

# HIDDEN HARM

## Strategic Statement



Seeing Through  
Hidden Harm to  
Brighter Futures



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

**TÚSLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency



# STRATEGIC STATEMENT - SEEING THROUGH HIDDEN HARM TO BRIGHTER FUTURES

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## Foreword

We welcome this jointly prepared statement from Tusla - Child and Family Agency, and the Health Service Executive. The experience of children living with, and affected by, parental problem alcohol and other drug use has become widely known as Hidden Harm. The term Hidden Harm encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development. The key to the success of Hidden Harm work will be both the willingness and capacity of all services to work in a collaborative fashion.

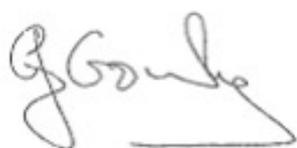
Problematic use of alcohol and other drugs is a complex issue and continues to be one of the most significant health and social challenges facing our society. Approximately a third of the people of Ireland are engaged in harmful drinking and many are engaged in illicit drug use (DoH Prevalence). This affects families and communities and can have serious implications for outcomes for children from conception right throughout their life span.

The welfare and safeguarding of children and young people is a priority. This statement recognises that effective interventions for parental problem alcohol and other drug use must include a whole family approach at a social, cultural, community and individual level.

The Statement is written in response to the best available evidence and guidance on creating the structures, processes and continuum of care in responding to Hidden Harm, and is the first step in the implementation of actions to reduce the impact of Hidden Harm. It takes account of the views of frontline workers, managers and commissioners in Tusla, the HSE and key individuals from other statutory, voluntary and community organisations.

Cultural and procedural change will need to take place if the children and families affected by problem alcohol and other drug use are to look forward to better outcomes. However it is clear from the responses from the stakeholder consultation on this document that there is a very strong will to assist in the implementation of this Statement. We recognise the good work already in train, and look forward to continued work together to improve outcomes for children and families.

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## GLOSSARY

### **Adverse Childhood Experiences:**

These are stressful or traumatic events including abuse and neglect. They may also involve household dysfunction such as domestic violence or growing up with family members who have substance misuse disorders.

**Assessment:** Assessment is a process in which the service user participates, the purpose of which is to understand people in relation to their environment; it is the basis for planning what needs to be done to maintain, improve and bring about change (Coulshed and Orme 2012).

**Attachment:** This is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth 1979; Bowlby 1969). Attachment is characterised by specific behaviours in children, such as seeking proximity to the attachment figure, when upset or threatened (Bowlby 1969). Attachment behaviour in adults towards the child includes responding appropriately and with sensitivity to the child's needs. Such behaviour appears universal across cultures.

**Carer:** A 'carer' refers to young carers, kinship carers/relative carers, foster carers and other carers who have contact and involvement with children, and who are not a 'parent' as defined in this glossary.

**Child:** A child is defined as anyone under the age of 18 years who is not, or has not been married. The child protection and welfare concerns for the unborn may need to be considered during pregnancy.

### **Child Abuse:**

**Neglect:** Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

**Emotional abuse:** Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

**Sexual abuse:** Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.

**Physical abuse:** Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.

**Child Development:** This entails the biological, psychological and emotional changes that occur in human beings between birth and the end of adolescence. It is the individual process from dependency to increasing autonomy. The process is continuous with a predictable sequence, yet having a unique course for every child.

**Domestic Violence:** Domestic and/or sexual violence is the threat or use of physical, emotional, psychological and sexual abuse in close adult relationships. This includes destruction of property, isolation from family and friends or other potential sources of support and threats to others including children. Stalking and control over access to money, personal items, food, transport and the telephone are also common examples of domestic abuse. An aspect of domestic violence is that of coercive control which seeks to take away the person's liberty or freedom, to strip away their sense of self (cedar network 2017)

**Early intervention:** intervening to provide support at the earliest possible stages and ages when problems occur for children and their families.

**Family:** means spouse, parent, grandparent, step-parent, child (including a step-child), grandchild, brother, sister, half-brother, half-sister, and any other person who, in the opinion of the Child & Family Agency, has a bona fide interest in the child.

**Foetal Alcohol Spectrum Disorders:** Drinking during pregnancy can cause brain damage, leading to a range of developmental, cognitive, and behavioural problems, which can appear at any time during childhood. Foetal Alcohol Spectrum Disorders (FASD) is the umbrella term for the different diagnoses, which include Foetal Alcohol Syndrome, partial Foetal Alcohol Syndrome, Alcohol-related neuro-developmental disorder, and alcohol-related birth defects.

**Hidden Harm:** Following the report of the UK Advisory Council on Misuse of Drugs (2003), the experience of children living with, and affected by, parental problem alcohol and other drug use has become widely known as Hidden Harm. The term Hidden Harm encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development.

**Joint Working:** In this Practice Guide joint/interagency working is used to denote where more than one agency works together in a planned way. ‘Agency’ refers to the range of organisations who support children and their parents, families and communities and who are named in this Practice Guide.

**Maternal Alcohol Consumption:** the consumption of alcohol during pregnancy.

**Making Every Contact Count:** The Making Every Contact Count programme supports the implementation of Healthy Ireland throughout the Health Service and the implementation of this framework is a key strategic action in reducing the burden of chronic disease. It is aimed at all health professionals to encourage and enable them to recognise the role and opportunities they have through their daily interactions with patients to enable them to make health behaviour changes in relation to healthy eating, physical activity, smoking, alcohol & drugs. In relation to all topics they are being asked to have a conversation with patients that involves 5As; Ask, Assess, Advise, Assist and Arrange and to screen for alcohol & drugs.

**Meitheal:** This is the Tusla-led Early Intervention Practice Model to ensure that the needs and strengths of children and their families are effectively identified and understood and responded to in a timely way so that children and families get the help and support needed to improve child outcomes and to realise their rights.

**National Drugs Rehabilitation Framework (NDRF):**

The aim of this holistic process is to empower people so that they can access the social, economic and cultural benefits of life in line with their needs and aspirations. Drug rehabilitation encompasses interventions aimed at stopping, stabilising and/or reducing the harm associated with a person’s drug use as well as addressing a person’s broader health and social needs. The NDRF is a framework through which service providers ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway.

**National Screening and Brief intervention Project:**

As part of the Programme for Government 2007-2012, the Government agreed to: “Provide early intervention programmes in all social, health and justice services to ensure early detection and appropriate responses to high risk drinking”. The purpose of early intervention programmes is to detect high risk and harmful drinking in individuals, before or shortly after the early signs of alcohol related problems. This action led to the decision by the HSE former Population Health Directorate to designate “Towards a Framework for Implementing Evidence based Alcohol Interventions” as one of its transformation projects.

The framework led to the development of the HSE national model for training in Screening and Brief Intervention for Alcohol and Substance Use (SAOR). SAOR facilitates a screening and brief intervention through a framework of Support, Ask and Assess, Offer Assistance and Refer. Screenings can be carried out routinely, targeted or opportunistically.

**Neonatal Abstinence Syndrome:** A group of drug withdrawal symptoms referred to as Neonatal Abstinence Syndrome (NAS) can occur in infants born to mothers dependent on certain drugs. NAS occurs because, at birth, the infant is cut off from the maternal drug supply to which it has been exposed to in utero.

**Parent:** A 'parent' refers to anyone who has caring responsibilities for a child. This includes all mothers and fathers (biological and non-biological, resident and non-resident parents). It also includes other carers who have caring or guardianship responsibilities for children.

**Parental problem alcohol and other drug use:** refers to the broad spectrum of problems related to alcohol and other drug use from mild to severe in the context of the family with particularly reference to the impact on parenting capacity.

**Parenting Capacity:** This relates to the ability of parents or care givers to ensure that the child's developmental needs are being appropriately and adequately responded to and to (be able to) adapt to (the child's) changing needs over time (SCIE 2005).

**Prevention:** Refers to methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of wellbeing, or promote desired outcomes or behaviours.

**Problem alcohol and other drug use:** Problematic alcohol or other drug use is associated with a large variety of drugs: illegal, prescribed, over-the-counter and legal. Its effects on children and families can vary greatly. For the purpose of this guidance we generally refer to problematic alcohol and/or drug use as the stage when the use of drugs or alcohol is having a harmful effect on a person's life, or those around them. (Scottish Executive 2013)

**Post-traumatic stress disorder:** Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition. (American Psychiatric Association (2013))

The Fifth Edition of the DSM (DSM-5) includes a new developmental subtype of PTSD called Post-traumatic Stress Disorder in preschool children. Young children are exposed to many types of traumatic experiences, placing them at risk for PTSD. These include:

- Abuse
- Witnessing interpersonal violence
- Motor vehicle accidents
- Experiences of natural disasters
- Conditions of war
- Dog bites
- Invasive medical procedures

**Recovery:** Recovery is a person-centred journey enabling people to get a sense of control over their own problems, the services they receive and their lives and providing opportunities to participate in wider society. (HSE Dublin North Addiction Service Review-2013). The overall aim of services should be ‘to maximise the quality of life, re-engagement, independent living and employability of the recovering problem alcohol/drug user in line with their aspirations. (Report of the Working Group on Rehabilitation (2007) Pg. 21)

**Rehabilitation:** Rehabilitation encompasses a structured development process focused on individuals, involving a continuum of care and aimed at maximising their quality of life and enabling their re-integration into communities (as outlined in the National Drugs Rehabilitation Framework (2010).

