



Children and Young People Services Scrutiny Committee

6 September 2023

Report Title	Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children Spotlight Review
Cabinet Portfolio	Children and Young People
Cabinet Member	Councillor Nova Charlton
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
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Borough Priorities	Ensure children and young people have a positive start in life	X
	Promote good health, independence, and care across our communities	X
	Create safe and strong communities and neighbourhoods for all	
	Support a strong, thriving, inclusive and well-connected local economy	
	Create green and vibrant places that reflect our heritage and culture	
	Be a responsible Council	X

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Children and Young People Services' Spotlight Review: "Alcohol and Drugs use in Pregnancy - Collective Action to Reduce Risk and Harm to Children".
- 1.2 It concludes with a set of recommendations which link to and support the first and Second of the six borough priorities "Ensure children and young people have a positive start in life."

2. Recommendations for Decision

The Scrutiny Committee is recommended to:

- i) **Approve the recommendations as set out in Appendix 1**
- ii) **Submit the recommendations to Cabinet for response.**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Children and Young People's Services Scrutiny Committee Spotlight Review 'Alcohol and Drug use in Pregnancy - Collective Action to Reduce Risk and Harm to Children', held on April 28, 2023.
- 3.2 Based on the Review's findings, the principal purposes of this report are:
 - to contribute to raising awareness of this issue to result in more healthy pregnancies so that more children have the best start in life and life chances.
 - to highlight the serious harm done *in utero* arising from parental alcohol and substance misuse and the consequent impact on child development and life chances, families, and Council and other services; and
 - to scrutinise the work currently undertaken by the Council and partner agencies to address this issue.

4. Background / Reason for the recommendations

- 4.1 At the Children and Young People's Scrutiny Committee Work Programme Workshop on 6 July 2022, Members suggested a study group to establish further understanding on the issue of alcohol and substance misuse in pregnancy and the subsequent problems this may cause.
- 4.2 The topic is highly relevant to the Borough because St Helens has:
 - Higher rates of teenage pregnancy than the national average
 - Significantly high levels of under-18 admissions to hospital for alcohol-specific reasons per 100,000 population, and
 - Widespread issues with substance misuse, including the highest rate of hospital admissions linked to drug poisoning in England and the highest rate for women.
- 4.3 Members therefore felt that a spotlight review to gain a better understanding of the wider issue, and how the committee can support reducing the impact through collective action.

4.4 Members of the Children and Young People's Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:

- Councillor Trisha Long (Chair)
- Councillor Jeanette Banks
- Councillor Donna Greaves
- Councillor Terry Maguire
- Councillor Anne McCormack
- Councillor Bisi Osundeko
- Councillor Michelle Sweeney

4.5 The following officers attended the Spotlight Review:

- Karl Allender – Scrutiny Support officer St Helens Council
- Karen Brooks - Specialist Nurse Enhancing Families Team NHS
- Alison Brown - Education Psychologist St Helens Council
- Joanne Davies – Assistant Director for Education & Learning St Helens Council
- Alison Edwards – Deputy Service Manager Change, Grow, Live
- Claire Glover – St Helens Wellbeing Service, City Health Care Partnership
- Carys Hammond - Community Midwifery Manager NHS
- Helen Jones - Young Peoples Team Manager St Helens Council
- Michelle Loughlin – Consultant in Public Health, St Helens Council
- James Mawhinney - Senior Social Worker Change, Grow, Live
- Donna Pimblett - Enhancing Families Team NHS
- Janette Simms - Child Health Promotion Advisor NHS
- Charlie Tansey - Enhanced Families Team NHS
- Kayah Woods – Social Worker & Pregnancy Lead (Change Grow, Live)

Evidence session from Consultant in Public Health, St Helens Council

4.6 The Council's Consultant in Public Health, Michelle Loughlin, gave Members an overview of the impact of alcohol and drug use in pregnancy on children, their physical and emotional development, and their life chances.

