Alcohol Action Ireland submission to the Department of Children and Youth Affairs on its Statement of Strategy, 2020-2022.

1.0 Introduction

Alcohol Action Ireland welcomes the opportunity to contribute to the Department of Children and Youth Affairs Statement of Strategy, 2020-2022.

Alcohol Action Ireland (AAI) is a non-government organisation for alcohol-related issues. It is an independent voice for advocacy and policy change, working to reduce levels of alcohol harm in Ireland and improve public health, safety and wellbeing.

As set out in the government policy documents Better Outcomes Brighter Futures[1] and First 5[2], AAI welcomes the Department's commitment to early intervention with children and families with mental health needs or substances abuse,[3] and indeed its strong commitment to developing services for parents with substances misuse needs and/or mental health challenges.

AAI strongly recommends that the Department of Children and Youth Affairs fully implement its specific alcohol misuse commitments in relation to children within a range of policy documents including:

- Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025.
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025.
- National Youth Strategy 2015-2020. Department of Children and Youth Affairs.
- National Strategy for Women and Girls 2017-2020: creating a better society for all.
- Better Outcomes Brighter Futures. The national policy framework for children & young people 2014-2020.
- First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028 and Children First: National Guidance for the Protection and Welfare of Children.

(See Appendix 1 for a full overview of national policy actions relating to alcohol harm.)

[1] Better Outcomes Brighter Futures. The national policy framework for children and young people, 2014-2020.
[2] First 5: A Whole of government strategy for babies, young children and their families, 2019-2028.
[3] Better Outcomes Brighter Futures. The national policy framework for children and young people, 2014-2020. See page 28.

It is worth noting that the full and coherent implementation of the suite of measures set out in the Public Health Alcohol Act, 2018 will contribute to the advancement of several policy goals as indicated in key government plans and strategies above.

AAI further recommends that the statement of strategy take consideration of the following:

2.0 Towards an alcohol-free childhood

AAI believes that all young people have a right to an alcohol-free childhood, and that alcohol harm should be recognised as a major health issue in Ireland, particularly among younger people. As demonstrated by the State's Special Rapporteur on Child Protection[4], alcohol abuse is a significant factor where 'there is an immediate and serious risk to the health or welfare of a child' in families.

AAI welcomes, therefore, the joint HSE and Tusla Hidden Harm initiative to support children whose parents misuse alcohol and look forward to seeing cross-departmental collaboration that will result in better funded services for this silent cohort of young people. AAI also strongly supports the whole-of-government response to the problem of drug and alcohol use in Ireland set out in Reducing Harm, Supporting Recovery[5] and indeed First 5, the first ever cross-departmental strategy to support babies, young children and their families.

As part of this concept of a whole of government approach to tackling societal issues, AAI is calling for the rapid enactment of the Public Health Alcohol Act, which will will help to protect children from alcohol harm through a wide range of public health measures including the curbing of advertising of alcohol to young people and increasing the prices of low cost alcohol to which they, or indeed their guardians, may be attracted. As we know, every year in Ireland, 60,000 children join, all too early, a drinking society, promising what the alcohol industry refer to as a 'lifetime of income from responsible drinking'.[6]

Evidence from other countries e.g. Iceland[7] and Russia[8] shows that concrete government action guided by public health policies as recommended by the World Health Organisation can lead to significant reductions in alcohol consumption and consequent measurable improvements in public health. Given all of this evidence, AAI recommends that alcohol harm reduction in children and families be a priority action for the department's Statement of Strategy, 2020-2022.

