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

1. Purpose of the Report
1.1 At their meeting of 14 October 2003 Members of the Children’s Services Sub Committee were informed of the publication of a national report by the Advisory Council on the Misuse of Drugs on the impact on children of parental drug use.

1.2 In November 2004, the Scottish Executive published its response to the Hidden Harm report. Copies of the Executive’s response are available in the Members’ Lounge. This paper informs Members of the Executive’s response and the actions to be taken locally to address said response.

2. Background
2.1 When ‘Hidden Harm’ was published by the Advisory Council on the Misuse of Drugs in 2003 it highlighted the plight of the vulnerable section of our society whose voice, too often, goes unheard.

2.2 The report estimated that there may be as many as 41,000 – 59,000 children in Scotland affected by parental drug use, which equates to around 4 – 6 % of our under 16’s. (estimate 1230 – 1770 in Dumfries and Galloway).

2.3 One of the key mechanisms for delivery of the actions recommended in the ‘Hidden Harm’ report is through implementation of Getting Our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse (Scottish Executive 2003). It is within this context and the full range of other measures initiated by the Executive that their response to ‘Hidden Harm’ should be seen.

2.4 The Executive has set up a Hidden Harm New Agenda Steering Group which will keep all of the 48 recommendations from Hidden Harm under ongoing review to ensure that progress is being made and maintained across Scotland.

3. ‘Hidden Harm’ Recommendations
3.1 Members have previously been advised of the 48 recommendations contained in the original report. They are attached as Appendix 1 for information.

3.2 The Executive responds to each recommendation individually but also, helpfully, responds in terms of services, or service areas. This response is set out below.
- **Maternity Services** - The report stresses the need for accessible and non-judgemental maternity services, so that female drug users will feel more comfortable about presenting for treatment. It is important that maternity units should have an integrated approach to both the health and social care issues surrounding the pregnancy, and make the proper links with other agencies. Maternity units are encouraged to draw up protocols for treating drug use during pregnancy and neonatal withdrawals. The most crucial point made is that the baby's interests should be at the centre of any decisions or assessments made by staff.

- **Primary Care** - Every NHS Board needs to ensure that children of drug using parents have access to health care provided by a primary care team (for various reasons, some chaotic drug users are not registered with a GP, which often means that the children are not in touch with health services either). The report recommends that all children under 5 should have a nominated health visitor. Primary care teams should liaise closely with school health services, children's and families teams, etc. so that the child's needs and welfare can be monitored. Training on these issues for primary care staff is specifically recommended. Primary care services are all well placed to offer family planning and contraceptive advice.

- **Early Years Education and Schools** - Positive school experiences are known to help children to develop resilience in the face of adverse life circumstances. The report sets out some of the signs that schools should look for in identifying children of drug using parents, while stressing that other factors may also be in play. Some problems can be tackled within the school setting but proper liaison needs to be made, where appropriate, with other agencies. Schools are encouraged to have a drug policy in place, providing guidance on how to handle drug-related incidents. Drug education should include advice to pupils on where they can access help and support. All schools should designate at least one teacher to be able to deal with the problems that can arise with children and drug using parents, arranging suitable training.

- **Social Services: Children and Family Services** - A common assessment framework should be in place to ensure that an early assessment of any child referred to a local authority social services department can be made on whether the child is in need or at risk (the framework should be capable of being adapted by other agencies and professionals). Should the assessment lead to a decision that the child can remain at home, an holistic and integrated package of family support should be available. The problem of unfilled posts in Children's Services must be addressed. Local authorities should ensure that social care workers who deal with children and families are suitably trained on the impact of problem drug use on children, how such children and their families can be assessed, and what practical steps can be taken to help them.
• **Fostering, residential care and adoption** - Where support to the family to enable the child to remain with his or her parent(s) is judged not to be in the child's best interests, fostering, residential care or adoption may have to be considered. Fostering is often the most appropriate option, particularly for short-term placements where a return to the family setting for the child, in due course, is likely. There is a need to increase both the flexibility of arrangements and the intensity of the support that can be offered foster parents. Outcomes for children placed in residential care are particularly poor, so this should be the option of last resort. Residential care facilities that provide a genuinely caring environment, however, should be available for those children for whom this is the only realistic option. Adoption should also be a realistic option for children in such circumstances and efficient arrangements need to be in place to facilitate this where appropriate.

