

Advisory Council on the Misuse of Drugs – Hidden Harm Report, Responding to the needs of children of problem drug users

Introduction

The Advisory Council for the Misuse of Drugs has a statutory duty to advise the Government on the drugs of misuse and the health related and social problems 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.

The inquiry Hidden Harm, responding to the needs of children was sent to Ministers in March 2003. 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.

Estimates of the Scale of the Problem

	Hidden Harm estimates of scale of problem	Estimates of scale of problem in Telford & Wrekin based on drug users in contact with substance misuse services	Estimated scale of problem in Telford & Wrekin based on Home Office data/Hickman –Fisher research that indicates there are between 1,050 and 1,100 problem drug users in Telford & Wrekin	Update Dec 2006
1	A five year data set from English & Welsh drug misuse treatment services had information on over 300,000 drug users assessing treatment during 1996-2000. There was parenthood data on 221,000 (71%) of whom 95,000 (43%) had dependent children, including 53% of women and 40% of men	A total of 421 drug users received a service from substance misuse services in Telford & Wrekin from April 2003 to March 2004, with an average of 318 people receiving a service at any one time. Estimated scale of problem for Telford & Wrekin <ul style="list-style-type: none"> there would be parenthood data on 299 service users. 128 service users would have dependent children. 	Estimated scale of problem for Telford & Wrekin: <ul style="list-style-type: none"> there is potentially parenthood data on 745 problem drug users in Telford & Wrekin. there are potentially 320 problem drug users in Telford & Wrekin with dependent children. 	Phil Merrick Edith Macalister
2	Of those with dependent children, 69% were fathers and 31% were mothers, both with an average of just over two children. This represents just less than one	Estimated scale of problem for Telford & Wrekin <ul style="list-style-type: none"> 88 male service users are fathers. 40 female service users are mothers. 	Estimated scale of problem for Telford & Wrekin: <ul style="list-style-type: none"> there are potentially 221 male problem drug users living in Telford & Wrekin who are fathers. 	Phil Merrick/Edith Macalister

Telford & Wrekin DAAT Hidden Harm Action Plan

	dependent child (Under 16 years) for every problem drug user accessing treatment.	<ul style="list-style-type: none"> there are 256 dependent children of drug users receiving drug services in Telford & Wrekin 	<ul style="list-style-type: none"> there is potentially 99 female problem drug users living in Telford & Wrekin who are mothers 	
3	46% of parents with a drug problem had their children living with them	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> 59 parents receiving drug services in Telford & Wrekin have their children living with them. a total of 118 children 	<p>Estimated scale of problem for Telford & Wrekin;</p> <ul style="list-style-type: none"> there are potentially 147 parents with a drug problem in Telford & Wrekin who have their children living with them. a potential total of 294 children 	Phil Merrick/Edith Macalister
4	54% had children living elsewhere (usually with family members or friends)	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> 69 drug users with children receiving drug services in Telford & Wrekin have children living elsewhere. a total of 138 children 	<p>Estimated scale of problem for Telford & Wrekin:</p> <ul style="list-style-type: none"> there are potentially 173 problem drug users in Telford & Wrekin with children living elsewhere. a total of 346 children 	Phil Merrick/Edith Macalister
5	Mothers are more likely (64%) than fathers (37%) to live with their children	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> 26 female service users receiving drug services in Telford & Wrekin are mothers whose children live with them. 33 male service users receiving drug services in Telford & Wrekin are fathers whose children live with them. 	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> there are potentially 63 female problem drug users living in Telford & Wrekin who have their children living with them. there is potentially 82 male problem drug users living in Telford & Wrekin who have their children living with them 	Phil Merrick/Edith Macalister
8	Using two different related methods, the inquiry estimated that there are between 200,000- 300,000 children of problem drug users in England and Wales. This represents 2-3% of all children under 16	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> there are between 615 (2%) and 923 (3%) years of age living in Telford & Wrekin 	<p>Estimated scale of problem for Telford & Wrekin</p> <ul style="list-style-type: none"> there are between 615 (2%) and 923 (3%) children under 16 years of age living in Telford & Wrekin. 	Phil Merrick/Edith Macalister

Relationships between Parenthood & Risk factors

1. Parents living with their children had on average a lower number of risk factors than parents whose children lived elsewhere.
2. Parents living with their children were less likely to be sharing injecting equipment, to be using stimulants regularly or to have unstable accommodation. However many still had multiple problems?
3. The likelihood that parents would be living with their children steadily diminished as the number of risk indicators increased. Of those with no risk factors 65% lived with their children, compared with 28% with three risk factors and only 9% with six or more.

