

Hidden Harm in Somerset – December 2010

Background

In 2008¹, Somerset as part of work to begin to look at the issue of hidden harm agreed the following definition of hidden harm as: “*Parental substance misuse (drugs and alcohol) and its actual and potential effects on children*”.

This was based on the ACMD² definition but wanted to be explicit that it also included alcohol as much as illicit drug use.

In November 2009 Department for Children, Schools and Families (DCSF), Department of Health (DH) and National Treatment Agency for Substance Misuse (NTA) published joint guidance on the Development on Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services. This set out a series of actions for both drug and alcohol treatment services and children, parenting and family services.

This formed the focus of the 2010/11 objective in the DAAT adult treatment plan which is ‘to ensure that an effective co-ordinated response to the Hidden Harm agenda is in place in Somerset’. The objective set out to develop a Somerset strategy for safeguarding the welfare of the children of drug misusing parents by using the national joint guidance as a framework but to also include:

- Reviewing & updating the existing Multi-Agency Protocol for working with substance misusing parents
- Undertaking an additional piece of needs assessment work to establish a baseline position for Somerset in relation to safeguarding children and substance misusing parents. [This work will be used to agree a minimum dataset in relation to safeguarding from treatment, children and family services and other stakeholders].

To achieve this objective a fixed term joint DAAT/LSCB/ Somerset Children’s Trust working group was established. It consists of representatives from: Somerset DAAT, Somerset LSCB, Somerset Children’s Trust, Think Family/ Parenting Strategy, Turning Point Drug & Alcohol Service and Somerset NHS.

It has been meeting since June 2010 and has been focussed on 3 main areas of work: needs assessment, review of the Somerset protocol and assessing Somerset’s compliance with the national joint guidance.

¹ Collins, S [Evidence base Ltd] (2008) Hidden Harm: Identifying a Way Forward for Somerset.

² Advisory Council on the Misuse of Drugs (2003) Hidden Harm – Responding to the needs of children of problem drug users

Needs Assessment Approach

The needs assessment has proved less than straightforward. In 2010 the DAAT began using the Partnership Intelligence Unit - PIU (a joint NHS, SCC and Police initiative) to undertake its data analysis for it. As part of its work for 2010/11 the DAAT asked the PIU to take on the work to scope the size of the issue for Somerset in place of using national estimates and applying it to Somerset population.

Initial work to trawl data sources proved unsuccessful with no organisations having an easy way to draw off their caseload systems the number of adults or children they were working with who are substance misusing parents or the children of these adults. As such a different approach was taken to conduct a caseload count over a specific week across identified organisations. This asked organisations to provide information based on households on their caseload where there were children living in a home where there were adults misusing drugs or alcohol. It included households even if the children live there only part-time, or a substance misusing adult only lives there part-time. Solely for the purpose of the PIU to produce accurate estimates, data was asked for at postcode level to allow to match up records across agencies.

A number of organisations were asked to undertake the audit examining their caseload between 16/09/2010 and 23/09/2010. A copy of the audit questions can be found in the Appendix 1 of this report.

The first audit was carried out in two parts:

- By reviewing caseloads of key partners agencies during the week of 16th September 2010 to identify households where children were living, either full- or part-time with adults who are misusing substances.
- By reviewing the caseload of Turning Point.

For this audit Turning Point was not able to provide personalised data to use alongside the rest of the agency data collected. Although this limits the understanding of the scale of the issue, work is in hand to rectify this for the future.

Findings

The following summarises the findings of the first audit of hidden harm undertaken in Somerset. This is a preliminary step in estimating the extent of hidden harm in Somerset and one clear intention is to identify improved practices for capturing relevant data. The data contained here are the best available at this stage, so some of the records are not complete in every respect. As a result, sub-groups do not always add up to the total. Unless otherwise stated, this will be as a result of data gaps.

The following section reviews the data collected through the audit. It does not include the data from Turning Point.

A total of 21 organisations/teams returned data for the caseload audit. Details of responses can be found in Appendix 2, including those who were approached but were unable to respond in the timeframe.

