



# Government Response to Hidden Harm:

the Report of an Inquiry by the  
Advisory Council on the Misuse of Drugs

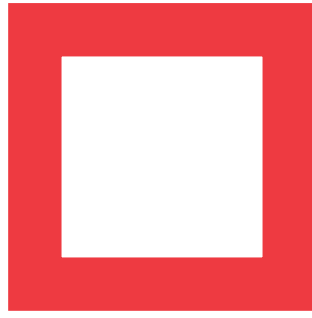
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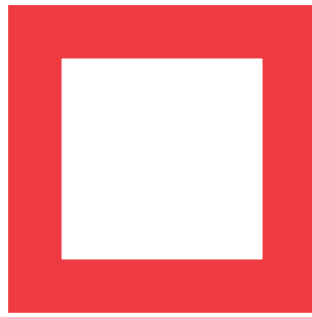


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# Foreword

We welcome the publication of Hidden Harm: the Report by the Advisory Council on the Misuse of Drugs (ACMD) on the needs of children of problem drug users. These are a group whose particular needs are often overlooked. Substance misuse has serious negative affects on children and young people and is associated with poor outcomes. Children and young people with drug misusing parents are children often in need of protection.

The ACMD's Report contains six main messages:

- An estimate that there are between 250,000 and 350,000 children of problem drug users in the United Kingdom – about one for every problem drug user
- Parental drug use can and does cause serious harm to children at every stage 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

The Report contains 48 recommendations. Delivering on each of these recommendations requires action across Government and I attach an update of progress against all of these, outlining which government department has lead responsibility.

In *Every Child Matters*, published last year, we set out the outcomes we want for every child – that they should be healthy and safe, enjoy and achieve, make a positive contribution to society and enjoy economic well being. We will make sure that obstacles in the way of this, such as parental problem drug use, do not stop children from achieving positive outcomes. We will reduce levels of educational failure, ill health, substance misuse, teenage pregnancy, abuse and neglect and so ensure that every child has the chance to fulfil his or her potential.

To do this we will bring about closer working between professionals, develop systems which help earlier identification of children at risk and above all involve children and young people and listen to their views. Where necessary we will legislate to put in place more effective and accessible services focussed around the needs of children.

For those children and young people who are at risk of harm or have been abused or neglected, *Every Child Matters* will put in place a stronger statutory and multi-agency framework to protect them, and provide services and support for them and their families. All children's service authorities in England will be required to set up a Local Safeguarding Children's Board consisting of representatives from the partner agencies, including housing, health, police and the probation service. The Boards will co-ordinate the functions of all partner agencies in relation to safeguarding children and will replace Area Child Protection Committees which have often had limited influence on strategic planning and the allocation of resources. We expect the Boards to be chaired by Directors of Children's Services.

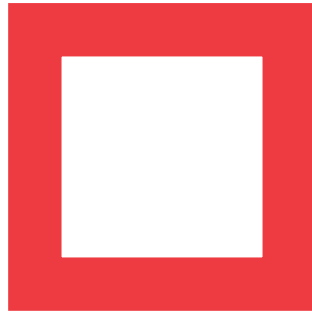
Every children's services authority in England must make arrangements to promote cooperation between relevant partners to improve the well being of children in the area to ensure they are protected from harm, enjoy good mental and physical health and have opportunities for education, training and economic prosperity.

*Hidden Harm* covers the whole of the United Kingdom. The table of responses attached relates to England only. A précis of actions in Scotland, Wales and Northern Ireland is below.

A handwritten signature in blue ink that reads "Derek Twigg". The signature is written in a cursive style with a small mark above the 'i' in "Twigg".

**Derek Twigg**

Parliamentary Under Secretary of State for Schools



## Scotland

The Scottish Executive published their response to the Hidden Harm report in November 2004.

In *A Partnership for a Better Scotland*, Scottish Ministers gave a commitment to a programme of action which aims to give children and young people the best possible start to life, and the opportunities to maximise their potential. The Children and Young People Cabinet Delivery Group was specifically set up to ensure a coherent approach, at both national and local levels, across policies and services for children and young people.

