

Hidden Harm:

Addictions in the Family

**Believe in
children**



Barnardo's
Northern Ireland

No.13 Policy and
practice briefing

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'I didn't see how my drug use could be affecting my child. I couldn't admit it. Now I can see it must have affected her in lots of ways.'

(Parent)

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Introduction

Children and young people thrive best when they grow up feeling safe and secure. However, their home life can sometimes be affected by poverty, substance misuse, mental ill-health or domestic abuse. Barnardo's broad range of community-based support services help improve the health and life chances of families, including those whose wellbeing is affected by parental substance misuse.

Treatment services traditionally focus on supporting the adult engaged in substance misuse when in reality the lives of many family members can be affected. Barnardo's believes that, where appropriate, individuals should also be considered within the context of their family life, community and broader society. In our direct work with families we have therefore adopted a holistic response in addressing the impact of parental substance misuse.

About this briefing

Substance misuse impacts across communities in Northern Ireland and the term 'hidden harm' is commonly used to describe parental/carer substance misuse and its effect on children and other family members. A family-focused approach recognising the interdependency of individual family members and considering the welfare of children is increasingly highlighted at government policy level.

Having previously co-delivered an event to raise awareness about substance misuse in families (Behind Closed Doors, 2008), Barnardo's NI jointly

hosted a further 'hidden harm' conference in March 2010, entitled Addictions in the Family. This interactive event in partnership with the Department of Health, Social Services and Public Safety (DHSSPS) and the Public Health Agency (PHA) presented current policy and practice developments, including implementation of the Regional Hidden Harm Action Plan (PHA/HSCB, 2009). A range of leading policymakers, researchers and practitioners addressed 150 delegates working across sectors in areas where parental substance misuse impacts on children and families. Throughout the day a series of themed group discussions also explored:

- how collective ownership of the Hidden Harm Action Plan can be achieved
- what best helps support children and young people in 'hidden harm' families
- how addiction services and agencies can be supported to adopt a more family-focused approach.

Barnardo's practice experience and the key issues highlighted at the conference have informed this briefing and its recommendations for policy and practice.

Impact of parental substance misuse on children and families

Public drug and alcohol campaigns predominantly focus on individual behaviour rather than the impact of parental substance misuse on families. However, research shows that the social, emotional and behavioural problems experienced by children are significant (Percy et al, 2008; Velleman et al, 2008; Copello et al,

2005). Their households tend to be chaotic with above average levels of poverty, worklessness, neglect, domestic abuse and family disruption. They are at increased risk of interrupted education; entering the care system; coming into contact with mental health services; and taking on caring roles and responsibilities for siblings and parents.

Children have reported feeling unsafe and frightened growing up in households where parents and sometimes other adults are misusing substances (PHAROS, 2009). They typically stay silent about their circumstances to avoid intervention from social services and the risk of becoming 'looked after'. This has a detrimental impact on children's ability to build trusting relationships with 'caring' adults and further contributes to feelings of powerlessness and isolation.

'It was dangerous at home when my dad was drinking because someone could get hurt and I was afraid because when people are drunk they could push you and they don't know what they're doing.'

(Child, Barnardo's PHAROS service)



The extent and nature of family alcohol and drug use:

Findings from the Belfast Youth Development Study (Percy, A. et al, 2008)

This large scale study of more than 700 families provides a picture of the extent and nature of alcohol and drug misuse among family members and the relationships between them. The key findings support calls for adult treatment services to consider the needs of dependent children, and include:

- Over 15 per cent of teenagers live in homes where one or more

parents reported moderate substance use problems. Around two per cent of parents reported serious alcohol or drug problems

- The considerable impact of older siblings on teenagers' exposure to problem alcohol and drug use. Among the older siblings living at home, nearly all drink (87 per cent) and almost 30 per cent were current cannabis users
- Over half of all households surveyed had at least one member who reported problem drinking, and 10 per cent had at least one member who reported problem drug use.