4.7 The use of alcohol and/or drugs by women while pregnant can have severe health consequences for children. Substances can pass easily through the placenta and reach the developing fetus.

4.8 The risks of alcohol and drug use in pregnancy can be profound. (See box).

The risks of drug or alcohol use or misuse for mothers include:

- 1. a 300% increase in the risk of stillbirth***
- 2. a 12-fold increased risk of Sudden Infant Death Syndrome for children of women who drink during the first trimester***
- 3. 1 in 13 babies born to women who drink in pregnancy are affected by Foetal Alcohol Spectrum Disorder (FASD)***
- 4. a danger of Neonatal Abstinence Syndrome (NAS) as children withdraw from exposure to alcohol, opioids, benzodiazepines, and even Caffeine***

4.9 Identifying the prevalence of affected fetuses and children is difficult. However, national studies have provided prevalence estimates which suggest that the potential level within the Borough may be significant.

Prevalence rates reported include:

- The Infant Feeding Survey (2010) suggested 40% of pregnant women drank alcohol during pregnancy in the UK***
 - FASD could affect as many as 1 in 7 (14%) of UK children****
 - This was almost twice as high at 27% (one in four) in Children Looked After***
 - A danger of Neonatal Abstinence Syndrome (NAS) as babies withdraw from exposure to alcohol, opioids, benzodiazepines, and even caffeine***
- *Rate is 3.2% cited by Schölin L, Mukherjee RA, Aiton N, Blackburn C, Brown S, Flemming KM, et al. Fetal alcohol spectrum disorders: an overview of current evidence and activities in the UK. Archives of disease in childhood. 2021;106(7):636–40. doi: 10.1136/archdischild-2020-320435*

4.10 Fetal Alcohol Spectrum Disorder comprises a range of lifelong conditions caused by alcohol exposure to the developing fetus. It can have a significant impact on early-years development and life chances. Children with FASD can experience problems with:

- learning, concentration, and behaviour
- joints, bones, muscles, facial features, and some organs
- movement and balance
- managing emotions and developing social skills
- hyperactivity and impulse control
- communication, such as problems with speech.

4.11 Clinical evidence suggests that even low levels of alcohol exposure can lead to developmental abnormalities, at all stages of embryonic development. The risk increases the more a person drinks.

4.12 The Task Group was informed that the current guidance from the NHS and Chief Medical Officer was to avoid drinking alcohol altogether when pregnant or planning on becoming

pregnant. Some examples were shared regarding prevention and management approaches to reduce the number of women consuming alcohol during pregnancy:

- **Primary prevention** – General raising awareness about the risks of alcohol (or drugs)-exposed pregnancies in settings such as schools, healthcare, and community.
- **Secondary prevention** – Targeted screening, counselling, contraceptive advice, and behavioral interventions with women seen as being in, or at risk of, alcohol-exposed pregnancies.
- **Tertiary prevention** – Highly targeted work with the aim of reducing the likelihood of another pregnancy resulting in FASD.
- **Management** – Diagnose and provide appropriate care and support services for those with FASD and their parents/carers; Professional awareness and training; Parental awareness

