

Newcastle Hidden Harm Strategic Partnership Improving outcomes Plan 2008/9

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| ECM Outcome | e.g. Stay Safe |
| Outcome /NPCYP Priority | Reduce the number of Looked After Children |
| Lead Officer (name and post) and Lead Organisation | Di Robertson Safe Newcastle/Children and Young People's Strategic Partnership |
| Relevant Newcastle strategies | NPCYP NSCB Business Plan Integrated Youth Strategy Adult Drug Treatment Plan Safe Newcastle Strategy Housing Strategy Early Intervention Strategy Parenting Support Strategy Domestic violence Strategy Young Carers Strategy Alcohol Strategy Newcastle Respect Action Plan Supporting People Strategy Employability Action Plan |

1. Indicators – Measures of the outcome - current and data development agenda

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| <p>(a) What do we currently measure?</p> <p>Numbers of adults in effective drug/alcohol treatment</p> <p>Numbers in effective treatment who are parents</p> <p>The number of children living with a drug using parent</p> <p>Numbers of Children Looked After due to parental substance misuse</p> <p>Numbers of children with a child protection plan where parental substance misuse is a factor</p> <p>Numbers of babies born to women with substance misuse problems</p> <p>Numbers of CAFs completed where substance misuse is a factor</p> <p>Numbers of staff attending Parental Substance Misuse Training</p> | <p>(b) What do we need to measure? (localities? Groups of CYP?)</p> <p>Partial postcode information on parents in treatment</p> <p>Parental substance misuse status of young people in treatment</p> |
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2. Current performance, including equalities and vulnerable groups (self assessment)

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| <p>(a) How are we currently performing on the outcome? What is the past trend and where is it heading?</p> <p>There are an estimated 2373 drug users in Newcastle. The number of users in treatment is 1315, it is estimated that 700 have children under the age of 16. It is further estimated that 1,205 children under the age of 16 have parents who are problem drug users.</p> <p>In 2006/2007 in 44% of Child Protection Conferences held in Newcastle substance misuse was a significant factor. There are 443 children presently looked after children in Newcastle it is estimated that about 260 of these children will have lived in families where substance misuse has had a direct result in them being removed. 60% of care proceedings included issues around drug/ alcohol misuse.</p> <p>The Newcastle Plan for Children and Young People highlights research, which demonstrates looked after children's chances of returning to their families decreases in relation to the length of time spent away from home and such suggest that "Integrated services are required to support families in times of crisis, to avoid family breakdown and the removal of children into local authority care wherever possible." (Pg11)</p> <p>The National Drug Treatment Monitoring Service (NDTMS) now requests treatment providers to complete fields relating to parental status. At the moment these are not adequately completed (84%</p> |
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non completion rate for 07/08) but this requirement will be included in SLAs for 08/09

From April 07 to March 08 76 staff from across adult and children's services have attended the parental substance misuse course.

The baseline for 07/08 is currently being established and a new database will enable this to be monitored more easily in future.

(b) Are there different trends / issues for specific groups of CYP or localities? E.g. LAC, CLDD, BME, gender

It is important to understand and acknowledge that parents who have problems with drug and alcohol misuse can parent adequately and children can thrive, achieve and be happy in their care. However there are families where substance misuse impacts on children's well being in a range of ways. Parents some times find it difficult to prioritise their children's safety over their own need for alcohol or/and drugs. Basic care can be affected, as well as the difficulty parents may experience being available emotionally and physically for their children.

The field of child protection and substance misuse is sensitive and difficult one. What we know is that the outcomes for children are better if they can be safely maintained in their family of origin. If children can grow up safely in the place they want to live we have a duty to help them do that. Although only partial data is available on where substance misusers in treatment live the evidence we have suggests that there is significant overlap with the areas of highest deprivation in the city.

(c) Assessment of current performance – e.g. assessment against grade descriptors where relevant.

3. Story behind the data

What are the causes / issues?