Telford & Wrekin - Inquiry Recommendations Action Plan (Review date October 2004)

Ref	Chapter 1. Estimates of the scale of the problem	Telford & Wrekin Actions - Responsible Officer	Update Dec 2006
1	All drug treatment agencies should record an agreed consistent set of data about the children of clients presenting to them	Being progressed by Chris Hammond and through the implementation of the Leeds Addiction Unit Result Data Base. Target date for implementation of result November 2004.	Phil Merrick
2	Whether a client has dependent children and where they are living should be included as standard elements in the NDTMS	National Target	Phil Merrick
	Chapter 2. The impact of parental problem drug use on children	Telford & Wrekin Actions - Responsible Officer	
3	Problem drug or alcohol use by pregnant women should be routinely recorded at the antenatal clinic and these data linked to 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	Drug and alcohol use by pregnant women is routinely recorded in antenatal clinics with the information available in all files to clinicians to link with still births, congenital abnormalities in the newborn and subsequent developmental abnormalities.	Cathy Smith
4	Studies should be urgently carried out to access the true incidence of transmission of hepatitis c between infected female drug users and their babies during pregnancy, birth and infancy	All pregnant women in T&W are routinely tested for HIV, hepatitis B and C, with the appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors.	Cathy Smith
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 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 long term	National Target	Edith Maclaister
	Chapter 3. The voices of children and parents	Telford & Wrekin Actions - Responsible Officer	
6	The voices of the children of problem drug users should be heard and listened to.	Sally Tyas responsible officer – out of date	Andy Challenor
7	Work is required to develop means of enabling children of problem drug users to safely express their thoughts and feelings about their circumstances	Sally Tyas responsible officer – out of date	Andy Challenor

Chapter 4. Surveys of specialist drug agencies, maternity units and social work departments.		Telford & Wrekin Actions - Responsible Officer
8	The DoH and the devolved executives should ensure that all maternity units and social service children & family teams routinely record problem drug use by pregnant mother or child's parents in a way that respects privacy and confidentiality but enables accurate assessment of the individual or family and permits consistent evaluation of and comparisons between services.	National Target Carole Jones Cathy Smith Phil Merrick
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.	DAAT Initiative: New substance misuse assessment forms and database (Result) will include questions about the number, age and whereabouts of all clients' children by Nov 2004 as part of the redesigned substance misuse services. Phil Merrick
Chapter 5. The legal framework and child protection arrangements		Telford & Wrekin Actions - Responsible Officer
10	When revising child protection policies and procedures, full account should be taken of the particular challenges pose by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.	Issue will be addressed in the re write of the Child Protection Procedures being undertaken by the Joint S and T&W Area Child Protection Committee Law and procedures sub-group. To be in place by July 04. David Goss
Chapter 6. Recent relevant developments in Government strategies, policies and programmes.		Telford & Wrekin Actions - Responsible Officer
11	Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.	National Target Edith Macalister
12	The Govt. should ensure that the National Children's Service Framework identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.	National Target Edith Macalister
13	The NTA should ensure that services for adult substance misusers identify and record the existence of client's dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with appropriate services, including those in the voluntary sector. This should include protocols between drug & alcohol services and child protection services.	Substance misuse services will work with individual clients and wherever possible within a family context in contributing to the needs of clients dependant children. All care plans and care reviews will contain a section to ascertain client needs within a family context and within that the needs of dependant children requiring liaison or referral to other services. This will be supported and facilitated by the development of a formal protocol between Adult and Children's services by October 2004 and the IRT initiative. Phil Merrick
14	Whenever possible, the relevant Govt. departments should ensure there are mechanisms in place to evaluate the extent to which the many initiatives outlined in Chapter 6 of Hidden Harm (Recommendations 11, 12, & 13) benefit vulnerable children, including the children of problem drug users	Government Target Edith Macalister