- 4.13 Members asked how FASD was diagnosed and distinguished from similar disorders, such as ADHD and Autism. It was highlighted that FASD is difficult to diagnose, and it is often later in life that FASD is confirmed as being the underpinning cause to certain issues. This is mainly due to often complex circumstances of other issues such as learning difficulties, parental challenges, trauma, and neglect.
- 4.14 One of the barriers agencies are experiencing is access to historical data and current data on drinking and drug use in pregnancy. This is thought in part because the stigma around this may prohibit parents from wanting their information shared and also sometimes the information held by one agency may not be shared because of difficulties with a data sharing agreements.
- 4.15 Access to this information is vital for diagnosis and for early intervention. It was agreed that obtaining this information from parents can be difficult given the potential stigma and significance to ongoing relationships between the parent and child. It was further discussed that this can be particularly difficult with Children Looked After particularly those in Foster Care or children who are on the edge of being taken into care. Parents may well not disclose detail of alcohol or drugs use in fear of it adding to any case against them.
- 4.16 Questions were raised about the data available. Agencies rely almost exclusively on knowing family history and asking the right questions. It was further highlighted that there is a disconnect between the sharing of information between key agencies preventing early intervention. This is particularly a challenge for looked after children. Also, many women may not be aware they are pregnant for many weeks and continue to use alcohol and substances during the first trimester. This information is vital for agencies to understand and establish a potential diagnosis.
- 4.17 The Task Group agreed the key steps so far should include enhanced public awareness of this subject; making sure appropriate support is in place for women during pregnancy; and ensuring information is shared between agencies to provide support in pregnancy and enable any early diagnosis of any in utero alcohol and drug related impacts on children.

Evidence session from Children and Young People's Services, Futures Team

- 4.18 The Task Group welcomed a presentation from St Helens Council's Children and Young People Services, Futures Team in respect to Care leavers. The discussion highlighted the prevalence of some potential key signs and symptoms of FASD where it has not been diagnosed. Where there *has* been a diagnosis, the outcome of FASD has been linked to issues in adults such as:
- Immaturity
 - Mental health problems
 - Addictions
 - Difficulties in securing and sustaining work
 - Difficulty living independently
 - Challenges with living independently
 - Issues with sexually identity/functioning/ relationships
- 4.19 The presentation further highlighted that many of the vulnerabilities, care experienced young people face are heavily influenced by past experiences and trauma, with the added issues of potential exposure to alcohol and substances during pregnancy. Considerations of life and developmental stages, relationship patterns, needs and practicalities are required to ensure bespoke support is available.
- 4.20 The Care Leavers' local offer was discussed. This highlighted the process and positive opportunities for engagement through the collaboration work with CGL, Enhanced Families and 'The Care Leavers Hub' supports pathway planning and conversations on safe sex, contraception etc. Some services have in the past found it can be sometimes difficult engage young people leaving care. This has led to consideration of additional provision such as online, face time etc.
- 4.21 The data below highlights the need for quality engagement, education, and awareness with young care leavers.
- In 2021, St Helens Local Authority had the second highest rate of teenage pregnancy in the UK
 - Nearly a quarter of young women in care become teenage mothers (National Audit Office 2015)
 - Looked-after children and care leavers are three times more likely to become teenage mothers than peers who have not experienced state care (Haydon, 2003)
 - 25% of young women leaving care are pregnant, and 50% become pregnant within 18-24 months (Public Health England, 2016)
 - The Centre for Social Justice (CSJ) claims that at least one in 10 care leavers Aged 16-21 years who are parents will have had a child taken into care in the last year (CSJ, 2015).
 - Broadhurst and Mason argue that people 'on the edge of care' should be seen as being at a high risk for rapid repeat pregnancy, as well as young people resident in the care system (Broadhurst and Mason, 2014)
 - Women who are care experienced have the highest risk of early pregnancy and recurrent child removals.
 - Women leaving residential care, and those who entered the system late are at increased risk (Broadhurst et al, 2017)
- 4.22 The effects of such issues are indicative in the corresponding data from Pause, an organisation that works with women who have experienced, or are at risk of, repeat

removals of children from their care. A Pause survey of over 2,300 women who had 7,100 children removed from their care, found that 46% reported alcohol misuse and 62% reported drug misuse.

