



## **SERIOUS CASE REVIEW**

## **EXECUTIVE SUMMARY**

Published November 2005



- 2.6 The decision to undertake a Serious Case Review was endorsed by the Chair of the ACPC on 20<sup>th</sup> April 2004.
- 2.7 On 15<sup>th</sup> July 2004 information received from Forensic Science Services stated that tests on SNM's hair had revealed evidence of probable sustained methadone presence over a period of months.
- 2.8 The review was undertaken by members of North Yorkshire ACPC and included representatives from Health, Social Services and the Police. The report was presented to the ACPC on 15<sup>th</sup> November 2004. The ACPC accepted the report and has taken action.

### 3. **Main Issues**

- 3.1 The provision of specialist posts of Drug Addiction Midwives or Midwives with specialist knowledge in relation to substance misuse is invaluable in terms of being able to provide specialist ante-natal support to pregnant women who misuse drugs.
- 3.2 It is important that anyone who may work with parents who are substance misusers recognise the impact to children and the risks that this may pose on a child. This can be achieved by ensuring that agencies have clear internal guidelines for working with substance misusing parents. The guide must include instructions to workers to give advice about the safe storage of drugs and, in particular, the dangers of children ingesting methadone or opiate substitutes.
- 3.3 Everyone working with substance misusing parents must be informed of any changes in a care plan and that this is particularly important at the time of discharge of any service involved in that parents care.
- 3.4 Effective communication within Primary Health Care Teams and the good practice of shared health records and team meetings within these settings assists with risk management.
- 3.5 An outreach service within drug agencies would benefit substance misusing parents in North Yorkshire given the rurality issues for service users and the difficulties they may have accessing services.
- 3.6 Additional multi-agency training in relation to substance misusing parents and the impact on children to enable workers to understand the issues and their roles and responsibilities is required.



- 5.8 That PCTs should ensure that Primary Health Care Teams to have effective methods of communication between GPs and other primary health care staff. The subgroup recognises the good practice of shared health records and Primary Health Care Team Meetings.
- 5.9 That Hospital Trusts within North Yorkshire should explore and record a parent's substance misuse when it has been brought to their attention, in Accident & Emergency, outpatients and when a child is admitted to a children's ward. The extent of the substance misuse should be established and consideration given to the impact on the child.
- 5.10 That drug agencies ensure all professionals involved with the family are informed of any plans to discharge a client from their service. That this happens prior to discharge to enable appropriate planning and support for the family.
- 5.11 That drug agencies review needs of all staff (including Managers) for training in both the Assessment Framework for Children in Need and Child Protection to ensure an appropriate understanding of the referral process.
- 5.12 Drug agencies review their "guidelines for Professionals for assessing risk when working with drug using parents" to ensure that safe storage of medication is addressed regularly during contact to meet the safety needs of the child in line with the child's development.
- 5.13 That the Drug Action Team ensures that each commissioned provider of drug and alcohol related services carry out the recommendations relating to drug agencies.
- 5.14 That the Drug Action Team review service provision for substance misusing parents in North Yorkshire.
- 5.15 That the ACPC review procedures relating to substance misusing parents and the impact on children.
- 5.16 The ACPC review the training available in relation to substance misusing parents and the impact on children.

Each organisation charged with a task is responsible for its implementation. The ACPC will monitor this case to ensure action is taken.