Parental problem drug use can and does cause serious harm at every age from conception to adulthood. As part of the Hidden Harm Inquiry, the Advisory Council on the Misuse of Drugs carried out a survey in the UK in 2002 of maternity units. Their findings included:

- An estimated 1% of babies delivered during the year were to problem drug users and a similar number to problem drinkers.
- 82% of maternity units reported an increase in the number of pregnant problem drug users over the previous five years.

Research conducted by McKeganey et al (2003)¹ has also shown that children in families where adults are using drugs, are seven to eight times more likely to use drugs themselves and the publication, Every Child Matters: Change for Children, Young People and Drugs (2005)², estimates that 20,000 young people each year become adult drug users.

The report Parenting, Alcohol Misuse and Treatment Service Provision (2005)³ highlights the complicating role of alcohol misuse on parenting and the need to incorporate parenting support into alcohol treatment services. It states: Children whose parents drink too much can suffer a range of physical, psychological and behavioural problems as a result of living in such an environment.

There is also a recognised link between drug use and crime. Many of those serving custodial sentences also suffer from a range of mental health problems. Children of prisoners are a vulnerable and isolated group, often coping with emotional and economic upheaval.

¹ McKeganey, N. et al, 2003, Centre for Drug Misuse Research, University of Glasgow.

² Home Office and DoH.

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Home Office research has found that 59% of men in prison and 75% of women in prison have dependent children under 18.

It is estimated that 150,000 children have a parent in prison and each year it is estimated that more than 17,700 children are separated from their mother by imprisonment.

A survey carried out in 2007 with a small group of drug using women highlighted the need for improved communication between children's social care and these parents. The women were often very fearful of the implications of having any contact with children's social care agencies and as a result were wary of seeking the help they needed. The issue of available child care was also a concern that was raised by women.

These are just some of the issues which will be reflected in Newcastle among parents with problematic drug or alcohol use

4. Outcome Improvement targets

- Increase the number of adults in treatment whose parental status is recorded to 100%
- Develop a Hidden Harm dataset to be used across all services
- Improve mechanisms for Hidden Harm Strategic Partnership Board to report formally to Children and Young People's Strategic partnership and Safe Newcastle Board
- Increase the number of families receiving a crisis intervention service from Changing Trax
- Increase the number of substance misusing women whose babies remain with them
- Develop Changing Trax Project to include longer term maintenance support for families at risk of relapse.
- Increase the number of families accessing The Strengthening Families Programme where there is an identified parental substance misuse problem.
- Parental Substance Misuse training to be made mandatory as part of Safeguarding training core skills
- Further develop solution focussed practice across children's services in line with Signs of Safety and Think Families
- Identify a Children's centre to host a support pilot for substance misusing parents
- Implement recommendations from RR Serious Case Review

5. What is currently working? (self assessment)

PROPS

PROPS provides individual and peer group support, advocacy and respite to parents, carers and siblings of adult drug users. It also provides support to young carers affected by parental substance misuse. PROPS have developed holistic ways of working with families and been instrumental in taking forward CAF processes with some families. The engagement of the family on their own terms is a priority and they have successfully facilitated links between families and other agencies including schools.

For the year 07/08 PROPS provided 1394 individual sessions and 236 people attended support groups. Volunteers working at PROPS have provided a total of 4,076 hours of work. PROPS also work closely with Children's Services in completing CAFs with families and this good practice has been acknowledged nationally. This provides a good base from which other agencies in adult services can develop their knowledge, confidence and involvement in the CAF process.

The Changing Trax Project

Changing Trax is currently being evaluated however early indications suggest that family functioning has been improved in most of the families that this model has been applied to and all but one child has been able to remain at home safely.

Research suggests that the application of this model is cost effective and the direct alternative to

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providing more expensive solutions such as removing children from their family of origin.

The savings in adult services is yet to be calculated, however if substance misusing parents are helped to attend and remain in treatment, they will be better placed to secure employment, health costs will be reduced as well as the cost to society both financially and socially in relation to crime

A future area for development for **Changing Trax** would be to identify further funding to provide a monitoring function post-crisis intervention to monitor and support parents to maintain positive changes. Although follow up review visits are provided, it is recognised that after working with the family intensively for 4 – 6 weeks sometimes 15 hours a week, some families will need some extra support for a longer period.

