



hidden **harm**

Next Steps
Supporting Children – Working with Parents



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scotland
SCOTTISH EXECUTIVE

hidden harm

Next Steps
Supporting Children – Working with Parents

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Ministerial Foreword



Our vision is that all children in Scotland should be safe, nurtured and healthy. They should have the opportunity to reach their full potential in education and grow to become active responsible citizens.

However, there is a group of children who have not been able to benefit fully from the opportunities available. These are children affected by substance misusing parents. Across Scotland there are an estimated 40,000-60,000 children affected by parental drug use. An estimated 80,000-100,000 children are affected by parental alcohol misuse.

Children living in these circumstances often show incredible resilience, and succeed against the odds. But far too many fail at school, act as parental carers at an unacceptably young age, have physical and mental health problems, get drawn into antisocial behaviour and crime, and have little prospect of a productive and fulfilling life. Too many children brought up in substance misusing families become addicts themselves, and the cycle continues.

We recognise that parents with substance misuse problems need help. The Scottish Executive has increased the availability and range of treatment and rehabilitation across Scotland. But our priority, and the priority of every local agency, must be to protect and safeguard children.

There are parents with substance misusing problems who are capable of caring for their children. However, our view is that serious and chaotic drug abuse is incompatible with effective parenting. Sadly, serious drug addiction can be so powerful that it takes priority over the most basic parental responsibilities. It can and does expose children to behaviour that can put them in real danger and can have long-lasting consequences. For very young children this can have such a devastating impact that, by the time they go to school, the prospect of fully repairing the damage is limited.

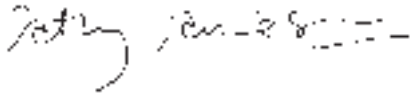
We must improve how we identify children at risk from parental substance misuse. We must make sure they are safe. Local services need to work better together to protect affected children and to promote their future development and well-being. That is why we are publishing "Hidden Harm – Next Steps".

This document sets out what the Executive is doing with its local partners – in education, health, social work, police and criminal justice – to bring about the improvements needed. It also identifies further action to be taken.

Ministerial Foreword

However, this is only the first step in a wider process of improving the ways in which we protect and care for this particularly vulnerable group of children and young people. This is a difficult and sensitive area, where difficult decisions must be made in the best interests of the child.

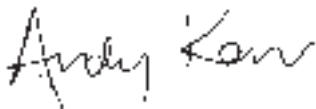
Over the coming months we will examine what more needs to be done to ensure that we have the right operational and legal framework in place, that local service providers are absolutely clear about their responsibilities, and that these children and young people do not have their lives seriously or irreparably damaged by the substance misuse of their parents or carers.



Cathy Jamieson MSP
Minister for Justice



Peter Peacock MSP
Minister for Education and Young People



Andy Kerr MSP
Minister for Health and Community Care

1 Introduction

1.1 Background

In 2003 the UK's Advisory Council on the Misuse of Drugs (ACMD) published "Hidden Harm" which highlighted the plight of children affected by parental drug use.

The key messages of the report were that:

- parental problem drug use can and does cause serious harm to children of every age;
- reducing the harm to children should become a main objective of drug policy and practice;
- effective treatment of the parent can have major benefits for the child;
- by working together, services can take practical steps to protect and improve the health and well-being of affected children; and
- the number of affected children is only likely to decrease when the number of problem drug users decreases.

The Executive responded to the "Hidden Harm" report in October 2004. In its response, the Executive covered not only the issues identified in the ACMD report about parental drug use and its impact on children, but also those related to parents with alcohol problems. This was because it was recognised that many children suffer from parental problems with both and that many services offer support for both addictions. An update of progress since the Executive's response can be found in Annex 1.

1.2 "Hidden Harm – Next Steps" – purpose and content

"Hidden Harm" vividly describes the situation of many children and young people living in substance misusing households. They often suffer in silence; they are often not known to services; they often do not know to whom they can turn for help; and the impact of poor parenting on them can have long-lasting and devastating effects.

All professionals who come in contact with substance misusers and/or their children have a responsibility to ensure that children in these circumstances are identified as early as possible and are given appropriate support and protection. Early identification and the right kind of support – both for parents and children – can often mean that children can remain with their parents, but there are some circumstances, for example, serious and chaotic drug use, when the risks to the child are so severe, that staying with their parents cannot be an option. For all professionals the needs of the child must take precedence over the needs of the drug using adult.

This document identifies, and brings together, a range of actions and initiatives that the Scottish Executive is taking forward and will take forward, in partnership with a range of local partners – Alcohol and Drug Action Teams (ADATs), NHS Boards, local authorities, the police, the courts and the Scottish Prison Service (SPS) and their partner agencies – to improve the way in which agencies identify, protect and support children and young people living with parental substance misuse.

1 Introduction

However, we are not starting with a blank sheet. Publication of “Getting our Priorities Right, and the proposals described in “Getting it Right for Every Child”, set out a comprehensive approach to unifying and integrating services so that children get the help they need when they need it.

“Hidden Harm – Next Steps” focuses on action by the Executive and its statutory partners. However, the role of the voluntary sector is also extremely important and must be an integral part of delivering the agenda. In December 2005 the Executive launched “A Vision for the Voluntary Sector”. This recognises the role that voluntary organisations play in the delivery of services, in uniting and building communities and promoting positive change in society.

The voluntary sector is often very effective at reaching families where there is potential risk and where there may be parental reluctance to engage with official agencies for fear of children being removed. Children and young people themselves often feel more able to access the support they need from a voluntary organisation.