Two key documents, which will inform implementation of the recommendations in *Hidden Harm*, are *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse* and *It's Everyone's Job to Make Sure I'm Alright*. *Getting our Priorities Right...* sets out guidance to agencies in relation to protecting children from harm where there is parental or carer substance misuse. *It's Everyone's Job...* reinforces the message that the protection of children is the responsibility of a range of agencies and individuals, including those whose primary focus is work with adults. The Scottish Executive is also taking forward a range of measures to help support local arrangements for the joint delivery of services, including revised guidance for local agencies on planning and delivery of services, implementation of the integrated community schools approach, the Integrated Early Years Strategy, and Community Health Partnerships.





## Wales

In Wales Community Safety Partnerships are responsible for ensuring the delivery of the Welsh substance misuse strategy at a local level. At the request of the Welsh Assembly Government Local Action Plans to tackle substance misuse for 2004-2005 contained actions related to *Hidden Harm*. There is the expectation that three-year plans for 2005-2008 will have objectives relating to the report.

Key stakeholders in Wales have been consulted on the recommendations of the report. Mrs. Edwina Hart AM MBE, Minister for Social Justice and Regeneration asked that her Advisory Panel on Substance Misuse consider the report's recommendations, with a view to what could and should be done in Wales. The Advisory Panel made an initial assessment of the report's recommendations.

However as the report's recommendations are wide ranging the Welsh Assembly Government and the Advisory Panel held a stakeholder conference in September 2004 to consider the recommendations of the report and to gain the views of stakeholders on how to progress work on *Hidden Harm* in Wales. The conference report has been considered by the Advisory Panel and has informed its advice to the Welsh Assembly Government.





## Northern Ireland

In 2001, the former NI Executive gave a commitment to develop an overarching strategy for children and young people. The Children and Young People's Unit was specifically set up to ensure that the rights and needs of children and young people living in Northern Ireland are given a high priority.

In June 2003, the first Commissioner for Children and Young People was appointed. A draft strategy for children and young people was issued for consultation in 2004 and closed in February 2005. The strategy will seek to put in place mechanisms to ensure that the delivery of services for children and their rights and needs are co-ordinated, monitored and promoted within Government.

Many of the actions under the Drug and Alcohol Campaign and other initiatives such as Investing for Health are already aimed at promoting the wellbeing of children but, as mentioned in the Report, the number of children affected will only fall when the overall number of problem drug users falls.

The Report requires more detailed consideration by all the key agencies involved, especially as it is based on data collected outside Northern Ireland which may not reflect accurately the local position. An Implementation Steering Group has been established.





# Government Responses to Hidden Harm: the Report of an Inquiry by the Advisory Council on the Misuse of Drugs

**Key to Responsible Departments:**

DfES: Department for Education and Skills  
 DH: Department of Health  
 HO: Home Office

DCA: Department for Constitutional Affairs  
 NTA: National Treatment Agency

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>1. All drug treatment agencies should record an agreed minimum consistent set of data about the children of clients presenting to them.</p>	NTA	<i>Accept</i>	<p>The National Treatment Agency is prioritising the collection of core data identified in the drug strategy so as to ensure regular reporting of treatment statistics. The interim or core data set will not collect data on the children of problem drug users. A more comprehensive data set is planned for the future which will collect data on the children of drug users.</p> <p>However in line with Recommendations 9 and 13 below the assessment of all drug users should consider the number, whereabouts and other relevant factors concerning the children of drug users attending for treatment.</p>
<p>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.</p>	NTA	<i>Accept</i>	As 1
<p>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.</p>	DH	<i>Accept</i>	<p>The primary antenatal record is, in many cases, held by the pregnant woman during the whole period of antenatal care. The intention is to confirm this model as the preferred way of record keeping and to adopt a minimum, single set of data across all maternity units. The preferred content is that contained within the Perinatal Institute’s Antenatal Record which does contain data items that would meet the recommendation.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>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.</p>	DH	<i>Decline</i>	<p>There is already a considerable body of evidence about rates of vertical transmission of hepatitis C and it is not clear that the research recommended is a priority. Transmission of hepatitis C to infants born to infected mothers appears to be largely restricted to women who have HCV viraemia during pregnancy or delivery and mainly in women with high levels of virus. Co-infection with HIV appears to increase the risk of hepatitis C transmission.</p>
<p>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.</p>	DfES HO DH NTA	<i>Decline</i>	<p>The government does not accept that a longitudinal study into the impact of parental drug misuse is the priority research need for this group of children. The impact in their health and wellbeing is well documented. Rather the government is committed to conducting research into what types of services and interventions work with these young people and their families. Parental problem drug use is therefore a key priority in the National Drug Strategy's Evidence base work programme.</p> <p>In addition the government has funded an initiative to look at practice within 6 Sure Start local programmes, looking at interventions with parents who are problem drug users and their children. It is anticipated that these findings will help to inform good practice with these service users within sure start programmes, family centres and other family support settings.</p> <p>The NTA will also commission in 2005 research on 'what works' with Children of drug users.</p>

