hidden harm

Scottish Executive Response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs

SCOTTISH EXECUTIVE

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MINISTERIAL FOREWORD

It has become something of a cliché, nowadays, to say that our children are the future of the nation. A cliché, perhaps, but a true statement nevertheless. At a time when projections are showing that Scotland's population decline is likely to continue, it is all the more important that our children and young people are given the opportunities and encouragement they require in order to fulfil their potential.

Hidden Harm – Responding to the needs of children of problem drug users challenged the Scottish Executive to listen to the voices of the children of drug-using parents and make their protection a central element of our drugs strategy.

This document describes our determination to respond to the challenge. It demonstrates our continuing commitment to protecting our children and providing them with the opportunity to play a full and active part within our society.

Children of substance-misusing parents face particular problems. As well as being caught up in the chaotic domestic circumstances that often surround problem drug or alcohol use in the family, they may also be affected by poverty, poor housing conditions, low academic achievement and criminal activity. For such children the future can seem bleak. Which is why I, and my fellow Ministers, consider it imperative that agencies dealing with these social problems not only work together, but do so more effectively, so that the needs of the child are at the forefront at all times.

Much has been achieved already. *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse* (2003) has provided a clear framework for practitioners and service providers on effective ways to work with families where there is problem drug or alcohol use. Our Alcohol and Drug Action Teams have been challenged to make the protection of children a key priority, and we have invested heavily in diversionary programmes that provide alternative choices for children in some of the areas of Scotland most affected by substance misuse problems. We know that much still needs to be done – our task now is to build on the progress that has been made.

We believe that the actions described in this document offer real hope to the children of problem drug and alcohol users. We commend it to you.

Cathy Jamieson MSP
Minister for Justice

INTRODUCTION

We want to give our children and young people the best possible start in life. Helping our children realise their potential is the key to giving them a sense of self-fulfilment and equipping them for their future.

When *Hidden Harm* was published by the Advisory Council on the Misuse of Drugs last year, it highlighted the plight of a vulnerable section of our society whose voice, too often, goes unheard. The report estimated that there may be as many as 41,000-59,000 children in Scotland affected by parental drug use, which equates to around 4-6 per cent of our under-16s.

So what is being done to address the problem? The UK Government is treating this as a priority issue. Its response will set out the measures, either underway or in the planning stages, to tackle the problem across the country. Under our 'Partnership Agreement', the Executive too is committed to ensuring that our most vulnerable children have the protection they need and deserve. This must include the earlier identification of children of substance misusing parents, the provision of improved care and support for such children, and the facilitation of more effective communication and joint working across agencies. As a measure of our commitment, we have decided to publish our own separate response so that those with an interest can read, in detail, the action being taken in Scotland and how progress will be measured.

The *Hidden Harm* report highlights many areas where improvements are required if the needs and risks associated with children in drug-using families are to be better recognised.
For example, better collection of data on dependent children by drug agencies, and by antenatal clinics where pregnant women have a substance using history, will help to identify the scale of the problem and, more crucially, where interventions may be required. Agencies across all sectors need to improve communication and joint working, and there must be better links between those services designed for adults and those catering for children. We also need to ensure that staff in agencies receive suitable training so that they are more equipped to identify where a child may be at risk and the appropriate action to take.

Much is already being done in Scotland to address many of the issues raised in the report. Details are provided throughout the rest of this document. These actions include: the publication, last year, of *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse*; a major 3-year reform programme for child protection in Scotland, including the development of a Children's Charter, a framework for standards and a multi-disciplinary inspection framework; and work on children's issues which we have funded through a number of initiatives, among them Sure Start Scotland, and the Changing Children's Services Fund.

Clearly, there is a lot more work to be done but we are confident that the measures set out in the following pages will have a real impact on the lives of children who have substance misusing parents, and result in better outcomes for them and their families.

Strategic Policy Context

a. – Children's Services

Scottish Ministers' Partnership Agreement, *A Partnership for a Better Scotland*, places children and young people at the heart of the Scottish Executive's programme, to give every child and young person the best possible start to life and to help them maximise and achieve their potential. However, the Action Team report on better integrated children's services, *For Scotland's Children* (2001), found that, despite many examples of dedicated staff providing high quality support, services for children and young people were often fragmented and poorly co-ordinated. It was often the most vulnerable children and young people who were most at risk of losing access to appropriate services, and help often came too late to prevent problems arising.

Scottish Ministers recognise the need to lead the agenda to integrate children's services better at the highest level. The Children and Young People Cabinet Delivery Group was set up to ensure a coherent approach, both nationally and locally, across policies and services for children and young people. Alongside individual policy commitments, the Group is taking forward a range of work: to ensure a clear vision of expectations and aspirations for children and young people; to help support effective arrangements for joint planning and delivery by local agencies; to support better joint assessment of children's needs and the sharing of information by practitioners; arrangements for joint inspection and quality assurance applying across children's services; and co-ordinated training and development for staff working with children and young people. The aim is to establish arrangements that will respond to the whole needs of each child and young person, particularly those in need of additional support or assistance.

Since 1995, there has been a statutory requirement on local authorities and their partners, through the Children (Scotland) Act, to produce Children's Services Plans. The Scottish Executive will soon issue revised guidance for local agencies on planning and delivery across services for children and young people. It is proposed that this will include rationalising existing planning requirements on local authorities, NHS boards and their local partners into a single integrated planning process. The Scottish Executive is also taking forward a range of measures to help support local arrangements for the joint delivery of services, for example through the integrated community schools approach; Integrated Early Years Strategy, Community Health Partnerships, etc. These proposals reflect Ministers' commitment to promote Community Planning and ensure better joined-up working for children and young people within the Scottish Executive and beyond.

The Scottish Executive's response to *Hidden Harm* needs to be seen within this overall context. The report makes recommendations across a wide range of services and the Executive has responded accordingly across these service areas. The Executive's recently established *Hidden Harm* New Agenda Steering Group will aim not only to oversee the implementation of the report's recommendations, but also to promote progression from joint planning of separate services to achieving more integrated service planning and delivery for children of substance misusing parents.

b. – Children Affected by Substance Misuse

One of the key mechanisms for delivery of the actions recommended in the *Hidden Harm* report is through implementation of *Getting our Priorities Right*. *Hidden Harm* refers to the publication by the Scottish Executive, in early 2003, of the document. The Guidance was issued in consultation draft in 2001, and in final version in February 2003, accompanied by a letter which reminded agencies of their responsibilities in relation to protecting children from harm where there was parental or carer drug misuse.

Implementation of *Getting our Priorities Right* is being taken forward within the context of two other key documents ie the *Hidden Harm* report, and *It's Everyone's Job to Make Sure I'm Alright* (the report of the Audit and Review of Child Protection in Scotland – see Chapter 5). Whilst the purpose of *Hidden Harm* is to help in protecting children whose parents use drugs, the focus of *It's Everyone's Job To Make Sure I'm Alright* is on child protection, although the impact of parental drug use on children is stressed. All three of these reports, however, stress the need for 'crosscutting', joint working between social work and health, adult and children's services, drug services and generic services, voluntary and statutory services, and other agencies such as education and criminal justice. The relationship between drug and alcohol services and child protection agencies is particularly crucial.

Getting our Priorities Right is aimed at staff in substance misusing services, children's services and criminal justice agencies, and:

- highlights good practice in working with families where there is substance misuse;
- clarifies expectations in terms of information-sharing and confidentiality;
- sets out the minimum expectations on service providers, planners and commissioners to protect the welfare of these children and to ensure that their needs are being met;
- provides an accessible reference guide to practitioners, service providers and commissioners; and
- requires all Drug Action Teams and Child Protection Committees to have in place policies to support substance misusing parents and their children.

In the following brief chapters, we set out some of the key issues and challenges facing the Executive and its partners in tackling the problem of children affected by parental drug or alcohol use. In the Annex, we annotate in greater detail the measures being taken against each of the 48 recommendations in *Hidden Harm*.

As we demonstrate in this document, there is a good deal of current action already underway to develop services and to apply good practice in response to the needs of these children. However, there is still some way to go. There needs to be a concerted effort from all services and professionals to ensure that the needs of these children are met and that they are

protected from harm. In addition, systems need to be in place which will monitor and evaluate that action at both national and local level.

We will be keeping all of the 48 recommendations from *Hidden Harm* under ongoing review to ensure that progress is maintained, and our new internal steering group will drive the process forward. We will also maintain close contact with counterparts in other UK Departments, to ensure that examples of good practice are shared, as well as any problems encountered and their solutions.

chapter 1

maternity services

Maternity Services

The report stresses the need for accessible and non-judgemental maternity services, so that female drug users will feel more comfortable about presenting for treatment. It is important that maternity units should have an integrated approach to both the health and social care issues surrounding the pregnancy, and make the proper links with other agencies. Maternity units are encouraged to draw up protocols for treating drug use during pregnancy and neonatal withdrawals. The most crucial point made is that the baby's best interests should be at the centre of any decisions or assessments made by staff.

The impact of maternal drug and alcohol usage during pregnancy on the unborn child has been well recognised for a considerable time. *Hidden Harm* stresses the need for appropriate and effective monitoring, accessibility, information provision, referral and treatment of substance misusing mothers. The Executive supports all of these aims and believes that all maternity units should adopt an integrated approach to both the social and health care issues surrounding pregnancy. This should be done through timely, holistic and thorough risk assessment centred on the best interests of the unborn child or infant. This philosophy for care is underpinned in three central Scottish Executive documents, *A Framework for Maternity Services in Scotland* published in 2001, and the reports of the *Expert Group on Acute Maternity Services* published in 2002, which NHS Scotland has been asked to adopt.

