

12.1 Care Experienced Children Substance Misuse

Improvement Project Title: Care Experienced Children Substance Misuse	
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Aim statement (What are we trying to accomplish? Over what time? Numerical target for improvement?) Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021	
Link to Local Outcome Improvement Plan: Improvement project under Stretch Outcome 12: Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026	
Why is this important Being an urban authority, Aberdeen City's looked after children population profile at 1.6 per 1000 children is the same as Edinburgh City (a comparative local authority) and slightly above the national figure of 1.4. However, our profile highlights several challenges:	
<ul style="list-style-type: none"> • 18% of looked after children live at home; national position 25%. • 19% of looked after children live in a kinship arrangement; national position 28%. • 49% of looked after children live in fostering arrangement; national position 35%. • 11.5% of looked after children live in residential arrangement; national position 10%. 	
<p>The impact of our current profile is that several children are placed in foster and residential placements far away from their families because they could not be maintained safely at home. Rebalancing this profile is a priority for all partners and part of this tasks is ensuring that there are processes and resources in place in Aberdeen City to meet allow children and young people to make healthy choices as they grow and develop and transition to adulthood. This project seeks to increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021.</p>	
<p>The most recent (2016) Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) shows, of 305 pupils surveyed, 66% of 15 years olds had tried alcohol at least once; 17% in the past week and 19 % of 15 year olds had tried drugs at least once; 11 % in the past month. The Scottish Government points to an overall decline in these behaviours in the past 2 decades. Declining trends are a positive development, however multiple drug use can be identified in around 2% of 15-year olds. This group is disengaged from school, experience lower levels of supervision at home and in the community (Scottish Government). It likely that young people will be involved with Children's Services or be Care Experienced. These individuals are likely to have experience multiple adverse childhood experiences (ACEs) and use addiction services as adults.</p>	
<p>ACE can have a striking correlation with the development of substance use problems and other negative health outcomes in later life. Felitti (2003) in his study outlined 8 ACE:</p>	
<ol style="list-style-type: none"> 1. Recurrent and severe physical abuse 2. Recurrent and severe emotional abuse 3. Contract sexual abuse 	<ol style="list-style-type: none"> 4. Growing up in a house with: <ol style="list-style-type: none"> 4. An alcoholic or drug user 5. A member being imprisoned 6. A mentally ill, chronically depressed or institutionalised member

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| | <ul style="list-style-type: none"> 7. The mother being treated violently 8. Both biological parents not being parent |
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Compared to an individual with 0 ACE, findings demonstrate that the experience of 4+ ACEs increases the likelihood of alcoholism by 500% and experience of 6+ ACEs increases the likelihood of cigarette usage by 250% and addiction to injection substances by 4,000 % (Felittie, 2003). Similar findings have been repeated in other studies (E.g. Bellis, et al, 2015 and Dube, 2003).

The Scottish Government has highlighted the need to ensure Children and families affected by alcohol and drug use will be safe, healthy, included and supported. This is contained within the new National Strategy: Rights, Recovery, Respect. Getting it Right for Every Child (GIRFEC), is the national practice model that governs assessment and intervention with children and families in Scotland. GIRFEC places the child and family at the centre of decision making and encourages partners to work collaboratively to promote a child’s wellbeing (Safe, Healthy, Achieving, Nurtured, Active, Responsible and Respected).

Aberdeen City’s Integrated Children’s Services GIRFEC operational Guidance 2019 recommends that the partnership works collaboratively when assessing risks, including alcohol and drugs. The Assessment of the young person’s need involves using the My Work Triangle and SHANARRI indicators (identify a child’s needs, potential and areas of concerns or vulnerability). Young people and parents are encouraged to participate in this process by way of attending multi agency meetings and these are used to access support that is proportionate to their needs from services that are available within Aberdeen City. This universal approach to service provision will be enough to allow most young people to navigate the complex issue of alcohol and drugs and allow them to make healthy life choices.

However, for the small cohort of Care Experienced young people living in Aberdeen City there are on-going barriers that prevent them accessing the services they need. Their difficulties mean that they are unlikely to attend planned appointments or communicate their needs clearly to professionals. Their parents/caregivers’ own difficulties are likely to mean that they don’t recognise their children’s needs until they are at risk. This group usually comes to the attention of professionals through problematic behaviour in the community or because their usage has escalated to the point that it is harmful. These children require immediate responses from professionals to stabilise and contain their behaviour. They also require a rapid response in terms of specialist assessments and services that can work intensively with them through periods of crisis.