2.1 Adverse Childhood Experiences (ACEs) & mental health

2.2.1 ACEs

From research data we know that approximately 1 in 6 young people suffer the unnecessary impact of alcohol related harms.[9] This means it is likely that today at least 200,000 children in Ireland are

[4] See: 'An Audit of the exercise by An Garda Síochána of the provisions of Section 12 of the Child Care Act 1991'.
[5] Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025.
[6] More than 60,000 children in Ireland start drinking each year according to the European School Survey Project on Alcohol and Other Dugs 2015.
[7] Adolescent alcohol and cannabis use in Iceland 1995–2015. Arsaell Arnarsson, Gisli Kort Kristofersson, Thoroddur Bjarnason. Drug and Alcohol Review. Volume 37, Issue S1 April 2018 Pages S49-S57. 10. Adolescent alcohol-related behaviours: trends and inequalities in the WHO European Region, 2002–2014 (2018).
[8] WHO Publications. Country success stories.
https://www.who.int/gho/publications/world_health_statistics/2017/EN_WHS2017_Part3.pdf#page=8
[9] See: The Untold Story: harms experienced in the Irish population due to others' drinking at p. 30.

living with the traumatic circumstances of a childhood arrested by alcohol related harms and within families where parental alcohol misuse is a frequent event. The impact of ACEs on young people right through their lives has now been well documented and we know that multiple adverse experiences in childhood greatly increase the likelihood of poor physical and mental health in later life.[10]

AAI welcomes the development of a national model of parenting services and supports outlined in First 5, and the commitment to improving access to mental health supports and services for young children and families.[11] We further submit that services working with vulnerable families and young people should be provided with funding to become trauma-informed in order to recognise and adequately deal with the issues that stem from ACEs.[12] Furthermore, given that the majority of people with alcohol issues never go for help, the children involved are the most hidden and are often the most affected. There is a need for distinct psychoeducational and psychotherapeutic services for these children.

We believe that by placing the issues of ACEs on the policy agenda, the problems that young people face from childhood to adulthood as a result of their experiences can be seen and dealt with through a new prism. Here again, a whole of government approach is recommended. Jurisdictions such as Scotland and Wales have made ACEs part of their national programmes for government and have committed to reducing the negative impacts of ACEs where they occur and supporting the resilience of children, families and adults in overcoming adversity.[13]

2.2.2 Mental health services

Article 24 of the United Nations Convention on the Rights of the Child (ratified by Ireland in 1992), specifies that 'the State shall recognise the rights of a child to the enjoyment of the highest attainable standard of health and the facilities for the treatment and rehabilitation of health, shall strive to ensure that no child is deprived of his or her right of access to such health care services.[14]

At stated in Reducing Harm, Supporting Recovery, 'using substances at a young age increases the likelihood of developing problems with alcohol and other drugs later in life. There are physical health risks associated with drug and alcohol use, and adolescents who use substances expose themselves to those risks over a longer period of time.'[15]

AAI therefore recommends that as stated in the government's blueprint for mental health, A Vision for Change[16], children and adolescents who are misusing substances and also have a mental health challenge should have access to teams with special expertise in this area.[17] While we welcome the

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[10] Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258. Baumeister R.F., Schmeichel B.J., Vohs K.D. (2013) Self-Regulation and the Executive Function: The Self as Controlling Agent. In Kruglanski A., Higgins E.T. Social Psychology: Handbook of Basic Principles (2nd ed.) New York: Guilford, pp. 516–539.

[11] Anda, R. (2007) The Health and Social Impact of Growing Up with Adverse Childhood Experiences: The Human and Economic Costs of the Status Quo. Adverse Childhood Experiences (ACE) Study.

[12] See https://acestoohigh.com/research/ for a wide range of research about the health effects of ACEs.

[13] See https://www.gov.scot/publications/adverse-childhood-experiences/ and http://www.wales.nhs.uk/sitesplus/888/page/88524

[14] Available at: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[15] Reducing Harm, Supporting Recovery, p 22.

[16] A Vision for Change, available at: https://health.gov.ie/wp-content/uploads/2014/03/vision_for_change.pdf

[17] See: chapter 15, (section 15.3.4).

development of the Assessment Consultation Therapy Service (ACTS) service[18], this service is only available to young people placed in secure settings in Ireland (special care units and the children detention schools).