'When I'm drinking I get snappy with her [daughter] and edgy. I don't give help or do things when she asks for help. I give her a word, when I should be giving her a sentence. I don't answer her properly; I just say 'yes', 'no', 'maybe' – she gives up asking and gives up trying.'

(Parent, Barnardo's PHAROS service)

Supporting children and families

There is an increasingly strong evidence base for bridging the gap between adult and children's services in favour of a more family-focused approach that considers the needs of dependent children and other family members (Orford, 2008; Copello et al, 2005; Velleman, 2008; Percy et al, 2008). The whole family becomes involved in supporting their relative's treatment while also receiving advice and support in their own right, leading to positive outcomes in three key areas:

- entry, engagement and retention in treatment
- improved substance related outcomes for the user
- a reduction in the negative social and health impacts on other family members, including children and young people.

A key factor when supporting children living with parental substance misuse is building resilience, which can be defined as 'the capacity to prevent, minimise or overcome the damaging effects of adversity or trauma' (Robinson, 2006; Velleman, 1999). Supporting the development of protective factors such as working with parents to improve parenting skills and interpersonal relationships can increase children's general resilience and reduce their risk of short and longer-term harm.

Background and policy context

- Almost three-fifths (57 per cent) of people being treated in statutory and non-statutory drug and alcohol treatment services are there for alcohol misuse; just over one-fifth (22 per cent) for drug misuse; and approximately one-fifth (21 per cent) for both drug and alcohol misuse (DHSSPS, 2010).
- It has been estimated that 40,000 children in Northern Ireland are affected by parental substance misuse (PHA/HSCB, 2009).
- 40 per cent of children on the child protection register and 70 per cent of children who are 'looked after' are there as a direct result of parental substance misuse (PHA/HSCB, 2009).

Prevalence data on the extent of parental substance misuse tends to be based on treatment populations and general population surveys conducted in other European countries, therefore estimations of the extent and characteristics of the problem are arguably limited (Percy et al, 2008).

In Northern Ireland, the *New Strategic Direction on Alcohol and Drugs 2006-2011* (NSD, 2005) identifies children born to

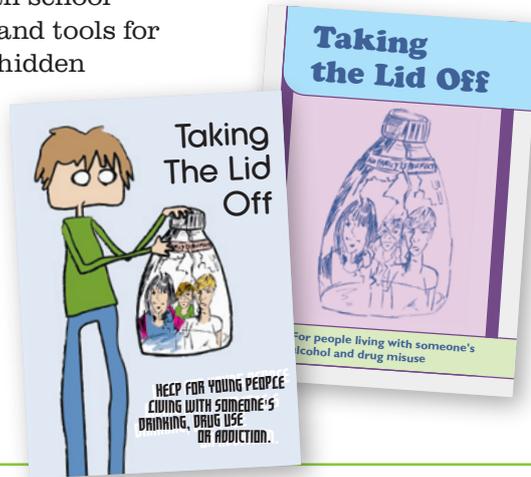
and living with substance misuse as a priority group. A regional Hidden Harm Framework was therefore developed and launched in November 2008. This informed the development of the *Regional Hidden Harm Action Plan* (PHA/HSCB, 2009) which emphasises joined-up working across sectors in order to support these children, young people and families. It also outlines the importance of drawing on best practice and of evaluating the effectiveness of pilot programmes.

The Hidden Harm Action Plan is underpinned by other key strategies and policy development in Northern Ireland, including The Children's Strategy (OFMDFM); Care Matters; Families Matter; Tackling Violence at Home (DHSSPS); and the Mental Health and Children's Services project, Think Child, Think Parent, Think Family.

There is a target in the current Programme for Government by 2011 to reduce by five per cent the number of children at risk from parental alcohol and/or drug dependency (NIE, 2008); and in the NI Children's Services Plan (2008-2011) this target is 10 per cent.