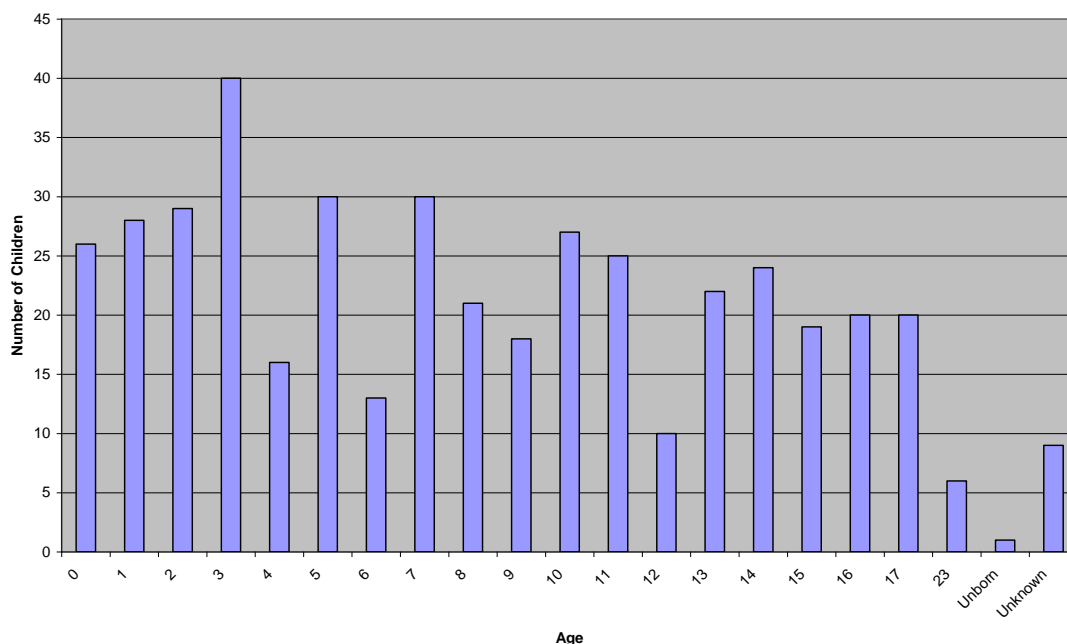
In total 433 children were identified in Somerset who live with an adult who is either currently misusing drugs or alcohol, or has been known to use in the past with their current status uncertain. This equates to 242 households. We believe that this will be an under-estimate as, despite wishing to participate, some agencies were not able to contribute data within the timeframe for the case audit.

271 of these children are living in households where **all** the adults are **currently** misusing drugs and/or alcohol; and 118 of the children are living in multi-adult households where one of the adults is not currently misusing drugs and/or alcohol.

Age of children

Figure 1 shows that in the 242 households identified in the audit there was a wide age distribution of children. Interestingly, more under fours than might be expected have been identified (28% of the total). 26 children are under the age of 1, but there are more 3 year olds than any other age group. It is hard to pinpoint precisely the reason for this rise, but we believe that it reflects the work of all agencies in early intervention and preventative work combined with heightened awareness of safeguarding and child protection issues following the considerable media coverage of the Baby Peter case.

Figure 1: Age structure of the children identified in the audit.



Family Structure

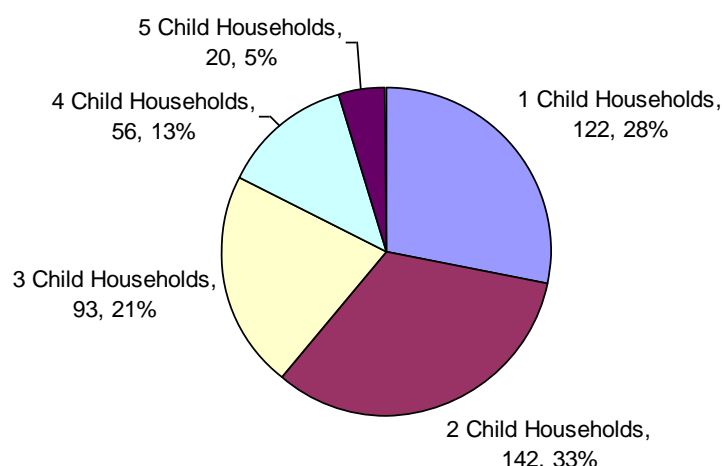
The majority (84%) of children identified in the audit lived in the household full-time. 12% of the children were not living in the household; in particular 7% were being 'looked after' by the local authority, 4% were living with other family members and 1% were independent (living by themselves). Only 1% (4 children) were living in the household part-time³.

Table 1: Where the children identified in the audit are currently living.

