one part of a support package for people to achieve the best outcomes for them and their family.

- 3.3.** 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).

SDAS has been inspected by CQC – most recently in September 2018 and we await the outcome report and rating. A rating for community substance misuse services is new following the introduction of a new inspection framework in 2015.

- 3.4.** Appendix 1 visually shows the overall profile of Somerset's in treatment profile from 1st April 2014 to 31st March 2018 split by: Opiates, Alcohol only, Non-opiates, Non-opiates & Alcohol and Young people (under 18)

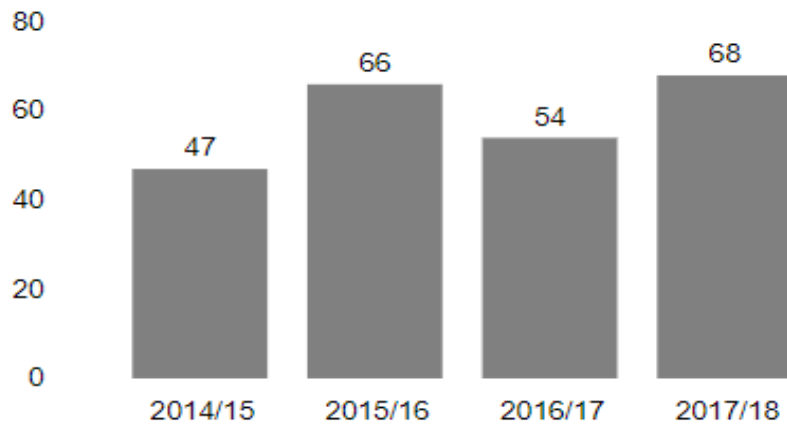
The main opiate is heroin. Non- opiates are substances such as cannabis, amphetamines, steroids, cocaine, crack cocaine and novel psychoactive substances. Some people engage in poly substance use, including alcohol.

In terms of one of the key measures, *successful completions for all substance groups*, Somerset is 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.

3.5. Young People in Treatment

Between the 01/04/2014 and the 30/09/2018 there have been 470 individual young people with an open episode with SDAS. Figure 1 shows the number of young people who had a closure within the period and was marked as 'Successfully Completed' as the closure reason.

Fig 1: number of YP successful completions by year



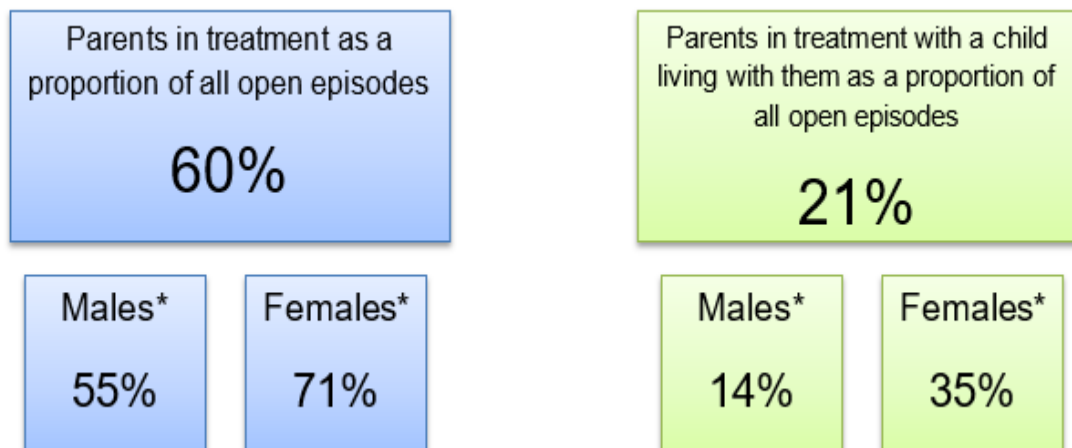
3.6. In September 2018 Public Health England (PHE) published performance information that compares the percentage rate of successful completions for YP in Somerset against the national average; it is restricted data so is not publicly available yet. The report shows that for the majority of the last few years Somerset has been performing at a similar level to the national average of around 80% of Young People successfully completing structured treatment.

3.7. Parents in Treatment

Between the 01/04/2014 and the 30/09/2018 there have been 3,666 individual parents with an open episode with SDAS.

In relation to drug and alcohol services Public Health England operates a very broad definition of 'parent' which includes biological parents, step-parents, foster parents, adoptive parents and guardians. It also includes de facto parents where a client 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.

3.8.