This work has benefited from the input from an Implementation Group, the remit and membership of which is contained in Annex 2. It has also been informed by a wide-ranging consultation exercise undertaken in 2005, which involved practitioners, families affected by drug use, and children and young people. Annex 3 provides a summary of the main points from these consultations.

Each section of the publication focuses on a stage of a child’s development, from before birth through to adulthood, but it also covers generic issues – such as care and protection, health, parents in the criminal justice system and the wider environment in which a child lives – which are not age-specific.

Each section is set out as follows:

- key issues from the point of view of the child;
- best practice for agencies in how to tackle these issues;
- action that the Executive is taking forward; and
- issues requiring further action.

“Hidden Harm – Next Steps” covers the spectrum of issues related to “Hidden Harm” and is relevant to a wide range of agencies. However, we recognise that some practitioners may wish to concentrate on the section(s) relevant to their particular interests and responsibilities. For this reason, we have replicated in each section issues/actions that apply more broadly.

1 Introduction

1.3 “Hidden Harm – Next Steps” – the wider context

This work should be considered within the wider context of the Executive’s strategies for tackling drug and alcohol problems, which are summarised below.

1.3.1 *The Executive’s strategy for tackling drugs*

The Executive has a comprehensive strategy for tackling drugs, which is based on the premise that illegal drug use is not inevitable, and that we need to tackle this by prevention, intervention and enforcement. The key priorities are to:

- reduce the use of drugs amongst children and young people, through education and public information;
- reduce the harm done to children and young people living in drug-taking families;
- increase the number of problematic drug users getting timely and effective treatment;
- reduce re-offending, by increasing the number of drug-misusing offenders entering treatment;
- reduce the availability of drugs; and
- support communities hardest hit by serious drug-related crime.

Particularly relevant to this work is the Executive’s approach to drug treatment, which is based on the following principles:

- We must support people who have become addicted to drugs, particularly Class A drugs, such as heroin and cocaine, because this group is the most likely to damage themselves, their children and the wider community, through offending to support their addiction. Support must be based on the understanding that drug addiction is a chronic, relapsing condition and full recovery for some is a long process. However, the presumption, at the start of and during the treatment and rehabilitation process, must be that people can move towards a drug-free life, and actions by agencies should be geared towards helping to achieve this outcome.
- There is no single treatment option that works better than others. Different options work for different people. Methadone prescribing has its place, by helping people with chaotic lifestyles to stabilise enough to think about the next stage in the journey towards a drug-free life. However, methadone should not be seen as a permanent or single solution and should be used as part of a package of support aimed at helping address the underlying problems which often lead to drug addiction, with the aim wherever possible of a drug-free life.

1 Introduction

- With the right treatment and support, many parents with drug problems are capable of caring properly for their children. However, chaotic drug misuse and good parenting are incompatible. The best interests of the child or children in the family must be paramount and all local agencies must work together to ensure that their needs are met.
- We must guard against unrealistic optimism on the part of agencies supporting adults that can result in abuse or neglect of children, while parents are repeatedly given chances to change. Early identification at the stage of pregnancy, integrated assessments and clear care plans with timescales are needed to ensure that the needs of the child are given due priority and not allowed to drift.

1.3.2 The Executive's strategy for tackling alcohol problems

The Executive published the "Plan for Action on Alcohol Problems" in 2002. The Plan set the strategic framework for local and national action in the areas of culture change, prevention and education, provision of services and protection and controls.

We will publish an updated plan later this year, which will build on progress made and set out further actions for the next three years. The update will provide a framework of action to accentuate the positive and tackle the negative aspects of drinking cultures in Scotland. Our long-term aims are to promote a cultural shift away from binge drinking and ensure that people with alcohol problems have access to appropriate support. The update reflects developments in relation to protecting children, including the publication of "Hidden Harm – Next Steps".

1.4 Summary of Key Actions

The actions set out in this document form part of the ongoing commitment by Scottish Ministers to improve the identification, support and protection of children who suffer from the effects of parental substance misuse.

It is based on the premise that everyone's responsibility – including those whose professional relationship is with the parental substance misuser – must be to the child first and foremost.

This document includes a wide range of actions that are being taken, or will be taken, forward by the Executive and local agencies to improve the way we respond to the needs of this particularly vulnerable group of children and young people. The key actions include:

- legislation to require the sharing of information amongst agencies for child protection purposes;
- improving contraception and family planning services for substance misusers;
- improving the way that holistic maternity services for drug using women, addiction services and services for children and families work together;
- presenting legislation to implement "Getting it Right for Every Child" to place a duty on all agencies to identify the needs of children for whom they have responsibility;
- early and better identification of the needs of vulnerable children and appropriate, integrated and timely support, through "Getting it Right for Every Child";
- establishing incentives for GP practices to put in place protocols so that young carers will be put in contact with local support services and support agencies; and
- expanding the Scottish Drug Misuse Database to ensure that information on dependent children of drug using parents is collected when clients present for treatment.

2 The Unborn Child

2.1 The unborn child of a substance misusing parent needs to be protected as soon as the mother's pregnancy is confirmed. Maternal drug or alcohol use carries significant risk, which can affect foetal development. Drug injecting during pregnancy may also result in the transmission of HIV and viral hepatitis to the baby.

At present we do not have figures showing the number of children born in Scotland to drug-using mothers. Work is underway to identify how this information could be collected. NHSScotland is commissioning an audit of practices and opinion relating to recording of data of substance misuse in pregnancy.

