



**M**edia focus on the abuse of alcohol in Ireland is too often focused on underage drinking to the neglect of the problem of parental alcohol misuse, which is the theme of this edition of ChildLinks. One of the common messages across all of the articles presented is the hidden nature of this 'hidden harm'.

long-term implications for a child's life both in childhood and in adulthood. Multiple layers of support are needed to help children and families dealing with addiction. Services need to be properly resourced and co-ordinated to ensure multi-agency, effective early intervention systems.

# Editorial

Dr Shane Butler highlights the multi-dimensional impact of parental alcohol problems, which consists not only of alcohol dependence but also a variety of related difficulties including marital disharmony, financial pressures, family violence, child neglect and inconsistent parenting, all of which have a negative impact on children. Health and Social Services have great difficulty responding to problem drinkers and the challenge of bridging the gap between addiction services and child welfare is still at an early stage of development.

It is estimated that alcohol misuse is a factor in at least 25% of child protection caseloads. From Barnardos' experience working with families affected by harmful alcohol use, children living in these families often present many difficulties which can be far reaching and can have

As Wendy Robinson points out in her article on approaches from the UK experience, workers and agencies across all disciplines need to be more pro-active in their approach to children and adults with alcohol problems, and to work collaboratively for the benefit of families.

Insights gained from the experience of the Hopscotch project which works with children living with parental alcohol misuse are explored in an article from Barnardos.

At a policy level it is interesting to learn from the experience of Northern Ireland who are working to implement an Action Plan for drug misuse and alcohol misuse under the 'Hidden Harm' framework. The National Substance Misuse Strategy 2009-2016, which includes alcohol policies, presents a key opportunity to address the needs of children and families in a vital area.

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# PROMOTING THE WELFARE OF CHILDREN OF PROBLEM DRINKERS



## INTRODUCTION

The idea that children of problem drinkers experience difficulties which are not routinely identified and managed by health and social service systems is by no means a new one. As long ago as 1969, a Canadian researcher, Margaret Cork, published a seminal report – *The Forgotten Children* – highlighting these matters; and across the decades researchers and children's service advocates (e.g. Bennett, Wolin and Reiss, 1988; Hill, Laybourn and Brown, 1996; Brisby, Baker and Hedderwick, 1997) have regularly returned to this theme. However, because of the somewhat disjointed way in which health and social services are conventionally organised, it would still appear to be the case that the needs of these children are generally not picked up as clearly or managed as effectively as would seem desirable. This is largely because addiction treatment specialists appear to focus exclusively on the needs of their adult clients, whose children are not deemed to be a primary concern of addiction services; while child welfare professionals lack conviction about their right or capacity to engage directly with alcohol issues – even when parental drinking problems are clearly having a negative impact on children. Given this uncertainty on the part of the two relevant service systems, it is not surprising that, both in Ireland and elsewhere, attempts

at service integration which might promote the welfare of such children have never been entirely successful.

Although British statistics (Cleaver et al., 1999; Forrester and Harwin, 2006) indicate that for about a quarter of the children known to social services there is a parental alcohol issue, little research has been carried out on this subject in Ireland. Butler (2002) reported that in an unpublished survey of children in care in one rural county during 1999, 43% of children in care were deemed to be there primarily because of parental alcohol problems, with evidence that family reunification in these cases was hindered by a lack of clarity about alcohol issues on the part of social work management, as well as by the failure to create protocols governing the relationships between child welfare and adult addiction services.

Daly (1986), in what appears to be the only Irish study of the significance of parental substance misuse in child protection caseloads, found that 28% of families in her sample of Dublin caseloads had either a drug or an alcohol problem component, but to date the Irish childcare system lacks routine data-gathering systems (Buckley, Giller and Brierly, 2006) which *inter alia* would provide valid and reliable statistics on the impact which parental alcohol use has on children's problems in Ireland.



Despite the relative paucity of basic epidemiological data on this matter, it seems reasonable to conclude that parental alcohol problems contribute significantly to the difficulties experienced by children in this country and that, from a service systems perspective, the children of problem drinkers 'fall between two stools'.

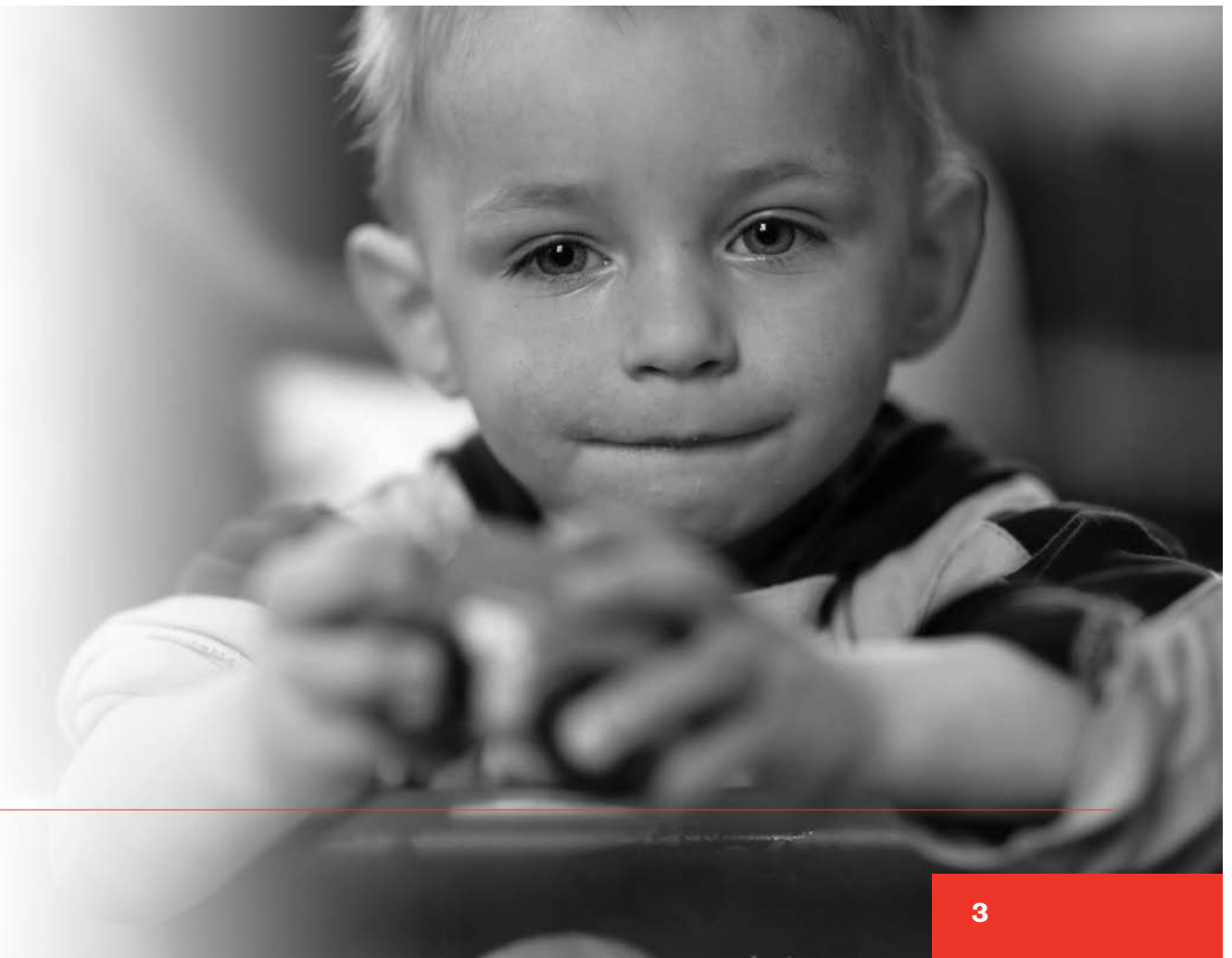
## MODERN CONCEPTUALISATIONS OF ALCOHOL-RELATED PROBLEMS

In seeking to understand why child protection social workers appear reluctant to engage directly with parental alcohol problems, it seems best to start by considering what is commonly described as the 'disease concept' of alcoholism. This was a way of conceptualising alcohol-related problems which had its historic origins in post-Prohibition America of the 1930s and was disseminated internationally by the World Health Organisation (WHO) during the 1950s and 1960s. Essentially, this perspective argued that there were two populations of drinkers: a minority (perhaps about 10% of all alcohol consumers) which because of as yet poorly understood biological vulnerabilities was destined to lose all capacity to control its drinking and succumb to what was seen as a discrete, unitary disease – *alcoholism*; and a majority of drinkers, sometimes described as 'social drinkers' who, since

they were not biologically predisposed to alcoholism, were largely expected to drink with impunity.

One of the most obvious implications of the disease concept was that the management of drinking problems was best left to medical specialists, since the knowledge and skills of generic workers – including, of course, social workers – would not be adequate for this task. An additional and important aspect of the disease concept was the widespread belief among its adherents (e.g. Johnson, 1973) that alcoholics had unusually rigid defense mechanisms, which made them difficult to work with since they tended to be 'in denial' about their alcoholism; the implications for childcare professionals were that such clients would be highly resistant to interventions aimed at persuading them to either moderate their drinking habits or abstain completely from alcohol, so that only addiction specialists skilled in the art of 'constructive confrontation' could be expected to have therapeutic success in this venture.

In retrospect, the disease concept is best understood as a policy initiative intended to counter the moralism with which problem drinkers were frequently met, rather than as a scientifically based development. In any event, by the mid-1970s the WHO had abandoned it in favour of a broader 'public health' approach to the understanding of alcohol-





related problems, based upon the cumulative research evidence of a variety of social and medical scientists. This public health perspective, as summarised for instance by Babor, et al., 2003, concludes that:

- Alcohol contributes to a spectrum of acute and chronic health and social problems, rather than being implicated in just one discrete disease – *alcoholism*.
- Although there are differing individual biological vulnerabilities, including genetic predisposition, the prevalence of alcohol-related problems in any population is primarily explained in terms of population drinking habits – both the level of alcohol consumed and the pattern or style of drinking characteristic of the culture.
- While the provision of treatment services for problem drinkers is still a valid function of health and social service systems, interventions in this sphere should be seen as a shared responsibility across a range of health and social services and not solely a function of specialist addiction treatment systems.

Despite the fact that the WHO has effectively done a U-turn on the disease concept, the notion of alcoholism as disease still survives in popular culture and in public discourse on alcohol-related problems (Room, 2001), and the implications of this conceptual shift for child welfare services have not as yet been fully spelt out or acted upon.

For Irish childcare services, the main implications of the public health perspective are that:

1. Given the dramatic increases which have taken place in Irish alcohol consumption levels over recent decades (Hope, 2007), as well as the cultural tendency towards high-risk patterns of 'binge' drinking (Ramstedt and Hope, 2005), it is to be expected that parental alcohol problems will be highly prevalent in the caseloads of child welfare professionals in this country.
2. These parental alcohol problems will not consist solely of alcohol dependence, but will include a variety of related difficulties – including marital disharmony, financial pressures,





family violence, child neglect and inconsistent parenting – which have a negative impact on children.

3. Social workers, and other professionals concerned with the welfare of children, should be willing to accept more responsibility for doing direct work with problem drinkers when it is clear that adult drinking problems are causally related to children's problems.

### UNDERSTANDING THE IMPACT OF PARENTAL DRINKING PROBLEMS ON CHILDREN

Just as there are distinctions between popular cultural representations of alcoholism and the more scientifically-based views of the WHO discussed above, so also are there quite stark differences to be found between research-based knowledge and popular images of the difficulties created for children by problem-drinking parents.

