HIDDEN HARM; RESPONDING TO THE NEEDS OF CHILDREN OF PROBLEM DRUG USERS

1. Reason for Report

1.1 To inform Members about the recent publication of a national report by the Advisory Council on the Misuse of Drugs on the impact on children of parental drug use.

2. Background

2.1 'Hidden Harm' is the latest national publication highlighting the needs of children of problem drug users and it follows very closely the publication of and guidance contained within "It's everyone's job to make sure I'm alright" and "Getting our priorities right", both of which have been considered by the Children's Services Sub-Committee.

2.2 The report, published by the Advisory Council on the Misuse of Drugs considers the impact on children of parental problem drug use; it assesses the number of affected children in the UK and examines the evidence for significant harm to their health and well-being. It considers what is being done at present to help them and what more could be done.

2.3 Both the Child Protection Committee (CPC) and the Alcohol and Drug Action Team (ADAT) have discussed 'Hidden Harm' and the previous publications. There are implications for Dumfries and Galloway in terms of practice, policy and procedures. A joint ADAT - CPC Seminar facilitated by a senior officer from the Scottish Executive has been arranged for Wednesday 8th October and the outcomes will be reported to this Committee.

3. Discussion

3.1 'Hidden Harm' reports an estimated 250,000 – 350,000 children of problem drug users in the UK. Further estimates indicate between 41,000 and 59,000 children in Scotland with a problem drug using parent. This represents between 4-6% of all children under 16. Extrapolated to Dumfries and Galloway we may expect there to be between 1230 and 1770 children under 16 with a problem drug using parent.

3.2 The report contains forty-eight (48) recommendations, attached to this report as an Appendix, aimed at all drug treatment agencies both local and national; Alcohol and Drug Action Teams; Health Service providers including maternity services, Primary Care Trusts and General Practitioners; Social Service Departments and Police Forces.
3.3 Non-statutory organisations dedicated to helping children or problem drug or alcohol users are also targeted as agencies who may be able to help meet the needs of the children of problem drug or alcohol users.

3.4 The number of children affected and how they are affected by parental problem drug use may come as a surprise to the reader. Future numbers and their needs will reflect changes in the extent and patterns of drug use across the UK. It is vitally important however that these agencies and forum concerned with the protection, health and well-being of children assure themselves that appropriate policies and practices are in place to carry out those duties and that appropriate linkages are made between Agencies and Committees so that co-ordinated efforts and interventions are affected to make best use of our resources and integrated services are offered where most needed. These linkages should be evident at the level of strategic planning, managing resources and service delivery.

3.5 Within Dumfries and Galloway, it is the responsibility of the ADAT and the CPC to ensure that these linkages are in place and that structures do not allow responsibilities to fall between two stools. To this end, a joint ADAT – CPC seminar has been arranged for 8th October to discuss the implications of the guidance contained in 'Hidden Harm' and the previously published documents.

4. Recommendations

Members are asked to note the following:

4.1 It is becoming quite clear that the issues surrounding the protection, health and well-being of the children of problem drug users need to be addressed in a co-ordinated manner by those agencies charged with the welfare of children;

4.2 Senior Managers in Health and Council Services alongside the Chairs of the CPC; ADAT and the Children's Services Sub-Committee must ensure that appropriate arrangements are in place and linkages made to make this a reality;

4.3 That a seminar of Child Protection Committee and Alcohol and Drug Action Team members has been arranged to ensure that appropriate arrangements are put in place, and that the outcomes of the seminar will be reported to this Committee.
ADDITIONAL PAPERS:

Appendices

1. Hidden Harm - responding to the needs of children of problem drug users – recommendations.

BACKGROUND PAPERS:


1. All drug treatment agencies should record an agreed minimum consistent set of data about the children of clients presenting to them.

2. Whether a client or patient has dependent children and where they are living should be included as standard elements in the National Drug Misuse Treatment System in England and Wales and in the Drug Misuse Databases in Scotland and Northern Ireland and should be recorded in the same way to allow comparisons between regions.

3. Problem drug or alcohol use by pregnant women should be routinely recorded at the antenatal clinic and these data linked to those on stillbirths, congenital abnormalities in the newborn, and subsequent developmental abnormalities in the child. This would enable epidemiological studies to be carried out to establish relationships between maternal problem drug use and congenital and developmental abnormalities in the child.

4. Studies should be urgently carried out to assess the true incidence of transmission of hepatitis C between infected female drug users and their babies during pregnancy, birth and infancy.