A woman's motivation for getting help for her substance misuse problems is often increased because of pregnancy but she can also have fears about contacting services, including ante-natal services, in case her child or existing children are taken away. The issue for services is how to address the fear barrier and capitalise on the opportunity afforded by the pregnancy.

Staff providing ante-natal care should, as set out in "Getting our Priorities Right", notify agencies when a woman with a history of substance misuse becomes pregnant. If the woman does not agree to referral to an addiction or specialist maternity service, ante-natal staff should consider whether the potential risk is significant enough to override the need for the woman's consent to referral.

The interests of the child and the mother are inextricably linked. Maternity services and those who may be helping the parent to tackle their substance misuse must work closely together.

Key issues in relation to the unborn child

Best practice means:

- **identifying** as early as possible in pregnancy the possible spectrum of risk to, and needs of, both mother and baby, and alerting services before the birth;
- **developing** effective care plans and regular and realistic review of the plans;
- **offering** a range of multi-agency/multi-professional approaches to care, that are non-judgemental; and
- **ensuring** that no pregnant woman, misusing substances, arrives at a maternity unit to give birth without her situation being known and without support being available for her and her child.

2 The Unborn Child

2.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to the unborn child. We will:

- **work** with NHS Boards and local authorities to examine how the availability of contraceptives and family planning advice for substance misusers can be improved within the context of implementing the Executive's 2005 report "Respect and Responsibility" – *by autumn 2006*;
- **make sure** that ADATs and Child Protection Committees have in place local protocols for sharing information and working with families affected by substance misuse as recommended by "Getting our Priorities Right", including sharing information to identify pregnant substance misusers – *ongoing*;
- **help** healthcare workers to identify alcohol problems and domestic abuse in pregnancy by encouraging the use of the unified "Handheld Record for Pregnant Women", launched in 2005 – *ongoing*;
- **ensure** that the "Framework for Maternity Services", published by the Scottish Executive in 2003, is fully implemented – *ongoing*;
- **fund and evaluate** a project in Glasgow looking at ways of improving how holistic maternity services for drug-using women, addiction services, and services for children and families can be delivered more effectively to those who face complex problems – *between April 2006-March 2008*;
- **review** current advice on drinking during pregnancy to ensure it is consistent and continue to raise awareness of the risks as part of national and local communications campaigns – *by September 2006*;
- **publish** a study on neo-natal abstinence syndrome (NAS) exploring the impact of a community-based, structured assessment aimed at identifying babies with continued or late-onset NAS – *summer 2006*; and
- **publish** research commissioned from NHS Health Scotland, looking into how the recording of data during the antenatal period might be improved – *in 2006*.

2.3 Further action required

As part of the continuing implementation of "Hidden Harm – Next Steps" more work needs to be done to:

- train midwives and health visitors so that they can support substance misusing pregnant women and be confident about signposting them to specialist services; and
- highlight the consequences of alcohol use in pregnancy and the possibility of foetal alcohol syndrome (FAS).

3 Children in Infancy (birth – 5 year olds)

3.1 Infants, toddlers and very young children are totally dependent on their parents, or the adults who care for them, for nourishment, physical care and to meet their emotional and social needs. If any of these key elements of care is not available for a child, services need to be involved either to help the parent or carer to provide the necessary support or to intervene to protect the young child.

There is growing evidence that there is a relatively narrow window of opportunity for intervention in a child's early years, beyond which the lack of adequate nurture is likely to have a long-term damaging effect, with children going on to live chaotic lives themselves. Research shows that 0-3 years is the maximum timescale in situations of no nurture, after which there is irreparable damage.

Children may be "in need of care and attention" under the Children (Scotland) Act 1995 if their health or development is affected by parental substance misuse. The primary duty placed on local authorities under Section 22 of the Act is to safeguard and promote the welfare of children in need and, only in so far as consistent with that primary duty, are authorities required to promote the upbringing of such children by their families. "Getting our Priorities Right" sets out guidance to help all agencies address the needs of these children. In meeting the needs of the child, action by the local authority may involve removing the child from the family or offering respite foster care and/or a wider range of supports to the family itself.

There is a need for co-ordinated risk assessment and effective communications amongst all relevant agencies working across both statutory and voluntary sector agencies.

Key issues in relation to birth – 5 year olds

Best practice means:

- **providing** support and encouragement to parents who have sought help for their substance misuse during pregnancy so that they continue with their treatment after the birth of their child;
- **identifying** the developmental needs of young children who, even at this early age, are taking responsibility for caring for younger siblings or indeed parents;
- **supporting** the developmental needs of children through participation in activities with other children and a range of adults in a supportive and caring environment;
- **ensuring** that parents take up their entitlement to a free part-time pre-school place for their child from the term after their third birthday; and
- **recognising** that pre-school children may need different levels of support to be ready and able to cope with school.

3 Children in Infancy (birth – 5 year olds)

3.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children in infancy. We will:

- **work** with local agencies to make sure that the needs of vulnerable infants are identified and responded to as early as possible, so that they can make the best possible start at school – *ongoing*;
- **work** with local agencies to develop and implement protocols that will alert health visitors and social workers to the needs of mother and child as well as those of wider family members who may be supporting them – *ongoing*;
- **work** with local agencies to make sure that, where children’s needs are best met by removing them from their birth families, the relevant decisions are made appropriately and permanent placements found quickly – *ongoing*;
- **ensure** that local authorities are making appropriate arrangements to identify children who may have additional support needs, as required under the Education (Additional Support for Learning) (Scotland) Act 2004 – *ongoing*;
- **continue** to fund activity to support substance misusing parents at local level through Sure Start Scotland – *ongoing*; and
- through Her Majesty’s Inspectorate of Education (HMIE) **monitor and evaluate** the impact of the Additional Support for Learning Act, including its application to pre-school facilities, and report to Ministers – *September 2007*.