The latter views, which came to prominence in the USA during the 1970s and 1980s (e.g. Wegscheider, 1981; Geringer Woititz, 1990) and then went on to gain a wide international currency, speak of *alcoholic families*, of *children of alcoholics (COAs)* and even of *adult children of alcoholics (ACOAs)*. Proponents of these views retain a belief in the traditional alcoholism concept as it applies to individuals, but argue additionally that parental alcoholism leads invariably to dysfunctional family dynamics which in turn create specific psychosocial problems in the children of such families: problems which in some of the more evangelical texts become a permanent feature of 'adult children', deemed to require ongoing psychotherapy.

**What emerges with particular clarity from the research is that children are upset by marital disharmony or parental conflict much more than by direct exposure to parental drinking.**

Empirical research of a more conventional scientific nature (e.g. Seilhamer and Jacob, 1990; Sher, 1997; Velleman and Orford, 1999; Menees and Segrin, 2000) presents a more nuanced view of the way in which parental alcohol problems affect children.

In summary, this research confirms that being reared by parents with alcohol problems puts children at risk of a range

of behavioural and emotional problems; however, the research does not support the conclusion that families coping with a problem drinker are all profoundly damaged by this experience, or that such families have specific psychological characteristics unique to 'alcoholic families'.

The research also demonstrates that, as with other stressors, parental alcohol problems are moderated by a range of intrafamilial (for example, a well-functioning parent without an alcohol problem) and extrafamilial (for example, extended family or support networks of a sporting, educational or other nature) factors. What emerges with particular clarity from the research is that children are upset by marital disharmony or parental conflict much more than by direct exposure to parental drinking. In short, parental alcohol problems put children at risk of a range of social and psychological problems, but there is no inevitability about the occurrence of such problems which are largely comparable to difficulties arising from other common stressors within families: such as marital conflict or breakdown, parental physical or mental illness, poor housing or poverty.

In stark contrast to these populist American models which pathologise all family members living with a problem drinker, a team of English-based psychologists has worked over the past two decades to devise a model of care which can be used by primary care workers to assess and respond to the needs of relatives of problem drinkers or drug users (Copello, Templeton, Krishnan et al., 2000; Orford, Natera, Copello et al., 2005). This new model explicitly rejects the idea that family members are inherently 'sick' themselves or that they have caused their relative to develop an alcohol problem. Instead, it is assumed that family members are essentially normal people struggling to cope with the largely unanticipated stress of living with a problem drinker, and the programme is aimed at enhancing the support available to such families and improving their coping capacities.

The main implications of the research summarised here are that child welfare professionals:

1. Should assess children in families where there is a parental alcohol problem just as they would any other family, eschewing popular stereotypes on this topic.
2. Should seek to identify and strengthen support systems likely to moderate the negative impact of parental drinking.
3. Should – where there is a second and reasonably well-functioning parent – support this parent in avoiding conflict with the problem drinker and in maintaining family rituals which preserve the basic fabric of family life for dependent children.



## **DIRECT ENGAGEMENT OF CHILD WELFARE PROFESSIONALS WITH PROBLEM DRINKERS**

It is almost thirty years since the Maudsley Alcohol Pilot Project (Shaw et al., 1978) reported on an action research project aimed at persuading generic health and social service professionals to develop more therapeutic commitment to working directly with problem drinkers. While no comparable research has been carried out in Ireland, it seems as though the basic thrust of this London research is still valid and helpful in seeking to understand why our child welfare professionals still appear to think primarily of referring problem drinkers to specialist alcohol services, rather than attempting to work directly with such clients.

Shaw and his colleagues used role theory to explain the lack of therapeutic commitment to working with problem drinkers shown by a range of generic workers whose caseloads contain substantial numbers of problem drinkers. The concept of *role legitimacy* was used as shorthand for the belief, prevalent amongst generic workers, that they had no *right* to engage directly with alcohol problems; *role adequacy* was used to describe the related conviction that generic workers lacked the requisite specialist *competence* to deal with such clients; and *role support* referred to the necessity to create managerial (and sometimes financial) supports for direct work with problem drinkers.

Despite the fact that a great deal more research has confirmed that generic workers can be helped to improve their identification and management of drinking problems (e.g. Raistrick, Heather and Godfrey, 2006; Heather, 2007), there has been little progress internationally in implementing new forms of generic practice

based on this research. In the case of Irish child welfare professionals (and there is no reason to believe that they are any different from their international peers), it may be inferred that some of them at least still think in terms of *alcoholism*: on this basis they remain unconvinced that doing therapeutic work with problem drinkers is a legitimate professional function or one for which their existing knowledge and skills are adequate. However, in explaining why research findings have had so little impact on practice in this matter, and why child welfare professionals still tend to approach problem-drinking parents wondering 'Where can we send them?', perhaps it is the role support concept which is crucial.

Without in any way diminishing the importance of more, or more focused, educational input on alcohol problems during their basic professional socialisation, it would seem that child welfare professionals will not develop and maintain therapeutic commitment to this issue unless or until it is taken up at management level, so that front-line workers are encouraged and supported to work directly with problem-drinking parents on an ongoing basis.

## **ENHANCING THE WELFARE OF CHILDREN OF PROBLEM DRINKERS?**

There are perhaps two main approaches which suggest themselves in terms of improving the lot of children of problem drinkers. The first of these involves training social workers, child care workers and family support workers in models of counselling and support for which there is clear evidence of effectiveness, and which can readily be integrated into routine child protection and welfare practice;





the second consists of drafting and implementing formal protocols governing the relationship between specialist addiction services and child welfare services.

On the first of these two options, it should be noted that research into the efficacy of three well-known models of alcohol counselling – Cognitive Behaviour Therapy (CBT), 12-Step Facilitation and Motivational Interviewing (MI) – revealed all three models to be equally successful when utilised by well-trained therapists in clearly-structured treatment programmes (Babor and Del Bocca, 2002).

There are, however, obvious advantages associated with using MI as the favoured model for child welfare professionals embarking on direct work with problem-drinking parents (Hohmann, 1998; Forrester et al., 2008). Miller and Rollnick (2002) emphasise the fact that people with alcohol problems (including alcohol dependency) do not have specific personality attributes, and that there is no evidence to support popular ideas about problem drinkers being unusually defensive or 'in denial'. Instead of seeing denial and resistance as part of clients' personality structures, the MI model argues that these characteristics may validly be seen as emerging from client-worker interaction: specifically, client resistance may be seen as a feature of client-worker communication where the professional worker opts to confront the client. In practical terms, the MI model trains child welfare professionals not to confront or argue with problem drinking parents, but to see their clients' ambivalence about cutting down or giving up on their alcohol consumption as normal; this ambivalence can then be explored in the context of the value which these clients attach to their parenting. Using the MI model, and the transtheoretical or stages of change philosophy (DiClemente and Marden Velasquez, 2002) with which it is often accompanied, child welfare professionals learn that their statutory child protection functions can add therapeutic leverage to the counselling process; this is in stark contrast to the intuitive view that the child protection and alcohol counselling functions are incompatible with one another.

Although Forrester et al. (2007) reported many difficulties associated with introducing MI into the practice of child and family social workers in Britain, they found that fears that the adoption of a counselling role might lead to a loss of focus on the child were unfounded.

Another innovation which suggests itself is the integration of the British model of family intervention previously referred to into child welfare practice. This '5-Step family intervention model' (Orford, Templeton, Patel, et al., 2007) can be quickly learned by generic workers and used either as a stand-alone response or in conjunction with referral to specialist alcohol services.

Finally, at the level of creating formal collaborative structures between child welfare services and adult addiction services, it should be noted that this is just one instance of the wider difficulties experienced by child welfare services internationally in their efforts to deliver integrated and comprehensive responses to the needs of children (Horwath and Morrison, 2007). The specific tensions which exist between child welfare services and adult addiction services in Ireland, alluded to throughout this briefing, have not been researched in any great detail (Butler, 2002), but on the face of it are the same as those long identified in other jurisdictions (e.g. Scott and Campbell, 1994). Irish child welfare specialists continue to have difficulties of a *role legitimacy, adequacy and support* kind when it comes to working directly with problem-drinking parents. On the other hand, addiction specialists appear to define problem drinkers as their clients, to worry lest their therapeutic work be contaminated by the adoption of a child protection role, and to experience confusion as to whether it is ethical to share concerns about these clients with statutory child protection services. In the USA there are now ongoing attempts to bridge these gaps between addiction and child welfare services through the creation of formal collaborative arrangements between hitherto parallel service systems (e.g. Mallucio and Ainsworth, 2003; Ryan et al., 2006) but, while promising, these service integration projects are still in their infancy.



The research reviewed here suggests two approaches worth exploring so as to improve service provision for children of problem drinkers: these approaches may be seen as alternatives or as complementary of one another. The first approach is, through training and ongoing management support, to facilitate counselling of problem-drinking parents by child welfare specialists; the second – which may be easier in the context of a single Health Service Executive – is

to create a protocol governing the relationship between child welfare and addiction services, so that problems about professional accountability and the ethics of information sharing are resolved. Should neither of these approaches be adopted, it seems likely that a decade hence yet another issue of *ChildLinks* will review this subject and conclude that children of problem drinkers are still *the forgotten children*.

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# ALCOHOL RELATED HARM

## for Children & Young People

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We all know how widespread drinking in Ireland is; it is an integral and fundamental component of our leisure and entertainment. It is culturally acceptable and few social events are seen as complete without it. Anyone who has ever tried to utter the words “I’m not drinking tonight” without the excuse of driving or taking antibiotics will know just how culturally sensitive an issue it can be as it is often followed with an onslaught of “go on, just the one” in response as friends test the resolve of the minority non-drinker. While the drinking culture is undeniably changing, progress on the separation of the traditionally defined “craic” and alcohol is slow and, in general, one continues to be associated with the other.

The recent exception to the law banning the sale of alcohol on Good Friday in Limerick to ensure that alcohol is available for the Munster v Leinster match in the Magners League indicates not only the powerful lobby presented by publicans in Ireland, but also the inability of our society to conceive of enjoying an event without the involvement of alcohol. We are, of course, not alone in this. Many countries have similar cultural associations with alcohol. However, despite recent welcome reports that Ireland’s alcohol consumption has fallen back to 1995/96 levels, Ireland continues to have high rates of binge drinking by European standards. Over half of all Irish drinkers have a harmful pattern of drinking<sup>1</sup>. Every year alcohol-related problems such as healthcare, crime, accidents and absenteeism costs the State approximately €3billion.

For children and young people, alcohol-related harm can arise in two ways. First, they can suffer a range of harmful effects caused by parental alcohol misuse in the home. Second, they can themselves become drinkers at a young age. Alcohol-related harm, whether caused by children drinking themselves or by harmful parental alcohol use, can have a far-reaching impact on children and young people and should be an issue of ongoing concern for those working with children or policy decision makers at a national level.

### **PARENTAL ALCOHOL PROBLEMS AND HARMFUL IMPACT ON CHILDREN**

Through our work with children and families, Barnardos sees first hand the serious consequences that problem parental drinking can have for children. Barnardos recognises that most parents do not deliberately intend to harm their children or to develop behaviours that are likely to have a negative impact on them. However, as alcohol is so widely available and culturally acceptable



in Irish society, it is perceived to be less harmful than illegal substances with the result that the effects of its misuse on children can be underestimated.

While all family circumstances and experiences differ based on the individuals and the specific situation involved, a number of common consequences of parental harmful alcohol use have been identified.

The effects on children living in households with harmful alcohol use can include<sup>2</sup>:

- Inconsistency in parenting styles with routines becoming irregular.
- Parents becoming emotionally and physically detached from their children and as a result having a poorer awareness of their children's needs.
- Family experiencing material deprivation such as lack of food or clothing.
- Parents having reduced sensitivity to risk of danger and perhaps leaving children unsupervised.
- Children having to assume parenting responsibility prematurely as parents are unable to conduct domestic and childcare duties effectively.
- Children feeling confused, rejected, burdened and unable to trust parents.