Recommendation 3 of *Hidden Harm* states that drug and alcohol use should be routinely recorded at ante-natal clinic and linked to stillbirths, congenital abnormalities and subsequent developmental abnormalities. At present, national statistics on drug use in pregnancy are available from the maternity record (SMR02) and the neonatal discharge record (SMR11). It is accepted, however, that these are under-reported and that alcohol usage is particularly difficult to record. The Scottish Executive is currently in the process of developing a Maternal and Child Health Information Strategy, which will address this issue. Linked to this, is the development of the *Scottish Women Held Maternity Record* and its associated electronic record, which should also contribute to more accurate and consistent recording of this information.

Recommendations 18 and 20 both put a particular emphasis on integrated working to provide an accessible and non-judgemental service aimed at minimising the impact of the substance misuse. These general principles are applicable to all provision of maternity services and are central to the service described in *A Framework for Maternity Service in Scotland*. Principle 4 of this document stresses the importance of providing woman and family-centred, comprehensive care with clear evidence of joint-working; principle 6 states that women's circumstances should be assessed holistically and that social and psychological needs be identified and managed appropriately; principles 12 and 13 highlight the need to offer effective support and referral for the transition to motherhood in the postnatal period; and principle 22 stresses the importance of risk assessment and management. We are also empowering women to help themselves through the development of www.scottishmaternity.com which will signpost service users to specialist services in their area.

There are examples of good practice around the country where, for example, Drug Action Teams and Child Protection Committees have developed local protocols for the assessment of women affected by drug use. The overview report of the Expert Group re-iterates the importance of such risk management and highlights the need to develop and implement appropriate protocols and guidance. The provision of these services is currently monitored through the Maternal Health Performance Assessment Framework, and NHS Quality Improvement Scotland are currently developing Maternity Standards which will scrutinise the use of such protocol and guidance in future years.

With respect to the routine testing in recommendation 19, this is already a well established policy in NHSScotland. All women, regardless of whether they are drug users, should be routinely offered antenatal testing for HIV and hepatitis B with informed consent, and guidance has been issued in this respect. Where screening proves positive, appropriate clinical management should be given, including immunisation against hepatitis B. In 2002, we also issued guidance encouraging hepatitis C testing to anyone who has ever injected drugs, current intravenous drug users, and children born to mothers with hepatitis C.

chapter 2

primary care

CHAPTER 2: PRIMARY CARE

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

The development of Community Health Partnerships (CHPs) will expand and enhance the range of services for local people by bringing healthcare into the community, harnessing the expertise of clinicians, and allowing them to drive up quality and utilise their professional skills to the full. CHPs will have a prominent role in relation to the implementation of reports such as *For Scotland's Children*; in addition CHPs will be the principal NHS partner in *Integrated Community and Health Promoting Schools*; and will lead the implementation and monitoring of child health surveillance and relevant aspects of screening of children.

To make this happen we will ensure that CHPs are empowered to engage in decisions regarding the way in which services are planned and provided locally – responding to the needs of local communities; and taking their views into account. This has to be backed up, however, by tangible changes in the way in which frontline staff are involved in decision making about the way services are provided and about the way in which resources are deployed.
We will work to develop appropriate performance indicators, against which NHS Boards and CHPs will be measured.

As well as changes in the organisation and governance of NHS services with the development of 'single systems', including the development of operating divisions and CHPs in NHS Boards areas, there are other significant developments underway to support the development of community based services. The Primary Medical Services Act 2004 amended the National Health Service (Scotland) Act 1978 by placing a duty on NHS Boards to provide or secure 'primary medical services' for their population. NHS Boards can do so by providing services directly (this is known as 'direct provision' Section 2C of the 1978 Act) or by making suitable arrangements (by 'contract' or 'agreement') with a range of 'providers'.

There is a requirement on NHS Boards to provide child health surveillance services. Contractual and statutory duties include the demonstration by individual healthcare professionals that they comply with the child protection guidance, and the practice should be able to provide at least one critical event analysis regarding concerns about a child's welfare.

The 'National Enhanced Service' (and equivalent arrangements) under the new GP contract for patients with drug problems includes specifications for maintaining an accurate register of patients; sequential review of patients as appropriate; a good knowledge of and effective liaison with local drug services and other agencies including non-statutory services; and links between local pharmacies, primary care drug support workers, social services (including Child Protection Services) and local mental health and clinical teams. Practices also have to demonstrate

additional training and continuing professional development commensurate with the level of service provision, in line with any national or local guidance and act as a resource to practice colleagues. The training includes providing harm reduction advice to a current drug user or his/her family. Such an accredited, multidisciplinary course is run by the Royal College of General Practitioners.

We would expect NHS Boards to use these arrangements to ensure that the recommendations of the *Hidden Harm* report are given proper consideration in the planning and provision of local services, with a particular emphasis on improving access to services and reducing inequalities. Every family with a child under 5 years of age has a named Health Visitor.
There is no requirement to be registered with a GP to have a Health Visitor. However, it is important to ensure that Health Visitors are aware of families resident in, visiting, or moving to, a local area.

This signals a need for improved communication and handover arrangements between specialist services and community-based health services, particularly when families move – which they do, frequently. NHS Boards should ensure that appropriate arrangements are in place to identify families in their area with children under 5.

The Scottish Framework for Nursing in Schools sets out a series of standards for the provision of a school nursing service. One of these covers substance misuse, including alcohol and smoking. The standard states: 'nurses working in schools are actively involved in the planning delivery and evaluation of drug, alcohol and smoking preventative initiatives'.

Specifically, the standard statement refers to the Plan for Action on Alcohol (2002). Specific criteria within the standard include: 'nurses working in schools provide advice, information and support on substance misuse, alcohol and smoking, to teachers, children and young people and their families'.

In addition, the standard stipulates that 'the school nursing team works actively with schools, children, their parents and specialist services to promote a healthy attitude within the school towards the use of harmful substances'.

Recent self assessment of performance against these standards suggests that all but three NHS Boards are making good progress to meeting these criteria. Performance is much less good on the criteria which states: 'there are effective links to wider networks of specialist advice including appropriate referral pathways'.

This is an area which potentially requires further development. The development of CHPs should ensure that school health services are more closely connected with primary care.

Primary care services already offer family planning services, and it is envisaged that the forthcoming sexual health strategy will give guidance on the different levels of service which might best be offered in different places.

chapter 3

early years education and schools

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

The Executive is planning to publish an *Integrated Early Years Strategy* within the next few months. It will set out a framework for the effective provision of universal and targeted services for children and their families, from pre-birth to age 6.

Providing support to children and their families at the earliest stages has been shown to be effective. That is why we are providing resources to programmes such as *Sure Start Scotland*, which aims to support families with very young children to ensure that they have the best possible start in life, helping them to get the most from subsequent opportunities such as pre-school education. The programme emphasises the importance of joint working between Education, Social Work, Health and relevant voluntary organisations to ensure that the specific needs of families with children aged 0-3 are met. These agencies are encouraged to work together to provide a more cohesive and integrated service for parent and child and to ensure that services are targeting communities who are, for whatever reason, most vulnerable.

To provide what is needed in each individual area, local authorities, voluntary organisations, health services and parents should all be involved in the planning and provision of services. Provision should grow from within the community, and should be targeted to those communities most in need. However, there is no prescriptive model and support should meet the needs of the local area.

In 2000, on the recommendation of the School Drug Safety Team, the Executive published *Guidelines for the Management of Incidents of Drug Misuse*. The Guidelines were issued to all schools, the vast majority of which now have procedures in place to manage such incidents (for example, how to deal with a situation in which an adult, showing signs of substance misuse, arrives at the school to collect a child). Each school has a child protection co-ordinator whose duties include dealing with drug-related incidents within the school setting. Of course, schools cannot, and should not, operate on their own in addressing such issues and we encourage them to take a collaborative approach, working with parents, the wider community, health and social services, the police and other specialist agencies.

chapter 4

social services

a. Social Services: Children and Family Services

A common assessment framework should be in place to ensure that an early assessment of any child referred to a local authority social services department can be made on whether the child is in need or at risk (the framework should be capable of being adapted by other agencies and professionals). Should the assessment lead to a decision that the child can remain at home, an holistic and integrated package of family support should be available. The problem of unfilled posts in children's services must be addressed. Local authorities should ensure that social care workers who deal with children and families are suitably trained on the impact of problem drug use on children, how such children and their families can be assessed, and what practical steps can be taken to help them.

The Executive recognises that it may only be a small proportion of children of substance misusing parents who currently come to the attention of local authority Children and Families Services where this is the reason for referral. Of these, some but not all will be assessed as at risk and trigger child protection procedures. However, it is likely that parental substance misuse is a factor in other cases referred to Children and Families Services but is not the primary reason for referral. In some of these cases, this information may be known but in others it may not. In addition, it is recognised that there may be many more children of substance misusing parents who do not come to the attention of Children and Families Services at all but who are 'children in need' as defined by the Children (Scotland) Act 1995. All of these children need good quality support at an early stage to enable them to experience many of the aspects of a normal childhood and minimise the impact on their development and outcomes later in life.

At every stage, the quality of assessment is crucial to identify risk, needs, strengths and appropriate support. The Scottish Executive is developing a common assessment framework for use by **all** agencies and individuals working with children, including health, education, social work, police, occupational therapy and housing. It will be the basis of information sharing between agencies and will build on the collaborative work of the eCare projects. The working group is due to report by the end of this year, and the eCare local partners work is progressing well in delivering on the vision for seamless service delivery.

Recommendation 12 of the Child Protection Review *It's Everyone's Job to Make Sure I'm Alright*, published in 2002, states 'There needs to be a new approach to tackling risks and the needs of the most vulnerable. As a first step this should start with assessment of needs for all new born babies born to drug or alcohol misusing parents'.

