

Health and Social Services Committee

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Date: 13 April 2005

Venue: Committee Rooms 3 & 4 National Assembly for Wales

Title: Hidden Harm – Responding to the needs of the children of problem drug users

Purpose

This paper provides an introduction and background to the report of the Advisory Councils on the Misuse of Drugs' report "Hidden Harm – Responding to the needs of children of problem drug users" report. The paper highlights the actions taken by the Welsh Assembly's Advisory Panel on Substance Misuse and the panel's recommendations.

Background

The Advisory Council on Misuse of Drugs was established by the Misuse of Drugs Act 1971. It has a statutory duty to advise the UK Government on drugs of misuse and the health and social problems that these may cause. Its Prevention Working Group carries out in depth inquiries into aspects of drug use that are causing particular concern, with the aim of producing considered reports that will be helpful to policy makers, service providers and others.

In 2000, the Council decided to launch an inquiry that would focus on the children of problem drug users. It did so because of the dramatic increase in the numbers of problem drug misusers over the past twenty-five years and a corresponding rise in the numbers of children of problem drug users. In the late 1970s there were very few such children however this had increased to several hundred thousand by 2000, yet they had received very little attention.

The Council's Prevention Working Group undertook the Inquiry. The Working Group's members were drawn from diverse background and disciplines, predominately in the fields of drug use and children's services

Its terms of reference were to:

- Estimate the number of children so affected in the UK;
- Examine the immediate and long-term consequences of parental drug use for these children from conception through to adolescence;
- Consider the current involvement of relevant health, social care, education, criminal justice and other services;

- Identify the best policy and practice here and abroad; and
- Make policy and practice recommendations.

The Group carried out extensive reviews of published research and reports, commissioned analyses of existing data and national surveys and took evidence from a wide range of expert witnesses.

The inquiry focused on the children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for themselves and those around them. The report defines problem drug use as drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for those around them. Nevertheless it acknowledged that many of its recommendations for protecting and supporting the children of problem drug users would also be applicable to the children of problem drinkers. Its report " Hidden Harm – Responding to the needs of children of problem drug users" was published in 2003.

There are six key messages from the inquiry:

- It is estimated that there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

These messages draw attention to the cross cutting nature of the report and the need for joint working between health and social services, community care and children's services, substance misuse services and generic services and other systems such as the education and criminal justice systems. The critical interface being that between substance misuse services and those services that provide protection and support to children.

The Hidden Harm recommendations are attached at Annex 1.

Consideration

I launched a stakeholder consultation on "Hidden Harm " in Wales in June 2003, and the report was referred to APoSM to consider the report's 48 recommendations together with the stakeholder responses.

APoSM considered the results of the consultation exercise and made an initial assessment of the 48

recommendations. As the recommendations covered a wide range of stakeholder groups APoSM held a one day conference of invited stakeholders from across Wales in September 2004. It has subsequently grouped the recommendations around five themes and associated aims, objectives and actions into a Framework for Action. The Framework for Action is attached at Annex 2.

Recommendations

A paper on Hidden Harm including the Framework for Action was considered by Cabinet on the 21st of February 2005. It agreed the following:

- the Framework for action recommended by APoSM; .
- the establishment of a Hidden Harm Steering Group to lead on and monitor the implementation of the report's recommendations. The Steering Group should consist of senior Assembly officials, members of APoSM and senior officers from health, social services, education and criminal justice agencies to reflect the cross cutting nature of "Hidden Harm".
- that five implementation groups are established reflecting APoSM's advice, reporting to the Steering Group, to undertake action to implement the recommendations of "Hidden Harm". The implementation groups should consist of appropriate Assembly officials, members of the APoSM, officers and representatives from relevant related fields.

Cross Cutting Themes

Parallel papers will be submitted to the Health and Social Services and Education and Lifelong Learning Committees. Hidden Harm will also be the subject of a Plenary debate.

Action for Subject Committee

Members are asked to note the progress that is being made to progress action against the recommendations in the Hidden Harm report in Wales.

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Hidden Harm Recommendations

Estimates of the scale of the problem

Recommendations

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.

The impact of parental drug use on children

Recommendations

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.

The voices of children and their parents

Recommendations

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.

Surveys of specialist drug agencies, maternity units and social work services

Recommendations

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.

The legal framework and child protection arrangements

Recommendation

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.

Recent relevant developments in government strategies, policies and programmes

Recommendations

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.