### **RISK TO CHILD'S HEALTH**

The impact of harmful alcohol use on children's development and health can be severe. Prolonged heavy alcohol use during pregnancy can lead to a range of serious developmental problems for the unborn child including delayed neurological development, physical development and foetal alcohol spectrum<sup>3</sup>. In Ireland, alcohol consumption among pregnant women is very high at 82%<sup>4</sup>, nearly four times as many as in USA. A survey of more than 43,000 women attending antenatal classes at the Coombe Hospital, Dublin between 1999–2005 found that almost 10% were consuming six or more alcoholic drinks a week<sup>5</sup>.

Children's health can also be severely affected by parents' inability to keep medical appointments, which can delay the assessment and timely identification of potential developmental difficulties. In young children, there can be an increased exposure to risk with parents leaving alcohol bottles around, children being left unsupervised or left with unsuitable carers.

Harmful alcohol use has been found to be a factor in the frequency and severity of domestic abuse with a link between harmful alcohol use and the seriousness of injuries inflicted. In studies of men in treatment for their harmful alcohol use, around 50% acknowledged perpetrating domestic abuse within the previous 6–12 months<sup>6</sup>.

### **RISK TO CHILD'S EMOTIONAL AND BEHAVIOURAL DEVELOPMENT**

A parent's preoccupation with alcohol will have a range of consequences for their child's sense of emotional security. Parenting styles characterised by inconsistency, neglect, lack of routine and impoverished surroundings can increase fears, distress and uncertainty. The cycle of broken promises can lead to feelings of rejection and lack of trust in their parents<sup>7</sup>.

Children of alcohol-misusing parents can suffer higher rates of separation from and loss of parents due to imprisonment, hospitalisation and random absences<sup>8</sup>. This distress and separation anxiety can manifest in children developing behaviour issues such as acting out or becoming withdrawn.

A child's self esteem and identity can also be affected if a parent's behaviour is a source of embarrassment to them. This can impact on their ability to make friendships and develop a social circle.

### **RISK TO A CHILD'S EDUCATION**

Children of parents with chronic alcohol problems are likely to have more issues at school in terms of learning difficulties, reading problems, poor concentration and generally low performance<sup>9</sup>. Absenteeism from school may be another factor, as young people may have to care for a parent who is unwell or look after younger siblings. Feelings of anxiety and fear about a parent's welfare can heighten their experience of absenteeism or lead to disruptive behaviour in school<sup>10</sup>.

### **SUPPORTING FAMILIES**

From Barnardos' experience working with families affected by harmful alcohol use, children living in these families often present any number of these difficulties which can be far reaching and have long-term implications for a child's life both in childhood and adulthood. Without adequate intervention and support this can leave children in a vicious cycle and at risk of moving into harmful alcohol use themselves, with all the inherent risks and harm this entails.

Alcohol-related harm to children and young people is a serious, ongoing issue in Ireland. The casual societal attitude towards alcohol can seriously undermine the very real danger drink can pose to children, whether through their own consumption or through problem parental drinking. Finding solutions to these dangers is a long, ongoing issue incorporating a number of factors.

The supports and services available to protect and support children who live with the consequences of problem parental substance use must be a priority. Multiple layers of support are needed to help children and families dealing with addiction. Because of the multifaceted nature of the difficulties



facing these families, services must be properly resourced and networked to ensure multi-agency, efficient early intervention systems that support families early on in a child's life and before family difficulties reach crisis point. Early intervention services could make all the difference to a child's life both in the short and long term by supporting them and their parents to better cope with the consequences of parental harmful alcohol use.

In relation to children and young people's use of alcohol, which is influenced by general attitudes, the general acceptance of heavy alcohol use in Ireland must be addressed in a broad sense that seeks to understand and change our relationship with alcohol in the long term. In the shorter term, the easy accessibility of alcohol for young people must be dealt with and issues such as low cost,

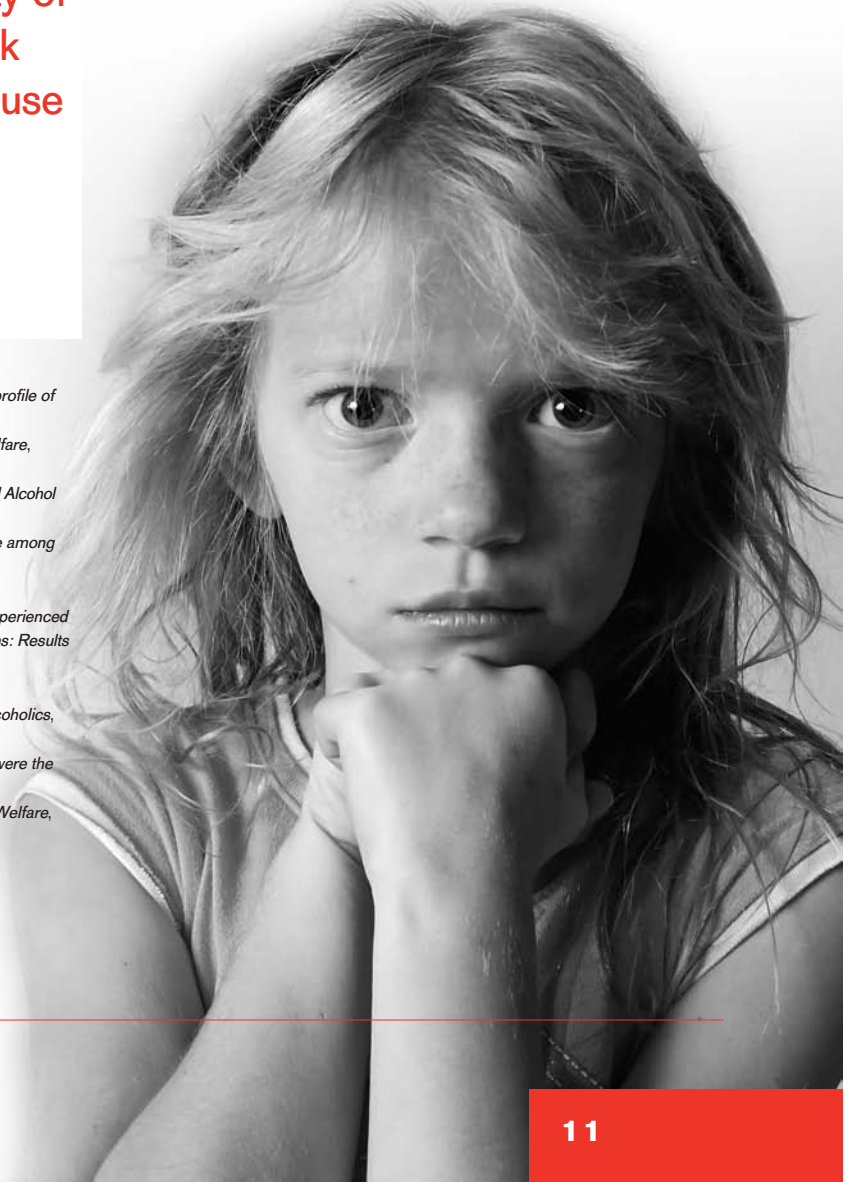
licensing, availability and youth targeted marketing must be seriously considered and addressed.

Alcohol can have devastating affects on young lives; we must address the ongoing cultural and societal attitudes that minimise the harm alcohol can do to children and young people. We also need to develop a robust strategy that places a strong focus on child welfare, protection and well-being, and supports families and young people in overcoming harmful alcohol use as early as possible to ensure better long-term outcomes for children. The National Substance Misuse Strategy provides a promising opportunity to develop measures to do this, but any strategy arrived at must be backed up by political will to provide the resources necessary to make a real difference to children's lives.

**Harmful alcohol use has been found to be a factor in the frequency and severity of domestic abuse with a link between harmful alcohol use and the seriousness of injuries inflicted.**

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# Keeping it in the family: Children living with Parental Alcohol Problems *'Invisible'*

**CLÍONA MURPHY**  
Policy Development Officer, Alcohol Action Ireland

***All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption...***

World Health Organisation (Europe) Declaration on Young People and Alcohol (2001)

Children grow up in families. They depend on families to meet their needs, to protect and care for them. When someone in a family drinks too much or too often, their alcohol use can affect the whole family. When that person is a parent, their drinking can get in the way of their parenting. Being a parent can be a tough job but the reality is that children depend on their parents. They rely on them to provide the basics: food, clothes, a safe and warm home. Children need care and support, as well as clear and consistent boundaries. They need the routines of mealtimes, school, and bedtimes. Parental drinking becomes a problem for children when it disrupts the everyday family life in a way that negatively affects their children's health, development and/or welfare.





### THE KEEPING IT IN THE FAMILY CAMPAIGN

Some 61,000 to 104,000 children aged under 15 in Ireland are living with parental alcohol problems, according to a European study<sup>1</sup>. The lack of any Irish estimate of the number of children living with parental alcohol problems, and the lack of knowledge about the lives of these children, in a country that is near the top of the European polls when it comes to alcohol consumption and binge drinking, was a key motivator behind Alcohol Action Ireland's *Keeping It In The Family* campaign. When we look to countries with similar drinking patterns to our own, such as Scotland and England, one in ten children are estimated to be living with parental alcohol problems. In Northern Ireland, it is estimated that 40,000 children are living with parental alcohol problems.

The goal of the campaign is to increase awareness of children living with parental alcohol problems and to put forward constructive solutions that can bring real change for the better to these children's lives. The campaign has three steps:

1. Increase the knowledge about the reality of these children's lives.
2. Work with other groups and organisations to put the reality of these children's lives on the political and public agenda.
3. Advocate for children and families to receive 'joined-up' and accessible services.

### LIVING WITH PARENTAL ALCOHOL PROBLEMS

Different patterns of drinking can have a significant impact on family life. Heavy dependent drinking patterns can mean family routines becoming replaced by a disorganised and chaotic home life. Family life revolves around drinking and dealing with its after effects. Episodic drinking patterns can create worry and anxiety about what might happen, when the drinking will start again, when it will end. Parental alcohol problems, therefore, have the potential to impact on children in many different ways.

Children may experience shame and embarrassment about their parent's drinking and the related behaviours. It can be difficult to maintain friendships and to invite friends home. Celebrations such as weddings, birthdays and other family occasions are often dreaded, or sometimes simply avoided. Children may be isolated or bullied by peers at school because they are perceived as different in some way; that difference can be compounded when children are neglected, for example, going to school unwashed, in dirty uniforms.

One study of children's stories of living with parental drinking reported how 'chronic worry emerges as a corrosive presence' in their lives, affecting mental health and well-being<sup>2</sup>. These worries include worry about a parent's health or safety, about a parent's job and about other siblings. Many children live with fear, fear of what will happen next, and sometimes fear of assault by a volatile and abusive parent. The family conflict

that results from problem alcohol use can be more distressing than a parent's drinking behaviour. Conflict can take the form of assault and abuse of family members when a parent is drinking as well as fights and arguments about drinking.

School can be disrupted, particularly when children have to take on inappropriate responsibilities and caring roles for siblings and/or parents. It may be up to the child to get themselves and their siblings out to school. Time in school might be spent worrying about what is happening at home. Children living with parental alcohol problems are also at increased risk of abuse and neglect.

There are many factors in a child's life which can ease or worsen the situation caused by a parent's alcohol problem. A child may have individual strengths, interests and supports outside the home that helps to build their resilience to cope with the adversity they live with at home. Most important is a stable adult who can make sure the child receives consistent love and care, routine and security.