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<p>6. The voices of the children of problem drug users should be heard and listened to.</p>	<p>DfES DH</p>	<p><i>Accept</i></p>	<p>The Government are funding the STARS National Initiative. This is a Children's Society run project which aims to give every child affected by an adult's drug use in the UK access to advice, support, protection and a chance to have their voices heard. Children and young people have access to a web site, a forum where they can meet and gain support and specialist therapeutic support if they require it.</p> <p>In June 2002 DfES published <i>Listening to Learn</i>, its action plan to implement the government's core principles on involving children and young people within services and policy.</p> <p>The Home Office have commissioned the National Children's Bureau (NCB) to develop a project to involve young people in the National Drugs Strategy.</p>
<p>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.</p>	<p>DfES DH</p>	<p><i>Accept</i></p>	<p>DfES fund the Children's Society to run the STARS National Initiative. This involves providing a forum for supporting children and young people affected by parents and carers drug misuse including a website.</p> <p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> seeks to ensure that services meet the needs of all children, young people and their families. It says that particular efforts should be made to ensure that all children and young people's voices are heard and those who are often excluded from participation activities are supported in giving their views, including the children of problem drug users.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<i>cont'd</i>			<p>The <i>Framework for the Assessment of Children in Need and their Families (DH/DfES/HO 2000)</i> requires those undertaking assessments to carry out direct work with children including ascertaining their wishes and feelings. Innovative materials for use with children and young people of different ages and in different circumstances have been developed which assist good communications. Examples are included in Chapter 4 of <i>Assessing Children in Need and their Families: Practice Guidance (DH, 2000)</i> and <i>Communicating with Vulnerable Children: a Guide for Practitioners</i> David P.H. Jones (DH, 2003).</p> <p>The Department of Health is funding an initiative to build the capacity of the Children's voluntary sector to respond to substance misuse issues.</p>
<p>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.</p>	DH	<i>Accept</i>	<p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> maternity standard highlights the importance of ensuring adequate service provision for pregnant drug users and their partners. It states that their care should be provided by an integrated multi-disciplinary and multi-agency team which will include a midwife and/or obstetrician with specialist knowledge in this area. Collecting high quality information is necessary for the effective planning and audit of all aspects of maternity services, including services to substance abusers. Assimilating the antenatal record into the health record at the time of birth enables this data to be aggregated and analysed with due regard to confidentiality. With the development of the NHS Care Records Service this analysis will inevitably become more sophisticated.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>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.</p>	NTA	Accept	<p>Adult Drug Treatment Services are guided by a National Service Framework. This requires them to put systems in place to ensure that the child's welfare is safeguarded and in doing so should be guided by the following statement: <i>"The main principle of treatment should be to develop a collaborative therapeutic relationship with the parent in order to maximise engagement with treatment. This needs to be balanced with the need to ensure the safety and welfare of the children."</i> (Models of Care NTA 2002).</p> <p>These systems should be highlighted when services are monitored by Drug Action Teams with QuADS. (Organisational standards for alcohol and drug treatment services, London: SCODA/Alcohol Concern 1999).</p> <p>The National Treatment Agency is collaborating with the Health Care Commission to implement an inspection process for adult drug treatment services. One of the criteria to be considered will be referral processes and procedures between the treatment system and the child protection system.</p>
<p>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.</p>	DfES	Accept	<p>As a result of the Children Act 2004, arrangements for safeguarding children will be strengthened by the appointment of the Director of Children's Services. Local authorities also have a new duty to establish Local Safeguarding Children Boards with representatives from all the agencies with a responsibility to safeguard children at a local level. These will replace the Area Child Protection Committees. It is likely that the new guidance accompanying the Boards will include a section on safeguarding children whose parents misuse drugs.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>11. Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.</p>	HO	Accept	<p>The updated Drug Strategy was launched in December 2002 included a particular focus on young people. As Hidden Harm identifies that the children of problem drug misusers are often vulnerable to becoming substance misusers themselves, the updated strategy aims to prevent today's young people from becoming tomorrow's problematic drug users.</p>
<p>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.</p>	DH	Accept	<p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> identifies children of problem drug users as 'Children in Special Circumstances' requiring a particular focus from services to prevent them experiencing poor outcomes.</p>
<p>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.</p>	NTA	Accept	<p>See Recommendation 9. The National Treatment Agency will commission work on revising drug use risk assessment guidelines.</p>
<p>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.</p>	DfES DH HO NTA	Accept	See 5