**Relapse:** Relapse is defined as a setback that occurs during the behaviour change process, such that progress toward the initiation or maintenance of a behaviour change goal (e.g., abstinence from drug/alcohol use) is interrupted by a reversion to the target behaviour. A relapse episode is usually preceded by stressful events (triggers) that raise stress and activate old self-defeating and addictive ways of thinking, feeling, acting, and relating to other people. Relapse is best conceptualized as a dynamic, ongoing process rather than a discrete or terminal event. (Hendershot et al 2011)

**Screening:** Screening is a brief process that aims to establish if an individual has a drug and/or alcohol problem, related or coexistent problems and whether there is any immediate risk for the service user. The screening should identify those who require referral to alcohol/drug treatment services and the urgency of the referral. Screening may include an element of brief opportunistic intervention aimed at engaging or preparing the service user for treatment. (eg. MECC, SAOR) Screening is likely to be carried out in generic settings and can be carried out routinely, targeted or opportunistically. Training in screening and brief intervention is required.

**Signs of Safety:** The Signs of Safety approach to child protection and welfare casework is now widely recognised internationally as the leading available participative approach to child protection casework. Although the approach has been developing since Steve Edwards and Andrew Turnell began collaborating in the late 1980s, the last eight years have seen an explosion of interest and engagement with the approach around the world. This momentum has come about because the Signs of Safety approach is first and foremost grounded in, and continues to evolve from, what works for the front line practitioner. Currently there are nearly 200 agencies in 15 countries undertaking some form of implementation of the Signs of Safety. This includes large-scale, long-term, system-wide implementations in Ireland, Australia, New Zealand, Japan, Europe, Canada, USA, and Cambodia.

**Trauma:** At a broad level, trauma can be defined as experiencing a distressing or painful event which the victim is powerless to prevent (Evans, 2008; Pilnik and Kendall, 2012). A traumatic experience may be a one off incident, or a re-occurring event that becomes a part of day to-day reality (Levine and Kline, 2007; Taylor et al., 2005).

**Treatment:** A structured developmental process whereby individuals are facilitated to become fully involved in the process of regaining their capacity for daily life from the impact of problem alcohol/drug use. It encompasses a range of interventions and services which help people to overcome their dependency, and reduce the physical and psychological harms caused by alcohol and drugs to users, their families and communities.

**Whole Family Recovery:** All child and adult services should focus on a 'whole family' approach when assessing need and aiming to achieve overall recovery. This should ensure measures are in place to support ongoing recovery. (Scottish Executive 2013)

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## Acronyms

ACMD - Advisory Council on the Misuse of Drugs

MECC - Making Every Contact Count

NACDA - National Advisory Committee on Drugs and Alcohol

NDTRS - National Drug Treatment Reporting System

NDRF - National Drug Rehabilitation Framework

SAOR: Support, Ask and Assess, Offer assistance and Refer

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## DEVELOPING THIS STATEMENT

### **There were five stages leading to the development of this document**

#### **Stage one - The establishment of the North South Alcohol Policy Advisory Group Sub group on Hidden Harm.**

An outcome of the North South Ministerial Council's Conference on Alcohol in 2012 was the adoption of an all-island approach to addressing 'Hidden Harm'. Furthermore an action in the National Drugs Strategy 2009-2016<sup>1</sup> directed Health Service Executive (HSE) and Tusla to make contact with Co-operation and Working Together (CAWT) and seek facilitation of a cross border meeting with the objective of learning from the Hidden Harm model under implementation in Northern Ireland. Subsequently the North South Alcohol Policy Advisory Group Sub group on Hidden Harm was established in August 2012. Facilitated by CAWT, this Group supports the work of the North South Alcohol Policy Advisory Group, chaired by Dr Owen Metcalfe (Institute of Public Health). Most recently (June 2015) an all island Hidden Harm Leaflet Opening our eyes to Hidden Harm was produced by this group to empower practitioners to support children and young people affected by parental problem alcohol and other drug use.

#### **Stage Two - The establishment of the Hidden Harm National Steering Group June 2013**

As a result of the Tusla - Child and Family Agency<sup>2</sup> and HSE Drug and Alcohol Services<sup>3</sup> input into the north south process it was acknowledged the need for a parallel process in Ireland to provide a practical framework for addressing the impact of parental problem alcohol and other drug use on children and families. The Northern Irish experience demonstrated the importance of an inter-agency approach, as well as the need for consistency in processes, protocols and delivery of services. In June 2013 a high level project management steering group on Hidden Harm (HH) was established led by Tusla - Child and Family Agency, the HSE National Social Inclusion Office, Mental Health and Drug and Alcohol Services North West and the Midlands. The group produced the HSE National Project Management Steering Group on Hidden Harm (2013) Addressing Hidden Harm: Bridging the gulf between substance misuse and childcare systems - Submission for the attention of Minister of State with responsibility for Drugs, Alex White, TD (unpublished). This cumulated in the inclusion of Hidden Harm as a theme within Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020 Department of Children and Youth Affairs (BOBF). The importance of recognising Hidden Harm and ensuring that children living with parental problem alcohol and other drug use are identified and supported within Tusla and the HSE is now included under the transformational goal of earlier intervention. The Steering Group also identified two national practice learning sites, Northwest in County Donegal and the Midlands, to begin Hidden Harm practice working, with the initial focus on the needs of children and families where there is parental problem alcohol and other drug use.

### **Stage Three - External Expert**

In October 2013 an external international expert, Ms Joy Barlow, was co-opted onto the Hidden Harm National Steering Group to inform the work programme direction.

### **Stage Four - Stakeholder Consultation, (January 2014)**

In response to the increased awareness of Hidden Harm on the policy maker's agenda, a consultation took place on 28th January 2014 with commissioners, researchers, service providers and practitioners from the two named national practice learning sites i.e. North West and Midlands. This consultation was guided by an existing scoping exercise and consultation report developed by HSE West Donegal, Drug and Alcohol Services. The Stakeholders through the consultation process identified three themes that must be addressed in a meaningful way if children are to be protected and families are to be supported:

**1.** The extent to which the characteristics of alcohol and other drug use affects the capacity of the parent to care for the child. It 'impacts on every aspect of family life, finances, parenting, relationships, health work, court appearances, criminal convictions, mental health.' Pg.11 Stakeholder Consultation report.

**2.** The impact on the child: 'physical, educational, mental and social needs. Poor hygiene/nutrition, poor school attendance and attainment, lack of self-esteem/ positive role models and poor self-management in relation to anger/behaviour and maintenance of positive relationships. Engagement in underage alcohol/substance misuse and increase in anti-social behaviour ... children as carers within the household' Pg.11 Stakeholder Consultation report.

**3.** The impact on services: 'Lack of understanding of the complexity of the issues associated with parental substance misuse leads to feelings of frustration', 'Training to recognise the hidden harm neglect. To have clear pathways for reporting this. Policy around Hidden Harm that can be used to support group and training how to use policy'. Pg. 28 Stakeholder Consultation report.

Roundtable discussions highlighted the need for Hidden Harm learning and development; interagency working; and assessment frameworks. Inherent in this was the development of a protocol for communication between services and clear referral pathways.

### **Stage Five - Strategic Statement consultation June 2015**

As a result of all the foregoing comprehensive work by both Tusla and the HSE, a draft strategic statement was compiled by the Hidden Harm National Steering Group in 2015. This draft statement framed and acknowledged in policy and practice, the primacy of the safeguarding, protection and support of children affected by parental problem alcohol and other drug use, their families and communities. Due cognisance was taken of the elements required in a Strategic Statement and the necessary practice change to see through Hidden Harm to brighter futures for the children of Ireland, their families and communities.

Of the key stakeholders invited to comment on the draft statement, 23 responses were received in total from practitioners and managers in HSE Drug and Alcohol services, Drugs Task forces, Tusla - Child and Family Agency, and allied professionals. Other contributions were received from non-statutory organisations and educationalists and training and development providers. It is clear from the responses that there is a considerable fit of the Hidden Harm agenda to other current priorities.

## 2018

Tusla and the HSE are now joint lead agencies with partners for Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025 for the following objectives:

**1.2.5** Improve supports for young people at risk of early substance use

**1.3.9** Mitigate the risk and reduce the impact of parental substance misuse on babies and young children- Hidden Harm

**2.1.17** Further strengthen services to support families affected by substance misuse

**2.1.22** Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18

There is a very strong will to assist in the implementation of this Statement and in its current format the Strategic Statement lays out the national standard upon which all Hidden Harm work should be measured.

We do not underestimate the tasks that lie ahead. Cultural and procedural change will need to take place if the children and families affected by problem alcohol and other drug use in Ireland are to look forward to better outcomes. From responses to the Strategic Statement it is clear that good work is already in train and there is much goodwill and professional judgement to build upon. We look forward to mutual learning, reflection and practice change.

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<sup>1</sup> [http://www.drugsandalcohol.ie/12388/1/DCRGA\\_Strategy\\_2009-2016.pdf](http://www.drugsandalcohol.ie/12388/1/DCRGA_Strategy_2009-2016.pdf)

<sup>2</sup> For the reader's ease any further reference to the Tusla throughout this document refers to Tusla - Child and Family Agency

<sup>3</sup> For the reader's ease any further reference to the HSE throughout this document refers to the HSE Drug and Alcohol Services

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## Executive Summary

Our vision is that all children in Ireland are safe and achieving their full potential. According to the UNCRC children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions which affect their wellbeing. In addition they deserve respect, information, support and prevention services, and an opportunity to help decide how to attain a healthy future. Unquestionably many of these rights are routinely undermined by problems relating to alcohol and other drugs.