Partnership working

The Hidden Harm: Addictions in the Family conference (2010) highlighted the need for increased partnership working and integrated practice to enhance existing support services for children and families living with substance misuse. Barnardo's NI for example has worked in partnership with the South Eastern Health and Social Care Trust and ASCERT to deliver training to professionals working with school-aged children (Rory, 2009), and tools for practitioners working with 'hidden harm' families (Taking the Lid Off, 2009). The Taking the Lid Off Partnership, together with the Hope Centre, has jointly produced information and tools for young people about hidden harm, including a pocket size leaflet which is available across Northern Ireland.



partnership. Another key part of this role is to learn from, and contribute to, the development of professional knowledge and practice in the area of parental substance misuse.

Addressing addiction in families – what next?

The Barnardo's NI Hidden Harm: Addictions in the Family conference provided an opportunity for facilitated discussion within three interconnected themes. The main aim was to identify the most pressing issues requiring a strategic and coordinated policy and practice approach.

Key points highlighted by delegates are outlined as follows:

Regional Hidden Harm

Coordinator: This role is viewed as integral to the successful implementation of the Regional Hidden Harm Action Plan. From the outset the coordinator should provide strategic leadership at all levels in awareness raising, training, information sharing, research development and establishing baseline data. Supporting effective partnership working and integration across the different sectors and through the various policy frameworks will also be a key underpinning factor to success.

Collective ownership of the Regional Hidden Harm Action Plan

Collective ownership of the Action Plan across all relevant sectors is essential to its successful implementation and can only be achieved if these key areas are addressed as a priority:

Awareness and training: Early detection of parental substance misuse can be problematic. All professionals working with children and families, including specialist treatment services, need to be clear they have a role

Case study

Susan had chronically misused alcohol for several years, placing her daughter Gail (10) at risk of significant emotional and physical harm. Gail cared for her mother when Susan was drunk and lived with the secrecy and anxiety that often affect children living with parental substance misuse. Gail's grandparents tried to help them but were in despair as family relationships steadily deteriorated. Barnardo's PHAROS service provided a range of support services for all family members, including therapeutic family work and individual counselling for Gail. This helped the whole family understand more about substance misuse and develop positive and safe coping strategies that prioritised Gail's needs. The family decided that Gail should stay with her grandparents while Susan accessed treatment. Gail is currently settled, happy and having regular contact with her mum, who is now engaged with treatment services and making good progress.

Barnardo's Northern Ireland

Using a family-focused approach, the Barnardo's NI PHAROS service delivers a wide range of services to families where there is parental substance misuse and advocates inter-agency collaboration in order to provide an effective response. Funding is provided by the Southern and Eastern Drug and Alcohol Co-ordination Teams to work within their geographic areas. Working with immediate

and extended family members/ carers and foster carers via outreach programmes, home visits and centre-based work, the service includes:

- direct work with children
- therapeutic family work
- parenting support
- group work
- work with couples
- addiction recovery support for adults.

Barnardo's Substance Misuse Coordinator delivers training events across a range of agencies as part of the Taking the Lid Off

Case study

Jack has two sons, Michael (16) and Kevin (14). The boys have had little contact with their mother who has serious mental health problems and Jack has raised his sons on his own. The family has had social work intervention for many years due to Jack's binge drinking and Michael and Kevin have spent periods of time in care. They both had to relocate to another town last year as a result of their dad's criminal activities. Barnardo's PHAROS service became involved and helped Jack manage his drinking and also understand the impact his alcohol abuse has on family life. The therapeutic work and intensive support has progressed to helping Michael and Kevin cope with the effect of their dad's drinking. Jack is making good progress and the whole family continues to engage well with the PHAROS service.

in helping to identify children and young people affected. This includes educators, youth workers, health professionals and social workers working across all geographic areas and sectors. It is essential that they are made aware of the Action Plan and receive training around the very specific issues for children living with parental substance misuse.

Partnership working:

A partnership approach that is both complementary and effective must be developed. To do so, the broad spectrum of cross-sectoral agencies and services supporting the Action Plan should be recognised and clarity provided around their individual roles. It should increasingly be made clear that substance misuse is not often isolated but linked to other issues such as domestic abuse and mental ill-health. Strengthening links with education, family and mental health services should be a priority as should more proactive engagement with the PSNI, emergency services and the general medical profession.