4 Children in School

4.1 For some of these vulnerable children, attendance at school provides a respite from difficult home circumstances. For others, the consequences of family substance misuse include poor attendance, lack of progress with their education and failure to develop the necessary social and behavioural skills. This can be particularly difficult for children if they are also taking on a carer role for parents or siblings.

Children can “act out”, through challenging behaviour, or “act in”, through withdrawal or self-harming behaviours, the distress that they are experiencing due to difficulties at home.

It is important that teachers and other staff in both primary and secondary schools know about the home environment of children in these circumstances so that they can respond appropriately. This is not always easy, but there is good practice that can be more widely disseminated and built upon.

The Education (Additional Support for Learning)(Scotland) Act 2004 places new duties on local authorities towards individual children and young people with additional support needs, with the aim of creating a stronger, better system for supporting their learning.

The proposals in “Getting it Right for Every Child” envisage a unified and child-centred approach to all services for all children built around a single, integrated assessment of a child’s needs. Where multi-agency input is required, an action plan will be developed, with a lead professional appointed to ensure that agreed actions are delivered and that progress is monitored. It is intended that new duties will be placed on all agencies to be alert to the needs of children, to identify children in need and to co-operate to develop plans for individual children and to monitor progress and outcomes.

The agendas set out in “Getting it Right for Every Child” and “Hidden Harm” will also help to inform the Executive’s work to improve the support available to young carers.

Key issues in relation to children and teenagers in school

Best practice means:

- **providing** training and awareness amongst teachers and other school staff so that they can identify children with substance misuse problems or living in such families;
- **providing** opportunities for children to engage in positive relationships with adults in and out of the school environment, in order for them to cope with family circumstances;
- **ensuring** that practitioners who have direct relationships with children know how and where to raise their concerns about children and how to get more specialised support;
- **providing** positive learning experience and good relationships with adults in school so that children can develop resilience and coping mechanisms; and
- **ensuring** that there is clear guidance for all staff in both statutory and voluntary sectors about referral routes and relevant sources of help for children.

4 Children in School

4.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children and teenagers in school. We will:

- **make sure** that all health promotion departments have arrangements in place to provide support to their local education authorities for the staff member leading pastoral care in each school – *by summer 2006*;
- **support** two demonstration projects examining how to develop children's social, emotional and behavioural skills, where these may have been damaged by difficult home experiences, through different approaches to Nurture Groups. Nurture Group approaches will be evaluated for their potential to help children maintain their involvement in education – *between 2006-2008*;
- **publish** a framework for continuing professional development during the early years of a teacher's career – *during 2006*;
- **publish** and distribute to schools and education authorities "good practice" guidance on how to build positive relationships with hard-to-reach families, based on education practitioners' experiences – *during 2006*;
- through HMIE, **assess** the impact of the Additional Support for Learning Act and report to Ministers, after which a view will be taken as to any necessary developments to the Act and the Code – *2007*; and
- **facilitate** the participation of school and other education staff in national dissemination activities and networking aimed at supporting vulnerable children in school – *by 2008*.

4.3 Further action required

As part of the continuing implementation of "Hidden Harm – Next Steps", the Executive and local agencies will undertake the following:

- promoting services that provide accessible and timely support for vulnerable children and young people, including facilities so that they can access direct help for themselves. Possible services might include telephone help lines, text servicing and interactive websites;
- improving the contact and communications between vulnerable families and school authorities so that issues around vulnerable children can be discussed in trust; and
- make sure that there is consistency of support and information sharing in the key transitional years between primary and secondary schooling.

5 Children in Need of Care and Protection

5.1 Where a child's health or well-being are considered to be at risk, there is a duty on services to offer support, so that the parent can provide the necessary level of care. If the child is considered to be at risk of serious harm, a child protection review may decide to remove the child.

However, children affected by parental substance misuse can be hard to reach. It is sometimes only when the harm becomes so serious that child protection and/or statutory care agencies become involved.

The Social Work Inspection Agency (SWIA) is undertaking a review of services and outcomes for looked-after children. This review has had a wide scope, including issues of kinship care. "Getting our Priorities Right" provides guidance for working with children and families affected by substance misuse. Many of the themes of the "Hidden Harm" Report are already addressed in this guidance.

Key issues in relation to children in need of care and protection

Best practice means:

- **paramount consideration** being given to the welfare and well-being of the child;
- **ensuring** that children of substance misusing parents have their needs recognised, assessed and, where appropriate, receive services which meet their needs at an early stage. Agencies should not wait until children are considered to be at risk from harm;
- **ensuring** that, if a child may be at risk of harm, this overrides any agency requirements for confidentiality. Perceptions of services in both the statutory and the voluntary sector persist that sharing of information continues to be an area of concern because of confidentiality issues;
- **recognising** that children may hide problems, even serious ones, because they are afraid of losing their parents, and that parents may be reluctant to seek help because they are afraid of losing their children; and
- all agencies **having clear child protection procedures** when children are thought to be at immediate and/or serious risk of harm.