Problematic use of alcohol and other drugs is a complex issue and continues to be one of the most significant health and social challenges facing our society. Considering that 1.34 million<sup>4</sup> people have a harmful drinking pattern, this affects families, friends and communities and can have serious implications for outcomes for children from conception right throughout their life span and for their parents and siblings.

Children living in these circumstances may underachieve at school and are often expected to be carers to their parents at an unacceptably young age. They can also develop mental health problems due to ongoing emotional strain, get drawn into antisocial behaviour and crime, and may have little prospect of a productive and fulfilling life. Children living with or affected by parental problem alcohol and other drug use can go on to have problems with alcohol and other drugs and so the cycle continues.

International evidence<sup>5</sup> shows that many parents presenting for treatment for addiction have experienced post-traumatic stress as a result of domestic violence and childhood sexual abuse<sup>6</sup>. The cognitive and emotional impact of trauma on parents and children requires recognition if families are to be appropriately supported and services are to be resourced to respond. The high correlation between domestic abuse and mental health issues in families impacted by alcohol and other drug use must be noted.

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<sup>4</sup> Long J. Mongan D. (2013) *Alcohol Consumption in Ireland 2013 Analysis of a National Alcohol Diary Survey* Dublin: Health Research Board

<sup>5</sup> Herman, J (1997) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror* New York: Basic Books p.44, 123, 166

<sup>6</sup> *Of clients in substance misuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%. PTSD is associated with severe drugs (cocaine, opioids); in 2/3 of cases PTSD occurs first and then substance misuse. Treatment issues: other life problems are common -: personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence. PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence. With splits in treatment systems (Mental Health v's Drug and Alcohol Services), fragile treatment alliances and multiple crises are common.*

*Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g. emotionally intense exposure therapies, benzodiazepines) and should be carefully assessed prior to use. Recommended treatment strategies: Treat both disorders at the same time. Research supports this and clients prefer this. Decide how to treat PTSD in the context of active substance abuse. Options: (1) Focus on present only (coping*

Establishing safety and restoring the connection between families and their community, is at the heart of keeping children visible and improving outcomes for families and children<sup>7</sup>. Research suggests that children are falling through gaps in services, and those professionals, both adult- and child-focussed feel increasingly ill-equipped to deal with these combination of issues. In addition, the “care management culture”<sup>8</sup> results in families’ problems being compartmentalised and distributed across services so that professionals rarely get a complete picture. Childcare professionals express concerns about their lack of knowledge about alcohol, drugs and their effects and impact. Adult care professionals express equal uncertainty about addressing parenting issues in their work and lack of confidence in identifying child welfare issues. Professional boundaries, territorial anxieties, client loyalty and confidentiality are also central concerns<sup>9</sup>.

In January 2014, a consultation held with 80 practitioners from the two national practice change sites for Hidden Harm (Midlands and North West) and national representative organisations<sup>10</sup> highlighted the need for a common understanding of Hidden Harm and shared language; conjoint learning and development; interagency working; common national standardised screening and assessment frameworks; a protocol for communication between Tusla and the HSE; and clear referral pathways. Some 97.3% of respondents believed that families within their catchment area were impacted by drug and alcohol misuse and dependency. More than half of all respondents perceived the need to refocus their service’s practice to be more family-focussed (65.8%).

Thus it is vital that all agencies involved with the care, support and treatment of families affected by alcohol and other drug problems, recognise their respective roles and responsibilities and the requirement to work together. Such partnership working should ensure better outcomes for children and families.

Partnership may be described in this context as ‘joint business’ between Tusla and the HSE. It is not expected that HSE Drug and Alcohol service staff become specialists in child welfare and protection, nor that Tusla staff become expert in drug and alcohol treatment and therapy. Rather, that through the implementation of this Statement, both Tusla and HSE staff develop deeper knowledge and practice application on Hidden Harm in a complementary way.

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*skills , psycho-education, educate about symptoms) Safest approach, widely recommended. (2) Focus on past only (tell the trauma story) High risk; works for some clients. (3) Focus on both past and present as cited by Lisa Najavits PHD on Treatment Innovations 2015 [www.treatment-innovations.org](http://www.treatment-innovations.org)*

<sup>7</sup> Adapted from Herman (1997) p.3 p.153

<sup>8</sup> Kroll B. Taylor A. (2003) *Parental Substance Misuse and Child Welfare* London and Philadelphia: Jessica Kingsley p.17

<sup>9</sup> Adapted from Kroll B. Taylor A. (2003) *Parental Substance Misuse and Child Welfare* London and Philadelphia: Jessica Kingsley p.17

<sup>10</sup> Key agencies invited: Primary Care; Mental Health Drug and Alcohol Services; Social Inclusion Drug and Alcohol Services; Tusla Child and Family Agency; 3rd sector Child and Family Services funded by Tusla; 3rd sector Drug and Alcohol Services funded by the HSE. Key professional groupings included social workers; addiction counsellors; family support workers; clinical nurse specialists in addiction; Project workers – drug and alcohol services. Other key national organizations included the Alcohol Forum, Family Support Network and Barnardos.

Tusla and the HSE recognise the need to conjointly respond and ‘assist together’ these children and their families so that that parents with alcohol and other drug problems are helped and children, and families are supported. We must improve how children at risk from parental problem alcohol and other drug use are identified so that children are protected and families are supported. ‘Seeing through Hidden Harm to Brighter Futures’ sets out clearly the determination and commitment and role of Tusla and HSE in addressing the sensitive and emotive issue of parental problem alcohol and other drug use in order to improve outcomes for children and families. This document states clearly how it is intended to bridge 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. This document has been informed by a national stakeholder consultation<sup>11</sup> with practitioners from Tusla and the HSE and family support agencies.

**The two agencies which have conjointly produced this strategy statement are:**

### **Tusla - Child and Family Agency**

Tusla - Child and Family Agency, formally established in January 2014, represents the most comprehensive-ever reform of child protection, early intervention and family support services in Ireland<sup>12</sup>. With the child at the centre, Tusla’s mission is to design and deliver supportive, coordinated and evidence informed services that strive to ensure positive outcomes for children, families and communities. Tusla’s remit includes a range of board-based and targeted services as follows:

- Child Welfare and Protection Services including Family Support Services
- Family Resources Centres and associated national programmes
- Early Years (pre-school) Inspection Services
- Educational Welfare responsibilities including statutory Education Welfare Services, the School Completion Programme, and the Home School Community Liaison Scheme
- Alternative Care Services, including foster care, residential care, special care and aftercare;
- Domestic, sexual and gender-based violence services
- Services related to the psychological welfare of children
- Assessment, consultation, therapy and treatment services
- Adoption services, including domestic and inter-country adoptions, and information and tracing.

Tusla staff, as part of their family support and child protection work in safeguarding children, will work closely with HSE to support children and families in getting the specialist help they need for alcohol and other drug problems.

### **Health Service Executive (HSE) Drug and Alcohol Services**

The HSE aim to reduce the harms associated with high risk and dependent alcohol and other drug use by offering a range of services including; screening; identification; assessment; medical services; a range of therapeutic programmes

including counselling; relapse prevention and continuing care. The aim of treatment is to match the level and intensity of services to the presenting needs.

Understanding the difference between problematic use and dependency via screening and assessment facilitates referral for the most appropriate intervention across the continuum from prevention through to treatment and rehabilitation.

Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025<sup>13</sup> sets out key evidenced-based actions for all projects/services in the sector. The Steering Group Report on a National Substance Misuse Strategy February 2012<sup>14</sup> recognises the importance of early intervention to prevent harm to the child from conception and throughout the life span.

HSE Drug and Alcohol service staff will support child welfare and protection by the continuing recognition of early identification and intervention and by placing child welfare at the centre of practice.

This Strategic Statement applies to all voluntary and community groups funded by Tusla and HSE and are inclusive of the Drug and Alcohol Task Forces and their funded projects. It is also relevant for all agencies supporting children and families experiencing problems associated with parental alcohol and other drug use. The principles inherent in this Strategic Statement, and the implementation of the suite of activities supporting work on Hidden Harm, will provide a comprehensive, integrated approach which is acknowledged as paramount by Tusla and the HSE. The case study in Appendix 2 illustrates an exemplar of good practice which this Statement will assist.

The conjoint authors of this Strategic Statement recognise the major cultural change which is required in integrated working. Change in culture is affected by a variety of factors such as sensitivity of approach, acknowledgement of organisational differences, mutual engagement in learning and development, and a jointly-held vision of better outcomes for children and their families affected by problem alcohol and other drug use in Ireland. All agencies involved in the care, support, treatment and rehabilitation of children and their parents, as well as Institutes of Higher Education, and Drug and Alcohol Task Forces (and their sub-groups), will contribute to 'Seeing through Hidden Harm to Brighter Futures'.

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<sup>11</sup> <http://drugs.ie/downloadDocs/2014/BreifingDocument.pdf>

<sup>12</sup> *Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020* Department of Children and Youth Affairs vii

<sup>13</sup> <http://www.drugsandalcohol.ie>

<sup>14</sup> [www.drugsandalcohol.ie/16908/2/Steering\\_Group\\_Report\\_on\\_a\\_National\\_Substance\\_Misuse\\_Strategy\\_-\\_Feb\\_11.pdf](http://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_Feb_11.pdf)

*'Dear Mommy, Don't worry,  
I went out to play. I let you sleep...  
Harry will be in the yard and I will be at Joanne's  
or MaryAnne's. Harry wore a sweatshirt and....  
play jacket with just the hood on his ears.  
I wore my red pants with my red and  
white hat with a hood.'*

*Linda aged 8<sup>15</sup>*

## What is Hidden Harm?

According to the UNCRC children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions which affect their wellbeing. In addition they deserve respect, information, support and prevention services, and an opportunity to help decide how to attain a healthy future.