The Scottish Executive is already taking forward this new approach. Guidance on Safe Care Contracts is being developed to promote early identification, assessment and the provision of intensive appropriate support from pre-birth through the first few months. The application of the Framework for National Standards in Child Protection will ensure that problem parental drug or alcohol use is fully considered as part of the process of assessment of risk and need.

The Executive agrees that where children are assessed as requiring support (and in some cases protection), consideration should be given to broadening the range of options. For example, services on the lines of the Aberlour residential services for mothers and children (two in Glasgow and one in Edinburgh) could be extended. Better use could also be made of existing mainstream services and of initiatives such as Sure Start, Young Carers projects etc. Support needs to focus on promoting children's resilience and part of this must involve enabling them to access the mainstream services, e.g. the leisure activities enjoyed by their peers, from which they may be excluded.

The Executive is addressing the issue of staffing in Children and Families Services through its recruitment and retention campaign for social work trainees. The first tranche of graduates from the new fast track training initiative is contracted to work in children and family teams. Second tranche students will take up places on courses between this September and February next year. The fast track scheme will bring a total of 550 graduates into the profession and the investment by the Executive over a 5-year period is £18 million.

There is also an incentive scheme offering up to £9,000 for social workers who remain in post for 2 years. The scheme is targeted at hard-to-fill posts in local authorities and is open to the voluntary sector provided that they can demonstrate that the post is hard to fill. The incentive scheme will continue to run and its effectiveness monitored.

Local authorities are responsible for ensuring that their staff are properly trained and already receive specific grant funding from the Executive for staff training. They have been given an additional £9 million over 3 years to develop further their in-service training programmes. In addition the Executive funds Scottish Training on Drugs and Alcohol (STRADA) with over £0.6 million per year to 2007 and STRADA and Dundee University have been allocated a further £0.6 million in 2004-5 specifically to provide child protection training with a strong focus on substance misusing parents.

The Scottish Social Services Council is in the process of registering social workers. The Council has specified that registered social workers must undertake 15 days of post registration training and learning within 3 years in order to be able to re-register. Scottish Ministers have recently announced that child protection training will be a mandatory part of this. As part of the child protection reform work, a Scottish Executive-led group is developing a child protection training plan for social services staff. The Group will take account of the training needs of staff working with substance misusing parents and will make recommendations to the Council about the content of this training later this year.

The Executive will monitor local progress in these initiatives through a number of mechanisms, including Children's Services Plans and Social Work Services Inspectorate Annual Report visits. The Executive will also be piloting multi-disciplinary inspections of child protection services before the end of this year. This will roll out to more general multi-disciplinary inspections of services for children.

b. Fostering, residential care and adoption

Where support to the family to enable the child to remain with his or her parent(s) is judged not to be in the child's best interests, fostering, residential care or adoption may have to be considered. Fostering is often the most appropriate option, particularly for short-term placements where a return to the family setting for the child, in due course, is likely. There is a need to increase both the flexibility of arrangements and the intensity of the support that can be offered foster parents. Outcomes for children placed in residential care are particularly poor, so this should be the option of last resort. Residential care facilities that provide a genuinely caring environment, however, should be available for those children for whom this is the only realistic option. Adoption should also be a realistic option for children in such circumstances and efficient arrangements need to be in place to facilitate this where appropriate.

Fostering

Development of fostering services should be included in local authorities' children's services plans. It should identify the numbers and range of placements likely to be needed and publicity campaigns should target the full range of people who may be able to provide these placements. The Scottish Executive's Partnership Agreement states that we will improve procedures, services and support for foster parents. The Fostering Network has been contracted to undertake an audit of fostering in Scotland and make recommendations on training, support and services for foster carers.

Residential Care

Whether it is appropriate to place a child in a residential home, rather than using other types of support or provision, depends on the individual circumstances of the family. It may be suitable in emergency situations and necessary on a longer-term basis where a family placement is ruled out for some reason. The provision and operation of residential homes is subject to the Residential Establishments – Child Care (Scotland) Regulations 1996. These Regulations cover the quality of care provided, which should be conducive to the best interests of the child. The Executive has invested in training residential care staff to drive up standards of residential care homes. The Scottish Executive funds the Scottish Institute for Residential Child Care to train and develop residential care staff. The aim is to have a fully qualified workforce by 2008.

Adoption

Local authorities have a duty to provide an adoption service for their area. The Executive is reviewing adoption and fostering policy in Scotland. The first phase of this work made recommendations to improve planning for children needing permanent placements away from home including recommendations about planning for permanence in parallel with other planning, improving the matching of children with potential adopters or foster carers, and to improve adoption support. The second phase is considering how the legal framework should be improved to reduce delays. It is also considering other legal alternatives to adoption to provide local authorities with a range of legal options which may allow quicker decision making.

chapter 5

child protection

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

Child Protection Reform Programme

There is a likelihood that children affected by parental substance misuse will be in need of additional support and help, and they may well be in need of protection.

In 2001, the Scottish Executive commissioned an audit and review of child protection in Scotland, and this was published under the title of *It's Everyone's Job to Make Sure I'm Alright* in November 2002. The title was a direct quotation from one of the young people interviewed for the report, and 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.

Amongst the conclusions reached by the audit and review was that agencies were experiencing difficulty in responding to a number of issues, including parental substance misuse.

In responding to the publication of the report, First Minister Jack McConnell announced a five-point action plan to deliver improvement in child protection services across Scotland. The plan provided for the following:

- a 3-year reform programme of sustained activity to include the development of clear practice standards, developing the role and responsibilities of Child Protection Committees, and the building of capacity to deliver;
- a team of external professionals from the agencies involved, to work in partnership with the Executive and agencies to take forward the reform programme and help improve performance;
- a multi-agency inspection programme;
- a Children's Charter; and
- additional funding for ChildLine and ParentLine.

A steering group was convened and an action team formed to develop and implement the programme. Included in the team are professional advisors from health, police, social work and education.

CHAPTER 5: CHILD PROTECTION

A year into the programme, progress has been made on a number of elements of the programme, and of particular relevance are the *Children's Charter* and *Framework for Standards*, which were published in March 2004.

Protecting Children and Young People: the Charter

The Charter is a clear statement of what young people can expect when they are in need of protection.

The Charter is:

- the voice of children and young people;
- what they can expect to feel safe and supported;
- a reminder of the importance of relationships rather than process; and
- a tool to reflect on what those who have a role in the protection of children actually do.

There were a number of factors that led to the charter coming into being:

- a concern that practitioners can be systems-driven rather than child-focused;
- a need to raise awareness and sense of responsibility amongst the community at large; and
- a need to set the overarching context for the reform agenda.

The Charter has been published with a set of commitments from the Scottish Executive in response to the Charter.

The Framework for Standards

The *Framework for Standards* for child protection has been developed for children and young people, their parents and for all adults and agencies that work with children in Scotland. It is a means for translating the commitments made to children in the Charter into practice. It sets out what each child in Scotland can expect from professionals and agencies to ensure that they are adequately protected and their needs are met. It also sets out what parents or other adults who may report abuse and neglect can expect.

The *Framework for Standards* forms part of a set of materials and activities which will be further developed, working with agencies, professionals and others during 2004-5. The overall package will include, but not be limited to:

- Protecting Children and Young People: the Charter;
- the *Framework for Standards;*
- supporting materials which describe a level of performance against which existing practice can be reliably evaluated or measured;
- supporting activities to assist in the implementation of standards across all agencies;
- the reform of Child Protection Committees;
- work on public information about child protection; and
- the pilot of multi-disciplinary inspection.

chapter 6

specialist drug and alcohol services

Only a minority of services for substance users make any provision for the children of their clients, or make any attempts to assess and meet their needs. Such an assessment process needs to be an integral part of reducing drug-related harm. Information about the needs of clients' children has to be a part of the client's primary and ongoing assessment, and agencies should link into any common assessment frameworks. Substance use agencies should liaise closely with other services, and there needs to be more development of facilities that meet the needs of women who are pregnant or have dependent children. The report highlights some examples of good practice, including agencies which employ a children's manager whose remit is to assess and meet the needs of children, and services which take a holistic family approach, focussing on the child and mother together. Training should be available to ensure that staff in drug and alcohol services obtain the specialist skills they will require to meet their responsibilities.

As the *Hidden Harm* report highlights, specialist drug and alcohol services have an important role to play in helping to ensure that parents and their children receive the support that they need. The majority of drug and alcohol services have traditionally been geared towards adult substance misusers in the belief that successful treatment will have a positive impact on outcomes for the whole family. It would, however, be fair to say that more needs to be done to identify children in families where there are drug or alcohol problems, so that their circumstances and needs can be assessed. Drug and alcohol services are integral to this approach.

It is one of the Executive's published Standards that all Drug Action Teams (DATs) and Area Child Protection Committees (CPCs) should have in place local policies on support to drug using parents and their children, in line with national guidance. The Alcohol Problems Treatment and Support Services Framework, which the Executive published in September 2002, highlighted the fact that children living with parents who have alcohol problems could experience a range of problems as a result. The Framework stressed that such children may need support and care from other adults, including their extended family or professionals. The Framework offers guidance on how services might respond to these needs. The Executive published *Getting our Priorities Right* in 2003. This encourages DATs and CPCs to foster strong links in working together to develop strategies, protocols and procedures which ensure that children whose parents misuse substances do not slip through the net.

How is the Executive progressing this agenda? Details are given in the Annex, but it is worth highlighting here that a key mechanism for driving forward the required changes in the way that drug and alcohol services relate to problem drug or alcohol users with children will be the 2004-5 accountability arrangements for Scotland's 22 Drug and Alcohol Action Teams (DAATs). In July 2004, the DAATs were asked to report on progress in drawing up, in partnership with the CPCs, a written framework of common policies and protocols, covering information sharing and appropriate referral and response procedures. Progress, too, will be monitored through the investigation of services for drug using parents by the Executive's Social Work Services Inspectorate in their Annual Report programme of visits. We will also be assessing the outcomes of major funding initiatives such as the Changing Children's Services Fund, Sure Start (Scotland) and the Lloyds TSB Foundation Drug Prevention Initiative, all of which impact on families affected by substance misuse.