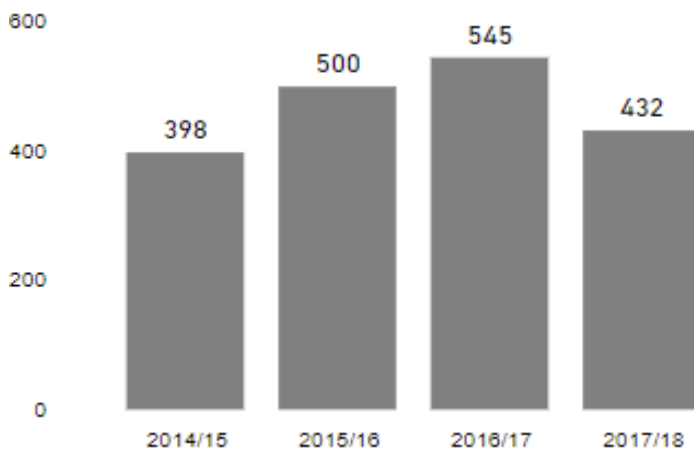
According to this definition, 60% of all clients in treatment are parents and 21% of those parents in treatment have a child living with them. This is very positive in terms of parents seeking help and support with their use and a willingness to engage with SDAS as well as other service areas to achieve

better outcomes for themselves and their children.

Interestingly, there is higher percentage of women who are parents in treatment, than men. This is the case for those who have a child living with them and for those who do not.

- 3.9.** We have seen increasing numbers of parents seek support to address their dependency and protect their children over the lifetime of the current contracted service but more important is the increase in the number of parents who had a closure within the period marked as ‘Successfully Completed’.

Figure 3: number of parent’s successful completions by year



- 3.10.** The very latest data from PHE for Somerset’s successful completions of clients who live with children as a proportion of all clients in treatment who live with children under the age of 18, shows we are significantly better than national average; this means Somerset is performing really to enable recovery for the parent from dependent use and protecting the child living with their parent(s).

Substance Category	% of Somerset parents	National average
Opiate	11.5%	7.3%
Alcohol only	50.3%	42.4%

- 3.11.** Understanding and addressing the impact on children and young people is central to SDAS; for anyone coming into treatment whatever their age ‘thinking family’ is critical. **The personal experiences of peer mentors discussed at the meeting illustrate this approach.**

4. Hidden Harm

Following the Hidden Harm Needs Assessment (January 2015), Somerset County Council Public Health commissioned 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.

4.1. One of the key outcomes from this piece of work 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.

4.2. 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 specialisms are involved i.e. mental health &/or substance misuse &/or domestic abuse
- consider the needs of the child[ren] affected by those issues
- identify what other services might already be involved or could be e.g. CSC, getset, health visitor, probation etc.

4.3. An audit of this protocol was undertaken in 2017/18 and findings indicated that:

- Though staff may be supporting clients effectively and in line with the protocol, however, this is not consistently or thoroughly evidenced in client files.
- The concept of hidden harm needs to be a constant reminder to staff and that all staff regardless of whether their client focus is young people or adults need to 'think family'.

4.4. 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 Venn diagram shows the proportion of SDAS clients who are parents, are affected by domestic violence and/or have a dual diagnosis (between 01/04/2014 – 30/09/2018).

- 4.5.** The Venn diagram above may be slightly different that previously shown to be clear if an individual appears as part of the 3,346 it means they do not have a dual diagnosis or are affected by domestic abuse.

5. Consultations undertaken

- 5.1.** 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.

6. Implications

- 6.1.** 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.
- 6.2.** This has been the driver behind the specification for the new all age drug and alcohol treatment starting 1st April 2019. The reshaped service specification:
- has put the needs of children at its heart including provision for children and young people who use substances themselves, are affected by parent's dependent use and/or any parent with dependent use;
 - and regardless of the age of the client is driven by a model of "Think Family – Think Community – Think Partnership".

The overarching strategic aspirations cover nine areas including: the prevention of problems with alcohol and drugs developing and escalating (which includes the recognition of the impact of adverse childhood experiences) through to promoting the development of independent support networks – which were identified as critical in the consultation with peer

mentors to enable recovery to go beyond addressing the substances used. A detailed look at the performance of the new service will be with Scrutiny next year.

7. Background papers

- 7.1.**
- 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)
 - Multiple Needs Project Audit Report June 2018
 - 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

Appendix 1

Note: categories key flow from bottom to top in chart so top is YP

Drug Category ● Alcohol and non-opiate ● Alcohol only ● Non-opiate only ● Opiate ● YP