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>15.</b> All Drug Action Teams (DATs) 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.</p>	<p>NTA HO</p>	<p><i>Accept</i></p>	<p>Models of Care (NTA 2002) states that multi-agency planning meetings should be held regularly to review and co-ordinate the care of the pregnant drug user. These meetings should also contribute to an appropriate antenatal care plan which should include a description of an integrated care pathway between maternity, drug treatment services and other agencies. Multi-agency planning for children of problem drug users will be reviewed either through QuADS reviews and the new NTA/Health Commission inspection process.</p>
<p><b>16.</b> All DATs or equivalent bodies should have cross-representation with the relevant children's services planning teams in their area.</p>	<p>DfES HO</p>	<p><i>Accept</i></p>	<p>Most Drug Action Team (DAT) areas will have children's drug commissioners represented on the joint commissioning group to ensure that young people's substance misuse needs, including the children of substance misusers, are becoming more integrated into mainstream children's planning. Most upper tier and unitary local authorities in England co-ordinate the planning, commissioning and delivery of services for children and young people aged 0-19 through their children and young people's strategic partnership.</p> <p>The development of the Children and Young People's Substance Misuse Partnership Grant is a significant move towards a more integrated approach to planning and commissioning services for children and young people. Rationalised funding streams allow for improved planning of services between the partner agencies within the Local Authority. Each region has to demonstrate how the grant is being used to deliver the full span of services for children affected by substance misuse.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<i>cont'd</i>			<i>Every Child Matters</i> highlights the intention to commission and plan services for children and young people affected by drug misuse via the Children's Trusts to ensure that substance misuse issues have a high profile among the other children's services being considered by Children's Trust Boards.
<p><b>17.</b> 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.</p>	DH	<i>Accept</i>	<p>Chief Executives of all upper tier and unitary local authorities in England have been asked to take the lead (on behalf of their councils) in ensuring that all those responsible for planning, commissioning and delivering services to children and young people aged 0-19 agree a Local Preventative Strategy (LPS). The development of LPS should facilitate the co-ordination of drug misuse services, maternity services and children's health and social care services.</p> <p>The Children Act 2004 will create a clear focus for local accountability through the appointment of a single Director of Children's Services within each local authority. The director will oversee the integration of key services for children and young people through the Children's Trusts or other partnership arrangements. The legislation will also remove any barriers enabling the pooling of resources between agencies which will facilitate the integrated planning of services between key partners.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<i>cont'd</i>			<p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> highlights the need for services to be responsive to the needs of vulnerable women, such as those who have a substance misuse problem. Maternity services should work alongside other agencies to develop innovative services for women to encourage them to maintain contact with maternity services.</p> <p>It also highlights the need to improve support to children in special circumstances including children who have a parent that is a problem drug user.</p>
<p><b>18.</b> 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.</p>	DH	<i>Accept</i>	<p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> sets national standards of care, on antenatal, delivery and postnatal services and look at how maternity services can become more flexible, accessible and appropriate. This includes a recommendation for more active follow up of women who miss appointments. Tackling inequalities in outcomes for both mothers and babies is a key issue in the maternity standard. This standard will enable those who plan and deliver maternity services to be flexible and innovative in the ways their services are designed and delivered to ensure that women from all groups can access the services they want.</p>
<p><b>19.</b> 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.</p>	DH	<i>Accept</i>	<p>As part of the <i>Hepatitis Action Plan for England</i>, the Department has published guidance for the NHS on hepatitis C testing (<i>Hepatitis C: essential information for professionals and guidance on testing</i>). The guidance refers to the antenatal setting as an opportunity for testing pregnant women at increased risk of hepatitis C infection e.g. injecting drug users.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<i>cont'd</i>			<p>It is NHS policy to offer HIV and hepatitis B antenatal screening to all pregnant women so that appropriate interventions can be put in place to minimise the risk of transmission of these viruses from infected women to their babies. However, unlike HIV, there are currently no drugs that can be offered to reduce the risk of mother to infant transmission of hepatitis C or other proven interventions, and unlike hepatitis B, there is no vaccine that can be given to babies born to infected mothers to minimise the risk of them developing chronic infection.</p> <p>The UK National Screening Committee recommends that routine antenatal screening for Hepatitis C should not be introduced in the light of the evidence currently available. The current European and American consensus is that routine Hepatitis C screening of pregnant women is not recommended. Antenatal settings provide an opportunity for offering hepatitis C testing to women at increased risk of infection.</p>
<p><b>20.</b> 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.</p>	DH	<i>Accept</i>	<p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> stresses the need to develop the workforce's skills and competencies and enhance communication and teamwork between health care professionals, with social care professionals and with women.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>21.</b> Primary Care Trusts (PCTs) 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 blood-borne virus infections.</p>	DH	Accept	<p>Primary Care Trusts (PCTs) now manage 75% of the total NHS Budget and are directly responsible for assessing and commissioning services to meet the health needs of their local population. Children of drug and alcohol users should be picked up as part of the health needs assessment and appropriate services commissioned.</p> <p><i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> sets standards for a range of health and social care services for children, young people and pregnant women. Although it does not address specific conditions, the generic standards outline what support should be available to children and their parents in managing a wide range of conditions and problems, including support for children that are vulnerable (e.g. who have a parent that is a problem drug user).</p>