Child Status	Total number and % of children	
	No.	%
Child Looked After by LA	31	7
Child not living in household	18	4
Living in household full-time	365	84
Living in household part-time	4	1
Independent (living by themselves)	4	1
Unknown	11	3
Grand Total	433	100

Figure 2 shows that just over 1 in 4 children (122) live in a single-child household. Around 1 in 3 live in a two-child household, 1 in 5 in a three-child household and 1 in 6 in a four or five child household. It is possible that those children living with no siblings are more vulnerable as they have no siblings to support them.

Figure 2: Number of children living in each household.



³ In some cases it was not possible to identify if the children were living in the household only part-time. It is therefore likely that the number of children living in the household fulltime is an over-estimate.

134 of the 242 households identified contain only one adult. 108 households contained two adults and seven households comprise three or more. 55% of adults in the households contain the biological mother of the child and 34% contained the biological father of the child. 8% contain the mother or father's partner (including step-parents), 2% older siblings and 1% other relations.

Table 2: Relationship of the adults to the children identified in the audit.

Relationship to child	Total	
	No	%
Mother	200	55
Father	121	34
Partner (including step-parents)	28	8
Brother/sister	7	2
Aunt	2	0.5
Grandparent	2	0.5
Total	360	100

In total there were 360 adults living in 242 households. This includes:

- 134 one adult households,
- 202 adults living in two adult households,
- 12 living in three adult households
- 12 living in four adult households.

Table 3 below demonstrates for each household the substance being misused by the first adult identified in the data return. This is effectively a proxy for overall household substance misuse.

There were 54 households for which this was not recorded and we would wish to address this in the next assessment. Alcohol and drug misuse were equally likely to be used in all households included.

Table 3: Usage of drugs and/or alcohol by first adult listed in each household

	No. households
Misusing alcohol	103
Misusing drugs	113
Misusing both drugs <u>and</u> alcohol	28
Misusing either drugs <i>or</i> alcohol	188
Not known	54
(Total Households)	(242)

Households where all adults are currently misusing drugs and/or alcohol

Some of the households included in this assessment are known to be households where all of the adults present are misusing drugs/alcohol. This will either be where the household contains a lone adult, or where the household has multiple adults present and all are misusing drugs or alcohol. The data shows that:

- 155 of the 242 households included are those where all adults present are misusing drugs/alcohol.
- 62 of the 242 are households where there is at least one adult not misusing drugs or alcohol.
- For the remaining 25 households the equivalent data were not available
- In the 109 households which contained more than one adult, 33% (36) were known to be households where both adults are misusing drugs/alcohol.

There are 271 children living in the 155 households where all adults present are misusing drugs/alcohol. Table 4 shows that over half of these households have only one child.

Table 4: Number of children living in households where all adults present are misusing drugs/alcohol.

	No. households	No. children
1 Child	85	85
2 Children	38	76
3 Children	20	60
4 Children	10	40
5 Children	2	10
Total	155	271

62 of the total 242 (26%) households examined are those where there is at least one adult present who is **not** using drugs/alcohol. 118 children are living in these households. The age structure is typical of the other households identified.

The adults in this type of household who are misusing show a greater tendency to misuse alcohol rather than drugs.

Table 5: Usage of drugs and/or alcohol in households where there is at least one adult not using drugs/alcohol