Unquestionably many of these rights are routinely undermined by problems relating to alcohol and other drugs. The experience of children living with, and affected by, parental problem alcohol and other drug use<sup>16</sup> has become widely known as Hidden Harm<sup>17</sup>. The term Hidden Harm<sup>18</sup> encapsulates the two key features of that experience: those children are often not known to services; and that they suffer harm in a number of ways as a result of compromised parenting which can impede the child's social, physical and emotional development. The seminal report by the UK Advisory Council on the Misuse of Drugs (ACMD) entitled Hidden Harm (2003)<sup>19</sup> has formed the bedrock for Hidden Harm work nationally and internationally and informs this statement on the needs of children of problem drug and alcohol users in Ireland. The original report dealt more specifically with the problems associated with illicit drug use.

<sup>15</sup> Brooks, C.S. and Rice, K.F.(1997) *Families in Recovery. Coming full circle: Baltimore MD, Paul H. Brooks*

<sup>16</sup> *Problematic substance use is associated with a large variety of drugs: illegal, prescribed, over-the-counter and legal. Its effects on children and families can vary greatly. For the purpose of this guidance we generally refer to problematic alcohol and/or drug use as the stage when the use of drugs or alcohol is having a harmful effect on a person's life, or those around them. The Scottish Government (2013) Getting Our Priorities Right: Updated good practice guidance for all agencies and practitioners working with children, young people and families affected by problematic alcohol and/or drug use. p.5*

<sup>17</sup> *Following the report of the UK Advisory Council on Misuse of Drugs (2003)*

<sup>18</sup> Russell P. (2006) *Have We Got Our Priorities Right? Children living with parental substance use Aberlour Child Care Trust p.5*

<sup>19</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

<sup>20</sup> Hope, A (2011). *Hidden Realities: Children's Exposure to Risks from Parental drinking in Ireland. Letterkenny, Ireland: North West Alcohol Forum Ltd.*

<sup>21</sup> *Protecting Children is Everyone's Business: National Framework For Protecting Australia's Children (2009-2020), p.22*

This Strategic Statement accentuates the importance of parental problematic alcohol use also and its impact on parenting ability. This dimension is ably illustrated by ‘Hidden Realities’ (2011)<sup>20</sup> .

The primary three problems most commonly associated with the occurrence of child abuse and neglect and identified in families involved with child protection services are; parental alcohol and other drug use; domestic violence; and parental mental health problems <sup>21,22</sup>. Parental alcohol and other drug use can and does cause serious harm to children at every age from conception to adulthood. Children of parents who are using alcohol and other drugs problematically are at elevated risk of Foetal Alcohol Spectrum Disorders, neonatal abstinence syndrome, emotional and physical neglect leading to possible serious emotional and social problems later in life; including the development of problem alcohol and other drug use themselves. They may also experience elevated levels of anxiety, low self-esteem, and fall prey to social isolation, leading potentially to all manner of vulnerabilities and loneliness.

All of the foregoing factors may create potential inter-generational problems connected to alcohol and other drug use. These children should be seen as potentially in need and possibly at risk at all times. Making the child visible, within the context of a family where alcohol and or other drug use is a problem, can be a challenge considering issues of secrecy, denial, legality and illegality that characterises much adult problematic alcohol or other drug use<sup>23</sup>. The partnership approach between the HSE Drug and Alcohol Services<sup>24</sup> and Tusla - Child and Family Agency<sup>25</sup> aims to find a way to give a voice to the often “invisible” child who knows something is wrong, is trying to find a voice, tell a story or get help<sup>26</sup>.

Research data from across the globe continues to illustrate the risks associated with problem alcohol and other drug use in the ability of parents to care for their children as they would wish. It is acknowledged that there are many competing factors in this equation and causality may not be proven. What is abundantly clear from research and evidence-based practice is the correlation between risk and harm, and the requirement for evidence-based learning and development on alcohol and other drugs to be made available to all practitioners supporting vulnerable children and their parents. The prevalence figures noted in this Statement illustrate the evidence base at a local level in Ireland.

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<sup>22</sup> *There is a large body of research showing significant associations between alcohol use disorders in parents and problems in family life. These family-related problems include, but are not limited to, marital and intimate partner relationship problems, family dysfunction, co-morbid substance use and mental health disorders in parents, disruptions in parenting, and a range of negative outcomes in the health and wellbeing of children.*

*Delyse M. Hutchinson, Richard P. Mattick, Danya Braunstein, Elizabeth Maloney, Judy Wilson (2014) The Impact of Alcohol Use Disorders on Family Life: A Review of the Empirical Literature NDARC Technical Report No. 325*

<sup>23</sup> *Adapted from Kroll B. Taylor A. (2003) Parental Substance Misuse and Child Welfare London and Philadelphia: Jessica Kingsley p.18*

<sup>24</sup> *For the reader’s ease any further reference to the HSE throughout this document refers to the HSE Drug and Alcohol Services.*

<sup>25</sup> *For the reader’s ease any further reference to Tusla throughout this document refers to Tusla - The Child and Family Agency*

<sup>26</sup> *Adapted from Kroll B. Taylor A. (2003) Parental Substance Misuse and Child Welfare London and Philadelphia: Jessica Kingsley p.18*

## Prevalence

Prevalence data is a requirement for both policy determination and practice implementation. In order to have appropriate, timely service provision it is important to understand the numbers of children affected. Due to stigma, secrecy and the fear of repercussions surrounding alcohol and other drug use, there are clear challenges in collecting data about these children. Parents using alcohol or other drugs problematically may not present to treatment and where they do present, a parent may not disclose dependent children.

What we know from our national data collection is:

- Nationally, it is estimated that 587,000 children, over half of whom are under 15 years of age (271,000 children u15) are exposed to risk from parental drinking nationally<sup>27</sup>.
- In Hidden Realities (2011)<sup>28</sup>
  - HSE national child protection information showed that, on average, one in seven child welfare and child abuse cases involved drugs and/or alcohol abuse by family members as the primary reason of concern<sup>29</sup>.
  - Parental alcohol abuse (excluding drugs) was mentioned in one of every three Social Work Child Protection cases, as a reason for child abuse concerns. This is double that in the child protection reports when only one primary reason is given, and similar to the findings in Australia by Laslett et al 2010<sup>30</sup>. As the current practice in children welfare and protection cases is that of recording only one primary reason necessary for child welfare or abuse, then the numbers of children impacted by parental problem alcohol or other drug use is probably an underestimation.
- The Steering Group Report on a National Substance Misuse Strategy (2012) states that alcohol was identified as a risk factor in three-quarters of Irish teenagers for whom social workers applied for admission to special care<sup>31</sup>.
- Problem alcohol and other drug use can also co-exist alongside other factors that exacerbate concerns for the child. The Coombe Women's Hospital Study which examined alcohol use before and during pregnancy<sup>32</sup> over a seven year period (1999 to 2005 involving 43,318 women), found that self-reported alcohol

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<sup>27</sup> Hope A. (2011). *Hidden Realities: Children's Exposure to Risks from Parental Drinking in Ireland*. Letterkenny, Ireland: North West Alcohol Forum Ltd. p.13

<sup>28</sup> For a copy of the *Hidden Realities* (2011) see <http://www.alcoholforum.org/>

<sup>29</sup> *Hidden Realities* (2011) p.36

<sup>30</sup> Parental alcohol abuse also interacted with several other problems such as child out of control due to behavioural problems, domestic violence, mental health problems and parent unable to cope. Parental alcohol abuse was more likely among parents who were employed which may allow the alcohol problem go unnoticed. These findings highlight the involvement of alcohol in child care and the extent of parental alcohol abuse as a contributing factor to child welfare and child abuse. *Hidden Realities* (2011) p.36

<sup>31</sup> Children aged 12-14 were the subject for 33% of the applications (n=23), 15 year-olds were the subject for 43% (n=30), and 16-17 year-olds were the subject for 24% (n=17). Younger children were more likely to be

use among mothers was higher (74%) before pregnancy and declined to 63% during pregnancy. Case studies from across Europe show there is a substantial number of women who continue to drink during pregnancy, ranging from 25% in Spain to the highest rates noted in the UK or Ireland (79%)<sup>33</sup>. This highlights the need to screen for maternal alcohol consumption within the maternity setting. It is important to stress the relevance of the maternity service setting in an integrated support response.