- 4.23 The Task Group noted that the risk of pregnancy is high when young women are leaving care. Educating the relevant services around trauma and its impact on an individual's ability to engage and access support could help them to improve the way they engage with and support young women leaving care. This would enable trusted relationships between services and young women, supporting them to understand the risks caused by alcohol and substance misuse in pregnancy and potentially helping them to break generational cycles of harm.
- 4.24 The importance of tailored engagement and messages for care-experienced young people was acknowledged, as some are more likely to have complex emotional and relationship needs. Additionally, it was felt we needed to ensure young women develop self-confidence, self-esteem, and personal aspirations which is essential for the development of healthy relationships; the ability to make healthy choices and to seek help when needed. The Task Group discussed the importance of sex education and the potential delivery of specific information around the impact of alcohol and drug use in pregnancy and ensuring an understanding of the biological issues created.
- 4.25 The promotion of FASD awareness and training opportunities should be explored for colleagues and partners with direct responsibility for children, including those in care.
- 4.26 Further discussion highlighted that there may be a lack of markers on *social care recording systems* relating to potential FASD and exposure to substance misuse in pregnancy. The Task Group overwhelmingly agreed this should be explored to ensure this information is available to all partners so that effective and collective action can be taken.

Evidence from the Principal Education Psychologist at St Helens Council

- 4.27 The Task Group received a presentation from the Principal Education Psychologist from the Council who outlined the wider scope of alcohol and substance misuse during pregnancy. Extending the previous discussion, the detail of the potential biological and social impacts was highlighted. For the child, in utero harms, such as impaired brain structure development and subsequent impaired cognitive development (learning and memory function) are consistent with exposure. In turn, pupils' educational performance as well as socio-cultural development and life chances can all be negatively affected. Furthermore, parental/child interactions in light of extra demands arising from substance exposure can be a significant cause of adverse outcomes for children.
- 4.28 Meeting the needs of the child was discussed and the process explained. Assessing, planning, doing, and reviewing for improved outcomes was the principal process. However, the relevant information in terms of alcohol and substances used in pregnancy may not be readily available. New systems such as TESSA will support early invention to support detail and information gathering when complex behavior may be manifested. The collection of data is vital for correct diagnosis so that intervention can be early, personalised, and therefore more effective.
- 4.29 The potential to flag a child's in-utero exposure to alcohol and drugs on relevant health and social services systems would be a helpful facility.

- 4.30 It was reported that there is a general belief that the impacts of drug and alcohol use in pregnancy are primarily related only to the baby experiencing withdrawal symptoms at birth, as opposed to the range of subsequent impacts outlined earlier in this report. Therefore, training and awareness raising of the issues in schools and Colleges for both staff and pupils and students would be helpful, as well as promoting messages in the wider community. It was agreed that age-appropriate awareness raising in primary school would be effective in setting a clear foundation of understanding of this issue.
- 4.31 The Task Group discussed vaping both in relation to the change from smoking to vaping and starting vaping in the first instance. Concerns were raised over the advertising and promotion of vaping in terms of the 'health benefits', and the use of flavourings that can be attractive to young people. Although there is currently limited data around the health impact as a consequence of vaping, e-cigarettes contain nicotine which is highly addictive. The number of young people using electric cigarettes appears to be increasing. There were concerns raised around the use of Cannabidiol (CBD oil) vaping and further concerns around the use of the illegal Tetrahydrocannabinol (THC) vaping. THC, which is the substance in marijuana that induces a feeling of being high with many known side effects.
- 4.32 In 2019 a national outbreak of severe lung disease was largely blamed on the ingredient 'Vitamin E acetate'. The disease was named EVALI, which stands for *e-cigarette or vaping use-associated lung injury*. In the first few months, more than 2,500 people were hospitalized or killed by EVALI. Among those people:
- 82% had vaped products that contained THC, often along with other vape products.
 - 33% exclusively vaped THC-containing products
- 4.33 Health professionals have highlighted that it is not only 'vitamin E acetate' that is causing health problems but presence of oils, particularly in the *illegal* THC products.
- 4.34 Vaping is a new phenomenon whose health consequences are unclear. The impact of vaping in pregnancy is also unclear, but it is known that substances within e-cigarettes may be able to travel across the placenta to the unborn child. Understanding the issues so that parents can make informed consent should be a priority for the NHS and the Vaping Industry (who perhaps could jointly fund collaborative research).
- 4.35 The Task Group unanimously agreed that awareness around vaping is paramount to ensure people have the right information to make informed choices, particularly if planning to conceive, are pregnant or are breastfeeding. Although the direct consequences on the fetus are not yet fully understood, the recent health issues for adults and the high levels of toxins in vape products represent a concern for unborn children. Understanding the issues so that parents can make informed choices should be a priority for the NHS and the Vaping Industry, who perhaps could jointly fund collaborative research.

