

<i>item:</i>	9
<i>report:</i>	CYP22/06

HIDDEN HARM: NEXT STEPS

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Summary

The Scottish Executive has published *Hidden Harm - Next Steps*. This document identifies a range of actions that the Scottish Executive is taking forward to improve the way in which agencies identify, protect and support children and young people living with parental substance misuse. This report, updates members about this significant policy initiative, and seeks agreement to the introduction of two significant protocols in this area of work. It summarises a report that has already been supported by the Child Protection Committee.

1. Introduction

1.1 On May 8th 2006, the Scottish Executive published its action plan for the protection of vulnerable children of substance misusing parents - *Hidden Harm - next steps: Supporting Children: Working with parents*. 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, NHS Boards, local authorities, the police, the courts and the Scottish Prison Service (SPS) and partner agencies - to improve the way in which agencies identify, protect and support children and young people living with parental substance misuse.

2. Summary of key issues

2.1 The *Hidden Harm: Next Steps* report makes clear that all agencies must improve how they identify children at risk from parental substance misuse. It states that services need to work better together to protect affected children and to promote their future development and well-being.

2.2 The key messages of the report are 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.

- 2.3 The Executive reiterates that the needs of the child must take precedence over the needs of the drug using adult. 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.
- 2.4 This work should be considered within the wider context of the Executive's strategies for tackling drug and alcohol problems:
- reducing the use of drugs amongst children and young people, through education and public information;
 - reducing the harm done to children and young people living in drug-taking families;
 - increasing the number of problematic drug users getting timely and effective treatment;
 - reducing re-offending, by increasing the number of drug-misusing offenders entering treatment;
 - reducing the availability of drugs; and
 - supporting communities hardest hit by serious drug-related crime.
- 2.5 With regard to children at different ages and stages, the recommended approach is very much in line with the implementation proposals for 'Getting it Right for Every Child':

The Unborn Child:

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.

Children in Infancy (0 - 5):

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.

Children in School:

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. 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.

2.6 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; re-training of social workers and other frontline staff in child protection;
3. 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;
4. a more interventionist approach by social work and related services in working with parental drug users to ensure adherence to care plans/contracts;
5. developing a new national fostering strategy, to build on work already going on to help support fostering even more effectively in the future;
6. improving advice on contraception, including links between addiction and sexual health services; and
7. 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.

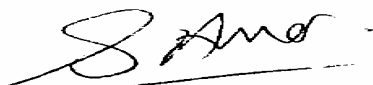
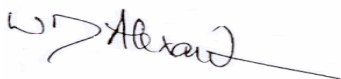
2.7 Much of this activity will be progressed in Highland as part of 'Getting it Right'. In addition, the Child Protection Committee has agreed to initiate a programme of work, in association with other interests including the Highland Drug & Alcohol Action Team, to address the full range of necessary actions. This will need to include work in partnership with staff from adult services.

3. Care Pathways

- 3.1 In the meantime, *For Highland's Children 2* detailed the development of pathways to support vulnerable pregnant women through maternity and related services. Accordingly, the following pathways have been developed, and are attached with the Joint Committee papers:
- Women, Pregnancy & Substance Misuse
 - Domestic Abuse - Pregnancy and the Early Years
- 3.2 These good practice pathways detail how pregnant women who have difficulties with substance misuse or who are vulnerable from domestic abuse should be cared for and supported to ensure the best outcomes for their unborn child and their own health. The pathways evidence how Sure Start funded initiatives are supporting practice (Joint Committee Children and Young People May 2004) and how our thinking then, was in tune with the development of integrated children's services and the GIRFEC model we are working to now.
- 3.3 It is intended that further pathways will be added as part of this ongoing activity. Work is nearly completed on peri-natal mental health, and further work is planned regarding learning disabilities and obesity. These will follow into 2007.
- 3.4 The Joint Committee are asked to note and endorse these pathways which will be disseminated across Highland alongside GIRFEC implementation.

Recommendation

The Joint Committee are asked to note this report, and to endorse the attached pathway documents.



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