<p><b>22.</b> 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.</p>	DfES DH	Accept	<p>The Children Act 2004 will introduce a new duty on health services, the police and other relevant local bodies to have regard to safeguarding children and promoting their welfare. Local Authorities will also have a duty to establish Local Safeguarding Children Boards with representatives from all the partner agencies, including social services, health, police, housing, probation. The Boards will replace the Area Child Protection Committees and will co-ordinate the arrangements for safeguarding children at a local level.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>23.</b> 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.</p>	DH	Accept	<p>The Royal College of General Practitioners delivers DH funded training in the form of a certificate programme on the <i>Management of Drug Misuse in Primary Care</i>. In the first year, 440 GPs attended the training, including 40 prison doctors, with a further 1,000 healthcare professionals attending in 2003. The certificate includes the needs of children whose parents are problem drug users. To support this course, the Royal College of General Practitioners have also run special interest master classes on pregnancy and drug misuse and on young people and drugs.</p>
<p><b>24.</b> All GPs 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 services for emergency contraception and termination of pregnancy.</p>	DH	Accept	<p>All the sexual health needs of problem drug users, not just prevention of pregnancy should be considered by service providers. While we agree that long term methods of contraception may be more appropriate for female drug users, use of condoms should also be promoted to reduce the risk of transmission of sexually transmitted infections, including HIV.</p> <p>We have alerted Primary Care Trust Sexual Health leads and local Teenage Pregnancy co-ordinators to this report and these recommendations.</p>
<p><b>25.</b> 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.</p>	DH	Accept	<p>Those implementing local sexual health and teenage pregnancy strategies should ensure that sexual health services meet the needs of their local communities, including problem drug users. Locally partnership arrangements are often established whereby a health professional delivers sexual health services and advice within a specialist drug agency.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>26.</b> 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.</p>	DfES	Accept	<p>Section 175 of the Education Act 2002 strengthens existing arrangements for safeguarding children. New guidance was published in September 2004 <i>Safeguarding Children in Education</i> (DfES 0027 2004). This clarifies specific roles and responsibilities of individuals within LEAs and schools and provides information and links to further advice and guidance. The guidance covers the issue of drug abusing parents and refers to <i>Hidden Harm</i>.</p> <p>Under 8s day care providers and childminders are regulated by OFSTED under the Children Act 1989 and have to comply with national standards which include requirements relating to child protection procedures.</p> <p>The summary guidance document 'What To Do If You're Worried a Child is Being Abused' (DH/DfES/HO 2003), published following recommendations from the Victoria Climbié Inquiry, has been issued to all childminders and day care providers.</p>
<p><b>27.</b> 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.</p>	DfES	Accept	<p><i>Drugs: Guidance for schools</i> (DfES/0092/2004) sets out the expectation that all schools should appoint a senior member of staff with overall responsibility for all drugs issues. This responsibility should include overseeing the management of drug related incidents such as concerns that a pupil or family member is misusing drugs. The guidance highlights to schools their important role in ensuring that vulnerable young people, including children of problem drug users, are identified and receive appropriate support through the curriculum, the pastoral system or via referral to appropriate services.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<i>cont'd</i>			<p>Training to support teachers in this role is a key priority. A new drug module has been piloted and rolled out as part of the Personal, Social and Health Education (PSHE) certification programme. The programme sets standards for the teaching of PSHE and will provide teachers with an opportunity to have their skills in drug education formally recognised. As part of the programme teachers are required to demonstrate an understanding of how to identify and support pupils with drug related needs, including those whose parents/carers misuse drugs.</p>
<p><b>28.</b> 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.</p>	DfES	<i>Accept</i>	<p>Initial teacher training (ITT) courses already prepare teachers to meet their pastoral responsibilities, including issues which may arise in relation to drugs. Revised standards for the award of qualified teacher status (QTS) and requirements for ITT were published in January 2002, in the document <i>Qualifying to Teach</i>. How to support pupils with drug-related needs, including those with drug misusing parents/carers is one of the standards that teachers will be required to demonstrate within the specialist drug education component of the PSHE certification programme.</p> <p><i>Drugs: Guidance for Schools</i> (DfES/0092/2004) states that all staff should have a general drug awareness and that schools need to consider how best to prepare all staff as part of their induction and continuing professional development.</p> <p>The Children's Fund funded 375 services that explicitly targeted children living in families under stress, including families with substance abuse problems, and 135 services explicitly targeted children with substance abuse problems.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>29.</b> All social services departments should aim to achieve the following in their work with the children of problem drug users:</p>	DfES		
<p><b>29.1</b> 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.</p>	DfES	<i>Accept</i>	<p>The Green Paper <i>Every Child Matters</i> signalled the development of a Common Assessment Framework for all professionals working with children and their families. The DH/DfES has developed an Integrated Children's System, which provides a coherent process for assessment, planning intervention and review for all children in need and their families, including children in need, in need of protection and children looked after. This will ensure that needs are identified; appropriate interventions provided and the outcomes reviewed. The Choice Protects initiative aims to improve local authorities' strategies for commissioning provision for looked after children and to increase their placement choice, particularly through expanding their foster care services. The Healthy Care Programme being developed by the National Children's Bureau with funding from DfES is developing a model for improving the quality of the care environment.</p>
<p><b>29.2</b> Adequate staffing of children and family services in relation to assessed need.</p>	DfES/DH	<i>Accept</i>	<p>The government sets out its commitment to workforce reform in <i>Every Child Matters</i>. The children's workforce unit, based in the DfES, will develop a pay and workforce strategy for those who work with children. It will contain proposals for action at a national and a local level to improve the supply and the skills of the workforce. Meeting the needs of children and families requires services to work better together – sharing information and pooling resource to both identify and address needs early.</p>