Expanding the current service to include a maintenance worker to provide follow up support and securing the future funding of the project and eventual mainstreaming is a priority.

Moreover future consideration could also to be given to the possibility of service expansion to encompass wider issues of compromised parenting such as learning disability and mental health

The 'Strengthening Families Programme' is the early intervention aspect of the Changing Trax project which works with families who are not in sufficient state of crisis to justify the support of the crisis intervention programme. However there are still significant risks to the child in terms of future health and well-being, increased risk of becoming involved in crime, anti social behaviour and problem drug use. It is a highly structured group work programme lasting for 7 weeks. All sessions last for 2 ½ hours per week and are highly interactive using DVD material, role-plays, discussions and learning games. Time is spent separately with young people and parents and also together. Referrals have been received from a number of different agencies including children's social care and education. The programme works in partnership with RESPECT and a number of different agencies and services who have agreed to their staff being trained and released to deliver the programme. There is a strong evidence base from the USA and other parts of the UK, which shows improved behaviour in young people and improved family relationships. The evidence suggests that the programme has long-term positive effects on families and these actually increase in time.

Drug and Alcohol Liaison Midwife

This post provides an enhanced maternity service for all pregnant women who use drugs or alcohol and liaises closely with other workers providing support those women.

There is also a longitudinal study taking place currently being led by researchers and clinicians from NTW into outcomes for women receiving this service.

Numbers accessing this service have increased dramatically over the last 3 years.

Of those new referrals between April to September 07 to the Drug and Alcohol Midwife who are resident in Newcastle 44% are aged 18-24years old and 44% are aged between 25-34years old. This shows a different picture to those in treatment where we see a higher age range. The data collected for substances highlights all the drugs women are taking, although 47% of women stated alcohol use, 13% recorded cannabis, 12% methadone, 10% Heroin, 8% Cocaine, 5% Benzo's, 3% Stimulants and 2% Amphetamine. This shows a more varied range of drug use in women compared to treatment data, such as similar levels of cocaine and heroin use. This just gives a snapshot into the range of substances women in this service are using.

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Client Profile

- There are 43 new women on the case load between April to September 2007.
- 14 women already have children with an average of 2 children per women
- Drugs Involved (Drug's information was missing for 2 women) 15 women were recorded as having multi drug use, 36.58%.
- The average age is 25 years old
- 5% were under 18 years old
- 44% were 18-25 years old
- 44% were 25-34 years old
- 7% were over 35 years old

Barnardos Young Carers Project

The Young Carers Service in Newcastle provides individual, group and family support to children and young people with caring responsibilities. Our desired outcomes are to reduce the caring role of the young person where the caring is inappropriate and/or unwanted, by enabling access to, and lobbying for, services for the cared for person and to reduce the impact of any caring role on the five ECM outcomes for the young person.

The service is now becoming established in the city and, as referrals increase, it is clear that the majority of our service users care for someone with a substance misuse and/or mental health problem. Self evaluation information suggests that a family based, time-limited, focused approach is improving outcomes for young carers in contact with the project.

Work focussing on primary schools and early identification and prevention, targeting children caring for parents with substance misuse issues is being boosted by a successful application for funding from Comic relief and a pilot scheme will begin in the South Central area of Newcastle in autumn 2008.

Recognition of the need for close working relationships between Adult Services and Children's Services is being addressed by the Young Carers service by piloting a 'buddying' scheme with an Adult Services team doing assessments where there are children in the family, supporting the use of the pre-CAF checklist and undertaking CAF assessments where appropriate. Training and awareness-raising for all Adult Services, including Treatment Services, is a key element of improving the identification of vulnerable children and young people, of whom young carers are an often unrecognised strand.

Parental Substance Misuse training – These courses have been extremely popular and have evaluated very positively. Although it is not clear to what extent attendance on this course has an impact on professional practice it has certainly increased knowledge and awareness across the city of the issues around Hidden Harm. There is some need for certain professions such as social workers and health visitors to be targeted to attend this training.