- The National Study for Domestic Abuse<sup>34</sup> reported alcohol as a potential trigger for abusive behaviour in one third of all cases, and in one quarter of the most severe cases.
- The Report of the Independent Child Death Review Group (2012)<sup>35</sup> found alcohol in the home was an issue in one-third (37) of the 112 cases of unnatural deaths reviewed. Alcohol in the home as an issue was twice as prevalent as other drugs (19) in these cases. Alcohol was also found to be the second most prevalent issue overall, behind neglect.
- The Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive (2010)<sup>36</sup> concluded that the six children of the family were neglected and emotionally abused by their parents until their removal from the home in 2003 and 2004<sup>37</sup>. There was evidence to suggest that both parents had a considerable dependence on alcohol upon which much of the family income was spent. This preoccupation with alcohol clearly affected their parenting capacity<sup>38</sup> and demonstrated the direct effect of alcohol dependence in this case of significant child neglect.
- Alcohol Harm to Others 2014<sup>39</sup> found that one in seven 18 to 40-year-olds said they often felt unsafe as a result of parental drinking during childhood. The same number said they often witnessed conflict between parents, either when drinking or as a result of drinking.
- On recommendation from the National Advisory Committee on Drugs (NACD)<sup>40</sup> Literature Review<sup>41</sup> the National Drug Treatment Reporting System (NDTRS) has reviewed the current data set to obtain estimates of the number of children of problematic alcohol and drug users. An additional question will be included

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*admitted to special care than older children and were also more likely to experience improvements in overall risk factors. Some 79% of the applications (n=55) identified alcohol and/or substance misuse as a risk factor for the children, although the nature of this misuse was often unclear in the application documentation. Through a mixture of the application documentation and interviews with social workers, the researcher was able to establish that alcohol was a concern for 45 of the applications and cannabis for 34. Brierley M (2010) Tracing and tracking of children subject to a special care application. CAAB research report No. 8. Dublin: Children Acts Advisory Board.*

<sup>32</sup> Barry S, Kearney A, Lawlor E, McNamara E & Barry J (2006). *The Coombe Women's Hospital study of alcohol, smoking and illicit drug use, 1988-2005.*

<sup>33</sup> [www.eurocare.org/mediacentre/previous\\_eurocare\\_events/protecting\\_the\\_unborn\\_baby\\_from\\_alcohol\\_2013](http://www.eurocare.org/mediacentre/previous_eurocare_events/protecting_the_unborn_baby_from_alcohol_2013)

<sup>34</sup> Waston D, Parsons S (2005) *Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse* Stationary Office, Dublin

<sup>35</sup> Gibbons N, Shannon G. (2012) *Report of the Independent Child Death Review Group* Minister for Children and

in 2016 to ascertain the numbers of children of service users. Furthermore the National Advisory Committee on Drugs and Alcohol (NACDA) has commenced a research project to estimate the numbers of children affected by problem alcohol and other drug use at a population level.

- The link between problem alcohol and other drug use and mental health problems is well attested in the research literature<sup>42</sup>. Thus partnership between Mental Health services, Drug and Alcohol services and child protection and welfare services is paramount in the support and safeguarding of children, and the treatment of parents with alcohol and other drug problems<sup>43</sup>. International data from the USA, Canada and Australia, as well as research findings, leaves no doubt as to the immediate and long standing concerns about the welfare, safety and security of children and young people growing up in households impacted by problematic use of alcohol and drugs. International literature clearly demonstrates that such problems rarely exist in all jurisdictions in isolation from other difficulties. Parental problem alcohol and other drug use can exacerbate family relationship problems, domestic abuse, parental mental health issues, bereavement and financial hardship<sup>44</sup>. This evidence highlights the importance of early intervention and support.
- Research literature also indicates the importance of protective factors and the role of resilience. Support of these areas is clearly within the roles of all staff working with children and families affected by problem alcohol and other drug use<sup>45</sup>.

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*Youth Affairs, Government Publications: Dublin p.xxvi*

<sup>36</sup> *Roscommon Child Care Inquiry Team (2010). Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive. Dublin: Health Service Executive.*

<sup>37</sup> *Roscommon Inquiry (2010) p 94*

<sup>38</sup> *Roscommon Inquiry (2010) p.72*

<sup>39</sup> *Hope, A (2014). Alcohol Harm to others in Ireland. Dublin: Health Service Executive*

<sup>40</sup> *NACD now referred to as the National Advisory Committee on Drugs and Alcohol (NACDA)*

<sup>41</sup> *Horgan J (2011) Parental Substance Misuse: Addressing its Impact on Children A Review of the Literature National Advisory Committee on Drugs Stationary House Dublin <http://www.nacda.ie/index.php/publications/36-parental-substance-misuse-addressing-its-impact-on-children-key-messages-and-recommendations-from-a-review-of-the-literature.html>*

<sup>42</sup> *Todd. J et al. 2004*

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<sup>43</sup> Cleaver, H. et al. 2011, Daly, M, Comisky, C et al 2015.

<sup>44</sup> Children affected by Parental Alcohol Problems (ChAPAPs). (2009) A report on the research, policy and service development relating to ChAPAPs across Europe. An ENCARE 5 Project funded by the European Union. Harwin J, Madge N and Heath S (2010). Brunel University. UK7-European Drug Report 2014. 'Trends and Developments'. EMCDDA Lisbon 2014.

<sup>45</sup> Cleaver, H. et al. 2011; Barlow, J. 2010

*“My mum drinks all the time and leaves me alone lots of times. I feel scared and lonely. I look after my mum when she drinks. I put her to bed. Mum shouts and hits me; she is worse on a Friday. I don’t want to feel pain. I want to die.”*

*Angela aged 10<sup>46</sup>*

## Why do we need a Strategic Statement?

### Research findings on service gaps

Research suggests that children are falling through gaps in services; and professionals involved, either with adults or children, feel increasingly ill-equipped to deal with the combination of issues highlighted in this document. In addition, the “care management culture” results in families’ problems being compartmentalised and distributed across services so that professionals rarely get a complete picture. Childcare professionals express concerns about their lack of knowledge about alcohol, drugs and their effects and impact. Adult care professionals express equal uncertainty about addressing parenting issues in their work, and a lack of confidence in identifying child welfare issues. Professional boundaries, territorial anxieties, client loyalty and confidentiality are also central concerns.

The development and implementation of this Strategic Statement is intended to improve outcomes for children living with parental problem alcohol and other drug use. All services have a part to play in ‘assisting together’, to identify children who may be affected by or at risk from a parent’s problematic alcohol and other drug use and at an early stage.

Providing support to the child, young person and their family is everybody’s responsibility, and the core business of Tusla and the HSE. This document is intended to provide guidance on how Tusla and the HSE can work in partnership across the four levels of family support<sup>47</sup>.

This strategic statement is to be read within the particular context of the following:

- The NACD (2011) national conference on “A Family Affair? Supporting children living with parental substance misuse”<sup>48</sup>,
- Children First National Guidance 2017 and the Children First Act, 2015
- The Recovery Agenda namely the National Drug Rehabilitation Framework (2011)<sup>49</sup>,

Another key theme is the importance of services focusing on early intervention activity. Therefore it is intended to utilise the national practice model, Meitheal<sup>50</sup> led by Tusla.

Finally alcohol and other drug use may co-exist with other areas of difficulty which can affect a child's wellbeing. The collective needs of families should be addressed in a comprehensive and co-ordinated way by all services<sup>51</sup>. International evidence shows that many parents presenting for treatment have experienced post-traumatic stress as a result of domestic violence and childhood sexual abuse<sup>52</sup>. This may require a reframing of service provision with a whole family focus embedded within an understanding of a wider trauma agenda<sup>53</sup>.

The cognitive and emotional impact of trauma on parents and children requires recognition if families are to be appropriately supported and services are to be resourced to respond. The high correlation between domestic violence and mental health issues in families impacted by alcohol and other drug use must also be noted. Establishing safety and restoring the connection between families and their community, is at the heart of keeping children visible and improving outcomes for families and children.

This document is one component within a suite of work being developed by Tusla and HSE in relation to Hidden Harm. Additional components include a Tusla and HSE National Practice Guide on Hidden Harm for Practitioners working with children and families, and a National Training Programme for staff groups working within HSE and TUSLA, and a Hidden Harm Leaflet for practitioners which includes key messages to improve outcomes for children and parents.

The partnership between the Tusla and the HSE identified in this Strategic Statement provides for policy and practice change to support Ireland's children and their families affected by parental problem alcohol and other drug use.

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<sup>46</sup> *Bachett-Milburn et al (2010) Children's Concerns about their Parent's Health and Wellbeing. Researcher with Childline Scotland.*

<sup>47</sup> *Adapted in Tusla's 2015 Commissioning Plan from the HSE 2013 National Survey of Funding to agencies providing children and family services; National Drug Rehabilitation Framework (NDRF) Tiers 1-4*

<sup>48</sup> *NACD (2011) A Family Affair? Supporting children living with parental substance misuse: A report of a national conference Dublin*

<sup>49</sup> *Doyle J, Ivanovic J (2010) National Drugs Rehabilitation Framework Document. Dublin: Health Services Executive.*

<sup>50</sup> *Meitheal Toolkit Tusla2015*

<sup>51</sup> *see Appendix for further information on Hidden Harm and the context for a response*

<sup>52</sup> *Herman, J (1997) Trauma and Recovery: The aftermath of violence - from domestic abuse to political terror New York: Basic Books p.44, 123, 166*

<sup>53</sup> *Farley. M et al (2004),Trauma history and relapse probability among patients seeking substance abuse treatment. Journal of Substance Abuse Treatment, Vol 27. Issue 2.(pp 161-167).; Sachs J-A Y et al (2008). The impact of early trauma and abuse on residential substance treatment outcomes for women. Journal of Substance Abuse Treatment. Vol. 34. Issue 1 (pp-90-100); White M, Roche A (2013), Can I ask? An alcohol and other drug clinicians guide to addressing family and domestic violence. National Centre for Education and Training on Addictions. (NCETA). Flinders University. SA*

*"For all that they did to us 'cos of the drugs,  
they were our mum and dad and  
we knew that they loved us.  
and we were scared of being separated  
from them and going into foster care."*

*Rachel aged 14<sup>54</sup>*

## The Vision - Seeing through Hidden Harm to Brighter Futures

Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014-2020<sup>55</sup> (BOBF) underpins the importance of recognising Hidden Harm and ensuring that children living with parental alcohol and other drug use are identified and supported within Tusla and the HSE<sup>56</sup>. BOBF sets out how we can best achieve optimum outcomes and brighter futures for all children and their families and focuses on five national outcomes<sup>57</sup>.