Chapter 7. The practicalities of protecting and supporting the children of problem drug users		Telford & Wrekin Actions - Responsible Officer
15	All Drug Action Teams 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.	Issue will be addressed in the re write of the Child Protection Procedures being undertaken by the Joint S and T&W Area Child Protection Committee Law and procedures sub-group. To be in place by July 04.
16	All Drug Action Teams should have cross-representation with the relevant children's services planning teams in their area.	Recommendation in place.
17	Drug misuse services, maternity services and children's health and social care services in each DAT area should forge links that will enable them to respond in a co-ordinated way to the needs of children of problem drug users.	There is a protocol in place which facilitates the referral method from maternity services to the appropriate social service department. Links between drug services and maternity services need to be reviewed and further developed. Action Business Manager Substance Misuse.
Chapter 7. The practicalities of protecting and supporting the children of problem drug users		Telford & Wrekin Actions - Responsible Officer
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.	Maternity services have a protocol in place which ensures that services are provided both for anti post natal care. If the mother is abusing substances the baby will be referred to a neonatal unit for 6 months. Dedicated midwives refer to Social services. Health Visitors are also notified. There is also a named Consultant who leads in these circumstances.
19	Pregnant female drug users should be routinely tested, with their informed consent, for HIV, hepatitis B and C, and appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors	All pregnant women in T&W are routinely tested for HIV, hepatitis B and C, with the 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 & family teams and adoption services that enable it to contribute to safeguarding the longer-term interest of the baby.	See 18
21	Primary Care Trusts 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 of prevention, diagnosis and treatment of blood born virus infections.	See 18 and 19.
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 & family teams and other services as appropriate.	Action. Shared Care Co-ordinator To be taken to the Shared Care Monitoring Group as an agenda item and them feed back through DAAT
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.	Included in DAAT MerciaNet North Children & Young People and Adult Level 2 substance misuse training courses. Responsible Officer Neil Watson MerciaNet North Training Co-ordinator

Telford & Wrekin DAAT Hidden Harm Action Plan

24	All GP's who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning management. This should include information about and access to emergency contraception and termination of pregnancy services.	Action. Shared Care Co-ordinator To be taken to the Shared Care Monitoring Group as an agenda item and them feed back through DAAT	
25	Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchange. Preferably these should be linked to specialist family planning services able to advise on and administer long-term injectable contraceptives, contraceptive coils and implants	Mathew Webb House (Tier 2 Open Access Service) and Portico House (Tier 3 Specialist Interventions Service) offer advice and information around pregnancy, contraceptives and sexual health as part of all interventions. The key worker 'safety checklist' has a prompt / monitoring tool to ensure pregnancy / contraceptive advice is offered and contraceptives supplied. Liaison and referral to specialist family planning services will continue as necessary.	Phil Merrick Sara Jones
26	All early years education services and schools should have critical incident plans and clear arrangements for liaison with 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.	Sally Tyas responsible officer	Cathy Barber
	Chapter 7. The practicalities of protecting and supporting the children of problem drug users	Telford & Wrekin Actions - Responsible Officer	
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.	Frances Phelps/Allen Baynes responsible officers	Sally Tyas
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.	Frances Phelps/Mansel Davies takes the lead on informing teachers and information on how to manage incidents. Action: Funding changes will necessitate this to be addressed as part of the DAAT Children & Young People's Plan in 2004/5 and 2005/06.	Sally Tyas
29	All social service departments should aim to achieve the following in their work with the children of problem drug users <ul style="list-style-type: none"> • An integral approach based on a common assessment framework, by professionals on the ground including social workers, health visitors GP's, nursery staff, child & adolescent mental health services. • Adequate staffing of children and family services in relation to need • Appropriate training of children and family service staff in relation to problem drug and alcohol use. 	A common assessment is being developed as part of ITR and that will be used on a multi-agency basis. Whilst this is primarily concerning children services work has commenced in the interface meetings with adult colleagues to look at ways that we can improve on joint assessments. We are also looking at ways in which we can train staff together and thus improve outcomes for children. Staffing with Children and Families is in line with that recommended by the SSI in the last inspection. However we have been able to improve staffing for Family Support cases by use of the safeguards grant	Carole Jones Sara Tough
29	All social service departments should aim to achieve the following in their work with the children of problem drug users continued: <ul style="list-style-type: none"> • A co-ordinated range of resources capable of providing real support for families with 	Training for staff in relation to drugs and alcohol is on -going as part of a service level with the NACRO Tier 2 Children & Young Peoples	Carole Jones Jane Wilson

