



Title of paper:	Nottingham City Multi-agency Pregnancy Liaison Group (MAPLG)	
Report to:	Children's Partnership Board	
Date:	25 th May 2011	
Accountable Officer:	Ian Curryer, Corporate Director of Children and Families, Nottingham City Council	Wards affected: Nottingham City
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Relevant Children and Young People's Plan (CYPP) objectives(s):		
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		Yes
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		Yes
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.		
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
Summary of issues (including benefits to customers/service users):		
<p>An opportunity for Nottingham to provide a multi-agency approach to the health and social assessment of pregnant drug/alcohol misusing women, in light of recommendations from serious case reviews.</p> <p>The aim is to shift the focus to early intervention and offer support in a timely manner to improve outcomes for these complex families when there is a relatively short time in the ante-natal period.</p>		
Recommendations:		
1	To take shared responsibility for decision making about the social and health needs of pregnant drug/alcohol using women and their families. Health will be the lead agency.	
2	The Children's Partnership to give support annually in order to monitor and evaluate the effect of the Multi-agency Pregnancy Liaison Group (MAPLG) .	

1. TITLE OF REPORT:

Nottingham City Multi-agency Pregnancy Liaison Group (MAPLG).

2. REASON:

This report seeks to inform the Children's Partnership with reference to the setting up of a Multi-agency Pregnancy Liaison Group, to share responsibility of decision making about the social and health needs of pregnant drug/alcohol using women and their families.

The proposal to establish MAPLG was first presented to the Local Safeguarding Children's Board (LSCB) in 2007 where the process was initially agreed. However at that time it was felt that the Common Assessment Framework (CAF) would be able to identify and support substance using women. As knowledge and understanding of the CAF process increased, it became apparent that this alone would not meet the needs of the very complex client group, in a way that supported timely interventions.

3. SUMMARY:

Several national reports and legislation (Hidden Harm 2003, Children Act 2004, Working Together 2006 and 2010, Models of Care 2002), highlight the necessity for frontline organisations to safeguard the children of drug and alcohol misusing pregnant women and families.

Given the large proportion of drug and alcohol misusing women in Nottingham it was felt there was a need to use a multi-agency approach to assess the risk and level of intervention in respect of child protection issues and women's health.

This report will emphasise the need for the MAPLG to be established within the framework of the Children's Partnership in Nottingham.

4. RECOMMENDATIONS:

To take shared responsibility of decision making about the social and health needs of pregnant drug and alcohol misusing women, to include women on opiate replacement therapy and their families. ("To shift our focus from dealing with difficulties and crisis to early intervention and prevention").

To implement good working practice as identified by the above documentation and Nottingham's interagency guidance.

5. CLIENT GROUP:

Pregnant women who misuse drugs and alcohol or are on opiate replacement therapy, and other children or family members.

6. IMPACT ON BLACK AND MINORITY ETHNIC GROUPS/ DISABLED CHILDREN:

Maternity service provision is equally provided in Nottingham to all black and minority ethnic groups as with any ethnicity. 95% of all pregnant women access maternity services, however, the Confidential Enquiry into Maternal Deaths report (CEMACH 2001-2003) identifies that the most socially excluded groups (substance misusers, non-English speaking women and women experiencing domestic violence), are the most likely to die in this country and the least likely to access services.

7. OUTCOME AFFECTED:

Effective early intervention will improve all outcomes for pregnant drug and alcohol misusing women, their unborn babies and families.

8. BACKGROUND:

Policy Context

Since 2003 there has been greater public and political awareness of the needs of children of drug and alcohol users, which is reflected in The National Service Framework (NSF) for Children, Young People and Maternity Services 2004, Working Together to Safeguard Children 2006 and 2010, Hidden Harm 2003, and National Children's Bureau; Assessing the Impact of Parental Drug Use (a toolkit for practitioners) 2006. Reducing alcohol-related harm has been identified as a public health priority by the Government with a special emphasis on an integrated approach to protect at risk populations, i.e. young people and those affected by the harmful drinking of others.

Section 2.5.3 of the Drug Misuse and Dependence 2007 Clinical Guidelines sets out the governance expectations for considering the needs of children of drug using parents, indicating that treatment providers should work together to ensure that adequate steps are taken to improve the health and wellbeing of the children of drug using parents, and take account of local frameworks including safeguarding arrangements.

The Government's Families at Risk Review, **Think Family: Improving the Life Chances of Families at Risk** (Cabinet Office, 2008), set out plans to support families experiencing the most entrenched problems – including substance misuse and poor mental health – to reduce the impact that this has on their children.

In the evaluation of the serious case reviews by Ofsted from 1 April 2007 to 31 March 2008, out of the 50 cases, 17 involved alcohol and drugs. In 5 of these cases babies died through co-sleeping.

The Department of Child, Schools and Families (DCSF) bi-annual reviews of Serious Case Reviews identify that children under 5 are most at risk of death or serious injury as a consequence of child protection issues. This risk is further increased if they are living in households where domestic violence is present and/or their parents/carers have mental health or substance misuse issues. It is estimated that up to 24,000 children in Nottingham live in households where their parents abuse drugs and alcohol.