The practicalities of protecting and supporting the children of problem drug users

Recommendations

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.

Maternity services

Recommendations

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.

Primary care

Recommendations

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.

Contraception and planned pregnancy

Recommendations

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.

Early years education and schools

Recommendations

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.

Social work children and family services

Recommendations

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.

Fostering, residential care and adoption

Recommendations

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.

Specialist drug and alcohol services

Recommendations

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.

Specialist paediatric and child and adolescent mental health services

Recommendations

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.

Specialist children's charities and other non-statutory organisations

Recommendations

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.

Police

Recommendation

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.

Courts and prisons

Recommendations

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 wellbeing 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 prisoners 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.

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	Family Support Services	

<p>Aim</p> <p>To promote the health, safety and wellbeing of the children of substance misusing parents</p>	<p>Objective</p> <p>To put in place effective arrangements across Wales to ensure linkage between planning arrangements for substance misuse and services for children.</p> <p>To enhance communication and multi agency working across Wales in the delivery of direct services relating to substance misuse and childrens services</p> <p>To raise awareness of interventions that address the health and welfare needs of both Parent and Child</p> <p>5,6,7,16,17,19,20,21,23,24,25,29,30,31,32,34</p>	<p>Action</p> <p>To develop and implement protocols on liaison and joint membership of Area Child Protection Committees, Community Safety Partnerships and Local Substance Misuse Action Teams</p> <p>To review ,develop and implement guidance as necessary on multi agency and multi disciplinary working for substance misuse and childrens services</p> <p>To identify and disseminate best working practice that reflects and balances the treatment needs of parents and the wider needs of the child</p>
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Health		
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<p>Aim</p> <p>To improve Health outcomes for substance misusing women, their partners and children</p>	<p>Objective</p> <p>To have in place interventions that further enhance health interventions provided to substance misusing parents</p> <p>13,14,15,18,26</p>	<p>Action</p> <p>To develop national guidelines for antenatal care family planning services and maternity units for working with pregnant problem substance misusers, their partners and newborn babies.</p>
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Training and Awareness Raising		
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<p>Aim</p> <p>Ensure that the health and social care workforce is better equipped to understand and respond to the needs of substance misusers and their children</p>	<p>Objective</p> <p>To improve knowledge, skills and competency of the workforce in both understanding the needs, assessing for and delivering the services that could be provided to substance misusing parents and their children</p> <p>1,2,</p>	<p>Action</p> <p>To establish an all Wales network and collaborative centre for the promotion of excellence for education, training and development in substance misuse.</p> <p>To deliver and coordinate the delivery of training programmes at both a strategic and front line level that meet the training needs of the workforce and reflect the strategic aims as developed by the Welsh Assembly Government and its partners</p>
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Criminal Justice		
<p>Aim</p> <p>To ensure that where possible the outcomes for substance misusers subject to the criminal justice system have regard their parenting role</p>	<p>Objective</p> <p>To raise awareness within the criminal justice system of the impact of the system on the children of substance misusers who are within the system</p> <p>8,9,10,11,12,33</p>	<p>Action</p> <p>Develop a crime prevention strategy to respond to the needs of the next generation of drug users.</p> <p>To clarify policy on the exercise of discretion in enforcement and prosecution for possession of illegal drugs distinguishing between possession and</p>

possession with intent to supply.

To Issue a description of the Throughcare and Aftercare service and the Drugs Intervention Programme.

To establish what quality and standard of throughcare and aftercare is available to Welsh female prisoners in English prisons.

To support the provision of guidance on court reports on identifying the needs of dependent children, detailing the implications of custodial sentences and the consideration of alternative constraints to allow female offenders to stay in the community.

To support the configuration of the messages of Hidden Harm into the "Pathways for drugs and alcohol" and "child and families pathway" of the "Reducing Reoffending National Action Plan"

Seek clarification from the Chief Constables of the action taken within the criminal justice system when a child discloses the uses of illegal drugs by his or herself or a carer

	Data collection	
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Aim	Objective	Action
<p>To enhance the relevance of policy development and implementation by informing the process with relevant quantitative data</p>	<p>To improve knowledge of the extent of substance misuse amongst parents and to assist in planning family interventions and service delivery</p> <p>4,27,28</p>	<p>To produce national guidelines for data collection relating to children which will include a minimum data set.</p> <p>To support action to encourage the collection of data on children in all settings.</p>