Evidence session from Care Grow Live (CGL)

- 4.36 The Task group welcomed a detailed presentation from Change Grow Live (CGL) St Helens. CGL are the adult drug and alcohol treatment organisation in St Helens working with service users aged 19 and over covering all substances. CGL offer a multi-disciplinary approach to substance use including therapeutic one to one and group interventions including clinical, psychological and specialist family intervention project, *Building Bridges*.

- 4.37 The discussion highlighted a number of perceived gaps in support and potential areas for improvement. The gaps discussed were:
- Pre-Pregnancy work across the partnership
 - Support for those young women not engaged in treatment.
 - Connection between agencies and sharing information to support the journey and development of a child
 - Referral process for children identified at risk.
 - Lack of knowledge of the impact of particular substances
 - Support for parents
- 4.38 It was evident from the discussion that there was a lack of understanding in terms of the father's contribution to a healthy pregnancy. The need for pre pregnancy work with both parents, where possible would be beneficial.
- 4.39 The discussion continued to highlight the need for joined up multi agency working and data sharing in areas such as pre-birth assessments and pre-discharge meetings as well as providing consistency and quality guidance shared across all partnerships.

Evidence from the Young People's Drug and Alcohol Team

- 4.40 The Young People's Drug and Alcohol Team presented an overview of their service provision.
- 4.41 It was important to recognise issues such as fear, shame, and stigma that may well provide a barrier, and a challenge in approaching and dealing with this issue and the importance of a non-judgmental approach. It was agreed that diagnosis of FASD is difficult and that other conditions can show similar traits particularly in younger children.
- 4.42 The Task Group agreed that there can be mixed beliefs around what are safe levels of alcohol consumption in pregnancy. It was agreed that the messages should be consistent with those of the Chief Medical Officer and the NHS and that an awareness campaign about the impact of alcohol use on pregnancy would be helpful. Although there is a lack of research on overall impact of other substances, including caffeine, in pregnancy, public messaging should make clear that substances taken during pregnancy will have a direct impact on the fetus and its health and development both in utero and afterwards.
- 4.43 It was highlighted that in many instances, generational beliefs can underestimate the impact of alcohol consumption during pregnancy. It was felt that stringent measures in educating children and parents as well as continued and regular public awareness programmes were essential to ensure that this issue is fully understood.
- 4.44 As previously noted, children looked after, and care leavers are a particularly vulnerable group. Research indicates that this group is four times more likely than young people who are not looked after to smoke, drink and take drugs. Those who experienced parental drug and alcohol misuse may view excessive use as normal. It was therefore agreed that enhanced training for Foster Carers on this issue would be particularly helpful, alongside the training already in place.
- 4.45 The committee appreciated the use of a life story from a young person who at 17, received a diagnosis of FASD. In this instance, it seemed to have helped the young person to understand himself better, and his identity in relation to his past lived experience. The young person highlighted that to understand what's it like, 'You would have to live my life'.

- 4.46 This example highlights the importance of early diagnosis, intervention and having respective pathways to support what could be significant numbers of children and adults living with FASD. It also reinforced the need for support for parents and carers of young people affected by FASD. It was felt that the support streams should be well connected and work collaboratively.