5 Children in Need of Care and Protection

5.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children in need of care and protection. We will:

- **legislate** to introduce a duty to share information where necessary to protect children – *in 2006-2007*;
- **legislate** to implement the great majority of the Adoption Policy Review Group's recommendations, which will create a new Permanence Order that offers greater stability to children in foster care – *late 2006*;
- **ensure** that Chief Officers of local authorities, NHS Boards and Chief Constables respond to Ministerial requests for assurances that they are taking all reasonable steps to identify all children who are adversely affected by drug abuse, that their needs have been assessed and that plans to meet these needs are being implemented. The Chief Medical Officer will write to NHS Boards and GP practices reminding them of the need for care planning and information sharing in relation to families where there are child protection concerns – *Spring 2006*;
- **roll out**, across Scotland, a framework for automated messages to be sent to all practitioners involved whenever the social work system records a formal child protection activity – *by March 2007*. (This approach was piloted through one of the "Modernising Government Fund" 2 eCare projects.);
- through SWIA, **conduct** a pilot multi-agency inspection of substance misuse services, which will include the impact of these services on the children of clients – *in 2006*;
- **make sure that** all ADATs and Child Protection Committees have in place local protocols and policies for joint working across agencies with children and families affected by substance misuse, as set out in "Getting our Priorities Right" – *ongoing*;
- **actively promote** partnerships between local statutory agencies and voluntary organisations, given the important role that the latter play in tackling "Hidden Harm" – *ongoing*;
- **continue** to encourage agencies, including those whose primary focus is on adults, to make sure that their staff have access to appropriate training, including multi-agency training where appropriate – *ongoing*;
- **monitor** the impact of the extra £12m provided to local authorities for investment in local fostering services to make sure that it meets the aims of improving recruitment, retention and placement choice – *ongoing*;
- **consider** the findings of the audit of foster care commissioned from The Fostering Network, which includes recommendations about training, placement limits and allowances, and action as appropriate – *in 2006*; and
- **develop** a new national fostering strategy – *2006-2007*.

5.3 Further action required

As part of the continuing implementation of "Hidden Harm – Next Steps" the Executive and local agencies will need to consider the following future action:

- explore possible facilities for children and young people so that they can access direct help for themselves. Possible services might include telephone help lines, text servicing and interactive websites.

6 Children's Health

6.1 The impact of parental substance misuse on the health of their children can vary from physical effects such as poor nutrition, blood-borne virus infections and incomplete immunisation, to a range of emotional, cognitive, behavioural and other psychological problems.

GPs, Primary Care Teams (PCTs) and health visitors are a key source for identifying and supporting children and young people in these circumstances, because they are most likely to come into contact with children at an early age. This means they hold a number of key routes for identifying vulnerable children.

Key issues in relation to children's health

Best practice means:

- **identification** of vulnerable children early by PCTs and responding to their needs, or when children and/or parents access specialist health services, e.g. Accidents & Emergencies, mental health services;
- **ensuring** that child and adolescent mental health services are child-friendly and able to engage effectively with children and young people; and
- **recognition** by services of the impact of caring on a young person's health.

6 Children's Health

6.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children's health. We will:

- **invest** a further £1m in workforce development across the network of children's services to enhance capacity for recognising, understanding and addressing mental health issues in children and young people. Funding is committed until March 2008;
- **work** with NHS Boards and local authorities to examine how the availability of contraceptives and family planning advice for substance misusers can be improved within the context of implementing the Executive's 2005 report "Respect and Responsibility" – *autumn 2006*;
- **work** with NHS Boards to require healthcare professionals to collect information about dependent children of substance misusing patients as part of the contract specification. The information to be collected should mirror the data collected for the expanded Scottish Drug Misuse Database;
- **establish** incentives for GP practices to put in place protocols so that young carers will be put in contact with local support services and support agencies – *2006-2007*;
- **establish** key performance indicators to monitor and ensure progress on implementation of the Executive's 2005 report on "The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care" – *2006*;
- **continue to work** with "HeadsUpScotland", our national project for children's and young people's mental health, to support local areas in implementing "The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care" – *ongoing*;
- **monitor and support** consistent implementation of the Executive's 2005 guidance – "Health for All Children" (Hall 4) – *by 2008*; and
- **promote** a greater understanding and recognition by Children and Adolescent Mental Health (CAMH) services that mental health issues for children are often linked to parental substance misuse.

7 Children with Parent(s) in the Criminal Justice System

7.1 Many problem drug and alcohol users have frequent contact with the police and criminal justice system. Children in these households may be exposed to criminal or other inappropriate adult behaviour. Although police intervention may result in the identification of and support for children in these circumstances, it may also lead to social isolation and the loss of one or more parent if the adult is given a custodial sentence.

The impact on a child of a parent in prison is increasingly being addressed by the Scottish Prison Service (SPS), but the period prior to a prison sentence is also important.

Key issues in relation to children with parent(s) in the criminal justice system

Best practice means:

- **providing** support to children whose parent(s) is at any stage in the criminal justice system;
- **ensuring** that parent-child relationships are maintained, even if the parent is in long-term custody or prison;
- **a recognition** by support agencies (including nursery, health services and schools) that having a parent in prison may be a difficult but “secret” time for a child; and
- **recognising** that, where a child is considered at risk, the response should be timely, appropriate and proportionate in line with the approach set out in “Getting it Right for Every Child”.