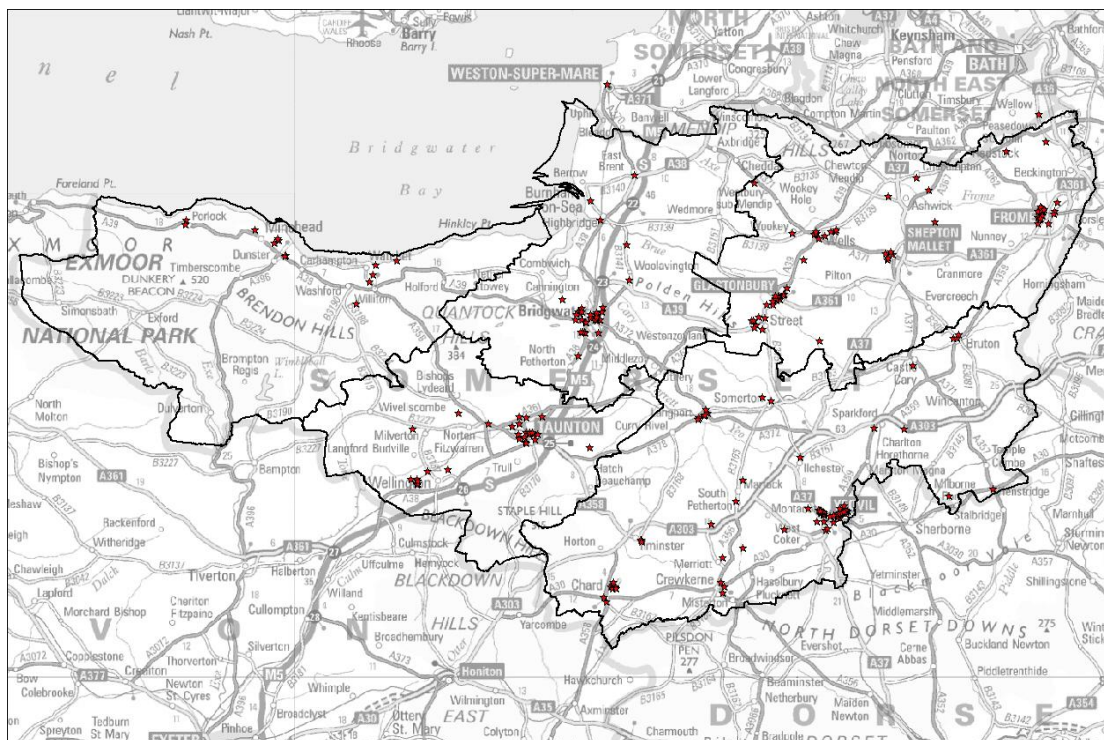
	No. households
Misusing alcohol	41
Misusing drugs	32
Misusing both drugs <u>and</u> alcohol	11
Misusing either drugs <i>or</i> alcohol	62
Total	62

Geographic Analysis – link to deprivation

The following section identifies areas of Somerset which are more likely to contain children at risk of hidden harm. There are 327 LSOAs in Somerset, 14 of which fall into the 20% most deprived in England⁴.

Out of the 242 households identified, 231 had a 'mappable' postcode. Table 6 shows the breakdown of the 231 households against the top 14 LSOA's. A total of 38 (16%) of these 231 households were in Somerset's most deprived LSOA's.

Figure 3: Locations of households identified in the audit



⁴ Based on the Communities and Local Government Index of Multiple Deprivation 2007.

Table 6: Number of service users in the most deprived LSOAs in Somerset

LSOA name	Population	Number of households	Rate per 1,000 of the population
Mendip 011A	1448	5	3.5
Mendip 009A	1473	3	2.0
Sedgemoor 005C	1417	1	0.7
Sedgemoor 008E	1423	0	0.0
Sedgemoor 008D	1493	4	2.7
Sedgemoor 008C	1611	4	2.5
Sedgemoor 013D	1458	1	0.7
South Somerset 015B	1708	1	0.6
South Somerset 015C	1512	2	1.3
South Somerset 013C	1546	6	3.9
Taunton Deane 009D	1533	2	1.3
Taunton Deane 009E	1657	7	4.2
Taunton Deane 004A	1309	1	0.8
West Somerset 003F	1205	1	0.8
Most Deprived Average	1485	2.7	1.8

Are certain types of households more at risk?

The vast majority of postcodes in the UK can be categorised into 69 unique types according to the characteristics of people who typically live there. Using Mosaic Public Sector 2009 we have been able to look at which of the 69 types the households identified in the audit most commonly belong to. This will allow us to identify other areas in Somerset which have the same characteristics (thus may be at risk of hidden harm) but haven't been picked up in the audit.

From the data available the most common mosaic type was type 51 (Often indebted families living in low rise estates). This type accounted for 13% of the 242 households identified from the data but only 4% of households in Somerset.

Type 68 (Families with varied structures living on low rise social housing estates) was the next most common type accounting for 11% of the hidden harm households but only 1% of the households in Somerset.

The following section reviews the data provided by Turning Point

From the 704 Turning Point client records reviewed, 40% (276) of the records had at least one child; and of these 77% had all their children living with them, 15% lived with some of their children and 14% had children in care.

In total this amounts to 335 children living with an adult who is a Turning Point client of whom 97 are in contact with social services and 47 are on the child protection register.

For comparison, Turning Point report that at least 58 children were living with at least one client during the audit period (16/09/2010 to 23/09/2010). This relates to those clients that accessed the service for treatment during that week period.