### THE WIDER CONTEXT

There are a number of factors which combine to keep the needs and experiences of children of problem drinking parents invisible. Firstly, alcohol is more widely available than ever before: it can be bought in petrol stations, supermarkets and newsagents. The number of off-licenses has increased dramatically in recent years, jumping from 2,879 in 2003 to 4,557 in 2008. There has also been a shift in drinking patterns with more than half of alcohol consumed in Ireland being consumed in the home. Marketed alongside food, drink has become just another item in the family shopping basket. This trend has been fuelled by the widespread availability of cheap alcohol, sometimes sold below cost, mainly by the larger supermarkets. Ireland is one of six countries in Europe where alcohol has become more than 50% more affordable than it was in 1996 – alcohol has become much cheaper.

We are consistently at or near the top of the European polls when it comes to levels of alcohol consumption and to binge drinking while surrounded by positive, risk-free images of alcohol. Harmful alcohol use tends to be viewed as a private matter, a matter of individual responsibility. However, the effects of harmful alcohol use often extend well beyond the drinker; these harms to others can take the form of accidents, road traffic deaths, injuries and assaults. When we talk about drink-related damage, we often focus on the harms to the drinker or the third party harms that take place in public spaces. Too often we don't see, we don't hear or we chose to ignore the effects of harmful alcohol use in the family home, in private spaces behind the front door.

The lack of recognition of the effects of harmful parental drinking also extends to many professionals and service providers who work with children and families. Stigma, shame and secrecy about a parent's harmful drinking can hinder children talking



about what's happening at home or seeking help, as can fear about what might happen if other people intervene.

**'It is important to recognize that the ubiquity and normalization of alcohol can mask the severity and impact on family life and this can make it difficult both for children to seek help and for services to provide appropriate services.'**<sup>3</sup>

### **KEEPING IT IN THE FAMILY: THE FIRST STEP**

In December 2008, Alcohol Action Ireland brought together a cross-section of Irish charities/non-governmental organisations, service providers and public health officials to discuss ways forward in highlighting the issues for children in Ireland affected by parental alcohol problems. It was the first opportunity many of us had to focus on the issue and share experiences. Discussion and analysis was informed by Dr. Shane Butler, senior lecturer in social policy at Trinity College Dublin, who spoke about promoting the welfare of children of problem drinkers, as well as Tam Baillie and Louise Hill of Barnardo's Scotland whose insights into the Scottish experience allowed us to draw parallels with our own experiences in Ireland.

Two themes quickly emerged from presentations and discussions:

1. Children experiencing alcohol related harm in the family resulting from parental alcohol problems are effectively 'invisible' in terms of policy-making and this filters down to services
2. There does not appear to be an integrated 'joined-up' service response to meet the needs of these children and their families. Child welfare services tend not to view parental alcohol problems as part of their remit while adult alcohol treatment and addiction services tend to focus on the adult, resulting in families receiving fragmented responses to their needs.

Children affected by parental alcohol problems are also affected by wider policy issues which impact on their well-being: there is no real national alcohol policy; there is no minimum pricing on alcohol which means alcohol can be sold as a loss leader; there is an increase in home drinking and an increase in women drinking.

The key messages from the day were as follows:

- Children affected by parental alcohol problems need to become visible to politicians, policy-makers, professionals and the public. A first step is research to establish the extent of the problem and the reality of these children's lives.
- Services available to children need to join-up and mechanisms put in place connecting the experiences of service users and providers to top-level planning and funding levels.

- The Scottish experience suggests that real change can only come about when the impact of parental alcohol problems is understood as a potential child welfare/protection issue.
- Children affected by parental alcohol problems can experience a spectrum of harm from depression and anxiety, social withdrawal, behavioural problems, stress and missed school through to taking on inappropriate caring roles, domestic violence, child abuse and neglect.

### **THE KEEPING IT IN THE FAMILY SURVEY**

In the absence of any Irish data on the prevalence of parental alcohol problems, Alcohol Action Ireland commissioned a survey<sup>4</sup> on adults' childhood experiences of parental alcohol problems in order to gain an insight into the potential scale of the problem for children and families now. The findings are the result of a nationally representative survey among 18 to 40 year olds carried out by leading Irish market research firm Behaviour and Attitudes. It is the first time that adults in Ireland have been surveyed about their experiences of parental alcohol use during their childhood. The key findings of the survey were that when both parents drank weekly or more often:

- 14% of 18–40 year olds said they often felt afraid or unsafe as a result of their parent's drinking.
- 11% of 18–40 year olds said they often had to take responsibility for a parent or sibling.
- 14% of 18–40 year olds said they often witnessed conflict between their parents either when they were drinking or as a result of their drinking.
- The impact of parental drinking didn't differ according to socio-economic class.

While the survey provides only a glimpse into the issue, the findings provide a case for the Government to initiate a comprehensive examination of the extent and impact of parental alcohol problems on children's welfare and well-being.

Alcohol Action Ireland's call was supported by the country's leading children's charities – Barnardos and the ISPCC.

The survey launch featured a masterclass with presentations from Consultant Child and Adolescent Psychiatrist Dr. Sarah Buckley and Children and Families Substance Misuse Consultant Wendy Robinson.

### **THE CHILDREN AFFECTED BY PARENTAL ALCOHOL PROBLEMS (CHAPAPS) PROJECT**

Alcohol Action Ireland compiled the Ireland country report for an EU study to be launched in 2010 on the research, policy, practice and service development with regard to children affected by parental alcohol problems. The mission and vision of the project is to prevent and reduce the harms to children and adolescents caused by parental alcohol problems, with a particular focus on health inequalities as one serious consequence for affected children and adolescents<sup>5</sup>.



Our research for the Ireland report further supported the rationale underpinning the *Keeping It In The Family* campaign. It revealed a real lack of information, at national or regional level, on children living with parental alcohol problems. Nor are these children recognised in policy relating to either children or to alcohol.

We found that professionals in general are not adequately trained to identify and assess when and how parental alcohol problems are impacting on a child's health, development and welfare, or to work with the whole family. There is a clear need for services to be structured in a way that facilitates a response for the whole family, with the child's needs and well-being always the focus.

### WHERE NEXT?

Alcohol Action Ireland continues to advocate on behalf of children affected by parental alcohol problems through our work with other groups and organisations as well as through our proactive media and policy work. We have also developed and disseminated a leaflet entitled *Is Alcohol Affecting Your Family?* with the aim of increasing knowledge among both the public and professionals about the reality of these children's lives.

The National Substance Misuse Strategy presents a unique opportunity to recognise and respond to the needs of children and families living with parental alcohol problems. The recognition that parental alcohol problems can and do cause a range of harms to children of every age from conception to adulthood needs to be built into the Strategy, alongside effective policies and actions designed to reduce those harms to children. We need a coherent approach at a national and local level, one which cuts across drug and alcohol services, health and social services, adult and children's services, as well as the voluntary and statutory sectors.

The number of children affected by parental alcohol problems will only decrease when the number of adults with alcohol problems decreases. Families are affected by alcohol policies. Policies that work to reduce levels of alcohol consumption and thereby reduce levels of alcohol-related harm will reduce

the levels of harm experienced by children living with parental alcohol problems. An effective alcohol strategy consists of a mix of evidence-based policies which have demonstrated impact in reducing levels of alcohol-related harms. The most effective alcohol policies are those that increase price, reduce supply and availability, reduce drink-driving and those that support the provision of brief advice and early interventions in healthcare settings, as well as treatment services.<sup>6</sup>

Access to services and treatment for parents is crucial as effective treatment for parents can have major benefits for children. However, if we focus on adult alcohol treatment services as the only way of reaching children affected by parental alcohol problems then we will always reach too few, too late. Why? Only a small number of adults with alcohol problems actually get treatment, and many access treatment after long periods of problem alcohol use.

Children need to be provided with supports and services to meet their needs. A Scottish study<sup>7</sup> of young people's experiences of living with harmful parental drinking and its impacts on the young person's health and well-being recommends that children and young people be provided with access to formal and informal support services including self-referral services. Suggested services include helplines, in-school counseling, therapeutic support and emergency accommodation. Currently, children in Ireland do not have full individual rights in Irish law. It is crucial that the Government hold the long awaited referendum on strengthening children's rights in the Constitution which would support the provision of services to children in their own right.

If we are to see, hear and respond effectively to children living with parental alcohol problems, then it is essential we ask children about their needs and experiences. Alcohol Action Ireland asks that the Government conduct a comprehensive examination of the extent and impact of parental alcohol problems on children's health, development and welfare, to include the implications for services, policy and legislation.

Alcohol Action Ireland is the national charity for alcohol-related issues. To find out more about their work and to download material from the *Keeping It In the Family* campaign, go to [www.alcoholireland.ie](http://www.alcoholireland.ie). Please e-mail [admin@alcoholactionireland.ie](mailto:admin@alcoholactionireland.ie) if you would like to request copies of the leaflet *Is Alcohol Affecting Your Family?*

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# Barnardo's UK Hopscotch Service

**MURDO MATHERS** Children Services Manager, Barnardo's UK

When asked to write an article about the work of Hopscotch, a service that works with children/ young people and their families affected by alcohol misuse, I was both pleased and anxious in equal measure. Pleased because the impact of parental alcohol use is an issue that has been hidden over the years and any opportunity to raise the profile is one which is welcome. However, I was also a little anxious at the prospect of having to actually put on paper what we do on a daily basis and whether this would accurately reflect our service but hopefully it does.

## **BACKGROUND TO THE SERVICE**

In 1993, Barnardo's UK formed an alliance with the Health Education Board for Scotland "to consider the need for a service to provide support and assistance to children who live in families where excessive consumption of alcohol causes dysfunction". Three research projects were commissioned to:

- Investigate the current services
- Conduct a literature review
- Conduct a small qualitative study into children's perspective on parental drinking

The research was completed in 1995 and a seminar presented the findings from the reports and discussed what type of





service might be required to meet the identified need. From this seminar Barnardo's Hopscotch service was born.

The following issues were highlighted at the seminar as being important components of any new service:

- The needs of children whose parents abuse alcohol are distinct and therefore require a service in their own right.
- Focus on children and entire services will depend on individual situations, therefore the service needs to be flexible and resourced to meet demand.
- Children may have to be helped to come to terms with their parents drinking and be helped to understand that they may not be able to do anything to prevent their parents drinking.

Barnardo's Hopscotch service was started in January 1997, primarily as a befriending service. It increased in size to open a service in Perth with a joint Children Services Manager with an eventual split which has resulted in two services with a separate Children Services Manager for each service.

Currently, Barnardo's Hopscotch (Angus) is based in Arbroath and staffed by a Senior Practitioner, Befriending Service Co-ordinator and a part time project Worker. It is overseen by me as the Children Services Manager for five services based in the one office.

#### **Angus Profile**

Angus is a largely rural area with a population of approximately 108,000. Figures from 2005 suggest that 5% of children in Angus live in high deprivation and 1 in 7 children live in households where no one is in employment. The transport system within the area is heavily reliant on road and, as a result, the bus service is a critical for those families who do not have a car. This creates difficulties for the service as most children and young people either need to be transported to their sessions by staff or staff need to travel to the area the young person is living in.

#### **AIMS/OUTCOMES OF THE SERVICE**

Barnardo's Hopscotch (Angus) service works with children/young people between the ages of 5 and 16 and their families affected by alcohol misuse. Referrals can come from any agency but primarily they come from the Social Work Department. As outlined in Barnardo's outcomes framework, the service looks to:

- Improve children and young people's mental health and well being.
- Reduce the impact of parental substance misuse on children and young people.
- Positively improve the relationships between children, young people and their families.
- Develop the lives of children and young people through new experiences.

#### **THE REFERRAL PROCESS**

Once a referral is accepted and allocated, a worker will go out to visit the family and discuss the referral with them and give them information about the project. A further follow-up visit will determine whether the family want to be involved or not. If the family decide that they do want to be involved, the worker will prepare them for an Initial Planning Meeting. The service uses the Three Houses Model for the Initial Planning Meeting. This involves all attendees at the meeting identifying the strengths, weaknesses and hope/dreams for the family. From this, an action plan is devised, outcomes are set and the best service to meet these needs is identified.