7 Children with Parent(s) in the Criminal Justice System

7.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children with parents in the criminal justice system. We will:

- **prepare** guidance for Social Enquiry Report authors in cases where child protection issues arise in relation to drug misusing offenders — *by late 2006*;
- **develop** guidance on the operation of arrest referral and Drug Testing and Treatment schemes which has regard to safeguarding children of drug users – *by late 2006*; and
- **invite** the Drug Treatment and Testing Order (DTTO) National Operational Group to undertake a review of use of DTTOs with female drug using offenders with a view to applying best practice – *by late 2006*.

7.3 Work with the Association of Chief Police Officers in Scotland (ACPOS) to:

- **develop** internal policy guidance to ensure that all officers are fully aware of their responsibilities and share concerns about the welfare of children with relevant agencies – *by August 2006*;
- **ensure** that all police forces review their policies and procedures relating to child protection in order to facilitate a more integrated approach to early identification of children of substance misusers and the issues of appropriate care and support – *by August 2006*; and
- **continue to work** closely with the Association of Directors of Social Work (ADSW) and the Scottish Children's Reporter Administration (SCRA) to take forward a model of integrated assessment that ensures the needs of children of substance misusing parents are identified at the earliest opportunity and responded to effectively – *by 2008*.

7.4 Work with the Scottish Prison Service to:

- **reflect** the recommendations in "Hidden Harm" in the SPS "Parent & Baby" policy – *by 2007*;
- **evaluate** the benefits to children of male prisoners taking part in the "Storybook Dads" project – *during 2006*;
- **introduce** family awareness sessions in all establishments – *by 2008*;
- **develop** and pilot a relationship counselling project as part of the Choose Life: Routes Out of Prison Project. The pilot will be run in a male prison and will include peer support, in-prison workshop and post-release counselling – *between 2006-2008*; and
- **develop** a parenting programme at HMP and YOI Cornton Vale in partnership with Aberlour Childcare Trust for female offenders affected by substance misuse – *summer 2006*.

8 Children and their Wider Environment

8.1 Parental problem drug or alcohol use is often linked to other social and domestic problems that may include poor housing conditions, homelessness, unemployment, domestic abuse and social deprivation. In these circumstances, a child may well fail to thrive and be adversely affected.

This lifestyle results in disruption for children, changes of schools, separation from their friends and removal from familiar places. The stability and security associated with childhood is lost in these circumstances.

This also applies to children and young people with caring responsibilities. A more strategic approach to supporting young carers is being taken by the Executive by mainstreaming young carers within current policy and service priorities for children and young people. This builds on existing joint working in this important area.

Key issues in relation to children and their wider environment

Best practice means:

- *ensuring* that suitable housing accommodation is available for vulnerable families;
- *more recognition* of the impact on children of living in a setting where domestic violence is common place;
- *continuing support* where children transfer from school to school; and
- *better liaison* between services to help children transfer or progress through services.

8 Children and their Wider Environment

8.2 Key Action Points

The Executive will undertake the following action to promote best practice in relation to children and their wider environment. We will:

- **present legislation** to implement “Getting it Right for Every Child” to place a duty on all agencies to identify the needs of children for whom they have a responsibility (including those of drug using parents) and for all agencies to co-operate with each other to take action to protect the child and meet their needs;
- **implement** a new quality improvement framework to assist monitoring of performance of services within and across agencies – *2006*;
- **implement** the integrated assessment, planning and recording framework proposed in “Getting it Right for Every Child” across all areas and all agencies in Scotland – *by 2009*;
- **improve** support for young people caring for parents with substance misuse problems, within the context of “Getting it Right for Every Child”;
- **publish** an implementation plan to take forward the recommendations of the 21st Century Review of Social Work – *summer 2006*;
- **fund** an evaluation of the Dundee Aberlour Outreach project, to assess the effectiveness of this approach for other children’s services – *summer 2006*;
- **ensure** that the 32 Violence Against Women /Domestic Abuse Partnerships make appropriate links with ADATs, through inclusion in guidance to Women Multi-Agency Partnerships – *summer 2006*;
- **ensure** that the needs of children experiencing “hidden harm” are included in the forthcoming “Children, Young People and Domestic Abuse Action Plan” – *summer 2006*;
- **launch** an information campaign around the Family Law (Scotland) Act 2006, both to raise awareness of the law and also of the services that are available to support families during difficult times – *in 2006*;
- **develop** links between the training strategies for National Domestic Abuse and Substance Misuse – *by end of 2006*;
- **monitor** NHS Boards’ activity and progress against the “Health and Homelessness standards” – *summer 2006*;
- **work** with the Department of Health to look at ways of strengthening advice on child protection as part of the updating of the UK-wide “Drug Misuse and Dependence – Guidelines on Clinical Management” – *2006-2007*;
- **undertake** a review of the application of the current guidelines on clinical management and monitoring arrangements by NHS Boards – *2006*;

8 Children and their Wider Environment

- **make sure** that each ADAT has a lead officer to act as a conduit between the Executive and local interests so that information flows correctly to the appropriate people – *by end of 2006*;
- **work** with ADATs to ensure that safeguarding and promoting the interests of children of problem drug and alcohol using parents is a key priority in all local developments and strategies *2006-2007*;
- **include** responsibility towards the children of clients in the Quality Standards for Substance Misuse Services currently being developed; and
- **expand** the Scottish Drug Misuse Database to ensure that information on dependent children of drug using parents is collected when clients present for treatment.

9 Hidden Harm – The Way Forward

This document sets out a wide range of actions aimed at improving the way children and young people living with substance misusing families are better protected and supported. Many of these actions are already underway and are making a difference.