Table 7: Number of children living with client

Number of Children Living with Client (where recorded – see note below)	Total		All Children Living with Client		Some Children Live with Client	
	No. of clients	No. of Children	No. of clients	No. of Children	No. of clients	No. of Children
1	115	115	96	96	19	19
2	61	122	56	112	5	10
3	22	66	18	54	4	12
4	8	32	5	20	3	12
5 or more	5	25*	2	10*	3	15*
Total	211	335*	177	282*	34	53*

* Minimum number (assumes number of children is five)

Note: NDTMS data 2009/10 shows that out of a total of 1,385 records for clients of Turning Point, the data field which captures ‘parental status’ was not completed for 689 clients, almost half of the total. It is important that this data field is captured consistently across the full caseload; however of greater concern is the question of whether this is a data recording issue or linked to practice of not identifying adults with responsibilities for children.

21 of the 704 Turning Point clients are pregnant. Of these 21 clients:

- 14 (67%) of these clients already have children
- 2 of the 14 have children who are in care
- 4 of the 14 have children that do not live with them

Table 8 breakdowns the residency status of the any children of the 21 pregnant clients by area.

Table 8: Residence of Turning Point's pregnant clients by area

Status	Mendip	Somerset Coast	South Somerset	Taunton Deane	Somerset
All children living with client	1		1	3	5
Some children living with client	1	1		1	3
1 st pregnancy & no other children	1	1	1		3
None of children live with client	1	1	1	1	4
Children in care	1			1	2
Blank		1	2	1	4
Total	5	4	5	7	21

From the data provided, male and female clients are equally likely to be parents. However, male parents are less likely to have all their children living with them. Females are more likely to have children in care. The age of parents is fairly evenly distributed. However, clients in their 40's are least likely to have all of their children living with them/have children in care.

Table 9: Age structure of Turning Points clients who are coded as parents

	Total		All Children Living with Client		Some Children Live with Client		Children Living In Care	
	number	%	number	%	number	%	number	%
Age								
Under 18	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0
19-24	14	5	11	5	3	8	0	0
25-29	40	14	30	14	6	15	4	17
30-34	64	23	52	25	7	18	5	21
35-39	50	18	39	18	6	15	5	21
40-44	54	20	40	19	5	13	9	38
45-49	32	12	21	10	11	28	0	0
50-54	12	4	10	5	1	3	1	4
55-59	7	3	7	3	0	0	0	0
60-65	3	1	2	1	1	3	0	0
>65	0	0	0	0	0	0	0	0
Total	276		212		40		24	
Gender								
Male	130	47	102	48	23	58	5	21
Female	146	53	110	52	17	43	19	79
Total	276		212		40		24	

78% (214) of clients who had children reported drugs as their primary problem. The majority of clients lived with all of their children. In cases where alcohol was the primary problem the clients were more likely to live with some of their children than clients whose main problem was drugs.

Table 10: Number of children living with clients, by type of substance being misused.

Status	Primary drugs		Primary Alcohol		Total	
	number	%	number	%	number	%
All Children Living with Client	169	79	43	69	212	77
Some Children Live with Client	24	11	16	26	40	15
Children Living In Care	21	10	3	5	24	9
Total	214		62		276	

The most common drug used was heroin with 65% (179) of clients reporting it as their main drug and 3% (8) as their secondary drug. 7% reported crack cocaine as their secondary drug. This indicates that 75% of Turning Points clients with children are problematic drug users (PDUs - are using heroin and/or crack cocaine).

It should be noted that Turning Point was awarded the contract for an integrated drug and alcohol service in April 2008, with the alcohol treatment provision under developed in comparison to drugs. This may therefore not be an accurate reflection of the split between primary drug or alcohol clients who are parents.

Table 11: Type of substance being used by clients who have children.

Substance	main drug		secondary drug		Total	
	number	%	number	%	number	%
Heroin	179	65	8	3	187	68
Methadone	4	1	8	3	12	4
Other Opiates	14	5	2	1	16	6
Benzodiazepines	5	2	26	9	31	11
Amphetamines	6	2	14	5	20	7
Cocaine (excluding Crack)	2	1	7	3	9	3
Crack	0	0	20	7	20	7
Cannabis	3	1	40	14	43	16
Solvents	0	0	0	0	0	0
Major Tranquilisers	0	0	1	0	1	0
Anti-depressants	0	0	1	0	1	0
Alcohol	62	22	22	8	84	30
Other Drugs	1	0	4	1	5	2
Prescription Drugs	0	0	1	0	1	0
None	0	0	122	44		
Total	276		276		552	

57% of clients with children are currently injecting or have previously injected; while 75% of clients who have children in care are more likely to be currently injecting or have injected in the past. The reasons behind this needs further investigation to explain the significance of this.