That children and young people:

1. Are active and healthy, with positive physical and mental wellbeing.
2. Are achieving their full potential in all areas of learning and development.
3. Are safe and protected from harm.
4. Have economic security and opportunity.
5. Are connected, respected and contributing to their world.

All services working with children and families should have a shared understanding of the strengths and needs of children and families to meet these national outcomes. **Our vision is to work together effectively at the earliest possible stage to support children and families.**

This will be achieved by using the best available evidence in relation to Hidden Harm to underpin practice and to ensure outcomes for children are improved, while giving an additional focus to screening and early identification of alcohol and other drug use and a holistic approach to assessment and intervention with children and families. This will include mutual understanding of thresholds of need and risk which are at the heart of identification and intervention<sup>58</sup>.

How we intend to achieve this:

Strategic Objectives and measurable targets

- Naming Hidden Harm as a key risk factor in all our work with children and families in both Tusla and HSE and statutory voluntary and community partners.

- Process and practice shifts by Tusla, the HSE and voluntary and community-funded services, to identify and meet the needs of children and of adults in their parenting roles.
- Shared training to skill all practitioners within Tusla and HSE and voluntary and community-funded services to work within a new framework of care to identify and meet the needs of children affected by parental problem alcohol or other drug use.

This will be facilitated by the use of the National Practice Guide on Hidden Harm for Practitioners working with Children and Families to support practitioners to

- Advance a coherent continuum of support for children and families impacted by parental problem alcohol and other drug use and improve timely access to local supports.
- Support national screening and brief intervention, including screening for maternal alcohol consumption.
- Identify tools in screening and assessing parenting capacity when problematic alcohol and other drug use is an issue in the home.
- Utilise existing models of evidence based practice developed by Tusla and the HSE to address Hidden Harm inclusive of Meitheal<sup>59</sup>, Signs of Safety<sup>60</sup> and the SAOR model<sup>61</sup>.
- Recognise and implement role clarity, supporting complementary practice and mutual understanding of each other's roles

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<sup>54</sup> Barnard, M.(2007) *Drug Addiction and Families*: JKP

<sup>55</sup> *Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020* Department of Children and Youth Affairs

<sup>56</sup> *Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020* Department of Children and Youth Affairs p.78

<sup>57</sup> *Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020* Department of Children and Youth Affairs ibid p.xiv

<sup>58</sup> *Tusla-Child and Family Agency, Thresholds for Referral to Tusla Social Work Services. March 2014.*

<sup>59</sup> *Meitheal Toolkit, Tusla – Child and Family Agency, (2015)*

<sup>60</sup> *Tusla Child Protection and Welfare Strategy, Creating Effective Safety, 2017 – 2022, (2017)*

<sup>61</sup> *Support, Ask and Assess, Offer assistance and Refer as cited in Armstrong, R. Barry, J Towards a Framework for Implementing Evidence Based Alcohol Interventions A Health Service Executive Report; A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use, HSE*

*"It's been great coming here tonight (to focus group).  
I never knew all these other kids had  
the same problems as me to put up with."*

*Girl aged 10<sup>62</sup>*

## Shared Principles for Partners

### Overarching Principles

#### **A National Priority.**

Reducing the harm to children from parental problem alcohol and other drug use should become a principal national objective of policy and practice<sup>63</sup>.

#### **Harm to the child.**

Parental problem alcohol and other drug use can and does cause serious harm to children at every age from conception to adulthood<sup>64</sup>.

#### **Working together.**

By working together, services can take many practical steps to protect and improve the health and well-being of affected children<sup>65</sup>.

#### **Effective treatment benefits the child and family.**

Effective treatment of the parent can have major benefits for the child and family<sup>66</sup>.

#### **Recognise the complexity of the issue.**

The impact and effects on children are variable, not always visible and are dependent on a range of factors including mental health and domestic violence. Therefore a range of professional responses and efforts are required<sup>67</sup>. Responses to Hidden Harm should take into account the cognitive and emotional impact of trauma on both the parent and child, if families are to be appropriately supported. Establishing safety and restoring the connection between families and their community, is at the heart of keeping children visible and improving outcomes for families and children<sup>68</sup>. Some children will no longer be living with their birth families and will be in the care of the state. Nevertheless the principles and mechanisms for joint working articulated in this Statement are also relevant to their situations.

#### **Include voices of children and families.**

Supported by training in participative practice, include the voices of children, young people and families, in planning, design, development, delivery and evaluation of services.

## **Respect and Understanding.**

Service users should receive a respectful acknowledgement of themselves and their situation. Practitioners should endeavour to empathetically enable parents and their children to make sense of their patterns of coping and facilitate change<sup>69</sup>.

## **Partnership is key**

Problems in alcohol and drug using families are often complex and cannot usually be solved by one service alone.

## **Partnership Principles**

The following principles are proposed to ensure the provision of a high quality effective service for children young people and their families.

### **Principles for partnership working between Tusla and the HSE**

- Transparent and open dialogue is the key to making effective decisions. Central to determining the degree of risk to a child is good inter-agency communication and collaboration at all stages i.e. identification, assessment, planning and intervention.
- A shared language and understanding of the roles and responsibilities of Tusla and the HSE in relation to Hidden Harm is integral to collaboration and partnership working.
- Tusla and the HSE will adhere to best practice in sharing information where there are concerns about the child's wellbeing from the earliest possible moment<sup>70</sup>.
- Services should respond to Hidden Harm across an agreed continuum of care. There will be a particular focus on early, proactive intervention by services in order to create a supportive environment and to identify any additional supports for that may be required for the child and family.
- Adherence to common practice standards. A National Practice Guide on Hidden Harm will be developed to support staff in adhering to practice standards.

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<sup>62</sup> *Silent Voices: Supporting Children and young people affected by parental alcohol misuse(2012) Office of the Children's Commissioner for England*

<sup>63</sup> *Advisory Council on the Misuse of Drugs (2003) Hidden Harm Responding to the Needs of Children of Problem Drug Users UK Government; Children affected by Parental Alcohol Problems (ChAPAPs).(2009) A report on the research, policy and service development relating to ChAPAPs across Europe. An ENCARE 5 Project funded by the European Union*

<sup>64</sup> *Hidden Harm 2003 ; ChaAPAPs 2009*

<sup>65</sup> *Hamilton M, The Drug and Alcohol Review January 2015*

<sup>66</sup> *Herman, J 1997 p.3*

<sup>67</sup> *Hepburn M, 2007; Kroll and Taylor 2002*

<sup>68</sup> *Meitheal Toolkit; [http://www.tusla.ie/uploads/content/Version\\_2\\_Meitheal\\_Toolkit\\_Jan\\_2015.pdf](http://www.tusla.ie/uploads/content/Version_2_Meitheal_Toolkit_Jan_2015.pdf).p.55*

<sup>69</sup> *Getting Our Priorities Right, 2013 p.26*

<sup>70</sup> *Meitheal Toolkit; [http://www.tusla.ie/uploads/content/Version\\_2\\_Meitheal\\_Toolkit\\_Jan\\_2015.pdf](http://www.tusla.ie/uploads/content/Version_2_Meitheal_Toolkit_Jan_2015.pdf).p.55*

## **Common Practice Standards**

Flowing from these principles are the following common practice standards for working with children and families<sup>71</sup>

- The welfare of the child is the paramount consideration.
- All services have a part to play in helping to identify children that may be 'affected by' or 'at risk' from their parent's problematic alcohol and other drug use and at an early stage.
- Children and young people and their parents should be involved in decisions directly affecting their lives.
- Parenting capacity must be considered when identifying and responding to problem alcohol and other drug use.
- Build on family strengths, as well as working with areas of parental vulnerabilities or difficulties, including the wider family network.

These principles and standards will be reinforced through the common national training in Hidden Harm.

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<sup>71</sup> *Getting Our Priorities Right, 2013 p.26*



*'They (mates) didn't know 'cause they were like, wallies, and they'd like, wind me up about it.... If I told my mates, my mates could tell the bullies, and like they would say, like 'oh is, like, mummy not looking after you properly'.*

*Ben aged 12<sup>72</sup>*

## Connecting Practice

Connecting practice between Tusla and the HSE will be crucial in delivering on this strategic statement. Bridging the gap between children services and adult services will require working together towards a whole family focus. A whole family approach in identification, assessment and treatment will improve the well-being of, and minimise the risk to, children and families. Connecting practice between Tusla and the HSE is the objective across the continuum of alcohol and drug related harms based on the four levels of family support as identified in the Hardiker model<sup>73</sup>.

- Level one - Universal (Education and Prevention)
- Level two - Low level (Early support)
- Level three - Multiple/complex  
(An Integrated response from service providers)
- Level four - Highly complex (Optimisation of support for children and families where parental problem alcohol and drug use exists).

### **Levels one and two: Education and prevention, early intervention and support**

Early identification will be supported through the development of Universal Hidden Harm messages from research<sup>74</sup> for all services across the continuum of care and across the life cycle of the child with an emphasis on the pre-birth stage; training will be rolled out for all services on screening and brief intervention and on identifying and assessing risk and resilience with regard to parental alcohol and other drug use.

Implementation of the Meitheal process<sup>75</sup> will be central in guiding an early intervention response. Any concern or knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed, will be central to the delivery of appropriate responses.