However, Scottish Ministers feel strongly that more work needs to be done to ensure that all agencies give this important issue the priority it deserves and to ensure that Executive policies are translated into effective and timely action on the ground.

The key areas that Ministers have identified as needing further action include:

- 1** more effective identification of children at risk, including at the stage of pregnancy;
- 2** more effective communication between agencies, particularly between those dealing with adults and children, and including the sharing of information. The First Minister has already announced that the Executive will legislate to introduce a duty to share information for child protection purposes. However, more needs to be done to break down barriers and cultures about confidentiality that act as an impediment to sharing information;
- 3** re-training of social workers and other frontline staff in child protection;
- 4** ensuring that drug users with children undergo a multi-agency assessment, so that decisions can be taken on parental capability and care plans with timetables can be agreed and implemented. Ministers have asked that consideration be given to introducing contracts between service providers and parents that require the latter, with proper support, to bring their drug use under control so that they are capable of looking after their children. Consideration will also be given to random drug-testing as part of the contract;
- 5** a more interventionist approach by social work and related services in working with parental drug users to ensure adherence to care plans/contracts;
- 6** developing a new national fostering strategy, to build on work already going on to help support fostering even more effectively in the future;
- 7** improving advice on contraception, including links between addiction and sexual health services; and
- 8** examining governance, capacity and training to ensure that those working in this complex and challenging area have adequate support and advice, that they are clear about their and others' responsibilities and that they have the skills to do their jobs well.

Ministers have asked Executive officials to consider these issues in more detail, including the practical feasibility, resource implications and possible legislative requirements. Further proposals will be brought forward in the coming months as part of the ongoing implementation of "Hidden Harm".

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Implementing the Scottish Executive's response to the ACMD's Report on "Hidden Harm": Progress Report

There has been progress in a number of areas highlighted in the Scottish Executive's response to the ACMD's report on "Hidden Harm". Some examples are given below:

- A unified electronic National Maternity System is being developed.
- After a wide-ranging consultation on "Getting it Right for Every Child" legislation and guidance are being developed to deliver this key mechanism for the integrated agenda for children's services.
- "Happy, Safe and Achieving their Potential" sets out expectations of a standard of pupil support in Scottish schools. Further work is being undertaken to investigate the role of Nurture Groups.
- The National Enhanced Service, which is part of the new GP contract, includes links to local Child Protection Teams.
- "The Scottish Executive's response to the 21st Century Social Work Review – changing lives" was published in February 2006.
- New requirements for the training of social workers will be put in place. This training addresses issues including child and adult protection.
- Additional funding has been made available to improve fostering services across Scotland.
- Improved data collection requirements are being put in place through the SDMD and ADATs.
- "The Mental Health of Children and Young People; A Framework for Promotion, Prevention and Care" was published in October 2005.
- ACPOS has made children affected by parental substance misuse a priority in its Drugs Strategy.
- The roll out of DTTOs is almost complete. Guidance on the schemes includes dedicated sections on child protection and the impact of substance misuse on parenting and on pregnancy.
- SPS is reviewing the existing "Mother and Baby" policy and have opened a family centre at HMP and YOI Cornton Vale.
- The Executive has provided substantial funding to support the work of Childline in Scotland.
- The Executive has established a funding partnership with voluntary sector organisations, managed by Lloyds TSB Foundation for Scotland, to support voluntary organisations working with children and young people affected by substance misuse. The Partnership Drugs Initiative (PDI) funds a number of projects working with young people which includes support for young carers affected by substance misuse and other young people affected by the substance misuse of a close family member.
- The Executive has established the Children Missing from Education Service (CME) to help prevent children of vulnerable, mobile families disappearing from view.
- The "Safe and Well" handbook on child protection in schools includes a section to guide school staff in responding to children of substance misusing parents.
- Instructions to NHS Boards to implement NHS Carer Information Strategies were issued – *April 2006*.

“Hidden Harm” Implementation Group: remit and membership

The role of the Implementation Group was to advise on and assist in the development of this work.

The membership of the Group reflected the key policy areas within the Scottish Executive, as well as partnership agencies that have a major role in influencing the delivery and implementation of “Hidden Harm – Next Steps”.

The membership of the group was as follows: (Scottish Executive members are denoted by *)

Drew Peden*	Justice Department, Safer Communities Division (Chair)
Isabel McNab*	Justice Department, Safer Communities Division
Dave Watson*	Justice Department, Safer Communities Division (Secretary)
Sam Coope*	Justice Department, Analytical Services Division
Dr Mini Mishra*	Health Department, Directorate of Primary Care and Community Care
Joanna Wright*	Health Department, Child and Maternal Health Unit
Lindsay Liddle*	Health Department, Alcohol Policy Team
David Pattison*	Health Department, Health Promotion
Morag Robertson*	Health Department, Carers Strategy
Helen Berry*	Education Department, Pupil Support and Inclusion
Robin McKendrick*	Education Department, Additional Support for Learning
Rod Burns*	Education Department, Children and Families
Fiona Clark	Social Work Inspection Agency
Christine Knight	Her Majesty’s Inspectorate of Education
Clare Duffy	Common Services Agency, Information and Statistics Division
Marie Hayes	Lanarkshire ADAT (until January 2006)
Brenda Doyle	Association of Directors of Social Work
Donald Mackay	Association of Directors of Education
Dorothy Hunt	Scottish Network of Families Affected by Drugs
Patricia Russell	Aberlour Childcare Trust
Elaine Wilson	Lloyds TSB, Partnership Drugs Initiative
Joy Barlow	Scottish Training On Drugs and Alcohol
Louise McDonald	Princess Royal Trust for Carers

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Consultation on “Hidden Harm – Next Steps”: Summary of Responses

As part of the process of developing this work, consultations were held with those that work with children and young people, families affected by drug problems and young people themselves. A summary of these consultations is set out below.