CHAPTER 6: SPECIALIST DRUG AND ALCOHOL SERVICES

The Executive has undertaken a major review of drug treatment and rehabilitation services. The recommendations in the review will have a significant impact on how we improve the integration of drug services, children's services and child protection services. We will, therefore, be ensuring that the roll out of the findings is properly linked to the implementation of the *Hidden Harm* agenda.

In terms of information gathering, the Scottish Drug Misuse Database (SDMD) is the only nationally agreed minimum dataset returned and collated centrally. While the system collects information on whether the client lives with dependent children or whether there are others living in the household, more detailed data about children of drug users is not routinely sought. The current review of the SDMD will consider whether such data not presently being collected should be, both at the point of entering treatment and at the re-reporting stage once in treatment. It is anticipated that a review will be finalised by the Autumn. On alcohol, the National Alcohol Information Resource will also be contributing to the development of national datasets, linking into the work of Social Care Data Standards. Data will also be available from the National Arrest Referral Monitoring Framework, which is collecting relevant information about the children of drug and alcohol clients.

It is important that the Executive's policies are founded on a sound research basis, which is why the children of drug using parents issue is a priority identified in our recently published Drug Misuse Research Programme for 2004-7. Training is also vital in underpinning an appropriate and skilled response from staff in local services. We will, therefore, be working with Scottish Training on Drugs and Alcohol (STRADA), which already offers a course on working with children of problem drug and alcohol using parents, to explore the scope for building on the training currently provided.

chapter 7

specialist paediatric, child and adolescent mental health services

CHAPTER 7: SPECIALIST PAEDIATRIC, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The report stresses that if a child develops a physical or mental health problem, it may have its origins in parental behaviour or home circumstances. If staff at an accident and emergency department or paediatric clinic or ward suspect child abuse or neglect or accidental drug overdose, an appropriate doctor or nurse should inquire if anyone at home has a drug or alcohol problem and, if so, make further inquiries with relevant professionals. Child and mental health services should always consider the possibility of drug use or alcohol problems when assessing the child in such circumstances. The report suggests that there is considerable undeveloped potential within the non-statutory sector to help the children of problem drug users. It is recommended that there should be a national association of agencies dedicated to helping the children of drug or alcohol users.

In May 2003, the Public Health Institute of Scotland published its *Needs Assessment Report on Child and Adolescent Mental Health Services In Scotland*, commissioned by the Scottish Executive. The report set out a range of recommendations for promoting mental health, preventing mental health problems and providing help for children and young people experiencing mental health problems. The report emphasised the importance of early identification of factors impacting on children and young people's mental health and for professionals and agencies to have consistent training and to work together to meet each child's needs in a holistic way.

The Scottish Executive is working with the Child Health Support Group (CHSG) to promote child and adolescent mental health in Scotland, and ensure better delivery of child and adolescent mental health services for those who need them. The National Children and Young People's Mental Health Project has recently been set up. The Project will link with the existing work of the National Programme for Improving Mental Health and Wellbeing and will help to facilitate inter-agency co-operation. A Child and Adolescent Mental Health (CAMH) Development Group has also been established to draw on the expertise of colleagues from NHS services, education, social work and the voluntary sector in taking this work forward.

The major focus of the CAMH Development Group's work is implementation of the recommendations made in the *Needs Assessment Report on Child and Adolescent Mental Health*. A key element is the development of a template to assist local health, education and social services in planning and delivering integrated approaches to children and young people's mental health across the continuum of promotion, prevention and care. This includes support and services for vulnerable children and young people, such as those whose parents abuse drugs or alcohol. We hope that local agencies will use the template to identify goals and milestones to secure continuous improvement in the delivery of services and approaches to support and improve the mental health of children and young people in Scotland. The aim is to publish the template later this year.

Workforce shortages are a key difficulty in the development and sustainability of CAMH services. Work is being taken forward to address these issues through a national CAMH Workforce Group. In the meantime, work is already underway by NHS Education Scotland to develop a core CAMH competency framework for anyone involved in work with children and young people.

chapter
8
police

CHAPTER 8: POLICE

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

The Scottish Executive requires local agencies to develop multi-agency (police, health and local authority) integrated children's services plans and efforts are being made to reduce the number of plans required by agencies. Children's services plans address how, in each locality, agencies will *together* ensure children can reach their potential and support the most vulnerable, particularly those at risk of abuse and neglect. The plans and the subsequent strategies for meeting them address the needs of children of drug using parents as vulnerable children. The children of drug using parents frequently face multiple problems, including poverty, neglect and also parental mental ill health and domestic abuse. It is important that we ensure integrated approaches to addressing these issues in order to meet each child's needs.

Through the Child Protection Reform Programme, the Scottish Executive is addressing the needs and risk of all children at risk or subject to abuse and neglect. It has recently developed a Framework for Standards for all agencies and these include specific standards that apply to (but are not exclusive to) those agencies working with drug using parents or their children, including the police. The Framework for Standards requires professionals working with adults to recognise the signs of abuse or neglect; understand the impact of parental conditions or behaviour on their children, and to share information and to work together to reduce the impact on the child. The standards apply in those cases of children at risk of abuse and neglect through parental substance misuse and police services, through the Association of Chief Police Officers in Scotland (ACPOS), are committed to meeting them. The Framework is currently being disseminated and agencies are working towards its implementation. The police are working through ACPOS and through local child protection committees to take forward the standards in a multi-disciplinary way.

The Framework for Standards will be a major component of the police strategy for dealing with the problems arising from parental drug use.

chapter 9

courts

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

A number of criminal justice social work services target the needs of drug using female offenders. For example female offenders are one of the target groups for diversion from prosecution, which aims to refer low-level offenders out of the criminal justice system and into support service where there is no public interest in prosecution. Such support services can include substance misuse services. On a much larger scale the Executive has also established the 218 Time Out centre for female offenders, which aims to provide a credible alternative to custody for female offenders subject to the criminal justice system. Referrals can come from a number of routes, including from Court, PF, social work services or self referral. The centre has a residential unit with detox facilities as well as day programmes and out reach to support services.

The Drug Treatment and Testing Order (DTTO) has been available in certain parts of the country since 1999. In 2003, the Scottish Executive announced that it was funding national roll out of the order, making the disposal available to all courts in the country. The intention is that DTTOs should be available to all sheriff courts by mid-2005. This commitment reflects the high level of credibility associated with the DTTO.

Women offenders are a key target group for the DTTO teams. National roll out of the Order will, therefore, provide a greater opportunity for female drug using offenders to be dealt with in the community and to retain links with their children. Generally, the DTTO is a good quality disposal for those offenders with young children because it imposes a structure and routine onto what will often be chaotic lifestyles. Many of the existing DTTO schemes have crèches and facilities for children, ensuring that the rigorous demands of the Order do not negatively impact upon the children themselves.

However, it remains the case that apart from in a few specific areas, the number of female offenders receiving DTTOs remains relatively low. The DTTO National Steering Group has, in the last year, taken a close look at this issue to see if anything could be done to encourage greater use of DTTOs for female offenders. However, the Group discovered that there are a number of good reasons for many women offenders not receiving DTTOs. Offenders are assessed for their suitability for the Order and not all offending parents with drug use problems are suitable. Social circumstances, a distrust of social services, or the nature of the offending may lead to a decision that a DTTO would be unsuitable in individual cases. DTTOs also require the offender to agree to the imposition of the order. The DTTO National Steering Group is, nevertheless, continuing to monitor the numbers of women receiving Orders as part of its ongoing monitoring process.

Many drug misusing women offenders commit petty crime and as such will go through the District Court. The DTTO is not available to the District Courts because it is a high tariff disposal for high tariff offenders. The District Court deals with minor and petty offenders and, as such, does not have access to high tariff disposals, including Community Service or Restriction of Liberty Orders. However, the District Court does have access to drug treatment for offenders through Probation with a condition of treatment. It is likely that those female offenders that go through the Sheriff Court will be more suited to this disposal than a DTTO. It is important to recognise that if a woman offender is up-tariffed onto high tariff Orders such as a DTTO, she faces an increased risk of custody if the Order is breached. This might not be appropriate if the original offence was minor.

Similar considerations apply to females referred to the pilot Drug Courts in Glasgow and Fife. The number of females appearing in the Drug Courts is low, as it is for the Sheriff Court generally. The Glasgow Drugs Court team reviewed the position of female offenders after 6 months of operation and established a procedure to increase numbers. Suitable female offenders reported in custody at the District Court can now be transferred to the Sheriff Court for Drug Court assessment. However, this did not lead to any significant increase in the number of women receiving Drug Courts Orders. This is because the majority of women reported in custody appearing at the District Court are often there for minor offences such as prostitution, which would not attract a custodial sentence.

A key advantage of the Drugs Court, however, is the existence of specialist sheriffs who have built up a knowledge on the problems of drug users. This is supplemented by the multi-disciplinary team, which supports the court. The needs of children are assessed as a matter of course for all Drugs Court participants (not just the females) as part of the standard internal review process within social work.

Every effort is made to ensure that any programmes offered are tailored to meet the needs of women offenders, and female participants are linked into gender-specific treatment providers in the community who will be able to assist them in developing child care skills. In practice, the more complex the family issues, the more suitable the person may be for a Probation Order supervised in an area team, as opposed to a DTTO.

chapter 10

prisons

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

To build on the guidelines in *Getting our Priorities Right*, the Scottish Prison Service (SPS) is reviewing its policy on prisoners with drug problems who are also parents, in partnership with DATS, Local Authority Criminal Justice Social Work, Health and Legal Policy. The SPS Inclusion Policy highlights the need to link with families. The SPS is also recognising the importance of involving families more in the prisoner's sentence, and of obtaining input from relatives in the planning and preparation of the prisoner's return to the community.