Joint working with key partners and external stakeholders is necessary to advance actions on Hidden Harm across the life span of the child and across levels of need. The establishment of National Practice Learning Sites has facilitated the bringing together of expertise to examine best thinking on joint working, and provided a focal point for the development and testing of a **National Practice Guide on Hidden Harm** For Practitioners working with children and families drawing on current good practice.

**Levels three and four:** An Integrated response from services - Optimisation of support and interventions for children and families where parental problem alcohol and drug use exists.

At these levels, Children First National Guidelines and the legal obligations of staff under the Children First Act 2015, are of prime importance to ensure a direct response to harm and risk. As part of the implementation of the Children First National Guidance both agencies have informed their staff groups of their responsibilities as mandated persons (HSE and Tusla) and authorised persons (Tusla). The Children First Act 2015 provides that all mandated persons can be asked by Tusla to provide any necessary and proportionate assistance to aid Tusla in assessing risk to a child. Tusla and HSE staff have been made aware of their organisations Child Safeguarding Statement and the policies and procedures they must follow to ensure no child is at risk of harm while attending the service.

### **Strategic Leadership**

Strong strategic leadership and a committed workforce underpin effective front-line service delivery. Effective partnership working is at the core of this.

### **Learning and Development**

Tusla and the HSE will aim to ensure that mechanisms are in place to provide learning and development opportunities for staff on Hidden Harm based on the National Practice Guide. Interagency training, encompassing alcohol and drug theoretical frameworks and practice, child development and the impact of problem alcohol and other drug use, and attendant difficulties of mental health and domestic violence on parenting ability will be integral to the curricula developed for all relevant practitioners. There will be the provision of standardised training and other learning activities with a focus on achieving measurable changes in practice for relevant staff working with children and families.

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<sup>72</sup> Houmoller et al (2011) *Juggling Harms – Coping with Parental Substance Misuse*. London School of Hygiene and Tropical Medicine

<sup>73</sup> Meitheal Toolkit, A Tusla led national practice model, Tusla – Child and Family Agency, 2015

<sup>74</sup> A Universal Hidden Harm Leaflet for tier one services “Opening our eyes to Hidden Harm” has been developed and will be distributed nationally

<sup>75</sup> Meitheal A National Practice Model For All Agencies Working with Children and Young People, HSE (now Tusla) 2013; Meitheal Toolkit, Tusla 2015

<sup>76</sup> Cited in Meitheal Toolkit (2015) A Tusla led national practice model, Tusla – Child and Family Agency.

<sup>77</sup> *Better Outcomes, Brighter Futures*, DCYA 2015

<sup>78</sup> Meitheal A National Practice Model For All Agencies Working with Children and Young People, HSE (now Tusla) 2013; Meitheal Toolkit, Tusla 2015; *The High Level Policy Statement on Parenting and Family Support*, DCYA, 2015

<sup>79</sup> *A guide for the reporting of child protection and welfare concerns*, Tusla – Child and Family Agency, (2017)

**Figure 1. Using the Hardiker Model<sup>76</sup>, how do we connect practice?**

<p><b>LEVELS OF FAMILY SUPPORT</b></p>	<p><b>CONNECTING PRACTICE BETWEEN TUSLA AND THE HSE</b></p>	<p><b>WHAT WILL MAKE THIS HAPPEN?</b></p>
<p><b>Level 1</b></p> <p>Early Identification and Prevention of children and families at risk through education and prevention initiatives.</p> <p>Common planning of children services through the mechanisms of the Children and Young People Services Committees<sup>77</sup>.</p>	<p>Earlier Identification, through education and prevention</p>	<p>Develop a common language on Hidden harm pertinent to this level</p> <ul style="list-style-type: none"> <li>• Develop and disseminate Hidden Harm messages for all services, parents and children</li> </ul> <p>Train and support providers of universal services to utilise the Meitheal model as an early prevention/intervention tool to support and families in relation to Hidden Harm</p> <ul style="list-style-type: none"> <li>• Develop and disseminate a Hidden Harm Leaflet for practitioners, parents and children.</li> <li>• Support a public information and awareness campaign on the impact of problem alcohol and other drug use on Families.</li> <li>• Embed key messages on Hidden Harm in all National educational and Prevention Strategies within Tusla and the HSE relating to Children, Young People and Families e.g. care of pregnant women such as preconception advice on the use of alcohol and other drugs during pregnancy.</li> <li>• Provide screening for all pregnant women re alcohol and other drug use</li> <li>• Provide Hidden Harm training for practitioners including Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorders and Neo-natal Abstinence Syndrome awareness-raising.</li> <li>• Embed training on Hidden Harm in the broader curriculum of training colleges providing health and social care training programmes.</li> <li>• Provide National Standardised Training for Tusla and HSE Drug and Alcohol Services</li> <li>• Ensuring Children and Young Peoples Services who Committees have a HSE Drug and Alcohol Service representative</li> </ul>

LEVELS OF FAMILY SUPPORT	CONNECTING PRACTICE BETWEEN TUSLA AND THE HSE	WHAT WILL MAKE THIS HAPPEN?
<p><b>Level 2</b></p> <p>Early Intervention represents services to children and families who are vulnerable and who have some additional needs.</p> <p>Work is typically task-centred, usually short term with the objective of restoring personal and social functioning.</p>	<p>Early Intervention and Support</p>	<p>Develop a National Practice Guide on Hidden Harm in consultation with practice change sites.</p> <p>Develop a common language on Hidden Harm pertinent to this level</p> <p>Identify and Utilise screening and brief intervention on alcohol and other drug use as an early intervention tool within both agencies</p> <p>Utilise Meitheal<sup>78</sup> as an early intervention tool at this level the engagement with disciplines in both agencies with specific reference to Hidden Harm</p> <p>Identify the tools within the Tusla National approach to Practice (Signs of Safety) eg. The Signs of Safety Harm Analysis Matrix, to support the practitioner in an evaluation of the child's risk and resilience with regard to parental alcohol and other drug use</p> <p>Develop conjoint competency based training on Hidden Harm</p>
<p><b>Level 3</b></p> <p>Targeted support to families or children where there are enduring or serious needs as per the Children First Act 2015 and Children First Guidance.</p>	<p>Targeted, integrated responses and interventions from services for families and children with enduring or serious needs</p>	<p>Develop a National Practice Guide on Hidden Harm in consultation with practice learning sites.</p> <p>Any concern or knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed, (including application of prebirth thresholds of risk) will be responded to with a multidisciplinary approach as outlined in the Tusla response pathway 3-Child Protection<sup>79</sup>.</p> <p>Develop a conjoint competency based training on Hidden Harm</p> <p>Target support to young parents to break the cycle of intergenerational parental problematic alcohol and other drug use.</p> <p>Provide a coordinated continuum of care on a cross agency basis.</p>

LEVELS OF FAMILY SUPPORT	CONNECTING PRACTICE BETWEEN TUSLA AND THE HSE	WHAT WILL MAKE THIS HAPPEN?
<p><b>Level 4</b></p> <p>Optimising of supports and interventions for families and children where parental problem alcohol and other drug use exists</p> <p><b>Interventions at this level are typically long term requiring highly skilled assessment and care planning.</b></p>	<p>Targeted, integrated responses and interventions from services for families and children with enduring or serious needs</p>	<p>Develop a National Practice Guide on Hidden Harm in consultation with practice learning sites.</p> <p>Develop conjoint competency- based training on Hidden Harm</p> <p>Key messages on Hidden Harm will be included in all National Strategies relating to Children, Young People and Families requiring longer term assessment and care planning approaches. Eg Tusla Alternative Care Strategy</p> <p>Commitment from both agencies that while some children may be in the care of the state, professionals will seek to return children to the care of their parents and family as soon as they can be assured that it is safe to do so and it is the child's best interest.</p> <p>Support parents in accessing tier four treatment and rehabilitation services by addressing child care needs</p> <p>Provide a coordinated continuum of care on a cross agency basis, with particular focus on the needs of young adults within and leaving the care system.</p>

\*The Children First National Guidelines apply across all levels of Family Support.

*“So we’ve just got through it, like between us.  
I mean, me and my sister was, like, we was like a couple.  
We was always doing things together.  
We’d get through it together.”*

*Nicolas aged 18<sup>80</sup>*

## Next Steps

- Continue to work on a cross border basis under the auspices of the North South Ministerial Council, (The North South Alcohol Policy Advisory Group), to further develop awareness of Hidden Harm.
- A National Practice Guide on Hidden Harm for staff working with children and families has been developed in consultation with local staff in the National Practice Learning Sites and in consultation with children and families. This National Practice Guide will be used as the basis of a training programme for practitioners.
- Tusla and the HSE will aim to ensure that mechanisms are in place to provide learning and development opportunities for staff on Hidden Harm based on the National Practice Guide. Interagency training, encompassing alcohol and drug theoretical frameworks and practice, child development and the impact of problem alcohol and other drug use, and attendant difficulties of mental health and domestic violence on parenting ability will be integral to the curricula developed for all relevant practitioners. There will be the provision of standardised training and other learning activities with a focus on achieving measurable changes in practice for relevant staff working with children and families.

<sup>80</sup> Houmoller et al (2011) *Juggling Harms – Coping with Parental Substance Misuse*. London School of Hygiene and Tropical Medicine



# Appendices

## Appendix One

### Policy and Legislative Framework

#### International policy environment reinforcing Hidden Harm

Child maltreatment is both a human-rights violation and a global public-health problem, and incurs huge costs for both individuals and society. Problem parental alcohol and other drug use is a major risk factor for child maltreatment.