Overcoming the difficulty of operating within different policy frameworks and structures is integral to successful partnership working. An exploration of how to better share and integrate practice is an essential component in taking the Action Plan forward as there are currently very different approaches across the statutory,

voluntary and community sectors. There is general consensus, however, that the existing competitive tendering process does not particularly favour partnership working.

Information sharing: Under a specifically designed protocol, the sharing of information, knowledge, experience and models of good practice should routinely take place through locality groups and relevant professional fora across the full range of related disciplines.

Service provision: Quality service provision can only be achieved with increased integration and suitable funding. Short-term funding is still a recurring problem and successful implementation of the Action Plan will require appropriate, targeted and long-term resources.

Families would benefit from extra support to overcome any negative perceptions of statutory services, particularly social workers. They could be more actively encouraged to build supportive networks and utilise the full range of relevant services.

Supporting children living with parental substance misuse

Some additional points highlight the specific focus required to best support children living with parental substance misuse, including:

Workforce development:

- commitment to developing a family-focused approach with joint workforce training
- inclusion of the education, youth and early years sectors in the workforce development programme highlighted within the Hidden Harm Action Plan to encourage early identification and intervention
- clear referral processes.

Awareness raising:

- the nature of 'hidden harm' and its impact on children needs to be more widely understood beyond services and viewed as an area of social responsibility requiring a public campaign
- more emphasis on awareness raising with parents about the impact of substance misuse on their children
- increased awareness and training about Foetal Alcohol Syndrome and behavioural issues in affected children.

Information sharing:

A comprehensive directory of regional services outlining what each offers would be helpful, including early intervention and preventative services and what is available for children. Similarly, a mechanism to share practical resources and tools would be beneficial, as would clarity around confidentiality, and how much information can and should be shared between agencies/services.

Practice development: In order to effectively support children and families as envisaged in the Action Plan, more evidence-based practice is essential. Other useful developments could include:

- common assessment tools
- more focus on risk and protective factors
- individually tailored safety plans including information about support services
- safe environments to engage with children affected by parental substance misuse

- increased recognition of the particular needs of vulnerable groups such as young carers, young people in conflict with the law and those outside mainstream education.

Adopting a family-focused approach

Acknowledging current funding restraints, conference delegates suggested how



treatment services and other related agencies might be best supported within existing resources to become more family focused, for example:

- through the promotion of locally-based 'hidden harm champions'
- workforce training in therapeutic family-based methods of intervention
- improved internal administrative processes and record keeping
- improved and targeted use of resources to priority areas, for example, family-focused interventions
- linking systemic family work across the statutory, community and voluntary sectors.

'This is a complex field of work but the focus upon the hidden harm of children is crucial to the sea-change which is required.'

(Conference delegate)

Recommendations for policy and practice

The Department of Health, Social Services and Public Safety (DHSSPS) and the Public Health Agency (PHA) via the Hidden Harm Coordinator should prioritise the following:

- a strategic focus on 'hidden harm' must be maintained to ensure its full impact; the Hidden Harm Coordinator should provide strategic leadership and oversee the implementation of the Action Plan at regional and local level with full support and engagement across sectors
- the structures and processes which have been put in place require long-term funding, with family-focused interventions identified as an area of priority
- available resources and programme commissioning must be targeted at proven models of effectiveness
- the establishment of accurate and detailed baseline data about children affected by parental substance misuse is critical to ensure effective service design and delivery
- closer integration between treatment and family services and the development of a continuum of services that is uniformly accessible across all regions, ranging from prevention and early intervention, through to intensive support
- the development of a Regional Hidden Harm Protocol, which includes mechanisms for open communication and information sharing
- workforce development including 'hidden harm' awareness raising and training across the broad range of agencies in all sectors working with children, young people and families
- the development of public awareness campaigns about substance misuse to include the impact of parental substance misuse on children and young people.

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