Table 12: Number of clients by injecting status

Injecting status	Total		All Children Living with Client		Some Children Live with Client		Children Living In Care	
	No.	%	No.	%	No.	%	No.	%
Previously injected (but not currently)	101	37	73	34	17	43	11	46
Currently injecting	55	20	46	22	2	5	7	29
Never injected	109	39	84	40	19	48	6	25
Unknown	11	4	9	4	2	5	0	0
Total	276		212		40		24	1

APPENDIX 1 - Data fields for caseload records per household

Data field		Record
Full postcode		
Adult (with options for up to 4 adults)	Date of birth	dd/mm/yy
	Gender	m/f
	Age (where Date of birth not known)	Age in years
	Misusing drugs?	Yes, no, don't know
	Currently receiving treatment for drugs misuse?	Yes, no, don't know
	If not currently receiving treatment: Previously received treatment for drug misuse?	Yes, no, don't know
	Misusing alcohol?	Yes, no, don't know
	Currently receiving treatment for alcohol misuse?	Yes, no, don't know
	If not currently receiving treatment: Previously received treatment for alcohol misuse?	Yes, no, don't know
Child (with options up to 5 children)	Date of birth	
	Gender	
	Age (where Date of birth not known)	
Do any of these children live elsewhere e.g. living with relatives or looked after by the local authority		Free text: Whether child 1,2 etc, where they now reside if known
What other agencies are involved with the family that you are aware of?		Free text
What unmet support needs to the family have, if any?		Free text
Do you have any other comments about this family?		Free text

APPENDIX 2 – Organisations approached to be involved in caseload data audit & response

Organisation	Authoriser	Data Controller	Received	Notes
Turning Point	Darren Woodward	Glyn Thompson	Yes	Data provided was from their CIM system not as per caseload count dataset.
Somerset Partnership NHS Foundation Trust (mental health)	Gill Munro	Richard Painter	Not participating	Richard discussed with JG; supportive of task but to ensure accurate data from patient records to big a task given the timescales. Open to consider key data for capturing on RiO client record system in the future.
Somerset Partnership NHS Foundation Trust (on the level)	Jo Leworthy	Jo Leworthy	No	
Somerset Community Health (Health Visitors)	Gill Munro	Wells - Priory Medical Centre (health visitors)	Yes	
		Redgate Medical Centre	Yes	
		Wells - Priory Medical Centre (school nurse)	Yes	Zero return
		Glastonbury Surgery	Yes	
		Priory Health Park	No	
		Locality Lead Chard	Yes	
		St Luke medical centre	Yes	
		Bracken House	Yes	
		Frome Medical centre	Yes	

SCC – Children’s Social Care	Linda Barnett	Jeremy Sellars	Yes	
		Tim Stafford	Yes	
		Liz Barker	Yes	
		Alison Davies	Yes	
SCC – Children’s Centres	Chris Frost		Not participating	Chris discussed with AP; very supportive of task but timeframe and current budget pressures/job freeze has hit these areas of work disproportionately, so unable to participate this time. Open to consider key data for capturing on client record system in the future.
SCC – Local Service Teams	Chris Frost			
Substance Misuse Midwives		Joanne Hayward	No	Unable to return data in timeframe.
		Julie Brayley	Yes	
FIP	Chris Frost	Chris Frost	No	
Family Pathfinder			No	
Extended Family Pathfinder			No	
Somerset young carers project			Yes	
West Somerset Schools	Sue Singleton	Minehead First school	Yes	Zero return
		St Michaels	Yes	
		St Dubricius	Yes	
Probation	David Thomas	Dave Allen	No	
Supporting People	Mel Stimpson	Denise Loud	Yes	
		Emma Klepka	Yes	

		Mary Firth	Yes	
		Liz Devaney	Yes	
Family floating Support Services	Mel Stimpson	Penny Walster – DHI (new provider) Carr Gomm and Somerset CC Family FS (outgoing providers)	Not participating	Not possible this year as contract has been retendered and just at point of change over between providers. New Provider DHI committed to be involved in future via Penny Walster