All SPS establishments have identified specific officers to act as 'Family Contact Development Officers' (FCDOs). In some establishments, this may not be a full-time role but be integrated with other care duties. The main purpose of this role is to develop, deliver and provide an effective service to the prison population in relation to all aspects of family matters and to provide support and advice to staff, prisoners, prisoners' families and external agencies.

All social workers based in every prison in Scotland are employed by the local authority in which the prison is located. This means that they are kept up-to-date with practice developments and are able to access any training opportunities available to their community-based colleagues, including any initiatives in relation to working with families where the parent(s) may be using drugs. A key aspect of their role will be to convene pre-release meetings with prisoners' families as appropriate, in line with the National Standards.

Prisons are now being encouraged to provide family rooms, where prisoners and their children can play together rather than sit at opposite ends of a table. Fathers Outside are working with the SPS to address issues for children visiting their fathers in prison. This is an area of work which needs to be developed. In Greenock Prison, fathers are videoed reading a bedtime story and the children are allowed to take this home.

The SPS has also contracted Scottish Training on Drugs and Alcohol to enhance competencies amongst prison staff working with inmates with specific problems, including parents who are drug dependent.

Annex

DETAILED RESPONSES TO THE 48 RECOMMENDATIONS
MADE BY THE ADVISORY COUNCIL ON THE MISUSE OF DRUGS

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

Drug and alcohol treatment and support services agencies may routinely collect data at local level with regard to the children of clients.

At present, **the only nationally agreed minimum dataset returned and collated centrally** is the Scottish Drug Misuse Database (SDMD). This collects data on 'new' clients (i.e. those entering treatment for the first time or after an interval of at least 6 months) and is returned from specialist drug treatment agencies as well as certain General Practitioners.

The SMR24 form returned to the SDMD collects data on:

- **whether the client lives with dependent children (yes/no)**
- **others living in the household (spouse or partner/parents/other)**

It does **not** collect data on:

- the total number of dependent children of client (either biologically theirs or those that they care for 'as a parent')
- their age
- degree of contact if not living with them
- any identified needs of the children
- any risk to the children
- what if any action taken
- whether the client is pregnant.

There is provision on the SMR24 for agencies to record data items for local use. Anecdotal evidence suggests that many agencies use this to record information on dependent children. However, this data is not analysed or reported on centrally. Data is also reported on alcohol problems of those entering drug treatment. Although primarily focused on drugs, it also means that data on clients attending drug services who have problems with alcohol too will be available.

There is a **fundamental review of the SDMD in progress** in which the above data items not currently collected are being considered for inclusion, both at point of entry into treatment and to be re-reported on once in treatment. A revised dataset will be finalised in due course.

Links will be made with other developments on information sharing and developing an integrated framework for the assessment of children.

The Effective Interventions Unit guidance on *Integrated Care for Drug Users* was published in September 2002. Core data sets were developed in conjunction with the Joint Future Unit to be used as the basis for development of single shared assessment for people with drug problems. The following data headings were included and could provide information in relation to children of drug users:

- dependent children at home
- household composition
- carer/cared for
- benefits
- other drug user(s) in household
- family contacts
- care/significant others' perspective
- pregnancy
- risk to dependent children.

The datasets were not developed to the extent of data standards and there is no central return and collation of information.

On the alcohol front, the National Alcohol Information Resource (NAIR) will also be contributing to the development of national data standards for the collection of alcohol information linking into the work of the Social Care Data Standards. Though not comprehensive, data will also be available via the National Arrest Referral Monitoring Framework, which is collecting relevant information about the children of drug and alcohol clients.

On the wider front, links will be made with other ongoing developments in the Executive on information sharing and developing an integrated framework for the assessment of children.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

At present, there is no forum/process at UK level to ensure consistency of data collection for either drug or alcohol information.

See Recommendation 1.

RECOMMENDATION

3. Problem drug or alcohol use by pregnant women should be routinely recorded at the ante-natal 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.

RESPONSE/ACTION PROPOSED

National statistics on the use of drugs in pregnancy are available from maternity records (SMR02) and neonatal discharge records (SMR11). Drug misuse during pregnancy **is defined as**

Drug misuse at any time during the current pregnancy. ***Includes*** *use of illegal drugs, solvents and gases, drugs prescribed for someone else's use (i.e. 'street use'). Also* ***included*** *are drugs which are prescribed to the woman by a doctor as a substitute for the drug(s) of addiction (e.g. prescribed methadone) or to alleviate the symptoms of withdrawal (e.g. prescribed diazepam).* ***Excludes*** *tobacco, alcohol or 'over-the-counter' medicines.*

(Alcohol-related information is also available from maternity records SMR02 and SMR11 although, as with drug misuse, it is accepted that these statistics are under-reported.)

The present system was introduced in April 2003 but the drug data is an 'optional' item. This will be reviewed after a year, with a view to making the field a 'high priority' and then 'mandatory'.

At present, only a small number of hospitals are using these fields. Out of 96,000 records since the beginning of April last year (antenatal and delivery admissions), the 'drug use' field is only completed for 440, and some of those are 'not known' (46 are 'yes').

If drug use is deemed to be relevant to an antenatal admission, then the relevant ICD10 code will be recorded. It is also possible that the baby might be affected by a drug withdrawal following birth, and this too might be coded on the baby's records.

The Scottish Executive has recently commenced work on the development of a maternal and child health information strategy. Part of this work relates to the electronic birth record linked to both maternity and child health information. A women held maternity record has recently been developed by NHS Quality Improvement Scotland, which includes information on drug and alcohol use. The strategy steering group is considering how best to develop an electronic version of this record appropriately linked to other systems. This work will continue over the next year and will make longer term recommendations for improvement of information systems. The timescales for implementation are unknown at present and will depend on the recommendations, the level of change required and the resources available.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Some work has already been done on this issue. A recently published paper, authored by staff of the Scottish Centre for Infection and Environmental Health (SJ Hutchinson and DJ Goldberg *et al*. Hepatitis C Virus among childbearing women in Scotland: prevalence deprivation and diagnosis. *GUT* 2004; 53: 593-598) presents prevalence data on women who give birth. Of approximately 30,000 women who gave birth in Scotland during 2000, 3-4 per 1000 were found to be hepatitis C antibody positive (i.e. they had been previously infected with the virus). On this basis, and using known mother-to-child transmission rates of HCV (data from around the world suggest that around 5% of babies born to HCV infected mothers will become infected themselves), it is estimated that between 8 and 11 mother-to-child transmissions at the time of birth occurred in Scotland during 2000. Although risk information is not available on the 0.3-0.4% of childbearing women who were infected with HCV, it is estimated that around 90% of such individuals would have ever injected drugs. Accordingly, of the 8-11 mother-to-baby HCV transmissions per year in Scotland, it might be expected that around 9 of these would involve mothers who had ever injected drugs. There is less clarity about the transmission of HCV from mother-to-child after birth. A research project to study the prevalence of HCV among children is being considered at present.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The current Scottish Executive Drug Misuse Research programme includes:

- an Aberdeen-based study of babies born of substance misusing mothers. It explores the impact of a community-based, structured assessment aimed at identifying babies with continued or late-onset neonatal abstinence syndrome (NAS). The final report from this study is due to be published in November 2005.

- an evaluation of young people's projects funded by the Lloyds TSB Foundation Partnership Drugs Initiative. This includes projects supporting children and young people with drug using parents. The first interim report from this project was published in April 2004. A further interim report is planned for December 2004 and the final report is due to be published in October 2005. Lloyds TSB has now widened its remit to include alcohol.

Children of drug using parents is one of the priority themes identified within the new drug misuse research programme, published in June 2004. This subject will also feature in any future research programme developed for alcohol.

The research team co-ordinating the Drug Misuse Research Programme also participates in RIWG (Research & Information Working Group), which aims to co-ordinate research on drug use across government departments in the UK and the Republic of Ireland. It is through this group that the Effective Interventions Unit research team will keep abreast of research commissioned by other government departments on this theme, which may include research commissioned as part of the new Department of Health Drug Misuse Research Initiative.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

The Scottish Executive has recently launched the Children's Charter and Framework for National Standards in Child Protection. One of the express aims is that all vulnerable children should be placed at the heart of decision making. Standard 3 of the Framework refers expressly to the need to ensure that children and young people are listened to and respected.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Work is underway to ensure that the Framework is widely disseminated and embedded in practice, and that work will include raising awareness directly with children and young people.

The embedding of the Framework in practice will build trust with young people and their families and help to ensure that agencies work in the child's best interests. Children affected by parental substance misuse are a priority group in the development of services.

(See also response to recommendation 29 regarding young carers projects: these provide an opportunity for those young people with a caring role to discuss with other young carers and trained staff their thoughts and feelings.)

We plan to work with partners to explore the practice of Nurture Groups (working to develop social skills and emotional resilience in early years children who have an identified need), which are currently being used in Glasgow. This exploration will take place during 2004-6. Nurture Groups aim to establish a positive impact on children of drug using parents by monitoring their progress as they grow older.

Getting our Priorities Right highlights a number of examples of good practice where local agencies have made creative use of a range of funding streams to develop projects which offer support to children and young people. Work is underway to disseminate this good practice further. It is important, however, that mainstream services are able to recognise and respond to the children of problem drug users. The Exectutive's 'Hidden Harm' steering group will examine how best to take this forward.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Getting our Priorities Right (2003) – policy and practice guidelines for working with children and families affected by drug and alcohol use, contains an Appendix specifically dealing with substance misuse in pregnancy and providing guidance on assessing pregnant women with substance abuse. It describes good practice in maternity care when working with mothers affected by substance use. The guidance states that health staff providing antenatal care should

ask sensitively but routinely about all substance abuse and encourage all those with problems to attend addiction services or specialist maternity services. It states that antenatal services should arrange a multidisciplinary assessment of the extent of a woman's substance abuse and consider potential risk to her unborn child.