All of these strategies and documents recognise the potential impact of drug and alcohol misuse and their associated problems on the health and social outcomes of pregnancy and strongly emphasise the need for a multi-agency approach. Research shows that drug and alcohol misusing women often have other social problems including:

- poverty
- social exclusion and isolation
- domestic violence
- poor housing
- physical and mental health problems
- poor parenting experience
- low self esteem
- low educational achievement

Given these complex needs, care should not be managed in isolation but by specialist maternity services that are part of a wider multi-agency network. This network should include a variety of adult, children and family services.

The NSF highlights the serious impact drug and alcohol misuse and associated lifestyles can have on all aspects of an unborn or child's health development and wellbeing. We know that 90% of females presenting for drug treatment are of child-bearing age (15-39) and nationally 1% of births in the UK are to problem drug users (6,000).

A multi-agency pre-birth assessment can provide a valuable opportunity to engage parents who are motivated to make changes to their lives and identify those parents who are unable to recognise the need to change. The earlier an intervention can take place with a drug or alcohol using woman and her family, maximises the timescale to effect change.

Nottingham hospitals attract pregnant women from a wide geographical location and have almost 10,000 deliveries per annum, of which 1% is attributable to drug using women. This reflects the figures suggested in the document *Hidden Harm (ACMD 2003)*.

From the period April 2009 – March 2010 the Specialist Midwife in Substance Misuse received referrals for the following women:

- 84 opiate use
- 15 in relation to crack/cocaine
- 4 in relation to amphetamine use
- 23 alcohol
- 15 cannabis

Of the 154 drug/alcohol using women who presented to the Specialist Midwifery Service,

- 56 women and families had a Social Worker and 27 had children who were subject to a child protection plan.
- 14 babies did not go home with their mothers (fostered post birth).
- 115 children of 49 clients were already placed with family or in local authority care.

Locally it is recognised that drug and alcohol misuse is a key feature in social work with children and families, particularly around issues of neglect. *Working Together 2010* has expanded on the definition of neglect to include the impact of maternal drugs and alcohol misuse during pregnancy.

“Analysing Child Deaths and Serious Injury Through Abuse and Neglect: What Can We Learn?”, the biennial analysis of serious case reviews 2003-2005, published by DCSF in 2008 hold key information about risk factors contributing to the deaths and serious injuries to children and young people. Specific risk factors highlighted are the presence of domestic violence, adult mental health issues and substance use within families. Out of the last 16 SCR’s in Nottingham and Nottinghamshire parental substance use was identified in 9 cases, parental mental health in 6 cases and domestic violence in 8 cases.

The specialist substance misuse midwife has already made positive impact in improving the health outcomes for mother, baby and her family over the last six years. The drug service, specifically the Nottingham Substance Misuse Service, prioritises pregnant drug and alcohol users and their partners, offering substitute medication where required, drug stability and harm reduction advice. The MAPLG will build upon the success of this role.

9. IMPLICATIONS FOR NOTTINGHAM CHILDREN’S PARTNERSHIP

This is an opportunity for Nottingham to provide a multi-agency approach to the health and social assessment of pregnant drug and alcohol misusing women and their families which will imbed good practice and is not reliant solely on any individual (see draft MAPLG ‘terms of reference’).

To recommend that the MAPLG group reports to the Nottingham Children’s Partnership Board on an annual basis in order to monitor and evaluate the effectiveness of its work and give support to the group as and when appropriate.

The Nottingham Children and Young Peoples Plan 2010-2014, has highlighted the need to move to a culture of early intervention with growing expectations in respect of service provision prior to social care referral.

One of the recommendations for commissioning is to investigate ways of re-directing resources into early intervention to ensure children and families are given support at the earliest opportunity, the ante-natal period would certainly fit into this criteria and a multi-agency consultation is the foundation for MAPLG.

Longer term, investment in early intervention will result in a reduction in the need for specialist service provision ensuring families are provided with appropriate services at a much earlier level.

BACKGROUND PAPERS

Advisory Council on the Misuse of Drugs (2003) Hidden Harm: responding to the needs of children of problem drug users and other: the report of an inquiry by the ACMD London Home Office.

Confidential Enquiry into Maternal Deaths (CEMACH) (2007) – Report

www.cemach.org.uk/publications.htm

Department of Health (2004) National Service Framework for Children, Young People, and Maternity Services

www.dh.gov.uk/publications

HM Government (2006 and 2010) Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children

www.dh.gov.uk/publications

National Children's Bureau (NCB) (2006) Adult Drug Problems: Children's Needs. Assessing the Impact of Parental Drug Use, a toolkit for practitioners

www.ncb.org.uk

National Treatment Agency (NTA) (2002) Models of Care, Department of Health

www.nta.nhs.uk

Social Care Institute for Excellence (SCIE) (2004) Parenting Capacity and Substance Misuse

www.scie.org.uk/publishing/list.asp

Ofsted learning lessons, taking action:

Ofsted's evaluations of serious case reviews 1 April 2007 to 31 March 2008

www.ofsted.gov.uk

Nottingham children and Young people's Plan 2010-2014

www.nottinghamchildrenspartnership.org.uk