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<p><b>29.3</b> Appropriate training of children and family service staff in relation to problem drug and alcohol use.</p>	DfES	Accept	<p>In response to proposals in <i>Every Child Matters</i> DfES is developing a basic level common core of skills, knowledge and competence for the children's workforce. The core skills are underpinned by specific knowledge including that of alcohol and substance misuse.</p>
<p><b>29.4</b> 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.</p>	DfES	Accept	<p>The core members of Drug Action Teams (DATs) are all subject to the duty to co-operate to improve well being that the Children Act 2004 introduces. Substance misuse issues will of course be one of the matters to be considered when agencies are assessing local need and making arrangements to meet it. We therefore expect that Drug Action Teams, in their work with children and young people, will be fully integrated into local planning and delivery of children's services in ways that are appropriate locally. This will be via children's trusts or other partnerships and should assist the coordination of resources.</p>
<p><b>29.5</b> Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.</p>	DfES	Accept	<p>Assisting local authorities in providing an appropriate range of placements for looked after children, including those who are looked after as a result of their parents' drug use, is a government priority. Work is currently underway to increase the numbers of foster carers through better recruitment and retention, using funding from the Choice Protects grant of £113 million. Work is also planned to improve the support and training they receive, taking into account the unique challenges which they face in caring for some of society's most vulnerable children.</p>