#### **SERVICES WE OFFER**

To help achieve the outcomes outlines, the service has the following components:

##### **Befriending**

The was initially set up as a befriending service with a role and remit to recruit, train and match up volunteers with children and young people. This has continued to be a core component of the service and offers children and young people opportunities to have fun, try new activities and have regular contact with someone who is just there for them.

The volunteers do a range of activities with the children and young people which includes doing arts and crafts, sporting activities, cooking, going for walks, visiting local attractions, playing games and eating out. As the service has progressed, some of the volunteers have taken on more of a mentoring role and this includes doing a more focussed piece of work that is not just activity based. This could include developing a memory box, helping with the practical aspects of life story work, supporting the child or young person through a specific issue such as bereavement, or ensuring that a child or young person attends relevant meetings about them.

Feedback and outcomes achieved indicate that children and young people enjoy having a befriender. They like having someone who is willing to listen or participate in the activities mentioned. They report an increase in self esteem and confidence, a reduction in isolation and a reduction in the impact their parent's drinking is having on them.

##### **Individual Programmes of Work**

This part of the service was set up when it was realised that many of the children and young people needed a more therapeutic service than befriending. If this is identified as the most appropriate service for a child or young person to receive, then the worker will take some time to discuss with the child/young person/family what the work will entail. Typically the work will focus on increasing self esteem and confidence, reducing the impact parental drinking is having on the child or young person, and improving family relations. The work allows



children and young people the opportunity to talk and manage their feelings and devise alternative coping strategies. It also helps them to understand that their parent's drinking is not their fault.

To help children and young people achieve these outcomes, workers use play therapy techniques (the service currently has a qualified play therapist), elements of solution focussed practice, narrative therapy, active listening techniques and written work. One technique does not fit all so the workers are flexible and adapt their style to suit the needs of the child or young person.

### **Family Support**

Over the years of the project, family support has taken various forms. In the early days, it meant that the project was very active in providing practical support to families such as transport, financial support or help with moving house. As time progressed, it became clear that this was not sustainable both in relation to finance and time. Now, if family support is identified as necessary at the Initial Planning Meeting, the work typically addresses rules and boundaries at home, the impact of the parent's drinking on the family, family relationships and parenting.

The service does not have the capacity to directly address a parent's drinking but refers the parent to an appropriate agency, then works in partnership with this agency to effectively

support the family. By supporting the family in this way it is hoped that family relationships will improve and the impact of parental drinking will be lessened.

### **Consultation**

In some cases, the service will offer consultation and support to other workers already involved in the case. This happens if there is a waiting list or there is already a worker with a good relationship with the child or young person. The Hopscotch worker discusses the referral with the worker, devises a programme of work with them and provides materials and support while the worker completes the work.

### **IMPACTS ON CHILDREN/YOUNG PEOPLE OF PARENTAL ALCOHOL MISUSE**

Various studies and research, along with our own experiences, indicate that there is a variety of impacts on children and young people who live in a family where one or more parents have a problem with alcohol as outlined below.

#### **Low Self Esteem and Confidence**

This is not generally an issue which children and young people immediately identify at an Initial Planning Meeting, but parents and workers usually recognise this as an area of concern. At reviews, children and young people are usually able to identify whether they are feeling better in this regard.



Examples of improved self esteem and confidence after working with the service include children and young people being able to initiate conversations, making eye contact with people, laughing and smiling more, being able to talk to their parents and being more able to talk about their feelings. The befriending service and individual programmes of work help improve confidence and self esteem.

### **Having a Carer Role**

Many of the young people end up taking a carer role within the family as their parent is not able to do this due to alcohol use. This could be caring for siblings or for the parent themselves. Young people describe having to make their own meals, get themselves out to school, ensure their parents have not fallen asleep in the bath or on the sofa with a lit cigarette, ensure their parents get to bed and that their siblings are cared for. Many miss out on a childhood as their spare time is taken up caring for the family. The befriending service, individual programmes of work and family support programmes help reduce the feelings of isolation.

### **Isolation**

Due to the nature of problem drinking, children and young people often feel unable to tell friends, teachers, and family about the issue. Young people report that they do not want to take friends' home as they are not sure what they will find when they go home and feel embarrassed by their parents behaviour. This is often linked to the carer role, which means there are few opportunities to make friends and develop friendships, which increases isolation. The befriending service helps reduce this isolation by involving children and young people in local activities.

### **Feeling Responsible**

Children and young people can often feel responsible for their parent's drinking either because their parent tells them this or they feel that their behaviour has contributed in some way to the drinking. This can be a difficult mindset to change as often, even if the parent says to the child it is not their fault, their actions say something else. Children and young people are often caught in the middle of things when alcohol misuse is occurring. They may have to act as a referee between parents and in some cases have to physically intervene. This increases the sense of responsibility and the caring role they find themselves in.

The family work and individual programmes of work help tackle this issue and often at reviews children and young people will tell us that they no longer feel responsible for their parent's drinking.

### **Lack of Family Routine and Structure**

The chaotic nature of some alcohol misuse often means that although parents are there in body, they are not there

emotionally for their children. This also means that they are not able to put in place structures and routines at home. All of this can result in poor attachments and poor family relationships. Children and young people report that they can't speak to their parents, they go to bed when they like, mealtimes are disrupted and irregular, their parents don't listen to them, schooling can be disrupted and generally home life is not pleasant.

The family support work addresses some of these issues and families have reported improved family relations and an increased understanding alcohol misuse has on the family.

### **Poor Attainment at School**

Children and young people often report that they don't do well in school. Their isolation often means that there are fewer opportunities to make friends and their poor social skills can make it difficult to make friend. Due to the lack of money in the house, some don't have the same quality of clothes as classmates which increases a sense of isolation. Children and young people also report feeling tired at school because they don't get much sleep at home. Many are in school in body but their mind is at home because they are concerned about their parent and are unsure about what they are going home to. This makes it difficult to concentrate on schoolwork.

Having said all that, for some children and young people, school is a haven for them and they do very well. There is structure and routine which they don't get at home, they have the opportunity to achieve which they don't get at home, and they have the opportunity to escape the chaos which they experience at home. Where there are issues at school, the service would work closely with the school to help make improvements in this area.

It is important to note, however, that not all children and young people experience these impacts where there is alcohol misuse in a family. Some manage well and have a resilience which reduce the impact and help them to cope. These would include having a significant family member to talk to, achieving in activities outside the family home, achieving at school and having a circle of friends for support. Some of the skills needed to cope with a parent who has a problem with alcohol will also increase a child or young person's resilience to the impact if these other factors are in place.

Unfortunately though many of the children and young people referred to Hopscotch do not have these resilience factors in their lives and we would hope that by attending Hopscotch that they will be able to develop them.



## CASE STUDY

The following is an extract from an interview with Hannah from the Hopscotch service about the effects of living with a parent who misuses alcohol (in this case she also misused drugs). One of three sisters, Hannah is able to give a clear description of what it felt like for her living at home under these conditions.<sup>1</sup>

**I started coming to Barnardo's because of my mum. My mum used to take this powder stuff and blue WKD (an alcopop) all the time. I didn't know what it was at first but now I know it was alcohol. Mum changed when she drank, she wasn't speaking properly, she acted like a baby in front of my friends and it was really embarrassing. She came to school drunk once and when she was at home she wouldn't get up, she'd just lie on the couch.**

**When I was living with mum she would lock the door all the time so we couldn't get out. Sometimes we'd jump out of the window to go out and play. I was the oldest so I had to look after the others. When I was about nine I had to do all the cooking and get my sister ready for school.**

**When I was with [Barnardo's befriender] Claire we used to go to McDonald's and I'd pile up my Happy Box with food and take it home to my sisters.**

*The Barnardo's befriending service visited Hannah's house and began raising concerns with social services about her living conditions. There was no food in the house and the children slept on mattresses on the floor. Barnardo's gave the children toys and clothing, but a week later when social workers visited all the toys and clothes had gone, presumably sold by their mother to fund her drinking. Soon after the children were removed.*

**I have only seen mum once since I came to foster care. I don't want contact with her – she lets me down. In my new foster home no-one gets drunk. My foster carer will have a drink, and I don't mind that, but if she got drunk that would be horrible. It would be like mum again. When I'm older I don't want to drink at all. I think people need to know what it's like for children.**

*When Hannah was initially referred to the service, Hopscotch carried out an assessment of need and concluded along with the family that a joint approach would be the most effective way of supporting this family. Clearly there were a number of issues impacting on Hannah and her sisters but the Social Work Department at that stage did not feel there were enough concerns to warrant removing the children from the home situation.*

*Hopscotch agreed to carry out a parenting programme with Hannah's mother and to provide a befriender for Hannah and her sisters. Unfortunately, despite agreeing to this, Hannah's mother was unable to sustain her contact with the service and the situation at home with the girls became even more untenable. Hannah was keen to meet with a befriender and met weekly with Claire. They did a range of activities with a view to increasing Hannah's self esteem/confidence and reducing her isolation.*

*During this period Hannah and her sisters were removed from their home and placed with different foster carers. This was an unsettling time for Hannah but throughout all the disruption and changes she continued to meet with her befriender on a weekly basis. Regular contact with the Social Work Department and the foster carers indicated that Hannah's contact with Claire was extremely important and supportive. Hannah struggled to put this into words but the fact that she turned up every week for Claire and the fact that Claire noticed an improvement in her self esteem and confidence indicated that Hannah was benefitting from the contact.*

*As time progressed it became clear that the contact with Claire was needed less and less. Hannah was involved in more community activities, some of which had been initiated by Claire, and was struggling to fit in her time with Claire as she had a number of friends to see. Hannah recently made the decision that she no longer needed a befriender. She felt happier, was more confident, had a large number of friends and participated in a range of after-school activities. None of these were thought possible when Hannah started with Hopscotch and were seen as a positive indication that the contact had come to a natural end.*

## HOPSCOTCH – ANGUS

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<sup>1</sup> Taken from a newspaper article in the Sunday Herald (7th March 2010)



# Children of Problem Drinkers – How to Help?

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Children growing up with a parent who misuses alcohol can face a multitude of problems, both internal and external, which often result in the need for services and support. It is fair to ask why children in these families develop problems, and simply put it is that all children need love, affection, nurture, structure, boundaries, and a problem drinking home often doesn't provide these. Parents regularly fail to provide a balance between control and support which means that children often have little balance inside themselves. Due to inconsistencies in parental care there are often difficulties with attachment, low self-esteem and high levels of anxiety.

It is usually the level of family disharmony caused by the drinking, rather than the drinking itself, that leads to children experiencing problems of their own. Problems between parents can result in separation and loss, social isolation, inconsistency, and a diminished self-esteem for the family as a whole. What upsets children most are the rows and disruptiveness that usually accompanies problem drinking by parents. Parents may focus on alcohol rather than the children, and as result of drinking can be aggressive, argumentative, less available, violent, withdrawn, disruptive or embarrassing. If there is a non-drinking parent they may take all the responsibility for the family and be so preoccupied



with the drinker and their issues that they also have little time and energy for the children. It's easy to see how all these factors can leave the child at risk of a range of problems.

### SUPPORT SERVICES

Traditionally, UK alcohol treatment and support services are not geared to meeting the needs of children and families. Furthermore, services working to help children and families often overlook parental alcohol problems or do not feel equipped to address them by providing direct support. Thus there is no consistent treatment approach for providing therapeutic help to this vulnerable group. Recent policy developments such as the Department for Children, School and Families' Think Family initiatives and the National Treatment Agency's guidance for creating local protocols between adult substance use services and children and family services all help to steer practice in the right direction, but with few dedicated funding streams holistic services are still thin on the ground.