Evidence from the Well-Being Service

- 4.47 The Wellbeing Service, commissioned by the Council, outlined the challenges of engaging with those who may be most at risk. However, the service does provide outreach and this resource is more often used to get key, universal messages across the wider population. It was noted that there are still mixed messages around alcohol consumption in pregnancy and many people still believe that a small amount of alcohol during pregnancy is ok. This, it was noted, needs to be addressed.
- 4.48 The Community Midwifery Lead discussed the impact of maternal substance misuse on the service. The level of screening in terms of substance misuse in pregnant women is significant. Midwives strive to build quality relationships with women who may not wish to engage. It was noted that the level of service demand is significant due to the extra scans, additional appointments, poor mental health, and other issues such as domestic violence management.
- 4.49 Women who use alcohol or drugs in pregnancy often can present late due to fears of stigma, and/or fear of having their baby removed. It is this cohort of women that are least likely to attend appointments. The Amethyst birth team takes the role of supporting these women and works collaboratively with the CGL team who give robust planning and support.
- 4.50 Drug and Alcohol use as well as smoking in pregnancy are associated with poor fetal outcomes including still births and lifelong problems many of which require the intervention of many other services for prolonged periods. Amethyst and CGL are exploring the potential for a joint clinic with those parents who need such support. Preconception care and having the conversation preconception is key and this may be also done through respective social media platforms as well as in formal discussion and learning streams.

Evidence from the 0 – 19 Enhancing Families Service

- 4.51 The 0-19 Enhancing Families Service gave the Task Group a presentation. The service offers an early intervention, home visiting program for expectant families.

The criteria for the programme includes:

- Isolated and or unsupported teenagers
- Current mental health concerns
- Current drug and alcohol misuse
- Current concerns of domestic abuse in relationships
- Looked after child or care leaver.

- 4.52 It was highlighted that if substance misuse is a known concern, this would usually be identified on a maternity information sharing form as well as signposting and encouraging access to local services. The wider team focuses on drug and alcohol use in children and young people to highlight the risks and potentially break the cycle.

- 4.53 Opportunities for improvement were highlighted. It was suggested that joint working group meetings with agencies to share relevant casework information and learning networks would be helpful.
- 4.54 As well as this, the team indicated that they will be looking at information gathering systems to ensure that details of the father and any alcohol or substance misuse history is included.

Evidence from the Interim Virtual Head

- 4.55 The Interim Virtual Head outlined how the issue presents itself in schools. Exclusions and suspensions are often related to specific behaviors which may be linked to FASD. She emphasised that isolation from education increased the potential for further vulnerability to harm and potential criminality.
- 4.56 The role of education was felt to be a significant one. It was agreed that education on this topic should start with age specific information in primary school. The Task Group was assured that a quality assurance review of school's work on the safeguarding curriculum was being undertaken and that the issue of alcohol and substance misuse in pregnancy would be a consideration.
- 4.57 The new Schools operate the TESSA (Triage for Educational Support and Specialist Advice) system was described. This is a comparatively new multi-agency service which offers a range of support to help children and young people get tailored support for behavioral and social communication difficulties.

5. Consideration of Alternatives

- 5.1 N/A

6. Conclusions

- 6.1 Members and colleagues from all services agreed that there were similar threads running through each presentation. Common themes included different public perceptions about alcohol and drugs consumption in pregnancy and what is and is not safe. There appears to be some degree of misunderstanding about the potential severity of the impact of alcohol and substance misuse in pregnancy on a child's physical and mental well-being and ability to thrive and prosper.
- 6.2 There are significant challenges to obtaining a formal diagnosis of FASD, which include stigma of using drugs and alcohol in pregnancy and a lack of data sharing between services from pre-pregnancy and beyond. There also needs to be the right support in place for those children and young people who receive a diagnosis of FASD. An effective response to these issues clearly requires a strong partnership approach involving education, the wellbeing service, drugs and alcohol services, midwifery, 0-19 service and children's social care.
- 6.3 The potential harms of substance and alcohol use in pregnancy can result in pregnancy problems such as increased miscarriage, still birth and premature birth; and, for those born, of learning difficulties, behaviour issues, physical disability, and emotional and psychiatric problems. These issues can last a lifetime and have a severe negative impact on life chances in terms of inequalities.