The Scottish women-held maternity record has been revised to include the routine collection of information about problem drug and alcohol users (see also recommendation 3).

Clinical maternity services standards have been drafted by NHS Quality Improvement Scotland (QIS). Its standards consultation exercise was completed in May 2004. Once redrafted the Standards , along with the self assessment tool, will be piloted in 2005 with a view to full implementation the following year. These standards highlight the importance of risk assessment in early pregnancy, including drug and alcohol assessment, and the onward referral to specialist care in addition to appropriate and accurate record keeping. In addition, NHS QIS has produced a best practice statement on Maternal History Taking, which also stresses the importance of documentation of key information and the early identification and referral of women with complex needs.

The diagnosis of neo-natal abstinence syndrome should be an indicator that the baby may be potentially at risk, which should trigger inter-agency discussion and care planning.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

See Recommendations 1 and 2.

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.

RESPONSE/ACTION PROPOSED

Analysis of risk and the potential for harm, and assessment of the urgency and nature of action required to protect the vulnerable, are core components of the new Social Work Honours Degree in Scotland.

Ministers have announced that child protection training will be a mandatory requirement for all social workers registered with the Scottish Social Services Council (SSSC). As part of child protection reform work, we are developing a child protection training plan for social services

staff which will take full account of problem drug use. Links will be made with other relevant professional groups (see recommendation 31).

In November 2002, the Scottish Executive published the report of an audit and review of child protection services in Scotland, *It's Everyone's Job To Make Sure I'm Alright*. The report identified parental drug use as a key factor in tackling the risks and needs of vulnerable children. It stresses that we all have a responsibility for the protection of children. In response to the report, the Scottish Executive launched a major 3-year reform programme for child protection in Scotland, including the development of a Children's Charter, National Standards, joint inspection of child protection and an enhanced role for multi-agency Child Protection Committees.

Links will be made with the new developments on information sharing, and developing an integrated framework for the assessment of children, being taken forward by the Education Department.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

The issue of Young People features as one of the four pillars of the national drugs strategy, *Tackling Drugs in Scotland – Action in Partnership*. An Action Priority in the strategy is: "support for children and young people in vulnerable situations, which includes assessment of the needs of children of drug misusing families and ensuring that – where needed – services are provided to safeguard their welfare". This key objective was confirmed in the Scottish Executive's Drug Action Plan: *Protecting our Future.* With the publication of *Hidden Harm*, the Scottish Executive has reaffirmed its commitment to making the protection of children from the harm caused by parental drug and alcohol use a central element of our drug and alcohol strategies. Joint work between the Drug and Alcohol Action Teams and Area Child Protection Committees around the development of services is being encouraged and supported.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The Scottish Executive is developing revised guidance for local agencies on the joint preparation of Children's Services Plans. The guidance will build on the recommendations of the 2001 report on better integrated children's services, *For Scotland's Children*, and aim to ensure that agencies work together effectively to meet the needs of all children. Children affected by parental substance misuse are clearly identified as a priority group in the planning process.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The Scottish Executive guidance, *Getting our Priorities Right – Good Practice Guidance for working with Children and Families affected by Substance Misuse*, highlights good practice in working with substance using parents and family members providing support, clarifies expectations in terms of information sharing and confidentiality, and provides guidance on deciding when children need help. It is an accessible reference guide for practitioners, service providers and commissioners. An accompanying letter reminds agencies of their responsibilities in relation to protecting children.

The Executive will be publishing guidance for managers on information sharing and will be considering how best to support front line practitioners in deciding when it is appropriate not to share information. Work is also underway on developing a set of templates for information sharing protocols.

This guidance, coupled with resources provided by the Executive through initiatives such as the Changing Children's Services Fund, Sure Start Scotland and Social Inclusion Partnerships allied to training offered by STRADA (Scottish Training on Drug and Alcohol), benefit children affected by substance misuse.

A working group is also currently working to take forward an integrated framework for assessment which would support better services for children.

We will be publishing, in due course, the findings of our *Review of Treatment and Rehabilitation Services,* which will reinforce the need for drug services, children's services and child protection services to work much closer together, and for information sharing to be improved.

Scotland's 22 Drug and Alcohol Action Teams (DAATs) have been asked to demonstrate key achievements and future plans in relation to the implementation of national guidance as part of the 2004-5 accountability arrangements. In addition, DAATs have been asked further specific questions on the existence of, and progress towards, a written framework of common policies and protocols, covering information sharing and appropriate referral and response procedures, as agreed by themselves and local Child Protection Committees (CPCs).

See also Recommendation 1.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The Executive is monitoring these initiatives in a number of ways, including through Corporate Action Plans of Drug Action Teams, and Social Work Services Inspectorate Annual Report visits.

The Executive will also be piloting multi-disciplinary inspections of child protection before the end of this year. This will roll out to more general multi-disciplinary inspections of services for children.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

DAATs are required to submit annual plans to the Scottish Executive which then form the basis of accountability and performance management throughout the year. The 2004-5 plans identify the protection of the children of drug using parents as one of the priority action areas and challenge all DAATs to record local circumstances, current progress and planned actions.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

The role and responsibilities of CPCs are currently under review and recommendations will be made to ensure cross representation between CPCs and DAATs to encourage joint planning of services to children at a local level.

RECOMMENDATION

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 coordinated way to the needs of the children of problem drug users.

RESPONSE/ACTION PROPOSED

See Recommendations 8 and 15.

(See Recommendation 13) The assessment framework should support better working between different services.

RECOMMENDATION

18. Every maternity unit should ensure it provides a service that is accessible to and non-judgmental 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.

RESPONSE/ACTION PROPOSED

The Scottish Executive's *Framework for Maternity Services in Scotland* sets out broad principles underpinning good practice in maternity care including adoption of a multidisciplinary approach to the management of pregnant alcohol or drug using women (see also Appendix 111 of *Getting our Priorities Right* 'Effects of Drug use on Pregnancy'). There are examples of good practice around the country, for example Alcohol and Drug Action Teams and Child Protection Committees developing local protocols for the assessment and management of women affected by drug use. The Expert Committee on Acute Maternity Services in Scotland (ECAMS) reported last year and has recommended integration of care across the primary, secondary and tertiary sectors. These issues will be monitored in the maternity performance assessment framework for the NHS that was issued to NHS Boards in March.

NHS Quality Improvement Scotland has recently consulted on Draft Clinical Standards for Maternity Services. These standards have been developed from the Framework for Maternity Services in Scotland and from evidence of best practice. Consultation ended on 14 May 2004.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

This is established policy.

All pregnant women, regardless of whether they are drug users, should be routinely offered antenatal testing for HIV and hepatitis B with informed consent. Guidance has been issued to the NHS on both of these policies. Appropriate clinical management should be given to babies of any women testing positive for HIV or hepatitis B which would include immunisation of babies against hepatitis B.

The Scottish Executive issued information to health professionals in 2002 which encouraged hepatitis C testing to anyone who has ever injected drugs, current intravenous drug users and children born to mothers with hepatitis C.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

See Recommendation 18.

RECOMMENDATION

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 blood-borne virus infections.

RESPONSE/ACTION PROPOSED

From April 2004, the responsibility for this has rested with the NHS Boards. Inspection teams covering the implementation of the Guidance *Getting our Priorities Right* will be monitoring these arrangements. Community Health Partnerships (CHPs) will play a key role in the implementation of reports such as *For Scotland's Children*; in addition, CHPs will be the principal NHS partner in 'Integrated Community and Health Promoting Schools'; and will lead the implementation and monitoring of child health surveillance as well as relevant aspects of screening of children.

RECOMMENDATION

22. Primary care teams that provide services for problem drug users should ensure that the health care needs of their children are also being met.

RESPONSE/ACTION PROPOSED

Under the new GP contract for patients with drugs problems, the 'National Enhanced Service', there are specifications for maintaining an accurate register of patients, and for effective liaison with local drug services and other agencies, including Child Protection Services. In addition, every family with a child under 5 years of age has a named Health Visitor.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

An accredited multi-disciplinary training course is run by the Royal College of General Practitioners. The certificate programme includes the needs of children whose parents are problem drug users. GP practices which deal with problem drug users are required to demonstrate adequate training and continuing professional development commensurate with the level of service provision.

Scottish Training on Drugs and Alcohol (STRADA) is developing generalist training for GPs involved with integrated care, including core competencies in this policy area.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Primary care services already offer family planning services to clients, including problem drug users.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The advantage of utilising drug services for the wider promotion of health is well recognised e.g. needle exchanges are already used in this way. The enhanced provision of contraceptive services through drug agencies will be a matter for local decision, within the framework provided by the forthcoming national sexual health strategy.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Protecting Children – A Shared Responsibility was published and disseminated by the Scottish Executive in 1998. This document clearly identified parental drug use as a risk factor.

Local authorities are already required to have a senior officer responsible for child protection who acts as the point of contact with the local social work services department and other agencies, including the Child Protection Committee. Each school has a child protection co-ordinator who is the main point of contact within the school.

Guidelines for the Management of Incidents of Drugs Misuse (June 2000) sets out procedures to be followed in all cases of drug use – including adults arriving at school under the influence of drugs to collect children, and school staff becoming concerned that a parent or family member's drug use may put the child at risk. The guidance makes clear that child protection proceedings should be followed.

A total of £15.6 million has been allocated to local authorities for 2003-4 to 2005-6, in order to continue to drive forward the agenda on workforce development for education professionals.