6. Ideas for improvement (2-5 years)

What is happening elsewhere that works or what do we want to research/investigate? Low-cost/no cost ideas?

- Further funding and expansion of Changing Trax
- Parental substance misuse training to be mandatory under NSCB
- Further development of specific support for grandparents
- Develop contraception and sexual health services for substance misusers
- Develop further housing support resources for substance misusing parents and pregnant substance misusers
- To make further progress with engaging adult services in facilitating the CAF process with families

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- Continue to learn from and share practice with other Option 2 projects across the country
- Continue to work in partnership with Newcastle Family Intervention Programme
- Improve links between adult treatment services and Barnardos Young Carers Project

7. Partners - Which partners have a key role to play in improving this outcome?

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| <p>(a) currently involved</p> <p>Families (PROPS, Barnardo's Young Carers Project)</p> <p>All partners across Children's Services</p> <p>NHS provider trusts</p> <p>Voluntary sector, drug and alcohol services</p> <p>Relevant Local Authority Directorates such as Adult Social care and strategic housing</p> <p>GONE</p> | <p>(b) need involvement</p> <p>Prisons</p> <p>Probation</p> <p>Schools</p> |
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8. How have you engaged CYP, parents, etc?

Include engagement and participation in developing, prioritising and reviewing strategies/services/action plans

Parents, carers, grandparents, children and young people and other family members are involved through active engagement in projects such as PROPS, The Young Carers Project and Changing Trax. These services prioritise a response based on needs identified by the client themselves and are planned from that starting point promoting solution focused approaches which put families at the centre of the work. Adult treatment services are beginning to think of clients as being part of a family and will further develop services to respond to a whole family rather than an adult in isolation from others. The New 10 yr National Drug Strategy has clearly stated the need for this change. The *What Women Want Group* and also *The User/Carer forum* for adult treatment are also useful ways for parents to contribute their views on the services they receive.

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9. Key Actions to improve this outcome for 2008/09

| Action/Activity | By When | Lead Officers | Performance Measures/Targets | Key risks & risk controls | Resources |
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| Strategic Developments | | | | | |
| Identify existing or new groupings which will take forward the areas of work outlined below | Sept 09 | Di Robertson | Groups to be identified by Sept 08 | If groups were unable to be identified the work would be taken forward by the Board or individual services. | <i>Existing</i> |
| In the context of Think Families promote further and expanded resourcing for crisis intervention and intensive support for families. | Mar 09 | Di Robertson | Bid to be submitted to Working Neighbourhoods Grant. Additional resources to be identified through mainstream adult and children's services | If additional resources unable to be identified crisis intervention and solution focussed work could be carried out by voluntary sector partners and in some instances by staff in Children's Social Care | Existing |
| Establish reporting framework for Children and Young People's Strategic Partnership and Safe Newcastle | Sept 08 | Di Robertson | Report to HHSPB | No significant risks | Existing |
| Early Identification and Intervention | | | | | |
| Monitor numbers of CAF checklists completed by adult drug services and the number of CAFs completed where parental substance misuse is a factor | Sept 08 | Becky Dunn/Grainne Fegan | New database available – Q reports to HHSPB | Malfunction of database. Lack of staff capacity to monitor database and produce reports | Existing |
| Establish process for adult treatment services staff to complete pre CAF checklist on all parents in treatment | Dec 08 | Becky Dunn Mal Maclean | 100% NDTMS compliance and checklists completed | No checklists completed by adult services. To be renegotiated through SLAs | Existing |
| Establish mechanisms for Children's Services to respond to completed checklists | Mar 09 | Becky Dunn/Grainne Fegan | Checklists processed and CAF completed and outcomes for families monitored. | Lack of capacity in existing children's services teams to respond. Resistance from staff to new processes. To be reviewed by HHSPB and NSCB. | Existing |