The WHO European Charter on Alcohol clearly states that ‘all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption.’

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/79406/EUR\\_ICP\\_ALDT\\_94\\_03\\_CN01.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/79406/EUR_ICP_ALDT_94_03_CN01.pdf)

Protecting children is not just a public health issue but a human rights one.

Article 5 of the legally binding United Nations Convention on the Rights of the Child (UNCRC,1990) states that the State has duty to protect children from all forms of abuse and neglect by parents

Article 12 states that children must be able to express their views in dialogues and decisions affecting their lives and that they should have the right to freedom of expression.

Article 33 of the Convention states that children have the right to protection from the use of narcotic and psychotropic drugs.

#### National policy environment reinforcing Hidden Harm

Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020 underpins the importance of recognising Hidden Harm and ensuring that children living with problem parental alcohol and other drug use are identified and supported within Tusla and the HSE<sup>81</sup>.

Children First: National Guidance for the Protection & Welfare of Children: This Guidance is issued under section 6 of the Children First Act 2015. It is intended that the Children First Act 2015 will operate side-by-side with the non-statutory best practice outlined in this Guidance.

There are a number of key principles of child protection and welfare that inform both Government policy and best practice for those dealing with children.

These are:

- The safety and welfare of children is everyone’s responsibility
- The best interests of the child should be paramount
- The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm
- Interventions by the State should build on existing strengths and protective factors in the family
- Early intervention is key to getting better outcomes. Where it is necessary for the State to intervene to keep children safe, the minimum intervention necessary should be used

- Children should only be separated from parents/guardians when alternative means of protecting them have been exhausted
- Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives
- Parents/guardians have a right to respect, and should be consulted and involved in matters that concern their family

Reducing Harm Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health, 2017) action 1.3.9 calls for Tusla and the HSE to “Mitigate the risk and reduce the impact of parental substance misuse on babies and young children” by

- a)** Developing and adopting evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use;
- b)** Building awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children;
- c)** Developing protocols between addiction services, maternity services and children’s health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse; and
- d)** Ensuring adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the nonstatutory sector

National Drug Rehabilitation Framework (2010) and National Protocols and Common Assessment Guidelines (2011) provide a framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway’.

The Steering Group Report on a National Substance Misuse Strategy February 2012 specifically action 11 (prevention) 13 (treatment and rehabilitation) reference the need to respond to Hidden Harm.

[http://www.drugsandalcohol.ie/16908/2/Steering\\_Group\\_Report\\_on\\_a\\_National\\_Substance\\_Misuse\\_Strategy\\_-\\_7\\_Feb\\_11.pdf](http://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_7_Feb_11.pdf)

New policy, strategy and guidance in family support to support earlier intervention in the area of parental problem alcohol and other drug use includes has led to an area-based approach to prevention, partnership & family support; Meitheal an early identification of need and support- team around the child is now being implemented nationally. National standards are reflected in:

- Child Protection and Welfare Practice Handbook HSE 2011 ( A second handbook is currently being compiled.) [http://www.Tusla.ie/uploads/content/CF\\_WelfarePracticehandbook.pdf](http://www.Tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf)
- What works in family support? Tusla 2015 [http://www.Tusla.ie/uploads/content/Family\\_Support\\_CFA\\_What\\_Works\\_in\\_Family\\_Support\\_\(2\).pdf](http://www.Tusla.ie/uploads/content/Family_Support_CFA_What_Works_in_Family_Support_(2).pdf)
- 50 key messages to accompany investing in families supporting parents to improve outcomes for children [http://www.Tusla.ie/uploads/content/Family\\_Support\\_CFA\\_50\\_Key\\_Messages\\_for\\_Parenting\\_Support.pdf](http://www.Tusla.ie/uploads/content/Family_Support_CFA_50_Key_Messages_for_Parenting_Support.pdf)

- Meitheal – A National Practice Model for all Agencies working with Children Young People and their Families 2013 [http://www.Tusla.ie/uploads/content/Tusla\\_Meitheal\\_A\\_National\\_Practice\\_Model.pdf](http://www.Tusla.ie/uploads/content/Tusla_Meitheal_A_National_Practice_Model.pdf)
- Meitheal Toolkit for Use by Practitioners using Meitheal [http://www.Tusla.ie/uploads/content/Version\\_2\\_Meitheal\\_Toolkit\\_Jan\\_2015.pdf](http://www.Tusla.ie/uploads/content/Version_2_Meitheal_Toolkit_Jan_2015.pdf)

## Appendix Two

### Connecting Practice – Case Study

The following case study occurred within the Meitheal process and provides one exemplar of the benefits of an integrated care model when responding to the impact of the long term impact of parental problem alcohol and other drug use. The complexities pertaining to Hidden harm can only be effectively responded through an integrated shared care response to the whole family.

#### Meitheal Case Study – Substance Misuse

##### Reason for request

9-year-old girl (Aoife) displaying highly disruptive behaviour in school, very un-cooperative, occasionally aggressive, generally very unsettled. Delayed physical development.

##### Family Profile

Parents' separated, mum co-parenting and co-habiting with girl's step father. Mum was recovering from a heroin addiction and had not used drugs for a number of years but still attending Drug and Alcohol Counselling Service. Aoife has one younger brother who demonstrated no behavioural issues and was described as content and happy. He attended the same school as Aoife.

##### Lead Practitioner

A Meitheal was initially requested by Aoife's class teacher who acted as Lead Practitioner in the process. This role was transferred to the Drug and Alcohol Counselling Service in the course of the Meitheal process.

##### Agencies involved in Meitheal

- Child and Adolescent Mental Health Service (CAMHS)
- Psychology Service
- Primary school
- Family Resource Centre
- School based youth worker
- Foróige

##### Key Actions

A number of key actions were carried out to address Aoife's additional needs.

- A referral was made to the Paediatric Service to examine the root cause of Aoife's delayed physical development. No issues of concern identified by the Paediatric Service which provided significant reassurance to Aoife's mum and step-father.
- A referral was made to the Psychology Service to explore the root causes of, and ways to deal with, Aoife's behavioural issues. An assessment identified that

Aoife experienced separation anxiety which had its root cause in Aoife's childhood when she spent a lot of time away from her mother living with her extended family as mum was either 'using heroin' or in residential treatment centres.

Additional issues were identified and a Behaviour Modification Plan was developed by the psychologist in partnership with Aoife's mum and step-father.

- The Behaviour Modification Plan was presented and discussed at the multi-agency meeting. The psychologist advised each member present as to how he/she could implement the Plan with Aoife to ensure she was receiving similar key messages, boundaries, etc. with each person whom she had close contact with. School staff were advised on games and other activities which could be used to support implementation of the Plan.
- In the course of meetings, the psychologist provided advice to the school and parents on practical ways to assist Aoife in relation to organisation, behaviour, coping with change, etc.. She further advised her parents of ways to involve her younger brother in some of the home based systems.
- Actions were put in place to ensure better communication between the parents and school.
- A referral for a more in-depth assessment was made by the Psychology Service to CAMHS who advised that an assessment be conducted for foetal alcohol syndrome.
- Foróige engaged Aoife in group activities within its service and also engaged in one-to-work in relation to managing anger and other behaviour.
- The Family Resource Centre, based in the town in which the family lived, provided home-based family support to assist the parents with structure and boundaries within the family home.
- A school-based youth worker was appointed to Aoife to provide access to additional support within the school setting.
- Mum continued to attend the Drug and Alcohol Counselling Service. Her role in Meitheal was significant in supporting Aoife's mother throughout the process.

## Outcomes

Some of the key outcomes achieved through the Meitheal process for Aoife:

- Greater consistency in parenting, rewards and boundaries for Aoife by all involved in her care and support.
- Increased access to appropriate services and accurate assessment of Aoife's needs.
- Aoife described as being a lot 'happier in herself', appearing more secure and contented. Disruptive behaviour greatly reduced.
- Aoife provided with increased support within the school setting, support which was cognisant of and responsive to some of the issues within the family setting.

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<sup>81</sup> *Better Outcomes Brighter Futures The National Policy Framework for Children and Young People 2014-2020 p.78*

<sup>82</sup> *NDS p.82 [http://www.drugsandalcohol.ie/12388/1/DCRGA\\_Strategy\\_2009-2016.pdf](http://www.drugsandalcohol.ie/12388/1/DCRGA_Strategy_2009-2016.pdf)*

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### **Further Information**

[www.drugs.ie special feature on Hidden Harm Stakeholder Consultation http://www.drugs.ie/features/feature/hidden\\_harm\\_children\\_living\\_with\\_and\\_affected\\_by\\_parental\\_substance\\_use](http://www.drugs.ie/features/feature/hidden_harm_children_living_with_and_affected_by_parental_substance_use)

For the most recent prevalence data pertaining to Hidden Harm see Hidden Realities (2011) <http://www.alcoholforum.org/>

For the description of a child living with parental substance misuse click on <http://alcoholireland.ie/keep-it-in-the-family-campaign/tick-tock/>

For a description of the impact of parental substance misuse on children click on: <http://alcoholireland.ie/keep-it-in-the-family-campaign/kids-miss-out/> <http://www.therisefoundation.ie/letter-addiction>

HSE 2018 Making Every Contact Count (MECC): National Project aimed at helping clients to make healthier lifestyle choices during frequent contacts to prevent conditions or illness arising from certain lifestyle choices. <https://www.hse.ie/eng/about/who/healthwellbeing/making-every->





Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

**TÚSLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency