

# Hidden Harm

## Three Years On: Realities, Challenges and Opportunities *Executive Summary*



**Advisory Council on the Misuse of Drugs (ACMD)  
February 2007**

## 1. Introduction

In 2003, the Advisory Council on the Misuse of Drugs (ACMD) published its report entitled, ***Hidden Harm – responding to the needs of children of problem drug users***. This was the report of a three-year inquiry by the ACMD, which revealed a disturbing picture about the nature and extent of actual and potential harm to babies and children born to and living with parental drug misuse, and the inadequate response in the UK to this problem. The 48 recommendations cut across drugs, children's, health and criminal justice sectors, and addressed a broad range of issues.

***Hidden Harm's*** publication and dissemination generated considerable media interest and proved to be the most widely distributed ACMD report to date. The ACMD felt so strongly about the findings of the report that they decided to establish a specific Working Group to monitor and promote the implementation of the recommendations in the four countries of the United Kingdom - the first time that such a Group had been set up by the ACMD.

The 'Hidden Harm' Working Group first met in February 2004. This report and executive summary has been compiled by the Working Group.

The **purpose of this report** is threefold:

- To describe and comment on progress on implementation of the recommendations of the original ***Hidden Harm*** report in the four countries of the United Kingdom, since its publication and dissemination in 2003.
- To provide practice examples and information about implementation initiatives from the four countries to assist local commissioners and providers in relevant fields, particularly Children's Services, Local Safeguarding Children Boards/ Child Protection Committees, maternity provision, and drug and alcohol services.
- To identify key learning for the future for central and regional government and local commissioners and providers on ways to strengthen ongoing implementation of the original recommendations and address those areas of policy and practice identified in this report which need further work.

Accordingly, this report has a mixed **audience**. At central government level this consists of UK government departments, Ministers and officials in the four countries. However, it is also intended to be of interest and value to local 'Hidden Harm champions'.

***Hidden Harm 2003*** contained six key messages and 48 recommendations, covering broad areas of policy and practice. The six key messages and the 48 recommendations are reproduced as *Appendix 1* and *2* respectively. This report provides information and commentary on progress on those recommendations where the Working Group had sufficient information and which can be translated most meaningfully into activity to improve outcomes for children born to and living with problem drug users.

Comment is made in each chapter about the extent to which particular recommendations have been responded to. However, it is important to note that there is likely to be other activity taking place at local level which has not been reported to the Working Group, or which the Working Group is not aware of.

## 2. Summary of Chapters

### Chapter 1 - The Legal and Policy Context

This chapter contains a summary of the response to the recommendations from the UK Government and the Devolved Administrations, as well as outlining key policy developments since the publication of *Hidden Harm*, and commenting on the extent to which these reflect the recommendations.

#### ACMD Commentary on Progress (summary)

- This chapter demonstrates that the UK Government in England and the three Devolved Administrations have all responded to the publication of *Hidden Harm* and taken some action to integrate the recommendations within mainstream policy developments, particularly the emerging children's services change programmes.
- However, in the ACMD's view, there is clear evidence of differing levels of priority accorded to the actual and potential harm experienced by children of problem drug users across the four countries.
- One of the key challenges of implementing the recommendations in *Hidden Harm* is that they cut across a wide range of services, most notably children's services and adult drug treatment services. It was for this reason that the 'Hidden Harm' inquiry identified the need for a coherent and joined-up approach.
- The approaches in both Scotland and Wales are welcomed by the ACMD. The former's commitment to children of problem drug users predates the publication of *Hidden Harm*, and the Scottish Executive is commended for rising to the new challenges presented by the 48 recommendations. Similarly, the cross-cutting approach used in Wales, represents a robust and accountable way to manage and integrate this complex issue.
- One of the key differences between the four administrations lies in the priority accorded to the children of problem drug users within the four countries' **drugs strategies**, three of which predate the publication of *Hidden Harm*. All four strategies are premised on a harm reduction approach. The four strategies address the issue in different ways, and the ACMD believe that the English Strategy is less effective in improving the lives of these children than the other countries.

- The ACMD is aware of an increasing emphasis in England on drug-related crime as the main form of 'harm' which the strategy is designed to reduce. This emphasis has taken priority within the expansion of drug treatment services over the last five years, and the ACMD is concerned that this focus has resulted in a neglect of treatment services' responsibilities towards the children of their clients in performance management terms.
- The ACMD considers the following as helpful **markers of progress**:
  - Inclusion of specific reference to parental substance misuse in **Working Together** – Paragraphs.1.19.–1.20.
  - Inclusion in the **Common Assessment Framework** for England – Paragraph 1.18.
  - Inclusion of children of problem drug users as a key theme in **High Focus Areas initiative Phase 2** – Paragraphs 1.21 –1.22.
  - **Getting Our Priorities Right** in Scotland – Paragraph 1.30.
  - **Welsh Assembly Government Hidden Harm briefings** and launch events for **Local Safeguarding Children Boards** Paragraph 1.50.
  - Northern Ireland's **New Strategic Direction for Alcohol and Drugs** – Paragraphs 1.55.–1.57.
  - The co-ordinated and integrated approach to addressing parental drug and **alcohol misuse** in the three Devolved Administrations.

## Chapter 2 - Estimating the scale of the problem

This chapter considers the action which has been taken to improve information about the numbers of children and families affected.

### ACMD Commentary on Progress (summary)

- Whilst the ACMD considers that there has been some progress in requiring adult drug treatment services to record information about their clients' children, this is not consistent across the UK. The data being gathered in Scotland since April 2006 on the children of substance misusers are the most robust of the four countries and may offer a model for the other administrations to consider.
- Gathering of information in other fields is also reported on in this report, with some areas doing better than others.
- It remains a matter of concern that currently there is no requirement in the UK for Safeguarding/ Child Protection Units or Services to routinely record and monitor the extent of parental substance misuse as a significant contributory factor in referrals for case conferences and child protection registrations. An equal concern is the absence of a requirement for, and national guidance supporting the routine recording and monitoring of referrals to Local Authority Children's Services for children affected by parental substance misuse.

- The ACMD considers the following as helpful **markers of progress** in this area:
  - Requirement from the NTA for all regions in England to collect data on the children of problem drug users – Paragraph 2.4.
  - Expansion of Scottish Drug Misuse Database to routinely capture data on children of problem drug users – Paragraph 2.12.
  - Inclusion of questions in the Northern Ireland and Wales databases on children of problem drug users Paragraphs 2.16. and 2.17.
  - Increased recording reported in repeat survey – Paragraphs 2.18.– 2.19.

### **Chapter 3 - The impact of parental problem drug use on children and 'what works' – lessons from research and evaluation**

This chapter includes some key findings from relevant research, evaluation and other studies which have been published and/or commissioned since the publication of *Hidden Harm*, and which enhance understanding of these children's needs and what works in terms of responding to them.

#### **ACMD Commentary on Progress (summary)**

- This chapter demonstrates that a considerable amount of research and evaluation of initiatives has been commissioned in the UK since the publication of *Hidden Harm*.
- In addition, the ACMD is aware that research is taking place outside the national arena, and important learning and knowledge is emerging and influencing policy and practice at the front line.
- Meanwhile, there appears to be less investment in qualitative research involving direct contact with children and young people themselves, such as that exemplified by the Joseph Rowntree study, and recommended in *Looking Beyond Risk*.
- This chapter also refers to the growing volume of literature which enriches understanding of what works most effectively in terms of responses to the needs of children of problem drug users. The key messages include:
  - the shift away from focusing on negative risk factors, towards identifying factors which promote resilience;
  - the need to find ways to work across children's and adult health and social care services;
  - the importance of working flexibly and creatively with children and with their families, and providing options and choices with and for them.
- Key gaps in current research and evaluation include the lack of:
  - longitudinal studies;

- research involving fathers and other family members, apart from mothers;
- research focusing on the experience and needs of particular groups of children, including those where parental substance misuse is linked to other issues, such as domestic abuse.
- It is particularly important in the ACMD's view to ensure that these messages from the literature about 'what works' are widely disseminated to managers and practitioners in relevant fields.
- The ACMD considers the following as helpful **markers of progress**, which offer **opportunities for future learning** in this area:
  - Joseph Rowntree Report – Paragraph 3.18.
  - Looking Beyond Risk – Paragraph 3.15.
  - CSCI report Supporting parents, safeguarding children – Paragraph 3.9.
  - The NCB Children of Drug Misusing Parents project – Paragraph 3.8.
  - Investment in evaluation of 'what works' and research to support effective interventions in England, Wales and Scotland, particularly the PDI Evaluations – Paragraph 3.13. and 3.14.

#### **Chapter 4 - The practicalities of protecting and supporting the children of problem drug users**

This chapter is split into the following sections and provides information and commentary about progress against the relevant recommendations in ***Hidden Harm***:

- Joint planning and commissioning**
- Safeguarding and promoting child welfare and protection**
- Dedicated services for children affected and their families**
- Maternity and neonatal services**
- Training and information**
- Children whose parents are involved in the criminal justice system**

#### **A. Joint planning and commissioning**

##### **ACMD Commentary on Progress (summary)**

- The publication of ***Hidden Harm*** has had a significant impact on joint working in relation to planning and commissioning of services for children affected by parental substance misuse in all four countries in the UK.
- The strongest picture emerges from Scotland, where ***Hidden Harm*** has been used to build on work already underway as a result of the performance target in the drugs strategy and the subsequent publication of ***Getting Our Priorities Right***.

- The increase in the number of DATs in England self assessing themselves as Green on the ***Every Child Matters: Young People and Drugs*** performance checklist is welcomed. However, the emerging picture in England remains patchy. There is evidence of some excellent and innovative joint working in some parts of the country.
- The snapshot questionnaire returns from English DATs included several references to the ACMD's letters to DAT and LSCB Chairs (see paragraph 1.20.). This has clearly acted as a useful lever to engage actively with emerging LSCBs on this agenda, which suggests that a strong lead from the DfES on this matter with LSCBs would help prioritise implementation of the relevant paragraphs in ***Working Together***.
- The information available from Wales and Northern Ireland suggests work to address 'Hidden Harm' is under way in all CSP and DACT areas.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**:
  - The North East Government Office model of regional working – Paragraph 4.7.
  - The effective joint-working arrangements between many DATs/ADATs and LSCBs/CPCs.
  - The inclusion of children of problem drug users as a key group for attention in the majority of Scottish Integrated Children's Service Plans and in some English Children's Service Plans.
  - Action on 'Hidden Harm' in all Welsh CSP, Northern Irish DACT and Scottish ADAT plans and a significant number of English DAT plans.
  - The specific examples of innovative action, e.g. Nottingham City's Core Offer to Children's Centres – Paragraph 4.19.
  - The commissioning of specialist 'Hidden Harm' co-ordinator posts, within the context of effective partnership working on this issue.

## **B. Safeguarding and promoting child welfare and protection**

### **ACMD Commentary on Progress (summary)**

- There is clear evidence of progress in England, Scotland and Wales in relation to safeguarding the welfare and protection of children of problem drug users. However, progress varies across different areas in the four different countries.
- Developments are further advanced in Scotland than elsewhere in the UK, as a result of the requirement for all areas to develop protocols based on ***Getting Our Priorities Right***,

- The introduction of LSCBs, and the requirement on them to develop specific arrangements, including protocols, to respond to parental substance misuse, as detailed in Chapter 3 of **Working Together** (see paragraph. 1.19. above), provides a significant opportunity for all DATs in England to work with their LSCBs on this issue.
- Within the emerging change programmes for children's services in the four countries, opportunities exist for those areas which are less well developed to learn from good practice elsewhere in the UK. The critical point, in the ACMD's view, is the need for all areas to have in place agreed multi-agency arrangements and protocols, aimed at improving outcomes for children of problem drug and alcohol users. These should conform to common standards of good practice tailored to each country's change programmes, but based on the approach in **Getting Our Priorities Right**.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning** in relation to safeguarding the welfare and protection of children of problem drug users:
  - **Getting Our Priorities Right** and protocol development in Scotland – Paragraphs 4.55.–4.62.
  - The NCB Toolkit – Paragraph 4.53.
  - The inclusion of parental substance misuse in **Working Together to Safeguard Children** – Para 1.19.
  - Welsh Assembly Government briefings for LSCBs–Paragraph 1.50.

### C. Dedicated services for children and their families

#### ACMD Commentary on Progress (summary)

- This chapter demonstrates that a range of dedicated provision is in place or being developed in many parts of England, Scotland and Wales, which is designed to respond to the needs of children of problem drug and alcohol users and to their families and thereby improve outcomes for children.
- At national level, the STARS National Initiative has made a useful contribution both to supporting children themselves to voice their needs and wishes, and to developing a practitioners' network.
- The introduction of 'Hidden Harm' specialist posts is welcomed, particularly those with a focus on ensuring effective joint working across children's and adults' services. Information from local areas suggests that such dedicated posts are playing a crucial role in translating the **Hidden Harm** recommendations into operational reality.
- With respect to dedicated services for children themselves, there appears to have been considerable progress in listening to and

understanding what children and young people need and the means by which these needs can be met through specialist support. A significant proportion of the projects offering direct support to children and young people have focused on developing and promoting **resilience**.

- Similarly, the development of services specifically designed to support substance misusing parents to address their problems, and working with families to prevent breakdown and the removal of children is welcomed.
- The ACMD notes that the majority of children's services and many family-focused services are located within the non-statutory and charitable sector. Whilst this represents a positive response to Recommendation 40 of **Hidden Harm**, it is important that innovative work in the non-statutory sector is complemented by service development in mainstream children's services, and that all work in localities is co-ordinated in a way that promotes a holistic range of services for this group of children and young people.
- There are examples in this section where charitable or short-term funding, such as the Children's Fund, has been used to develop new initiatives. It will be important that this trend continues and is further developed.
- A number of DATs and services commented that the reduction in the Young People and Substance Misuse budget in England from 2006/07 creates significant constraints for existing and future investment in this field, as well as reducing the potential to identify new funding to mainstream short-term funded projects.
- A further issue highlighted in research and evaluation which the information-gathering process for this report supports, is that there is insufficient emphasis on service development focusing directly on **children's own needs**. It is important to provide direct services for children themselves, which give them support and a safe space within which they can develop personal resilience strategies, irrespective of what is happening to their parents.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning** in relation to dedicated services for children and families:
  - STARS National Initiative, including children's forum and practitioners' forum – Paragraph 4.75.
  - Prevention Drug Initiative in Scotland and the messages from its evaluation – Paragraphs 1.37 and 3.10.
  - Barnardos Fit for Purpose tool – Paragraph 4.78.
  - Number of DATs and ADATs funding specialist posts, especially 'Hidden Harm' co-ordinators – Paragraphs 4.82–4.84.

- Range and variety for services and interventions for children and families affected by parental substance misuse – Paragraphs 4.85.– 4.92.

## D. Training and Workforce Development

### ACMD Commentary on Progress (summary)

- It is clear to the ACMD that a high priority has been given in Scotland to training and workforce development specifically in relation to improving skills, knowledge and expertise in responding to the needs of children of substance misusers, directly linking this into child protection training.
- There is evidence of positive commitment to training in relation to ‘Hidden Harm’ in some local authority areas in England, but the extent of its coverage is uneven
- National developments in Wales and Northern Ireland outlined above also provide opportunities to ensure the appropriate integration of training and workforce development in relation to responding to the needs of children of problem drug users.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**:
  - Training to Scottish drugs services and children's services by STRADA, linked to protocol development – Paragraph 4.117.
  - Materials in the NSPCC training pack and the NCB Toolkit – Para 4.111.
  - Examples of joint ACPC/ LSCB and DAT training on child protection and substance misuse – Paragraphs 4.112–4.113 and 4.116–4.118.
  - The 3 Rs Training in Northern Ireland – Paragraph 4.122.
  - The Hidden Ones Communication Resource – Paragraph 4.114.

## E. Maternity Services

### ACMD Commentary on Progress (summary)

- From the information made available to the ACMD for this report, it appears that significant progress has been made in spreading that good practice and responding to Recommendations 18 and 20 of *Hidden Harm* in Scotland, England and Wales.
- The lack of specialist provision and protocols in Northern Ireland is a matter requiring attention.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**:

- Number of areas reporting well established and mainstreamed specialist posts and protocols.
- Increase in percentage of maternity services in repeat survey which have protocols in place.
- Range of creative approaches to improving access to antenatal care for pregnant drug users.

## **F. Children with parent(s) in the criminal justice system**

### **ACMD Commentary on Progress (summary)**

- This section demonstrates that work has been undertaken or is underway in England, Wales and Scotland, by NOMS, DIP, the Scottish Executive, and the Scottish Prison Service to improve responses to drug-using parents in the criminal justice system, particularly prisoners, and their children.
- There appears to be less focus within English prisons on work with drug-using fathers in relation to their parenting, than there is in Wales and Scotland, where there are some positive developments.
- The ACMD is concerned that the needs of the children of problem drug users are not currently highlighted specifically in the Reducing Re-offending Pathways in England, but welcomes their inclusion in Wales.
- There is evidence that much of the work included in this section is not widely known about outside the criminal justice system itself, particularly in England.
- The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**.
  - Parenting programme at HMP and YOI Cornton Vale – Paragraph 4.160.
  - Improved policy on access to prison mother and baby units in England for mothers on prescribing regimes for drug misuse – Paragraph 4.149.
  - Secondment from the Welsh Assembly Government of an officer to work with Barnardos Cymru on these issues – Paragraph 4.158.

## **Chapter 5 - Conclusions and Key Learning for the Future**

This chapter includes key messages for government, for local policy makers and managers and for practitioners.

- 5.1. This report demonstrates that the original ***Hidden Harm*** report has had a significant impact on policy and practice at national, regional and local level. This impact is not yet consistent across all four countries and all 48 recommendations, but there is evidence of positive progress in all parts of the UK.

- 5.2. There is evidence that the potential and actual harmful experiences of these children are becoming more widely acknowledged, resulting in more action by more agencies in more areas. In this way the harm is becoming less 'hidden' and ignored. Many useful practice examples and lessons from research and evaluation have been identified which demonstrate the positive impact for children and young people of direct help and intervention.
- 5.3. The report demonstrates that children can experience improvements in their lives and those of their families, when the complexity of 'Hidden Harm' is grasped and co-ordinated responses between and across adults' and children's services are developed and put into practice. The challenge is to integrate the specific needs of children of problem drug users into both the change for children's programmes and the drugs (and alcohol) strategies in the four countries of the UK, and to maximise implementation of this integration at regional and local level.
- 5.4. The change for children's services programmes in the four countries, including ***Every Child Matters*** and ***Getting it Right for Every Child***, are designed to provide appropriate support and intervention for every child from conception to young adulthood. As the original ***Hidden Harm*** report documented, parental problem drug use impacts on children at every stage of their lives from before birth, well into their adult lives, and the impact varies according to their age, as well as their circumstances and personal resources. It is critical that an explicit focus on keeping these children safe from harm is embedded within the change programmes for children's services, in particular within their outcomes frameworks.
- 5.5. **Adult drug treatment services** need to understand the complex relationship between drug dependency and parenthood, and develop responses on the basis of this. Therefore, treatment services have a role both in providing treatment programmes tailored to parents, and in working collaboratively with children's services to enhance parenting capacity and enable children to flourish.
- 5.6. From the information gathered for this report by the ACMD 'Hidden Harm' Working Group, the following **key learning points** have emerged. They are designed to assist national, regional and local policy makers and practitioners to build on the good work already done to expose and reduce the 'Hidden Harm' experienced by children of problem drug and alcohol users in the UK:
  - **Clear leadership and cross-sector co-ordination** produces the most significant progress in responding to the needs of children born to and living with parental substance misuse. This includes cross-government leadership and co-ordination, leadership and cross-sector working at regional level, and leadership and multi-agency co-ordination at local level.

- Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a **shared strategic approach**, which is embedded within **joint commissioning arrangements** for both **adult** drugs services and **children's** services.
- For this reason, it is important to include a **specific objective and target** to safeguard and promote the welfare and protection of children of problem drug (and alcohol) users within the new **drugs (and alcohol) strategies** in England, Scotland and Wales from 2008, thereby reducing a significant form of substance misuse related harm.
- Equally, it is essential to highlight the particular needs of children of problem drug and alcohol users within the **outcomes frameworks** and inspection criteria for children's services. In practice, this means identifying these needs throughout, particularly in **Staying Safe**, as well as Be Healthy, within the **Every Child Matters** Outcomes Framework, and taking a similar approach in the outcomes frameworks for **Getting It Right for Every Child**, and the change for children programmes in Wales and Northern Ireland.
- Consistent and comprehensive practice responses to children and their families are more likely to occur where **multi-agency arrangements** are in place, supported by agreed joint **protocols and procedures**. Where these arrangements are led jointly by LSCBs/ACPCs in partnership with DATs and their equivalents in Scotland, Wales and Northern Ireland effective practice can be enhanced.
- This report is not a **good practice guide**. However, there is evidence that such a publication would be extremely valuable for England, Wales and Northern Ireland, building on the model of **Getting Our Priorities Right** in Scotland, and drawing on information made available to the ACMD for this report. This could possibly be a specific outcome from the High Focus Area initiative in England.
- A **comprehensive range of dedicated services** is required at local level to respond to the needs of the children of problem drug and alcohol users. These services include specialist posts, dedicated provision for children affected which focuses on resilience, work with parents including drug treatment and improving parenting skills, plus joint work with the whole family.
- There is a significant problem in the UK in terms of securing **long-term mainstream funding** to support work with children and their parents at local level. It will require a concerted national, regional and local effort to take shared responsibility across adult and

children's sectors, in order to identify essential ongoing funding for sustained work with children affected and their families.

- Responses to **pregnant drug users** identified in the original *Hidden Harm* report have been sustained and spread across much of the UK. This is welcomed.
- There is a need for large-scale **training and workforce development**, to equip mainstream children's and adult services to identify and respond appropriately to the needs of this group of children. The work of STRADA in Scotland gives some sense of the scale of this challenge, but also the possibilities this approach offers. Accordingly, it is important that training in recognising and responding to parental substance misuse is integrated into mainstream workforce development programmes, for both children's and adult services.
- In response to *Hidden Harm*, a range of **national initiatives, research and evaluation** has been commissioned by government. However, there is evidence that resources could be used more effectively through improved co-ordination and avoiding further duplication of commissioning across the UK. In this way, resources could be redirected to research which addresses acknowledged gaps in the literature, in particular longitudinal studies into the impact of parental substance misuse on children.
- The report highlights a number of helpful findings from research and evaluation, particularly in relation to **'what works'** for children of problem drug users. It will be important that these findings are **widely disseminated** to managers and practitioners in the UK, in line with the expressed commitment in the Social Exclusion Action Plan to dissemination of 'what works'. Similarly, it will be crucial to ensure that useful products commissioned in response to *Hidden Harm* are effectively disseminated across the UK.
- The report highlights some initiatives undertaken by criminal justice services, particularly prison services, to respond to the recommendations of *Hidden Harm*. However, it is difficult to discern at this stage to what extent policy commitments have been translated into front line practice. There is scope for better linkage between criminal justice initiatives and regional and local work on implementing *Hidden Harm*.
- Although **parental alcohol misuse** is not the primary focus of this report, there is evidence from the work in Scotland, Wales and Northern Ireland that it can be addressed effectively alongside parental problem drug use. There is increasing demand from practitioners and evidence from research to suggest that this should become a key priority for national, regional and local work to respond to this target group of children.

## **Appendix 1: Hidden Harm Key Messages**

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

## **Appendix 2: Hidden Harm 48 Recommendations**

1. All drug treatment agencies should record an agreed minimum consistent set of data about the children of clients presenting to them.
2. Whether a client or patient has dependent children and where they are living should be included as standard elements in the National Drug Misuse Treatment System in England and Wales and in the Drug Misuse Databases in Scotland and Northern Ireland and should be recorded in the same way to allow comparisons between regions.
3. Problem drug or alcohol use by pregnant women should be routinely recorded at the antenatal clinic and these data linked to those on stillbirths, congenital abnormalities in the newborn, and subsequent developmental abnormalities in the child. This would enable epidemiological studies to be carried out to establish relationships between maternal problem drug use and congenital and developmental abnormalities in the child.
4. Studies should be urgently carried out to assess the true incidence of transmission of hepatitis C between infected female drug users and their babies during pregnancy, birth and infancy.
5. A programme of research should be developed in the UK to examine the impact of parental problem drug use on children at all life stages from conception to adolescence. It should include assessing the circumstances of and consequences for both those living with problem drug users and those living elsewhere, and the evaluation of interventions aimed at improving their health and well-being in both the short and the long term.
6. The voices of the children of problem drug users should be heard and listened to.
7. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.
8. The Department of Health and the devolved executives should ensure that all maternity units and social service children and family teams routinely record problem drug or alcohol use by a pregnant mother or a child's parents in a way that respects privacy and confidentiality but both enables accurate assessment of the individual or family and permits consistent evaluation of and comparisons between services.
9. The National Treatment Agency and the devolved executives should ensure that all specialist drug and alcohol services ask about and record the number, age and whereabouts of all their clients' children in a consistent manner.
10. When revising child protection policies and procedures, full account should be taken of the particular challenges posed by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.
11. Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.
12. The Government should ensure that the National Children's Service Framework and equivalent strategic arrangements in Wales, Scotland and

Northern Ireland, identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.

13. The National Treatment Agency, the Welsh Assembly Government and the Scottish Executive should ensure that services for adult substance misusers identify and record the existence of clients' dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. This should include protocols that set out arrangements between drug and alcohol services and child protection services.

14. Whenever possible, the relevant Government departments should ensure there are mechanisms in place to evaluate the extent to which the many initiatives outlined in this chapter benefit vulnerable children, including the children of problem drug users.

15. All Drug Action Teams or equivalent bodies should ensure that safeguarding and promoting the interests of the children of problem drug users is an essential part of their area strategy for reducing drug-related harm and that this is translated into effective, integrated, multi-agency service provision.

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

17. Drug misuse services, maternity services and children's health and social care services in each area should forge links that will enable them to respond in a co-ordinated way to the needs of the children of problem drug users.

18. Every maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. This should include the use of clear evidence-based protocols that describe the clinical management of drug misuse during pregnancy and neonatal withdrawals.

19. Pregnant female drug users should be routinely tested, with their informed consent, for HIV, hepatitis B and hepatitis C, and appropriate clinical management provided including hepatitis B immunisation for all babies of drug injectors.

20. Every maternity unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

21. Primary Care Trusts or the equivalent health authorities in Wales, Scotland and Northern Ireland should have clear arrangements for ensuring that the children of problem drug or alcohol users in their area are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of bloodborne virus infections.

22. Primary care teams providing services for problem drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate.

23. Training programmes on the management of problem drug use by primary care staff should include information about the importance of recognising and meeting the health care needs of the children of problem drug users.
24. All general practitioners who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning advice and management. This should include information about and access to emergency contraception and termination of pregnancy services.
25. Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.
26. All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.
27. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users.
28. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development.
29. All social services departments should aim to achieve the following in their work with the children of problem drug users:
- An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
  - Adequate staffing of children and family services in relation to assessed need.
  - Appropriate training of children and family service staff in relation to problem drug and alcohol use.
  - A co-ordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.
  - Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.
  - Efficient arrangements for adoption when this is considered the best option.
  - Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.
30. The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.
31. The new Social Care Councils for England, Wales, Scotland and Northern Ireland should ensure that all social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it. Consideration should be given to the inclusion of such training as a prerequisite for registration by the appropriate professional bodies.

32. Residential care for the children of problem drug users should be considered as the option of last resort.
33. The range of options for supporting the children of problem drug users should be broadened to include: day fostering; the provision of appropriate education, training and support for foster parents; and robust arrangements to enable suitable willing relatives to obtain formal status as foster parents.
34. Where fostering or adoption of a child of problem drug users is being seriously considered, the responsible authorities should recognise the need for rapid evidence-based decision-making, particularly in the case of very young children whose development may be irreparably compromised over a short period of time.
35. Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services.
36. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.
37. The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose.
38. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.
39. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.
40. Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children or problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.
41. Drug Action Teams should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.
42. Agencies committed to helping the children of problem drug or alcohol users should form a national association to help catalyse the development of this important area of work.
43. Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.
44. When custody of a female problem drug user is being considered, court services should ensure that the decision fully takes into account the safety and wellbeing of any dependent children she may have. This may have training implications for sentencers.

45. The potential of Drug Courts and Drug Treatment and Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.
46. All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community.
47. All female prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation.
48. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.