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<p><b>29.6</b> Efficient arrangements for adoption when this is considered the best option.</p>	DfES	<i>Accept</i>	<p>This is a key government priority. Draft regulations and guidance to implement the Adoption and Children Act 2002 have been consulted on. The regulations are designed to improve the way adoption agencies make arrangements for adoption, for example, by improving counselling, information gathering, assessments and decision taking. The aim is to finalise the regulations by the end of 2004 for full implementation of the Act in September 2005.</p>
<p><b>29.7</b> Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.</p>	DfES	<i>Accept</i>	<p>We support the recommendation that an appropriate range of placements should be in place to meet the assessed needs of children of drug misusing parents.</p>
<p><b>30.</b> The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.</p>	DfES	<i>Accept</i>	<p>The Government sets out its commitment to workforce reform in <i>Every Child Matters</i>. The children's workforce unit, based in the DfES will develop the pay and workforce strategy for those who work with children.</p>
<p><b>31.</b> 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.</p>	DH/DfES	<i>Decline</i>	<p>The General Social Care Council has a registration function based on the completion of approved training. To re-register, proof of continuing professional development is required. This will take into account the post qualifying award system for social workers, part of which includes training in childcare.</p>

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<p><b>32.</b> Residential care for the children of problem drug users should be considered as the option of last resort.</p>	DfES	<i>Decline</i>	<p>For a child in need of social services the appropriate placement will be identified through an assessment of needs identified through the 3 domains of the <i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> of children in need and their families. A residential placement option would not be seen as a 'last resort' but as meeting a specific, identified need.</p>
<p><b>33.</b> 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.</p>	DfES	<i>Accept</i>	<p>All these are appropriate options to be explored when children are assessed as being in need of services from Social Services using the framework described at 3.2. Through the Choice Protects Initiative work is underway to support grandparents and other relatives and friends to become foster parents where appropriate. Local Authority social services departments regularly place children with grandparents and extended family members under formal arrangements and in line with statutory requirements under the Children Act 1989.</p>
<p><b>34.</b> 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.</p>	DfES	<i>Accept</i>	<p>It is important that we balance the child's needs with responsibility to parents. We already have work underway to improve care planning and decision-making for all children in need through the Integrated Children's System. <i>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004]</i> considers the child's needs in the context of parental capacity and wider family and environmental factors to ensure that timely and appropriate interventions are provided to ensure that the child's developmental needs are met.</p>

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<p><b>35.</b> 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.</p>	NTA	<i>Accept</i>	<p>Drug Action Teams (DATs) via the young person's or adult treatment planning process should ensure that services offering effective support for parents and their children are available in each DAT area. These should be identified in the 2005/06 Young Peoples Substance Misuse Plan and to assist transparency, NTA regional Managers request hat details of services for children of drug misusing parents be identified in the adult treatment plan.</p>
<p><b>36.</b> 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.</p>	NTA	<i>Accept</i>	<p>The NTA's Drug and Alcohol National Occupational Standards (DANOS) identify clear requirements for rigorous assessment protocols regarding the children of drug misusing parents. Existing staff are expected to follow a similar comprehensive assessment process. Drug Action Teams (DATs) should ensure that the necessary training is available in each area. This should be identified through the NTA review of adult treatment plans.</p>
<p><b>37.</b> 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.</p>	DfES	<i>Accept</i>	<p><i>The National Service Framework for Children Young People and Maternity Services [DH/DfES 2004]</i> provides a comprehensive tool for assessing the needs of the child. The initial assessment should be undertaken by the social services department of all children in need should address the questions:</p> <ul style="list-style-type: none"> <li>● What are the needs of the child?</li> <li>● Are the parents able to respond appropriately to the child's needs?</li> <li>● Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?</li> <li>● Is action required to safeguard and promote the child's welfare?</li> </ul>