Despite this there are an increasing number of service options and approaches that are developing and most have a number of good practice elements in common:

- They tend to view children's needs as paramount, even if they also work with parents and other adults, and focus their attention on helping children cope with their current experiences so as to avoid being significantly harmed now or in the future.
- There tends also to be a focus on parents, and helping them develop their strengths, skills and capacity as parents, so that children are provided with a safe and secure environment within which to grow.

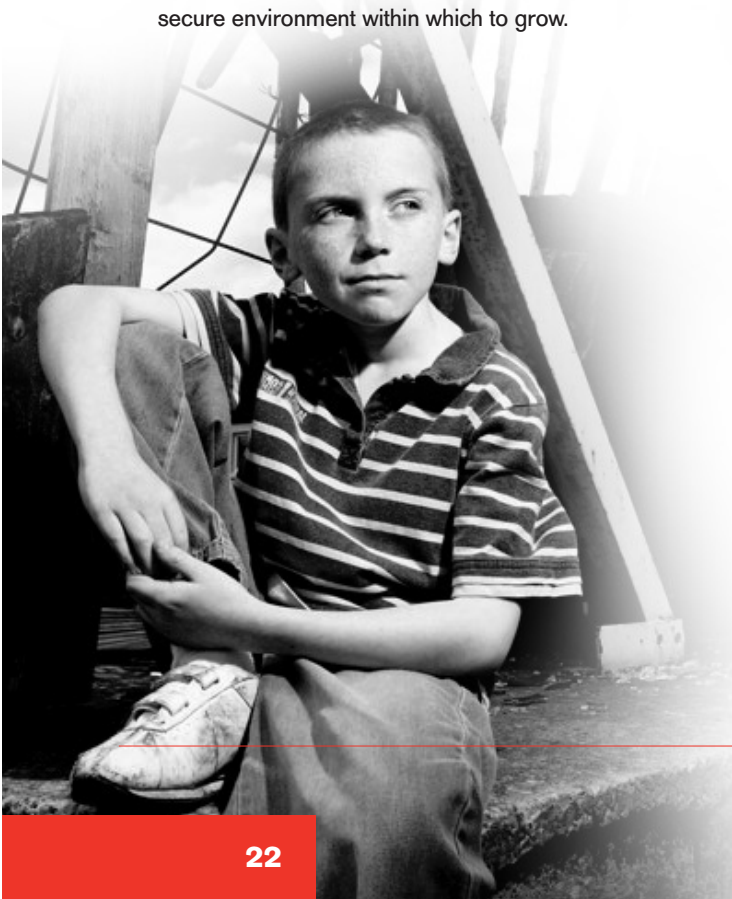
- Alcohol is seen as interactive within the family system, that is to say it is seen as a dynamic part of what goes on in the whole family dynamic, and is not singled out as the sole cause or effect of all the families' difficulties. In this way, the family and the children are given centre stage, not the alcohol and the use/misuse of it.
- Education and a harm minimisation approach are coupled with a therapeutic service so that healthy lifestyles are promoted as well as past traumas and current difficulties being addressed.
- The approach tends to be solution and strength focused; building on what already works well in families, and developing capacity to find solutions to current family difficulties. These tend to be empowering approaches that view families as experts in their own lives, where professionals work in collaboration with adults and children to assist them in working towards their own goals and changes.
- They bridge the gap.

### MODEL FOR ADDRESSING FAMILY ALCOHOL PROBLEMS

A good model for addressing family alcohol problems is one that bridges the gap between adult's and children's services, and provides a unique response that brings the two together, with professionals from both fields working together to ensure a joined-up and coordinated approach. For those who work with adults it is important that the effects on children be considered a priority, while for those working with children in any context, it becomes important to recognise that addressing alcohol problems directly with parents at an early stage may prevent more drastic intervention later. It is fair to suggest that all professionals need to realise that parental problem drinking potentially places all children at risk, and that all work in this field should aim at three main objectives:

1. To enhance responsible and protective parenting by encouraging parents to use alcohol responsibly and develop parenting that is protective and nurturing for children.
2. To promote resilience in children by offering direct services.
3. To encourage workers and agencies across all disciplines to be more pro-active in their approach to children and adults with alcohol problems, and to work collaboratively together for the benefit of families.

It is helpful to visualise these separate areas as distinct yet inter-related. The greatest change will occur when all three strands of action are taken in combination. However, even making improvements in one area will impact on all the rest. For example, children can be helped to cope and survive





even when their parents are not making any great or immediate changes themselves while helping problem drinkers with parenting will improve the child's experience even if the child does not receive a direct service. If specialist services to children are not possible, professionals from across disciplines can be brought together to agree guidelines and protocols for working with this client group, and receive training that raises their awareness of alcohol problems and increases their understanding of supportive interventions and realistic timescales for change.

### **A POSSIBLE APPROACH – THE CHILD-FOCUSED FAMILY INTERVENTION**

One such approach that incorporates all the above principles (and has been in use either as a whole or in part by more than one service in the UK since 2000) is what I have called the 'Child-Focused Family Intervention'. It is an approach that focuses on increasing parental engagement with the process of change towards creating a family where children's needs are a priority rather than an afterthought.

This idea to move to working with the whole family as a way of meeting the needs of children was based on practical experience and listening to what children themselves were saying. Over many years working as a therapist with these children, whenever I asked them how they would like me to help them, time and time again they asked that I help their parents. They would go on to say that they wanted their parents to be helped to stop drinking or to be happier, or to play with them more, or be less angry, or to get on better with each other and not fight so much. All these factors could not be ignored and called for a new approach that could help both adults and children – as a family and as individuals.

The development of a family focused approach was also strongly influenced by the emerging research and literature in the area, which was highlighting that in order to intervene effectively with problem drinkers then a family focused approach was needed<sup>1</sup>. This was due to the fact that most problem drinkers lived within families and the drinking needed to be understood within the context that it had developed and any intervention should take this context into account<sup>2</sup>. Added to this was research that showed specifically how the functioning of the family was significantly adversely affected when a parent drank problematically, and it was this dis-functioning itself that played a huge part in the adverse affects on children<sup>3</sup>.

The main purpose of this approach is to place children (rather than alcohol and drinking) at the centre of the family system so that their welfare, safety, development and physical/psychological health needs are met in a good-enough way by their parents and caregivers.

### **Within the 'Child-Focused Family Intervention', this objective is achieved in a number of ways:**

- **Children come first** – This means that the work is with the whole family as the best way of supporting children, so that although the whole family is the client, children's needs are always the priority.
- **To engage and motivate** – This means that we expect it to be difficult for people with alcohol problems and children to use services, and that there are many barriers to successful engagement. We need to see engagement as a professional responsibility, and not simply down to whether a client/family feels ready for support. This can be done by trying to be as flexible as possible and provide prospective clients with an initial intervention that is gentle and focused mainly on getting to know them, building confidence and hope, and getting to know what motivates them towards change. We can then work to heighten their motivation and meet it with a programme that is tailored to their particular needs.
- **Focus on solutions** – Of course we need to know what is problematic for our clients and what difficulties have brought them to need a service at this point. But more than this we keep our attentions on solutions, looking at the ways problems have been solved in the past and looking ahead at the way that families want their future to be.
- **Build on families own values and strengths** – As part of an initial intervention it is essential to get to know families by looking at what their values are, what matters to them, what activities they enjoy, what they do well, and how they communicate and relate to each other. Families are helped to think about the difference between their values and how life is lived on a daily basis (a daily life that often falls short of their deeper values due to drinking and other problems). It is an awareness of this difference, or cognitive dissonance, that can motivate people to want to make changes, and the family can usually be relied upon to identify the key changes that will make children safer and happier, the same changes that social workers want to see in most cases.
- **Promote positive relationships** – How parents relate to each other and their children is a major influence on child and family health, so working on communication, affection, conflict-management and family interaction is essential.
- **Goal orientated and specific** – Following on from this we are able to set clear goals for change with the families, and work towards them methodically, pragmatically and realistically. This not only helps families to keep on making achievements, but it also helps us show child protection social workers what changes have been made, which helps them make the decisions they have to make in respect of the safety of children.



- **Develop resilience and protective factors** – This is based on research<sup>4</sup> that was able to identify the factors that make it worse for children in problem drinking families, and which factors act as protectors. This approach aims to help children develop resilience and their parents to develop the kind of parenting that is protective of children.
- **Partnership based multi-disciplinary working** – It can be most helpful to bring together a team across a range of disciplines from family therapy, play therapy, social work, alcohol counselling and practical family support. This means that ideally we are able to develop a programme of support for the clients that meet their needs, and a range of professionals to do this.
- **Services to children in their own right** – Something that sets this approach apart is that it offers a supportive therapeutic service to children in their own right. This means that they can have sessions for themselves separate from family work. These sessions have a high level of confidentiality which enables children to not only develop their resilience but also recover from any past traumatic experiences they have had. In this way children are also able to influence the direction of family work by letting their therapist know about family issues or worries that they feel unable to talk about with their parents or in family sessions.

### HELPING CHILDREN – KEY THERAPEUTIC ISSUES

One way to help children of problem drinkers is to provide them with direct therapeutic support services in their own right. It can be helpful to understand something of what goes on inside these children, so that when we meet and work with them we are sensitive to the kinds of relationship experiences they have had, and how these experiences influence how they feel about themselves, the world, and relationships in general. This kind of understanding improves our chances of engaging well with these children and developing a positive working alliance.

From the perspective of Attachment Theory, children's central ideas about themselves and relationships are based in the first instance on their relationship with a primary caregiver<sup>5</sup>. These early experiences and attachments can lead to beliefs about all relationships, and if unchallenged can remain relatively unchanged and continue to influence the relationships a person builds throughout life. When a parent is attached to and affected by alcohol it is fair to say that children will be deprived in significant ways of consistent, attentive, warm, thoughtful and joyful interactions with their parents. This all

too often results in children believing that adults are not there as a help and support, and cannot be relied upon for love and care. You can imagine a child who has an internal working model of this kind thinking that they have to be self-sufficient and keep their needs to themselves, a child who expects the worst to happen and who lives a lonely sort of existence, not expecting to get a lot from others and having to do a lot to look after themselves.

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It is not as if these children are particularly conscious of seeing things in these terms, this way of being and relating is for them 'just how things are', and in most cases these children will not question why or how things got to be this way. This 'I must keep myself to myself' approach to life and relationships then further confirms the internal working model, and unless someone takes the time to understand what the child is really saying with these beliefs and behaviours, they remain unchallenged and mainly reinforced.

As professionals endeavouring to help, we need, therefore, to realise that these children will on some level expect us to be like their parents have been. This then is the greatest therapeutic issue in the work: to offer something different. To provide a relationship that is boundaried, thoughtful, caring and consistent, which provides not only the safety to explore difficulties worries, but where the relationship itself can begin to challenge and perhaps even influence the internal working model so the child can begin to see themselves and relationships with others in another, more positive, way. Also, in order for a child and/or family to take the risk of trusting you and expecting something from you, it is essential that you are able to demonstrate in a very real way that you are reliable, steady, dependable and predictable. This can be done by ensuring the therapeutic setting is predictable and unchanging, and that the way you are towards the child/family is warm, sincere and





friendly at all times, that you do what you say you are going to do, and that you can manage changes and challenges in a calm and consistent way. This will help the child/family relax and begin to express themselves in the therapeutic relationship which will, in turn, facilitate a working alliance between the two of you that can promote positive recovery and change.