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| Develop information sharing protocol between adult and young people's drug and alcohol services (RR SCR recommendations) | Mar 09 | Manfred Humer/Margaret Orange | Protocol agreed, | Protocol not agreed. Information sharing does not improve. Issue to be taken forward by SCR and NSCB | Existing resources |
| All pregnant drug/alcohol users in treatment to be offered CAF before 20wks | Mar 09 | Anna Stabler/ Grainne Fegan | Additional CAF training for midwifery staff. Monitoring of CAFs completed Numbers of women participating in sessions | Lack of capacity for staff to incorporate into existing practices. Women choose not to engage in CAF process. To be reviewed by Workforce Reform Board. | Existing |
| Develop pre-pregnancy planning with women who have previously had children removed. | Dec 08 | Mal Maclean /Fiona Richardson | Development of toolkits to use with women looking at issues around pregnancy planning | No significant risks. Difficult to measure impact on outcomes. | Existing |
| Staff in Social care and other services must carefully assess the impact of parental substance misuse and its impact on children and continue to monitor this as children grow up. (RR SCR Report) | Mar 09 | Sharon Williams/Manfred Humer (SCR) | Attendance on parental substance misuse course | Staff do not attend course and are not competent and confident to do this. SCR to follow up | Existing |
| Target drug treatment services in adult and children's services to increase the numbers of families referred from these services to Strengthening Families | Mar 09 | Sharon Williams/Joanna Noon | Drug treatment services to distribute clear info on this process Numbers of families attending SFP where there are identified issues with drugs/alcohol | Drug Treatment services do not distribute information to clients. Posters with relevant information to be posted in waiting rooms | Existing |
| | Dec | Helen Woods- | Completion of review | | |

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| Ensure that Hidden Harm issues are considered in the Early Years Review and Plan | 08 | Waters | and plan | | |
| Development of effective data systems Develop needs assessment process for Hidden Harm | Mar 09 | Mal Maclean/ Sue Kirkley | Initial meeting to be arranged to discuss what this process would involve and first steps. | No significant risks other than staff capacity | Existing |
| Monitor 100% NDTMS compliance through SLAs with treatment providers | Mar 09 | Mal Maclean/ Claire Toas | Monthly NDTMS returns Quarterly reports available to HHSPB | Adult Treatment providers do not complete. Renegotiation of SLAs | Existing |
| Establish baseline for numbers of substance misusing parents accessing parenting support (Questionnaire to all adult service users) through Children's Centres | Mar 09 | Sue Miller/Mal Maclean | Questionnaire to be distributed. Progress report to HHSPB. | Questionnaire is not distributed or completed | Existing |
| Training Plan to include: TOR of training sub group to be established. | Sept 08 | Mal Maclean | Nos of meetings, mins etc | Training subgroup is not established and does not meet. Issues covered as part of NSCB training subgroup agenda. | Existing |
| NSCB training subgroup to consider and approve mandatory parental substance misuse training. | Mar 09 | Paula Askill | Mins of meeting No. of sessions taken place | Not agreed Raised by HHSPB as concern with NSCB Board | Existing |
| Develop practice sharing sessions between Changing Trax staff and staff in adult treatment. | Mar 09 | Sharon Williams | Report on workshop and evaluation questionnaires Training prog, nos | Changing Trax staff unable to deliver practice sharing sessions. Written information to be made available to staff. | Existing |

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| Good practice workshop on maternity provision for substance misusers to take place. | Dec 08 | Mal Maclean/ Maddie Findlay/Fiona Richardson | sessions delivered. Monitoring of attendance. Workshop/conference report | Workshop does not take place. Rescheduled for following year | Existing |
| Changing Trax staff to deliver training to social care and adult treatment staff to promote the use of specific solution focussed tools with families. | Dec 08 | Sharon Williams/ Joanna Noon | Attendance and feedback from training sessions. Follow up with staff attending looking at changes in practice | Training does not take place. Information on solution focussed tools to be sent to staff. | Existing |
| DSU Development and Training Officer to target specific professional groups to attend parental substance misuse training. | Mar 09 | Mal Maclean/ Fiona Richardson | Monitoring of those attending this course | No increase in numbers of staff from specific professional groups targeted attend training. Explore other ways of engaging with workforce reform in both adult and children's services | Existing |

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