• **Child Protection** - The report sets out the framework for promoting the welfare of children and protecting them from harm. Reference is made to the child protection reform programme, which is a sustained programme of reform, aimed at improving outcomes for the most vulnerable children. The Hidden Harm report recommends that child protection policies and procedures should take full account of parental problem drug use, including the implications for staff training, assessment and care management procedures and inter-agency collaborative working.

• **Specialist Drug and Alcohol Services** - Only a minority of services for substance users make any provision for the children of their clients, or make any attempts to assess and meet their needs. Such an assessment process needs to be an integral part of reducing drug-related harm. Information about the needs of clients' children has to be a part of the client's primary and ongoing assessment, and agencies should link into any common assessment frameworks. Substance use agencies should liaise closely with other services, and there needs to be more development of facilities that meet the needs of women who are pregnant or have dependent children. The report highlights some examples of good practice, including agencies which employ a children's manager whose remit is to assess and meet the needs of children, and services which take a holistic family approach, focussing on the child and mother together. Training should be available to ensure that staff in drug and alcohol services obtain the specialist skills they will require to meet their responsibilities.
Specialist Paediatric, Child and Adolescent Mental Health Services - The report stresses that if a child develops a physical or mental health problem, it may have its origins in parental behaviour or home circumstances. If staff at an accident and emergency department or paediatric clinic or ward suspect child abuse or neglect or accidental drug overdose, an appropriate doctor or nurse should inquire if anyone at home had a drug or alcohol problem and, if so, make further inquiries with relevant professionals. Child and mental health services should always consider the possibility of drug use or alcohol problems when assessing the child in such circumstances. The report suggests that there is considerable undeveloped potential within the non-statutory sector to help the children of problem drug users. It is recommended that there should be a national association of agencies dedicated to helping the children of drug or alcohol users.

Police - The police share responsibility with other key organisations under the Children's Acts for promoting the welfare of children and protecting them from danger. As far as possible, children should not be taken to police stations but to other appropriate locations, e.g. the home of a responsible relative, social services or a hospital. If the need is not urgent but the police still have concerns, the circumstances should be reported to social services. It is recommended that a multi-agency child protection strategy, which would incorporate measures to safeguard the children of problem drug users, should be developed by every police force.

Courts - It is important for the courts to establish, if there is a possibility that she may be held in custody, whether a woman has dependent children and, if so, what arrangements have been made for their care. The establishment of Drug Courts and Drug Treatment and Testing Orders now provide greater opportunities to use community-based sentences for some drug users to enable them to remain with their children.

Prisons - All women's prisons should have facilities that allow pregnant drug users to receive antenatal care and treatment for their drug dependence. The report further recommends that all female prisoners should have access to a suitable environment in which to receive visits from their children, and consideration should be given to providing mother and baby units, or similar accommodation, so that an infant can stay with the mother, if in the child's best interests. It is also vital that effective aftercare arrangements are in place so that appropriate support can be provided, following release, for female drug users with children.

4. Action Being Taken
4.1 The recommendations contained within 'Hidden Harm' have been presented and discussed previously at this Sub-Committee, the Child Protection Committee and at the Children and Young Persons sub-group of the Dumfries and Galloway ADAT.
4.2 This report and the Scottish Executive response to 'Hidden Harm' will be similarly presented and discussed.

4.3 Actions flowing from the recommendations contained in 'Hidden Harm' have been incorporated into the local Child Protection Plan and responsibilities for action allocated. This will be revisited in light of the Executive's response and the Plan updated as necessary. The Child Protection Plan is a living document which is flexible to change in view of changing local and national circumstances and priorities. Implementation of the Child Protection Plan is monitored by the Child Protection Committee.

5. Recommendations

Members are asked to:

5.1 note the publication and contents of the Scottish Executive's response to 'Hidden Harm'; and

5.2 endorse the actions being taken across appropriate agencies and structures to address the recommendations contained within 'Hidden Harm' and the Executive's response to the original report.

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APPENDICES - 1

Background Papers:
Hidden Harm, Responding to the needs of Children of Problem Drug Users – report to Children's Services Sub-Committee on 14 October 2004.
RECOMMENDATIONS CONTAINED IN HIDDEN HARM – RESPONDING TO THE NEEDS OF PROBLEM DRUG USERS

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 to 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 irreparable 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.