Practice in relation to child protection will continue to be monitored by Her Majesty's Inspectorate of Education. A Framework for National Standards for Protecting Children has now been published. Local authorities are now being encouraged to put in place measures that reflect local trends and concerns.

The proposed Integrated Early Years Strategy will highlight the need for joint working between adult services and children's services where adult users, such as those with substance misuse problems, have children.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Both the documents mentioned above recognise the need for staff development in this area.

Protecting Children – A Shared Responsibility suggests that the authority should ensure that the senior officer undertake relevant training on child protection issues; that all staff in schools receive regular basic training in child protection; and that staff with front line responsibility for learning and behaviour support, and guidance staff and other staff responsible for pupil welfare, undertake regular, appropriate external child protection training.

The Executive's Education Department has recognised the important role which schools and teachers play in supporting families. A working group is currently exploring how schools can effectively build relationships with parents who are 'hard to reach', which would include those who are problem drug users. The group will share its findings later in the year with the education community in the form of an information resource.

The Education Department will also explore with teachers and the wider school community the need for development of training resources or other materials to help them with recognition of drug using parents and awareness of their needs, ways in which they can offer support, and of other agencies which will be able to assist. This work will develop during 2004-6.

Research has been commissioned to explore how school staff identify and respond to children and young people whose behaviour may be a manifestation of mental and emotional distress. This will enable the Executive to understand the level of engagement by school staff with children who need support, some of whom will have drug using parents. This research will conclude in 2005.

The integrated community school (ICS) approach is currently being rolled out to all schools in Scotland, in line with the Scottish Executive's commitment that all schools will be ICSs by 2007. The main focus of the approach is on meeting the needs of the individual child through the integrated provision of services and includes the bringing together of, for instance, social workers, family support workers, health professionals, which is necessary to help children overcome any barriers to learning and positive development. Successful roll-out of the approach will include the joint training and development of a full range of staff working together to common goals in promoting the educational attainment and positive development of children in the school.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

The Standard for Full Registration for teachers includes specific reference to drug education (which also includes alcohol and tobacco), although not specifically children of problem drug users.

The Delivery of Health for all Children (Hall 4) Reference Group is looking at the implications of Hall 4 for staff training, and we have noted the need for training in identifying signs of substance misuse and how to handle that for nursery nurses and childcare staff.

Phase 2 of the Review of Initial Teacher Education (ITE) has recently been undertaken and a report will be published later this year. Appropriate content of ITE programmes was looked at in the context of the review and it was recognised that ITE course are heavily over-crowded. It would not, therefore, be feasible to respond positively to the numerous demands for additional emphasis to be given to particular aspects of teacher training.

However, since August 2003, teachers have been obliged to undertake 35 hours of continuing professional development (CPD) per year. Teachers agree their CPD opportunities with their line managers, taking into account their personal development needs in the light of school, local authority and national priorities There are likely to be opportunities on Children and Families and Interagency Collaboration modules (although it may be a year yet before these options are available).

The Executive's Education Department currently has a Working Group planning to identify practice advice on how schools can better engage with hard to reach parents. Parents who are problem drug or alcohol users fall within this group. The Working Group's findings will be widely disseminated to newly qualified and experienced teachers.

RECOMMENDATION

29. All social work 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 coordinated 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.

RESPONSE/ACTION PROPOSED

The Scottish Executive is preparing a framework for the assessment of children for use by all agencies and individuals working with them. It will be the basis of information sharing between agencies and will build on the collaborative work of the eCare projects. This work is critical for the development of integrated children's services. These services include health, education, social work, police, occupational therapy and housing. The working group is due to report by the end of this year, and the eCare local partners work is progressing well in delivering on the vision for seamless service delivery.

An integrated approach to service planning and delivery is being promoted through revised guidance on Children's Services Plans which will be available soon. The review of Drug Treatment and Rehabilitation Services will also look at joint working between key agencies.

The Executive has launched the second phase of its recruitment and retention campaign for social work trainees. There are 50 more social workers in Scotland this year than last year. Social work courses are full to capacity and the fast track initiative for graduates has been extended.

Local authorities have been given an additional £9 million over 3 years to develop in-service training programmes for their staff. This is in addition to their specific grant allocation for training of £2.2 million per year.

The Executive is providing over £0.6 million per year to 2007 for Scottish Training on Drugs and Alcohol (STRADA). In addition STRADA and Dundee University have been allocated a further £0.6 million specifically to provide child protection training with a strong focus on the children of substance misusing parents.

Drug Action Teams co-ordinate a range of resources which can include elements of the Changing Children's Services monies, drug rehabilitation monies, Lloyds TSB monies, Sure Start and SIP monies. The Scottish Executive has also provided a one-off grant to establish a national network of family support groups for the parents of drug users

Under its Carers Strategy, the Scottish Executive has increased the resources available to local authorities to support unpaid carers, including young carers, from £5 million a year in 1999-2000 to £21 million in 2004-5. Following the Strategy's introduction (Nov 1999), the number of young carer support projects that we know of in Scotland has doubled from 23 in September 1999 to 46 in May 2003. An increasing number of such projects are providing respite and emotional support to young people with caring roles due to problem drug/alcohol use. CARE 21 is a new programme aimed at driving up the quality of social care services in Scotland. Its first task is a 'futures' exercise, which is examining the future role and support needs of informal carers in the delivery of health and social care services in Scotland.

Development of fostering services should be included in local authorities' children's services plans. It should identify the numbers and range of placements likely to be needed and publicity campaigns should target the full range of people who may be able to provide these placements. The Care Commission will be inspecting local authorities' role as fostering agencies from 2004-5.

Local authorities have a duty to provide an adoption service for their area and the Care Commission will also be inspecting how they perform this function from this year. The Executive is reviewing adoption and fostering policy in Scotland, and the first phase of this work made recommendations to improve planning for children needing permanent placements away from home. The second phase is considering how the legal framework should be improved to reduce delays (see recommendation 34).

The provision and operation of residential homes is subject to the Residential Establishments – Child Care (Scotland) Regulations 1996. These Regulations cover the quality of care provided which should be conducive to the best interests of the child. The Care Commission also inspects residential care providers to ensure that they meet required standards. The Executive is investing over £2.3 million this year in training residential care staff to drive up standards of residential care homes. By 2009, the Scottish Executive will have invested almost £13.5 million in the Scottish Institute for Residential Child Care to train and develop residential care staff. The Scottish Social Services Council has set clear qualification-based requirements for registration of these staff. Residential childcare staff also have access to a range of other training initiatives through Executive funding to the voluntary sector through Section 9 and the Voluntary Sector Development Fund. All can access Return to Learn and Leadership Development.

RECOMMENDATION

30. The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.

RESPONSE/ACTION PROPOSED

The Executive launched the second phase of its recruitment and retention campaign for social work trainees in 2004. The first tranche of graduates from the new fast track training initiative is contracted to work in children and family teams. The second tranche is currently being selected and students will take up places on courses between this September and February next year. The fast track scheme will bring a total of 550 graduates into the profession. Total investment by the Executive over a 5-year period is £18 million.

There is an incentive scheme offering up to £9,000 for social workers who remain in post for 2 years. The scheme is targeted at hard to fill posts in local authorities and is open to the voluntary sector provided they can demonstrate that the post is hard to fill. The incentive scheme will continue to run but will be kept under close review.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The Council in Scotland has specified that registered social workers must all undertake 15 days of post registration training and learning within 3 years in order to be able to re-register. Ministers have recently asked the Council to make sure that part of this will include training on child protection issues. The Scottish Executive-led group charged with developing the child protection training plan for social services staff will make recommendations to the Council about the content of this training later this year.

Continuing professional development of staff is for employers to address.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

Whether it is appropriate to place a child in a residential home, rather than other types of support or provision, depends on the individual circumstances of the family. Local authorities should assess children's needs and strive to provide a placement that will best meet these needs. For some children, the best placement will be in a residential unit or a residential school.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

We agree that consideration should be given to broadening the range of options. Services on the lines of the Aberlour residential services for mothers and children need to be extended – at the moment there are 3 (two in Glasgow and one in Edinburgh).

The Scottish Executive's Partnership Agreement states that we will improve procedures, services and support for foster parents. The Fostering Network has been contracted to undertake an audit of fostering in Scotland and make recommendations on training, support and services for foster carers. The Social Work Services Inspectorate has commissioned research looking at kinship care which will include consideration of support for foster carers. The research is analysing local authority policies in relation to kinship care, mapping its extent and nature and conducting interviews with a sample of relevant children and young people and the family members that look after them. A draft report will be available next year.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The first phase of the Executive's adoption policy review made recommendations to improve the planning and timeliness of decision making for children who could not live with their families. These included recommendations about planning for permanence in parallel with other planning, improving the matching of children with potential adopters or foster carers, and to improve adoption support. Ministers endorsed these recommendations. The Executive has agreed to join the UK National Adoption Register and is working with the voluntary sector to improve processes for matching children and families within Scotland. We are also considering how to take forward the other recommendations.

The second phase of the review is currently considering the legal framework for adoption and fostering and is looking at ways in which legal processes can be streamlined and speeded up to avoid further delays in the court when decisions on permanence have been taken. It is also considering other legal alternatives to adoption to provide local authorities with a range of legal options which may allow quicker decision making.

Recommendation 12 of the Child Protection Review *It's Everyone's Job to Make Sure I'm Alright* published in 2002 states 'There needs to be a new approach to tackling risks and the needs of the most vulnerable. As a first step this should start with assessment of needs for all new born babies born to drug or alcohol misusing parents'.