In my experience it is important to bring our real selves to our work with children, to open ourselves up to the vulnerability and powerlessness that are characteristic of childhood, and to use this understanding to empathise with children and enable us to enter into their world. We can enter their world but are not of their world and our professional role of standing alongside a child with alertness, sensitivity and an ever-present appreciation of what the child is doing and saying can of itself convey a genuine respect for the child, which can provide a nurturing environment geared towards inner security and

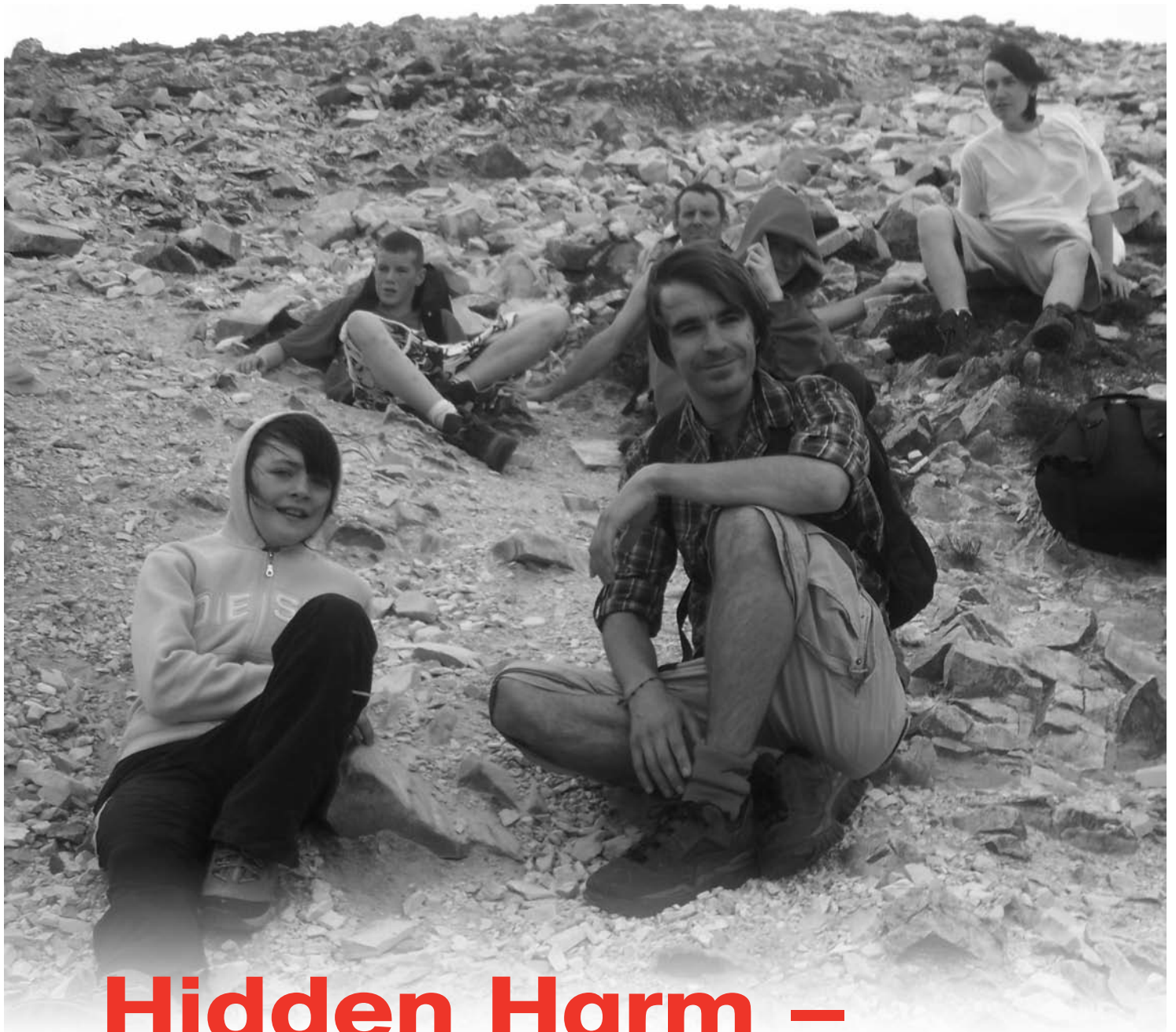
change. We need to treat children with respect and honesty, be straightforward with them and be at ease in their presence. Patience and a sense of humour are helpful, or any behaviour that puts a child at ease and helps them share their inner world.

It is also essential that we appreciate and are open to the real difficulties parents may have in their childcare role. Bringing up children is one of the hardest things anyone can be faced with, and keeping children at the centre of our endeavours does not mean that we overlook the enormity of the parenting task or harshly judge the parent who is usually doing the best with the resources they have. Sometimes parents are not able to be relied upon to support their children when they themselves are struggling with an alcohol problem. This calls upon professionals to step in and stand alongside parents and children providing supportive, empowering, validating services that decrease conflict and disharmony and increase protection, resilience and hope for a brighter future.

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# Hidden Harm – Responding to the needs of children born to and living with parental alcohol and drug misuse in Northern Ireland

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Young girl aged 8, whose mother misuses alcohol:

*"I would love my mum to stop drinking but I know she won't."*

In recent years, children affected by the problem alcohol or drug misuse of their parents and carers have been the subjects of research, policy development and public attention. A growing number of children are affected by parental substance misuse, and recent policy and practice increasingly recognises the need to tackle the issues caused by parental substance misuse on the lives of children. *"Hidden Harm", The Report of an Inquiry of the Advisory Council on the Misuse of Drugs (2003)*, which responds to the needs of children of problem drug users, highlights the problems experienced by children in families where substances are being misused. The inquiry revealed a disturbing picture about the nature and the extent of harm to babies and children born to or living with parental drug misuse. In Northern Ireland, while parental drug misuse is undeniably an issue, a more prevalent one is the potential harm to those children living in homes where there is parental alcohol misuse.

It is important to note that not all children and families affected by parental substance misuse, whether it is drugs or alcohol, will experience difficulties or harm. However, for some, parental substance misuse may have significant and damaging consequences for children. Hidden Harm is everyone's business; society in general has a role to play in protecting children from potential harm. It is important for all people who drink alcohol to be responsible and to be aware of the impact drinking can have, not only on their health, but on their children, families and the wider community. A multiagency response is required from health and social care, the community and voluntary sector, education, criminal justice and communities if we are to protect and safeguard children affected by parental substance misuse.

These children need to be identified at the earliest opportunity; they are entitled to additional help, support and protection. Parents also often need good support to help them with their problems to enable them to promote the health and well-being of their children. We as professionals all have a role to play in safeguarding and promoting the welfare of children; professionals need to be alert to the needs and welfare of children; agencies need to be aware of the impact of parental substance misuse on children, professionals need to have an understanding of child development and we need to ensure the appropriate robust systems are in place to identify and assess the risks and signs and to facilitate appropriate responses.

The Hidden Harm report documented the extent and the complexity of the issue and the actual and potential "harms" facing children of problem substance users, it outlined the challenges that this presents to services in responding to the needs of affected children and their families. The report contained 48 recommendations, delivery of which requires multiagency and interdepartmental action across Government Departments. While the initial focus was on drugs, the report acknowledged that many of the recommendations made would also be applicable to responding to the needs of children of problem drinkers.

The following are some of the key message highlighted by the inquiry:

- Parental problem substance use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem substance use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem substance users decreases.

#### **THE NORTHERN IRELAND RESPONSE TO HIDDEN HARM**

The issue of Hidden Harm in Northern Ireland has emerged with the concept of *"compromised parenting"* which underpins the action plan. Tony Morrison (Child Protection Consultant) identifies compromised parenting as being where the capacity of parents to meet the emotional, physical and physiological needs of children has been eroded, not in catastrophic incidents, such as physical abuse or extreme neglect, but in the gradual undermining over time of the child's sense of security; sense of self worth; identity and coherence, that stems from inconsistency and unpredictability in the lives of parents. Morrison associates three, often inter-related factors with compromised parenting – Mental Health, Domestic Violence and Alcohol Abuse. We are mindful that these problems often co-exist with substance misuse issues and often, regardless of the parental problem, the experiences faced by children are of a similar nature – inconsistent parenting, a negative family atmosphere, trauma and stress.



In Northern Ireland, the response to the Hidden Harm report has involved a range of activities emphasising the importance of a coherent and a coordinated response between departments and agencies to the key messages and recommendations of the Hidden Harm Report 2003.

Planned activities include:

- Raising the profile of Hidden Harm. Hidden Harm was a key theme at the International Harm Reduction Conference held in Belfast during 2005.
- The establishment of a Special Interest Group on "Hidden Harm and Families". This group contributed to the development of the New Strategic Direction for Alcohol and Drugs in Northern Ireland (NSD) 2009–2011, which included a specific outcome in relation to addressing Hidden Harm.
- Local Health and Social Services Boards (HSSBs) commissioned services to support the key aspects of the Hidden Harm report.
- In 2007, the NSD Steering Group established a Hidden Harm Working Group, which was charged with producing the initial Regional Hidden Harm Action Plan (DHSSPSNI, October 2008).
- The publication of the Public Health Agency (PHA) Health and Social Care Board (HSCB) Integrated Hidden Harm Action Plan approved by the Department of Health Social Services and Public Safety (DHSSPS) October 2009.
- Government Priorities for Action: From April 2010, the Public Health Agency should ensure that there are increased opportunities for young people affected by parental substance misuse to avail of relevant support services.

### **HIDDEN HARM ACTION PLAN**

The publication of the Hidden Harm Action Plan aims to provide direction, guidance and clarity in addressing Hidden Harm issues in Northern Ireland. Following collaboration, engagement and wide consultation the plan takes account of the views of stakeholders across Northern Ireland including children affected by Hidden Harm, their parents and carers, front line workers, managers and commissioners in the health and social care and key individuals from other statutory, voluntary and community organisations whose work undoubtedly contributes to this agenda. It describes those actions that must be taken to ensure that children and young people who experience compromised parenting due to alcohol and/or drug misuse can receive the support they need to reduce harm today and assure their health and well being in the future.

### **WHAT IS HIDDEN HARM IN NORTHERN IRELAND?**

The Northern Ireland Hidden Harm Action Plan focuses on children born to and/or living in households where there is alcohol and drug misuse, including the misuse of over-the-counter and prescribed medication.

The term 'Hidden Harm' is used because it vividly describes the situation of many children and young people affected by parental alcohol and drug misuse. These children can suffer in silence. Their circumstances are often not known to services and they often do not know where to turn for help. The impact of their parents' substance misuse can often have a deep and long-lasting impact on their lives, which may not fully emerge until young adulthood and beyond. The Northern Ireland Response aims to ensure children are identified as early as possible and are supported with appropriate referral and intervention.

### **The Impact on Children**

The potential impact of parental alcohol misuse includes:

- Harmful physical effects on unborn and newborn babies.
- Impaired patterns of parental care and routines which may lead to early behavioural and emotional problems in children.
- Higher risk of emotional and physical neglect or abuse.
- Lack of adequate supervision.
- Poverty and material deprivation.
- Repeated separation from parents/multiple care arrangements/episodes of substitute care including fostering and care homes.
- Children taking on inappropriate substitute caring roles and responsibilities for siblings and parents;
- Social isolation.
- Disruption to schooling and school life.
- Early exposure to alcohol.
- Poor physical and mental health in adulthood.

Given the numbers of children involved, it is certain that ongoing work is required to address these issues so that children are given the best possible start in life.

### **THE SCALE OF THE PROBLEM**

There is limited information available in Northern Ireland about the precise number of children born to and/or living with parental substance misuse. However, there are pockets of information, which indicate that this is an area of growing concern.

- It is estimated that there are approximately 40,000 children in Northern Ireland living with parental alcohol misuse.
- Approximately 40% of children on the child protection register are there as a direct result of parental substance



misuse. Seventy percent of our “Looked After Children” are living away from home as a direct result of parental substance misuse.

- There are increasing demands on our Children’s Social Services as a direct result of rising referral rates related to parental alcohol and drug misuse, domestic abuse, and mental health issues.