- 6.4 It is important that adults, children, and young people have all the necessary age-appropriate information about the impact of alcohol and drug use in pregnancy. This will support their understanding and choices to inform both planned and unplanned pregnancies. Accurate, consistent and regular messaging in line with NHS guidance and guidance from the Chief Medical Officer through schools and colleges, partner agencies and Council campaigns is key to this. It would also be useful to understand the views of young people to both inform the messaging content and format, to ensure its effectiveness and to ensure that it reaches as many young people as possible. It would also be helpful to engage young people in care and care leavers.
- 6.3 Schools and colleges play a particularly important role in providing all types of age-appropriate safeguarding information. The Council's quality audit of schools and colleges safeguarding education and information delivery will be useful to raise the profile of this topic, fill any gaps, and to share good practice.
- 6.4 Having a whole system approach across the Council and partner agencies is key to ensure a downward trend in alcohol and drugs use in pregnancy as well as a reduction of FASD rates in the borough. This would be enhanced having clear leadership of a programme of work in this area carried out by the Council, commissioned services and partner organisations. The St Helens Combatting Drugs and Alcohol Partnership Delivery Group would be an appropriate forum to have oversight of the delivery of the recommendations of this review.
- 6.5 Information sharing and shared systems with appropriate flags relating to alcohol and drugs use in pregnancy, especially on Social Care systems, would help improve interventions for a healthier pregnancy, enable better FASD risk assessment or diagnosis in children, and enable access to more appropriate treatment and support in early life. It would be useful for services such as midwifery, drugs and alcohol services, social care and the 0-19 service, to explore the feasibility of shared data systems to enable this.
- 6.6 The right support for pregnant women is vital. Consistent advice and messages for pregnant women need to be in place regarding a healthy pregnancy, including use of alcohol, drugs, vaping, smoking, diet, breastfeeding intentions etc.
- 6.7 Opportunities for joint working and learning such as multi-agency working groups to share relevant casework, learning networks and joint clinics are important. The St Helens Combatting Drugs and Alcohol Delivery Partnership provides a forum for partners to discuss and delivery a multi-agency programme of work to reduce the harms and risks from drugs and alcohol. Specifically, services such as CGL, Midwifery, Amethyst birth team could build upon their existing work together to provide better support for drugs and alcohol service users who are pregnant and facilitate any future diagnosis and after care for their child.
- 6.8 Young people in care and care leavers are a vulnerable group as they are known to experience a higher risk of earlier pregnancy and alcohol and substance misuse. Effective engagement with this group, and their carers, is essential, including ensuring support is delivered in a way that is most effective for them, along with the promotion of self-confidence, self-esteem and engagement in community activities and leisure.
- 6.9 The review highlighted increasing concerns about the numbers of young people taking up vaping. More work and research is required to understand trends and attitudes of children and young people towards vaping.

6.10 A set of recommendations for action are presented in Appendix 1.

7. Legal Implications

7.1 There are no legal implications in this report.

8. Equality Impact Assessment

8.1 No Equality Impact Assessment is required for the purposes of this report.

9. Social Value

9.1 As this report is not able commissioning a new service or significantly changing provision, there are limited social value impacts. However, the recommendations of this report support social value by skilling up and enabling staff across the partnership to better support local residents as appropriate to prevent and reduce the impacts of substance misuse during pregnancy.

10. Net Zero and Environment

10.1 There are no net zero and environment implications in this report.

11. Health and Wellbeing

11.1 Actions to reduce alcohol and substance misuse in pregnancy are intended to have a positive impact on the physical, emotional, and mental health of children and young people in St Helens.