5. A programme of research should be developed in the UK to examine the impact of parental problem drug use on children at all life stages from conception to adolescence. It should include assessing the circumstances of and consequences for both those living with problem drug users and those living elsewhere, and the evaluation of interventions aimed at improving their health and well-being in both the short and the long term.

6. The voices of the children of problem drug users should be heard and listened to.

7. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.

8. The Department of Health and the devolved executives should ensure that all maternity units and social service children and family teams routinely record problem drug or alcohol use by a pregnant mother or a child’s parents in a way that respects privacy and confidentiality but both enables accurate assessment of the individual or family and permits consistent evaluation of and comparisons between services.
9. The National Treatment Agency and the devolved executives should ensure that all specialist drug and alcohol services ask about and record the number, age and whereabouts of all their clients' children in a consistent manner.

10. When revising child protection policies and procedures, full account should be taken of the particular challenges posed by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.

11. Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.

12. The Government should ensure that the National Children's Service Framework and equivalent strategic arrangements in Wales, Scotland and Northern Ireland, identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.

13. The National Treatment Agency, the Welsh Assembly Government and the Scottish Executive should ensure that services for adult substance misusers identify and record the existence of clients' dependent children and contribute actively to meeting their needs either directly or through referral or liaison with other appropriate services, including those in the non-statutory sector. This should include protocols that set out arrangements between drug and alcohol services and child protection services.

14. Whenever possible, the relevant government departments should ensure there are mechanisms in place to evaluate the extent to which the many initiatives outlined in this chapter benefit vulnerable children, including the children of problem drug users.

15. All Drug Action Teams or equivalent bodies should ensure that safeguarding and promoting the interests of the children of problem drug users is an essential part of their area strategy for reducing drug-related harm and that this is translated into effective, integrated, multi-agency service provision.

16. All Drug Action Teams or equivalent bodies should have cross-representation with the relevant children's services planning teams in their area.

17. Drug misuse services, maternity services and children's health and social care services in each area should forge links that will enable them to respond in a co-ordinated way to the needs of the children of problem drug users.
18. Every maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother’s drug use on the pregnancy and the baby. This should include the use of clear evidence-based protocols that describe the clinical management of drug misuse during pregnancy and neonatal withdrawals.

19. Pregnant female drug users should be routinely tested, with their informed consent, for HIV, hepatitis B and hepatitis C, and appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors.

20. Every maternity unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

21. Primary Care Trusts or the equivalent health authorities in Wales, Scotland and Northern Ireland should have clear arrangements for ensuring that the children of problem drug or alcohol users in their area are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of bloodborne virus infections.

22. Primary care teams providing services for problem drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate.

23. Training programmes on the management of problem drug use by primary care staff should include information about the importance of recognising and meeting the health care needs of the children of problem drug users.

24. All general practitioners who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning advice and management. This should include information about and access to emergency contraception and termination of pregnancy services.

25. Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.
26. All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.

27. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users.

28. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development.

29. All social services departments should aim to achieve the following in their work with the children of problem drug users:

- An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.

- Adequate staffing of children and family services in relation to assessed need.

- Appropriate training of children and family service staff in relation to problem drug and alcohol use.

- A co-ordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.

- Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.

- Efficient arrangements for adoption when this is considered the best option.

- Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.

30. The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.
31. The new Social Care Councils for England, Wales, Scotland and Northern Ireland should ensure that all social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it. Consideration should be given to the inclusion of such training as a prerequisite for registration by the appropriate professional bodies.

32. Residential care for the children of problem drug users should be considered as the option of last resort.

33. The range of options for supporting the children of problem drug users should be broadened to include: day fostering; the provision of appropriate education, training and support for foster parents; and robust arrangements to enable suitable willing relatives to obtain formal status as foster parents.

34. Where fostering or adoption of a child of problem drug users is being seriously considered, the responsible authorities should recognise the need for rapid evidence-based decision-making, particularly in the case of very young children whose development may be irreparably compromised over a short period of time.

35. Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services.

36. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.

37. The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose.

38. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.

39. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.

40. Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children or problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.
41. Drug Action Teams should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.

42. Agencies committed to helping the children of problem drug or alcohol users should form a national association to help catalyse the development of this important area of work.

43. Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.

44. When custody of a female problem drug user is being considered, court services should ensure that the decision fully takes into account the safety and well-being of any dependent children she may have. This may have training implications for sentencers.

45. The potential of Drug Courts and Drug Treatment and Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.

46. All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community.

47. All female prisons should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation.

48. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.