Consultations with those working with children and young people: key points

Poor communication between agencies, and the lack of awareness of the roles of other services were discussed. The difficulties of confidentiality and data protection were emphasised. Better use of resourcing and multi-disciplinary training should be more widely promoted. Agencies needed to be reminded of the advice contained in “Getting our Priorities Right”.

The role of key professionals such as health visitors and school nurses should be further developed, whilst awareness amongst teachers and other school staff needed to be improved. Extended family members, especially grandparents, often provide a stable family setting for children. This was thought to be important.

A number of barriers to hearing children’s voices and communicating effectively with them were highlighted. There can be a conflict between the need to observe confidentiality and data protection protocols. A national training strategy would promote better the understanding by practitioners of what children were saying.

There are few services which work exclusively with children and young people affected by familial substance misuse. While there are many effective services in the statutory and voluntary sectors with which this group may engage, few address the specific needs common to this group.

The full text of this summary is available on www.knowthescore.info

Consultation with families affected by drug use: key points

Consultation with families affected by drug use was facilitated by the Scottish Network of Families Affected by Drugs (SNFAD) at their annual conference in 2005. Thirty-eight family members responded.

It can be difficult to identify children in need of support and to get them into services. Teachers or a friend were reported to be the most frequent sources of helping children and young people get in touch with services which could provide them with support. Counsellors in schools and an “open-door” approach by services were thought to be important.

The kind of support which was thought to be most sought by children and young people was a “safe” adult to talk to, and the feeling of being valued. Activities which allowed children to do things which are enjoyed by most children, without any responsibilities, were also seen as important. Families reported that young people wanted time out for themselves

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with people they could trust. A safe place where they could enjoy the company of other young people with whom they could empathise and enjoy activities together was considered to be essential. Most family members made the point that it was important for these children and young people to be encouraged and supported to talk about their situation and not to keep their feelings and thoughts to themselves. They should feel it is “OK” to talk.

Young people consultation: key points

Thirty-five children and young people who attend young carer groups were invited to participate in this consultation by workers with whom they were familiar. The young people who responded reported that they had “found” the carer’s group because of someone from their own family. Friends and social workers had also supported some young people but very few had accessed the service because of help from their teachers or because of local publicity. The children and young people were asked what they liked about the group. The staff and the outings were the main reasons for attending while other activities, a safe place and someone to talk to rated highly. Time away from home was also important.

While the initial engagement with a service is important, sustaining that engagement is also important to making a difference for children and young people. Staff and the company of other young people in a like situation are rated highly. Being listened to, having something in their life to look forward to and the opportunity to do different things and to meet others, are important.

One young person summed up the feelings of a number of the young respondents by commenting that the carers group provided a break away from home with people that you can trust and where you can talk and be listened to among friends.

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Changing Lives: Scottish Executive response to the Report of the 21st Century Review of Social Work (Scottish Executive 2006)

Children (Scotland) Act 1995

Education (Additional Support for Learning) (Scotland) Act 2004

Family Law (Scotland) Act 2006

Framework for Maternity Services in Scotland (Scottish Executive 2003)

Getting it Right for Every Child: Proposals for Action (Scottish Executive 2005)

Getting our Priorities Right: Good Practice Guidance for working with children and families affected by substance misuse (Scottish Executive 2003)

Happy, Safe and Achieving their Potential – a standard of support for children and young people in Scottish schools: the report of the National Review of Guidance 2004 (Scottish Executive 2005)

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Safe and Well – A handbook for staff, schools and education authorities (Scottish Executive 2005)

Scottish Executive response to the Report of the Inquiry by the Advisory Council on the Misuse of Drugs (Scottish Executive 2004)

Scottish Executive Response to the Report of the 21st Century Review of Social Work – changing lives (Scottish Executive 2006)

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (Scottish Executive 2005)

Glossary of Terms

ACMD	Advisory Council on the Misuse of Drugs
ACPOS	Association of Chief Police Officers in Scotland
ADATs	Alcohol and Drug Action Teams
Adoption Policy Review Group	This is an independent Group which was set up in 2001 to review adoption policy and practice in Scotland.
ADSW	Association of Directors of Social Work
CAMH	Children and Adolescent Mental Health
CME	Children Missing from Education
DTTO	Drug Treatment and Testing Order
FAS	Fetal Alcohol Syndrome
HeadsUpScotland	The national project for children and young people's mental health
HIV	Human Immunodeficiency Virus
HMIE	Her Majesty's Inspectorate of Education
HMP	Her Majesty's Prison
NAS	Neo-natal Abstinence Syndrome
PCT	Primary Care Team
PDI	LloydsTSB, Foundation for Scotland, Partnership in Drugs Initiative
SCRA	Scottish Children's Reporter Administration
SNFAD	Scottish Network of Families Affected by Drugs
SPS	Scottish Prison Service
Storybook Dads	Project to enable male prisoners to write and video stories for their children
Sure Start Scotland	A funding programme delivering targeted support to vulnerable children and their families
SWIA	Social Work Inspection Agency
The Fostering Network	The Network is a lobby organisation which works throughout Scotland to ensure that all children and young people who are fostered receive the highest standards of care.
YOI	Young Offenders Institute



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