	<p>drug problems, directed both at assisting parents and protecting and helping children</p> <ul style="list-style-type: none"> • 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. 	<p>Substance Misuse Specialist Interventions Project. Specialist Interventions project also provide regular clinics for C7F services offering advice and support to staff.</p> <p>As part of our Children’s Trust pilot we are looking at how we can deliver most if not all training on a multi-agency basis. Work continues in relation to the co-ordinated range of resources to meet identified need, developments such as Stafford Park and extended schools & children’s centres should start to see services delivered in a different way. Foster carers are recruited on a continual basis and currently a bid is being developed for treatment foster care. MerciaNet North provides multi-disciplinary training and targeted training for foster carers. Arrangements are in place for children to be considered and placed for adoption where appropriate – contingency planning is in place. Telford & Wrekin has 2 residential units and a contract with an independent provider – further work is needed to ensure that those young people with drug related problems have the most appropriate placements.</p>	
	<p>Chapter 7. The practicalities of protecting and supporting the children of problem drug users</p>	<p>Telford & Wrekin Actions - Responsible Officer</p>	
<p>30</p>	<p>The Govt. should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.</p>	<p>National Target</p>	<p>Barbara Evans</p>
<p>31</p>	<p>The new Social Care Councils should ensure that all social 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.</p>	<p>National Target</p>	<p>Barbara Evans</p>
<p>32</p>	<p>Residential care for children of problem drug users should be considered as the last option resort.</p>	<p>Recommendation in place</p>	<p>Jane Wilson</p>
<p>33</p>	<p>The range of options for supporting the children of problem drug users should be broadened to include:</p> <ul style="list-style-type: none"> • Day fostering • The provision of appropriate education • Training and support for foster parents • Robust arrangements to enable suitable willing relatives to obtain formal status as foster parents 	<p>Telford & Wrekin already offer day fostering and will continue to develop this as part of our preventative strategy Education for LAC is improving and the education department are reviewing the Education Welfare Service to move towards a more multi-disciplinary approach. Training and support for carers is given and we achieved a good standard in the recent inspection by NCSC. Plans are in place to appoint a designated training officer for fostering. Proactive support is offered to families fostering relatives</p>	<p>Jane Wilson Carole Jones</p>

Telford & Wrekin DAAT Hidden Harm Action Plan

		and there is a family and friends fostering officer .Specifications are being developed for Family Group Conferencing	
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.	Evidence based assessments are used to assist in decision making. The review system also ensures that children do not drift in the care services. Stronger links need to be made with the substance misuse services in relation to core assessments and the analysis of them.	Carole Jones
35	Drug & alcohol agencies should recognise that they have a responsibility towards the dependent children of clients and aim to provide accessible and effective support for parents and their children, either directly or through links with other relevant services.	Chris Hammond <i>Please see 13 above.</i>	Phil Merrick
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	MerciaNet North Substance Misuse Training includes this in level 2 training.	Wendy Condlyffe- Phipps Gill Sanderson
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 overdose.	Issue will be addressed in the re write of the Child Protection Procedures being undertaken by the Joint S and T&W Area Child Protection Committee Law and procedures sub-group. To be in place by July 04.	David Goss
38	Child & adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.	An expectation of CAMHS staff but in the absence of a written assessment protocol for all staff, service are not in a position to state that it is a routine required part of the assessment process. When CAMHS moves to the NSF this will be resolved.	Stephanie Andrews
39	Acquiring the ability to explore parental substance should be a routine part of training for professionals working in CAMH's	Please see 38 above. There are training needs for CAMHS staff. Only social workers have done NSF training.	Stephanie Andrews
	Chapter 7. The practicalities of protecting and supporting the children of problem drug users	Telford & Wrekin Actions - Responsible Officer	
40	Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children of problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.	The Collaborative Reference Group would be dedicated to work with children of problem drug and alcohol users. This group has representatives from statutory and voluntary organisations. How in reality this could happen needs further discussion with the voluntary and independent sector. At the moment this group has no brief as such and is struggling to know where it fits in with the collaborative process. How the group could help meet the needs of the children of problem drug and alcohol users is also open to debate.	Phil Merrick - does this group still exist.
41	DAT's 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	Recommendation in place	Edith Macalister

Telford & Wrekin DAAT Hidden Harm Action Plan

	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.	National		Barbara Evans
43	Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard children of problem drug users.	Police – DCI Shane Lewis		Jonathan Groves
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.	Probation Officers are expected to routinely consider the impact of a custodial sentence, in their reports to the court, on anyone whom the court has indicated may be at risk of a custodial sentence. Where this will have an effect upon dependant children, there will be an emphasis in the report on the harm that a custodial sentence would have upon the welfare of such children.		Tom Currie Lesley Burrows
45	The potential of Drugs Courts and Drug Treatment & Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.	The probation service offers assessment for Drug Treatment & Testing Orders to any person who needs intensive support in order to address their Offending and drug use. In particular the service would accommodate the needs of parents in order to maximise their chances of success.		Tom Currie Lesley Burrows
46	All women's prisons should ensure that 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	National Target		Tom Currie
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 infants best interest to remain with his or her mother, considerations should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodations.	National Target		Tom Currie
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.	National Target		Tom Currie