<b>Recommendations</b>	<b>Responsible Department</b>	<b>Whether Accepted</b>	<b>Response/Action</b>
<b>38.</b> Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.	DH	<i>Decline</i>	A comprehensive assessment of the mental health needs of a child or young person will consider the needs of all family members and the factors that affect parenting capacity and the quality of the child/parent relationship.
<b>39.</b> 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.	DH	<i>Decline</i>	The content of the training curriculum for Child and Adolescent Mental Health Services (CAMHS) professionals will vary according to the skills required for particular posts.
<b>40.</b> 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.	DH	<i>Accept</i>	The Department of Health is funding an initiative to build the capacity of the voluntary sector to respond to substance misuse issues. The initiative is supporting five children’s charities to build capacity within their own organisations and across the sector to develop effective responses to substance misuse. This builds on the good practice that these non-government organisations have developed with these issues.
<b>41.</b> 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.	HO	<i>Accept</i>	Drug Action Teams plan and commission substance misuse services for children and young people. Health, social services and non-statutory sector should be fully engaged in collectively meeting the needs of the children of problem drug or alcohol users in their area.
<b>42.</b> 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.	DfES	<i>Accept</i>	The DfES are funding The Children’s Society to set up the STARS National Initiative, which includes forums for both practitioners and young people themselves. For details contact <b>STARS-project@childrensociety.org.uk</b>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p><b>43.</b> 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.</p>	HO	<i>Accept</i>	<p>The Local Safeguarding Children Board's (LSCB) role will be to develop multi-agency child protection strategies (of which Police are core members). The government does not want to be specific about how LSCBs will do their job. This will be discussed when the government consults with LSCB stakeholders. The Police may wish to locally take a lead in the issue of safeguarding children of problem drug users as outlined in the recommendation and table this as a priority group when the LSCB discusses priorities for the area.</p>
<p><b>44.</b> 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.</p>	HO DCA	<i>Accept</i>	<p>The Government believes that prison should be reserved for serious, violent and seriously persistent offenders. The consequences for dependants, including dependent children, are among the factors the courts take into account when sentencing. This applies to female drug misusers as to other defendants. Sentencing is based on the seriousness of the offence committed, the degree of culpability of the offender and the needs of the offender, and on the consequences of any sentence, particularly a custodial sentence, for dependants. The courts are fully aware of the potentially adverse consequences of taking away an offender's liberty.</p>

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>45. The potential of Drug Courts and Drug Treatment and Testing Orders (DTTOs) to provide non-custodial sentences for problem drug users with children should be explored.</p>	<p>HO DCA</p>	<p><i>Accept</i></p>	<p>In 2002, 18% of offenders on DTTOs were female (compared to 21% on community rehabilitation orders and 25% of drug misusers in treatment<sup>1</sup>). There are constraints that may contribute to the lower number of women on DTTOs. Treatment services need to be responsive to the needs of women to engage them in treatment, especially when they have children. DTTOs may not be suitable in every case as they are intensive, demanding orders, rigorously enforced, require a high number of contact hours, twice weekly testing and attendance at court for Review Hearings.</p> <p>The Criminal Justice Act 2003 introduces a generic sentence that will combine requirements, including drug rehabilitation (DRR) which will replace the DTTO, and is designed to increase sentencing flexibility and give courts greater opportunity to impose non-custodial sentences. CJIP initiatives will also increase the opportunity for women to access treatment through DRRs.</p> <p>Drug Courts have not been established in England and Wales although some magistrates' courts have specialist courts for dealing with drug sentencing and DTTO Review Hearings. An evaluation of this model is currently underway. Generally sentencers are well informed about DTTOs and concordance with proposals made for DTTOs is consistently high.</p>

<sup>1</sup>Models of Care”, National Treatment Agency

Recommendations	Responsible Department	Whether Accepted	Response/Action
<p>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.</p>	HO	<i>Accept</i>	<p>The Prison Service acknowledges the need to make further improvements in the availability of facilities for pregnant drug users in all women's prisons. This is being taken forward as part of the partnership arrangement with the NHS. In the meantime, the Service aims to keep pregnant drug users in remand prisons which, by their nature, have the expert medical links with the NHS to deal with the special issues involved with drug taking and pregnancy.</p>
<p>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.</p>	HO	<i>Accept</i>	<p>The Prison Service acknowledges the need to make further improvements in the arrangements for such visits. It is making continuous improvements and already provides four mother and baby units capable of accommodating 68 babies and their mothers. Three new units, with an additional capacity of 34 places, came into use in 2004.</p>
<p>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.</p>	HO	<i>Accept</i>	<p>The Prison Service is working to improve its links and processes to ensure the best outcomes for mothers and children on return to the community. The Service already aims to work closely with the Probation Service and Social Services to ensure that the resettlement needs of the mothers and children are clearly identified whilst in prison so that they can be supported once back in the community.</p>







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