12. Equality and Human Rights

12.1 There are no direct human rights implications contained within this report, though a key focus of the recommendation is on providing support to pregnant women and their families to reduce the impact of substance misuse on the unborn child.

13. Customer and Resident

13.1 Actions to reduce alcohol and substance misuse in pregnancy are intended to have a positive impact on the physical, emotional, and mental health of children and young people in St Helens. This will make a significant contribution to safeguarding, aspirations, attainment, social and mental wellbeing and therefore life chances of the children and young people.

14. Asset and Property

14.1 There are no asset or property implications in this report.

15. Staffing and Human Resources

15.1 The agreed actions in this report will be carried out by existing staff from the council and its provider and partner organisations

16. Risks

16.1 There are no risks identified in this report.

17. Finance

17.1 There are no financial implications in this report as any changes are being delivered within current capacity.

18. Policy Framework Implications

18.1 There are no policy framework implications in this report.

19 Impact and Opportunities on Localities

19.1 Although this is a borough wide issue, we will monitor at a locality level and ensure service provision is targeted where the need is greatest.

20. Background Documents

20.1 Presentation Slides

20.2 References made by presenters.

21. Appendices

21.1 Appendix 1 – Alcohol and Drug Use in Pregnancy Collective Action to Reduce Risk and Harm to Children Recommendations.

Appendix 1

Alcohol and Drug Use in Pregnancy - Collective Action to Reduce Risk and Harm to Children

Spotlight Review Recommendations

NB. Subject to engagement with Scrutiny Link officers and lead officers for the Spotlight review.

Rec No	Recommendations	Responsible Officer	Agreed Action and Date of Implementation
1	The Chair of the St Helens Combatting Drugs and Alcohol Partnership Delivery Group to be requested to include this work as one of the priorities within the Combatting Drugs and Alcohol Partnership's delivery plan.	Public Health Michelle Loughlin	
2	Deliver an awareness raising campaign of consistent age-appropriate messages on a healthy pregnancy and the risks and harm to children of alcohol and substance misuse in pregnancy. To be delivered in schools, colleges, through other partner agencies, and in public spaces. Best practice would be to ensure messaging is informed by the views and opinions of children and young people, including children looked after to improve engagement.	YPDAAT Helen Jones & Lisa Jenkinson	
3	Ensure that the Council's audit of schools' and colleges' safeguarding information delivery highlights gaps and shares good practice in relation to education about the risks and harms to children arising from drugs and alcohol use in pregnancy; and ensure this topic is flagged with Head Teachers' and Governors' Meetings.	Education Joanne Davis	
4	Explore the use of shared information systems which include flags for the recording of information relating to alcohol and substance misuse in pregnancy. This will help further interventions to identify, diagnose and put in place timely support and treatment for children experiencing FASD. Data sharing between drugs and alcohol services, midwifery, 0-19 Service, and Social Care systems also would be also beneficial.	IT – Mark Roberts Maternity-0-19- Toni Shepard Social Care Paula Swindlehurst Drugs and Alcohol Services Rachel Fance/ James Mawhinny	

5	Work with Care Leavers to improve their understanding of the potential harms of drugs and alcohol especially in pregnancy. This should be via appropriate advice, guidance and support, provided in a manner which ensures high levels of engagement, and promotes self-esteem, aspiration and connectedness.	Children's Social Care Paula Swindlehurst	
6	Explore the opportunities to carry out research with young people on attitudes to and use of vaping.	Public Health Michelle Loughlin Trading Standards Darrell Wilson	
7	Ensure delivery of consistent advice, messages, and support for pregnant women regarding a healthy pregnancy, including use of alcohol, drugs, vaping, smoking, diet, breastfeeding intentions etc.	Midwifery Sue Orchard Family Hubs Ruth Du Plessis	