The difficulties young people experience accessing drug and alcohol support is linked to the incongruence in national and local policy in this area. GIRFEC is a national approach, guiding much of the wellbeing assessments and multi-agency response around the child with a firm focus on family. The GIRFEC framework does not however have a focus on young people that are using drugs or alcohol in a harmful way and require specialist assessment and intervention. The provision of substance use-specific interventions is a specialist area, bridging different professional disciplines. The responsibility for deciding who commissions and delivers specialist interventions around this cohort falls to the strength of the Alcohol and Drug Partnership and Children’s Services. This project seeks to increase the % of Care Experienced young who have access to this much needed support.

Measures: (How will we know if a change is an improvement?)

Outcome measures – we would anticipate the first 2 of these rising before falling:

- % of young people who are care experience and in need of support
- No of referrals to IDS/ ADA/ SPOC
- Length of time on waiting list
- Number of young people being provided with support for alcohol and or drugs use
- Numbers of young people reporting reduction in drug or alcohol use
- Numbers of young people no longer using drugs
- Numbers of young people involved in diversionary/ community/ interest activities

Process measures:

- Number of partners providing alcohol and drug support to young people
- Numbers of referrals closed after Did Not Attend (DNA)
- Numbers of services providing alcohol and drug support for young people
- Numbers of joint interventions with other services and A and D services
- % attendance at appointments
- Numbers of staff shadowing
- Numbers of staff attending training / awareness
- Numbers of young people assessed as Red Amber and Green and % receiving support
- No. agencies with Single point of contact
- No. of referrals from Aberdeen City Hub at Westburn Centre
- % of staff with increased awareness, knowledge and understanding of working with children and young people that use alcohol and drugs

Change ideas (What changes can be made that will result in improvement?)

Following a driver diagram exercise, see attached, the following change ideas have been identified:

- A new data collection system which will allow us to identify those children most in need (identified through traffic light system)
- Introduction of a Single Point of Contact across Multi Agency Partnership partner agencies to improve pathways to support. (Work has started by identifying a SPOC within the integrated alcohol and Drugs service.
- Combined Substance Misuse / Mental Health / Sexual Health service at Westburn Centre to reach more children and young people who require support. Co located post within Health and Children’s Services
- Practitioner(s) providing outreach in communities (testing to begin in Tillydrone)
- Multi agency staff development programme (training/ shadowing/ consultation processes) on drug and alcohol risk factors (ACES, mental illness, trauma) and pathways to support

Potential Barriers

Capacity / Resources
Reluctance to change
Lack of innovation
Poor engagement

Project Team:

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TBC, CHAMS Link

Steven McConnachie (Residential Practitioner, Children's Services), ACC

Lucy Craig, Police Scotland

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TBC, Education link

Claire Mitchell, Social Worker (Youth Team), ACC

Paul Tytler, Seaton, Woodside, Tillydrone Locality Partnership, ACC

Michelle Cochlan, Improvement Adviser

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board 	Complete Complete Complete Sep 2019
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • The Single Point of Contact test of change is well into development with a staff member identified • Prioritising initial tests of change • Engaging with customers and colleagues on change design • Development of questions to establish baseline knowledge • Evaluate overall achievement to date and plan further PDSAs or move to implementation 	July 2019 Sep 2019 Sep 2019 Sep 2019 Dec 2019
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	Apr 2020 Apr – Sep 2020 Oct 2020
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change to other areas where applicable 	Dec 2020

Aim

Primary Drivers

Secondary Drivers

Change Ideas

Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021.

Access to Provision

Targeted Approach

Outreach

Awareness, knowledge and understanding

Informing

Training

Improve data collection around assessment of need and sharing protocols across multi agency group.

Traffic light system that informs risk and need

Improve access pathways / model design. Multi agency identification and sign posting (Single Point of Contact).

Multi agency Health Hub

Practitioner(s) working in communities

Drop in service

Co located post within Health and Children's Services

Use of technology (apps) to engage and deliver services

Utilisation of social media/ public space re supports and resources

Utilise consultation processes to increase workers understanding

Multi agency training to understand each other's roles and

Tool kits that can be used across developmental cycles/transitions