## POLICY CONTEXT

There are number of key policy drivers behind the plan:

- The *New Strategic Direction for Alcohol and Drugs 2006–2011*, which identifies children born to and living with parental substance misuse as a priority group for attention and includes specific outcomes and outputs on Hidden Harm at regional level and for the four Drug and Alcohol Co-ordination Teams (DACTS).
- The child protection inspection overview report, entitled ‘*Our children and young people, our shared responsibilities (2006)*’, which includes a number of specific findings and recommendations relevant to children born to and/or living with parental alcohol and drug misuse.
- The ten year strategy for children and young people in Northern Ireland, entitled *Our Children and Young People – Our Pledge (2006)*, which identified six high level outcomes for all children and young people, known as the ‘Super Six’.
- “Care Matters” and “Families Matter” are inter-related DHSSPS strategic documents which underpin the Family Support Strategy, covering intensive support for children and young people who are looked after; those on the edge of care; and those who require early intervention to address emerging vulnerabilities.

## PRINCIPLES UNDERPINNING THE ACTION PLAN

The following are the guiding principles of the plan, and underpin the approach in Northern Ireland to working with children born to and/or living with parental alcohol and drug misuse.

- **The welfare of the child should be the paramount consideration.** It is important that where parents are receiving treatment and support, the needs of their children are also properly understood and supported, in order for their welfare to be safeguarded.
- **Work with the complexity of the issue.** The effects and impact on children affected are variable, not always visible and are dependent on a range of factors – therefore, a range of professional responses and efforts are required.
- **A non-judgmental approach** to the use and misuse of alcohol and drugs is likely to promote greater parental

access and engagement with treatment and support services.

- **A shared commitment and response** to the issue, led by Children’s and Addiction Services, will achieve the best outcomes for parents and children.
- **Provision to respond to the needs** of children and families affected should be integrated within mainstream Children’s and Adult services.
- **A focus on prevention and early identification** minimises the risk of crisis or tragedy occurring in the lives of children affected.
- **Not all families affected by substance misuse will experience difficulties** – routine screening and assessment will help determine those who are.
- **Parental substance misuse may have significant and damaging consequences for children** and it is important that proper planning and service provision is in place.
- **Building on family strengths** – as well as working with areas of parental weakness/difficulties.

**Services need to be based on:**

- What children say they need.
- What parents/carers say they need.
- Evaluation of effectiveness.

## WHAT DID PEOPLE WANT?

In preparing the plan, the Local Health and Social Care Commissioners endeavoured to ensure that it was based on the needs of children, parents, families and service providers. A summary of the need is detailed below.

### Children

- Help for their parents to get off drink and drugs.
- Practical help, activities, phone support.
- Support from professionals.
- Help for support staff to notice the signs earlier.

### Parents

- Increased awareness of Hidden Harm
- Childcare
- Support for themselves and their children

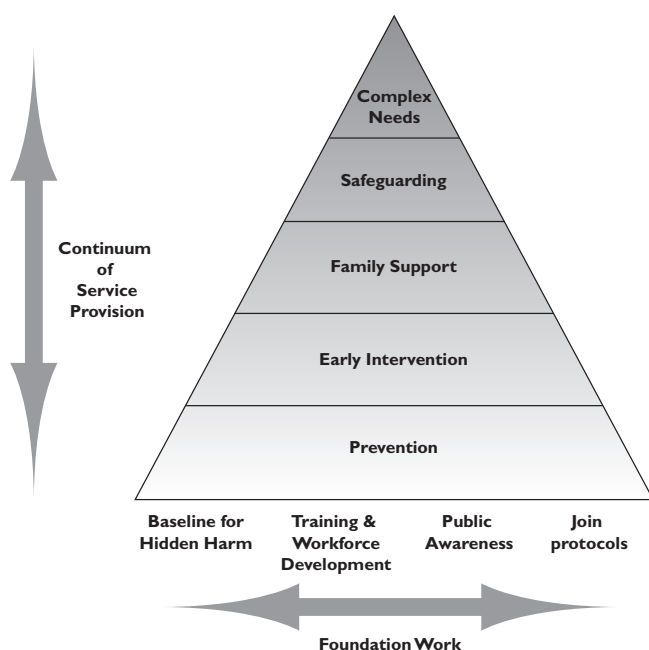
### Service providers

- Database of local provision
- Baseline of prevalence
- Universal recording of parental substance misuse
- Clear communication between services and joint working arrangements
- Public and professional awareness and information
- Training
- User involvement



## THE STRUCTURE OF THE PLAN

The HPA and HSCB have responded in the action plan to the needs identified by children affected by Hidden Harm, their parents and service providers/commissioners. This is done in two ways; firstly by looking at how the system could be improved so that children affected by Hidden Harm don't slip through the net, and secondly by developing and improving services that provide practical support for children however it affects them.



**FIGURE 1:** Structure for Hidden Harm Action Plan

Figure 1 above shows the structure for the comprehensive approach to Hidden Harm taken in the action plan. The foundation work includes:

- Establishing a baseline of the numbers of children affected by Hidden Harm.
- Training for the workforce appropriate to the contribution that they can make to address this issue.
- Raising awareness of Hidden Harm and the damage it can do.
- Putting in place systems to ensure that children affected by Hidden Harm are identified and supported.

There is a continuum of services in Northern Ireland that support children, young people, families affected by parental substance misuse; it begins with prevention and early intervention, family support, treatment and support, child protection. Services have been developed to meet local need within each

geographic area. A tiered approach to service provision and programmes is planned to build on this foundation to provide a range of provision to meet the needs of all children potentially or actually affected by Hidden Harm. It is intended that services will be close to the point of need and make a tangible difference to those in greatest need. To ensure that this happens there will be a specific focus on the following:

- A small number of communities (super output areas) in each Local Commissioning Group area where partnership between key players can be maximised to ensure positive outcomes for children affected by Hidden Harm.
- At risk groups, such as children of parents known to addiction services, and looked after children.
- Professional groups who can identify, support and direct children to the support they require (e.g. GPs, SureStart, teachers, midwives, health visitors, teachers, youth workers).
- The expansion/further development of existing services to meet the needs of children affected by Hidden Harm.

## IMPLEMENTATION

A Multiagency Regional Quality Assurance Group has been established to oversee the implementation of the action plan, a Co-ordinator has been appointed and local implementation groups are established to deliver on local plans in support of the regional plan. Task groups will be established to take forward the regional priorities.

### Regional Priority Areas

In addressing Hidden Harm, the plan has identified a number of regional priorities for action.

#### Priority 1: Training and Workforce Development

**Objective:** To provide a comprehensive multidisciplinary training and workforce development programme for staff in all levels of service.

**Outcome:** An increase in the number of families, children and young people identified with Hidden Harm issues.

#### Priority 2: Joint Leadership and Interagency Working Arrangements

**Objective:** To ensure professionals know how to respond to both child protection issues and to situations where it is deemed the child is in need of support as a result of parental substance misuse.

**Outcome:** A regional protocol is agreed and implemented by all relevant agencies. An increase in the numbers of children and families affected by and/or at risk of hidden harm issues are referred to the appropriate support services.



### Priority 3: Hidden Harm Information Baseline

**Objective:** To establish a prevalence baseline both locally and regionally to measure progress in improving outcomes for children and their families affected by hidden harm.

**Outcome:** An identified and an agreed baseline is in place.

### Priority 4: Public Awareness and Good Practice

**Objective:** To raise awareness of hidden harm in Northern Ireland.

**Outcome:** An increase in the number of young people accessing appropriate support services; those affected by Hidden Harm will have access to appropriate information and advice; practitioners and professionals will have an increased awareness in identifying and managing Hidden Harm Issues.

### Local Priority Areas

Local Implementation Groups have been established at Trust or Local Commissioning Group areas to ensure delivery of local plans for services and responses to Hidden Harm.

### MEASURING OUTCOMES

The ten-year strategy for children and young people, *'Our Children, Our Young People, Our Pledge'* provides the overarching agenda for health and well-being of children in Northern Ireland. It outlines six high level outcomes for children:

1. Being healthy
2. Enjoying learning and achieving

3. Experiencing economic and environmental well-being
4. Contributing positively to community and society
5. Living in safety and with stability
6. Living in a society which respects their rights.

The Hidden Harm Action Plan will put in place the structures, processes, services and support that will ensure that children and young people who experience compromised parenting due to alcohol and/or drug misuse receive the support they need to reduce harm today, and assure their health and well-being in the future. In doing so the plan provides opportunities to influence outcomes for our children and young people.

A copy of the PHA/HSCB Hidden Harm Action Plan - Responding to the needs of children born to and living with parental alcohol and drug misuse in Northern Ireland, 2009 can be downloaded from [www.publichealth.hscni.net](http://www.publichealth.hscni.net).

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### REFERENCES

- Advisory Council on the Misuse of Drugs (2003) Hidden Harm: Responding to the needs of children of Problem Drug Users. London, ACMD
- Public Health Agency Health and Social Care Board (2009) Hidden Harm Action Plan: Responding to the needs of children born to or living with parental alcohol or drug misuse in Northern Ireland.
- Tony Morrison, Strengthening Partnerships Building Regional Capacity GONE Conference, presentation, November 2008, St James Park, Newcastle upon Tyne



# Useful Resources on Parental Alcohol Misuse

You can search Barnardos' Training and Resource Service library catalogue on [www.barnardos.ie](http://www.barnardos.ie)

The following resources are available to borrow from Barnardos' Training and Resource Service

**Alcohol Problems in the Family: A Report to the European Union**

Eurocare, 1998

**Beyond the Limit: Children who Live With Parental Alcohol Misuse: A ChildLine Study**

ChildLine (UK), 1997

**An Elephant in the Living Room: a Leader's Guide for Helping Children of Alcoholics**

Hazelden, 1994

**Families Under the Influence**

Barnardos, 2002

**Impact of Substance Abuse on Children and Families: Research and Practice Implications**

Haworth Press, 2006

**Parental Drug and Alcohol Misuse: Resilience and Transition Among Young People**

Joseph Rowntree Foundation, 2004

**Parental Problem Drinking and Its Impact on Children**

Research in Practice, 2002

**Parental Substance Misuse and Child Welfare**

Jessica Kingsley Publishers, 2003

**Children's Books**

**An Elephant in the Living Room. The Children's Book**

Hazelden, 1994

**Emmy's Question**

Morningtide Press, 2007

**I Wish Daddy Didn't Drink So Much**

Albert Whitman and Company, 1988

**When a Family is in Trouble: Children Can Cope with Grief from Drug and Alcohol Addiction**

Smallwood Publishing, 1993

**When Someone You Love Abuses Alcohol or Drugs – a Guide for Kids**

Wellness Institute, 2003

**Journal Articles**

**Growing up with Parental Alcohol Abuse: Exposure to Childhood Abuse, Neglect, and Household Dysfunction.**

Child Abuse & Neglect, 2001 vol.25, no.12 (Dec). pp1627-1640.

**Parental Alcohol Abuse: Children's Experience, Children's Response.**

Childright, no.99 (Sep), 1993, pp11-14.

**New Estimates of the Number of Children Living with Substance Misusing Parents: Results from UK National Household Surveys.**

BMC Public Health, Vol 9 No 377 2009, pp1-22

**Exploring the Impact of Parental Drug/Alcohol Problems on Children and Parents in a Midlands County in 2005/06.**

British Journal of Social Work, Vol 39 No 5 Jul 2009, pp846-866

**Parental Alcohol Misuse in Complex Families: the Implications for Engagement,**

British Journal of Social Work, Vol 38 No 5 Jul 2008, pp843-864

**Mind the Gap (Parental Substance Abuse).**

Children Now, 20-26 Jun 2007, pp20-21

All photos in this issue have been posed by models