The Scottish Executive is already taking forward this new approach. We are developing guidance on Safe Care Contracts to improve assessment and care planning in these circumstances. Safe Care Contracts should ensure that intensive support is provided to families, but within a framework of clear expectations of outcomes for children and timescales. The guidance will be drawn up and pilots underway within the next few months. Fostering or adoption of children will, however, only be pursued where this is in the best interests of the child.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The SMD has recently undertaken a review of Drug Treatment and Rehabilitation Services which reiterates the need for care to be delivered in an integrated fashion. The Executive's *Integrated Care: Principles and Practice*, spells out practical guidance for commissioners and practitioners to help adopt such principles in practice. The guidance is also applicable to alcohol services.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Scottish Training on Drugs and Alcohol (STRADA), the government-funded delivery organisation for drug and alcohol training, provides specific training modules on working with children of drug and alcohol using parents.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

See Recommendation 10.

The application of the Framework for National Standards will ensure that problem parental drug or alcohol use is fully considered as part of the process of assessment of risk and need.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

In May 2003, the Public Health Institute for Scotland published its *Needs Assessment Report on Child and Adolescent Mental Health Services In Scotland*, commissioned by the Scottish Executive. The report set out a range of recommendations for promoting mental health, preventing mental health problems and providing help for children and young people experiencing mental health problems. The report emphasised the importance of early identification of factors impacting on children and young people's mental health and for professionals and agencies to have consistent training and to work together to meet each child's needs in a holistic way. All NHS Boards in Scotland have been asked to report on how they are implementing the report's recommendations.

The Scottish Executive is working with the Child Health Support Group (CHSG) to promote child and adolescent mental health in Scotland, and ensure better delivery of child and adolescent mental health services for those who need them. A Child and Adolescent Mental Health (CAMH) Development Group has been established to draw on the expertise of colleagues from NHS services, education, social work and the voluntary sector in taking this work forward.

The major focus of the CAMH Development Group's work is implementation of the recommendations made in the Scottish Needs Assessment Programme (SNAP) *Report on Child and Adolescent Mental Health*, published in March 2003. A key element is the development of a 'template' to assist local health, education and social services in planning and delivering integrated approaches to children and young people's mental health across the continuum of promotion, prevention and care. This includes support and services for vulnerable children and young people, such as those whose parents abuse drugs or alcohol. We will encourage local agencies to use the 'template' for identifying goals and milestones, and securing continuous improvement in the delivery of services and approaches to support and improve the mental health of children and young people in Scotland. The aim is to publish the template later this year.

Workforce shortages are a key difficulty in the development and sustainability of CAMH services. Work is being taken forward to address these issues through a national CAMH Workforce Group. Work is already underway by NHS Education for Scotland to develop a core CAMH competency framework for anyone involved in work with children and young people.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

See Recommendation 38.

Analysis of risk and the potential for harm, and assessment of the urgency and nature of action required to protect the vulnerable, are core components of the comprehensive new Social Work Honours Degree in Scotland. (See Recommendation 10).

The Scottish Executive is funding a child protection project officer in the Institute for Excellence in Social Work Education to make sure that child protection training in that degree is of good quality. It will include input on drug using parents and the impact of drugs on parenting capacity.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The covering letter issued with *Getting our Priorities Right* encouraged agencies providing a service to people who misuse substances to ensure that their staff understand the impact of drug and alcohol use on children and identify children at risk. They were encouraged to:

- adopt policies that ensure child protection issues are considered as an integral part of assessment;
- establish procedures to ensure that local children's services are informed of any concerns; and
- ensure that staff and parents are aware of, and can access, services designed to support parents.

Monitoring arrangements are described elsewhere in this report (for example, see responses to Recommendations 13, 14 and 15).

The Executive is in dialogue with key agencies in the children's and substance misuse fields to discuss what they can contribute to this agenda.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

See Recommendation 15.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

The Executive is represented on a UK Advisory Group, which is actively considering this recommendation. **We will consider the position in Scotland, in light of the Advisory Group's recommendations in due course.**

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.

RESPONSE/ACTION PROPOSED

The ACPOS Crime Standing Committee and the ACPOS Child Protection Working Group are considering this issue prior to providing a detailed response. The Executive's Child Protection Steering group and National Delivery Action Team, on which ACPOS is represented, will also consider and cover the issues in the overall strategy.

The police are working through ACPOS and local child protection committees to implement, in a multi-disciplinary way, the measures set out in the recently-developed 'Framework for Standards'. Police services, through ACPOS, are committed to meeting the standards, and professionals are required to share information and work together to reduce the impact on children.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Social Enquiry Reports (SERs) provided by local authority criminal justice social work staff are intended to assist sentencing. They provide information about offenders and their circumstances of general relevance to the courts. On the basis of a risk and needs assessment, they also advise courts on the suitability of offenders for those community-based disposals which local authorities supervise on behalf of courts, and other community-based disposals.

Legislation sets out the circumstances where it is mandatory for a court to obtain an SER before passing sentence. This includes a requirement to obtain a report before imposing a first sentence of imprisonment on any offender aged 21 or over, or any sentence of detention on an offender between the ages of 16 and 21.

The purpose of the SER is for the report writer to investigate the offender's behaviour, and his or her personal circumstances, with a view to offering information and advice, which will help the court to decide between the available sentencing options. Reports have a particular role to play in seeking to ensure that offenders are not sentenced to custody for want of information and advice about feasible community based disposals. National Standards for Criminal Justice Social Work set out in detail the aspects which report writers are expected to cover within an SER. The Standards include specific reference to the requirements in respect of substance misusing offenders and their family circumstances.

Sentencing decisions are for the courts, which require to take account of a range of factors in passing sentence. Courts are independent of the Scottish Executive and any training issues in respect of sentencers would be the responsibility of the School of Judicial Studies.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Women are a key target group for the work of Drug Courts and DTTO Teams with drug-using offenders.

A key benefit of DTTOs is that they can provide an opportunity for women offenders with problematic drug use to remain out of custody and with their children. DTTO teams are as flexible as possible in accommodating the needs of women, in some cases arranging childcare and the like during assessments. However, offenders are assessed for their suitability for the Order and not all offending parents with drug use problems are suitable. Social circumstances, a distrust of social services, or the nature of the offending may lead to a decision that a DTTO would be unsuitable in individual cases. If a woman offender is uptariffed onto an Order, she faces an increased risk of custody which might not be appropriate given the original offence.

The same considerations apply to females referred to the pilot Drug Courts. Figures show that few women appear in the Sheriff Court generally. The Glasgow Drugs Court team reviewed the position of female offenders after 6 months of operation and have established a procedure whereby suitable female offenders reported in custody at the District Court can be transferred to the Sheriff Court for Drug Court assessment. Although this has been in operation for about a year, it has not led to any significant increase in the number of women receiving Drug Courts Orders. This is because the majority of women reported in custody appearing at the District Court are often there for minor offences such as prostitution, which would not attract a custodial sentence.

A key advantage of the drug court is the existence of specialist sheriffs who have built up a knowledge on the problems of drug users, supplemented by the multi-disciplinary team which supports the court. It is unlikely, therefore, that lack of appropriate training is an issue.

DTTOs and the drug courts form part of a range of community-based options. These include arrest referral, probation with a condition of drug treatment or diversion from prosecution. The aim has been to create disposals which offer access to treatment at different stages in the criminal justice process and these may be more suitable than a DTTO or drug court for many women offenders.

The DTTO National Steering Group is continuing to monitor the numbers of women receiving Orders as part of its monitoring process.

The National Arrest Referral Monitoring Framework, implemented in April 2004, includes questions on how many children the client has, and how many live with the parent.
The Framework covers both drug and alcohol users.

RECOMMENDATION

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

RESPONSE/ACTION PROPOSED

Scotland has only one all female prison, which is HMP & YOI Cornton Vale in Stirling. There are four smaller satellite units in Inverness, Aberdeen, Dumfries and Greenock. Women who request to have their baby/child placed with them whilst in prison, will be transferred to Cornton Vale. This prison has an established Mother and Baby Policy. One of the Policy's key principles is that the interests of the child should be at the forefront of any decisions in relation to care. In light of improved area child protection guidelines and recommendations made in *Getting our Priorities Right,* the Scottish Prison Service (SPS) is working with colleagues in DATS, Local Authority Criminal Justice Social Work, Health and Legal Policy in order to review and improve this current policy.

RECOMMENDATION

47. All female prisoners should have access to a suitable environment for visits by their children and, where this is considered by the appropriate social work department or area child protection team to be in the child's best interests, to be able to have their very young children remain with them in prison.

RESPONSE/ACTION PROPOSED

HMP & YOI Cornton Vale has a designated children's play facility. This was opened in 2002 with the support of the Queen's Nursing Initiative. Here, facilities for play and visits are designed to support the quality of the visit and establish a child-friendly environment within a custodial setting.

The SPS is aware that a number of other visit facilities lack design and equipment that would enhance child-friendly visits. It is currently working with Families Outside and Kids VIP, both registered charities, to improve knowledge in this area. A number of joint initiatives are also being undertaken to improve visit areas with the support of non-statutory agencies and local DATS, for example the local DAT in Aberdeen is joint funding toys and childcare equipment to improve the environment and visit experience in Aberdeen Prison.

RECOMMENDATION

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.

RESPONSE/ACTION PROPOSED

Research suggests that a stable and supportive family throughout a prisoner's sentence is a key factor in preventing re-offending on release. Enabling prisoners to maintain close and meaningful contact with family is an essential element of the SPS Correctional Agenda.

The SPS published its Inclusion Policy in January 2004. Within this Framework, there are several policy areas tasked with linking with families. The SPS Social Care Policy and Guidance Manual advocates improved links with prisoners' families and standards of visiting facilities for visitors. It also recognises the need to involve families more in a prisoner's sentence and the importance of helping prisoners settle back into their families on release. Here, it stresses the importance of involving relatives in the planning and preparation for their return to the community.

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