Fulfilling the AVFC recommendation as set out above, the ACTS model, or a comparable dual treatment service for substance abuse and mental health need, should be rolled out across the country and be available to all young people. The need for such a service was reiterated in Reducing Harm, Supporting Recovery which states that 'many young people with substance use issues may also be experiencing mental health problems which need to be addressed as part of their treatment,' and recommends, 'developing multi-disciplinary child and adolescent teams.'[19]

2.2 Voice of young people

AAI strongly supports the department's commitment to hearing the voice of the children and young people.[20]

The AAI campaign Silent Voices[21] has demonstrated that far too many young people living with parental alcohol misuse are largely voiceless in our society, hidden behind a wall of stigma and isolation. We urge the department to consider this issue and this cohort of young people as it strengthens and develops its mechanisms to ensure that voices of seldom-heard and vulnerable children are heard.[22]

As research has shown[23], young people with mental health challenges are part of a cohort of young people whose voice is seldom heard. Given the department's strong commitment to advancing children's rights in Ireland, and indeed to hearing from seldom-heard young people, we would like to see the DCYA[24] influence decision making in the department of health to improve the delivery of services to young people with mental health and alcohol abuse problems.

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[18] See: https://www.tusla.ie/services/alternative-care/assessment-consultation-therapy-service-acts/#How%20is%20ACTS%20different

[19] Reducing Harm, Supporting Recovery, p 43-44.

[20] Department of Children and Youth Affairs (2015) National Strategy on Children and Young People's Participation in Decision-making, 2015 – 2020. Dublin: Government Publications.

[21] See https://alcoholireland.ie/campaigns/silent-voices/ for more information on the campaign.

[22] Department of Children and Youth Affairs (2015) National Strategy on Children and Young People's Participation in Decision-making, 2015 – 2020. Dublin: Government Publications at 40.

[23] Kelleher, C., Seymour, M. and Halpenny, A. M. Promoting the Participation of Seldom Heard Young People: A Review of the Literature on Best Practice Principles. Research funded under the Research Development Initiative Scheme of the Irish Research Council in partnership with the Department of Children and Youth Affairs.

[24] National Strategy on Children and Young People's Participation in Decision-Making, 2015-2020

APPENDIX 1

Alcohol Action Ireland

Review of national policy where DCYA has responsibilities for implementation of actions (2019)

Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017-2025

Section	Page No.	Action/commitment
Forward by An Taoiseach	3	▪ Makes reference to 'treating substance abuse and drug addiction as a public health issue' and alcohol as a 'major drugs issue' ▪ Policy seeks a whole-of-government response to 'the problem of drug and alcohol use in Ireland'
Forward by Catherine Byrne, T.D. [MoS for Health Promotion]	4	▪ High quality drug and alcohol education recognised which should be provided alongside wellbeing programmes, information campaigns and other preventative measures in order for young people to make informed/positive choices ▪ References the PHAA as a 'key step forward'
Chapter 1: Introduction	7	Partnership between the statutory, community, and voluntary sectors as a cornerstone of the strategy

	7	Commitment to provide a way of measuring the collective response to the drug problem through a performance measurement framework
	8	Vision: *"A healthier and safer Ireland, where public health and safety is protected* ***and the harms caused to individuals, families and communities by substance misuse are reduced*** *and* ***every person affected by substance use is empowered*** *to improve their health and wellbeing and quality of life"* (p.8)
	8	Need for the range of treatment options available to be diversified and wider geographic access to addiction services
	12	Public consultation findings/responses (mentioning alcohol): <u>Prevention</u>- ▪ Alcohol should be recognised as a major drugs issue in Ireland, particularly among younger people and alcohol should be integral to the new strategy. ▪ Education should begin in primary school and many service users felt children aged 6-11 should be provided with factual information about the effects of drugs. ▪ More education and public awareness campaigns are needed, and information should be provided through schools, parents, communities, television, internet, social media and mobile phone apps. ▪ There should be a focus on mental health as a means to address prevention. ▪ Calls for services for children to be improved, including safeguarding for young people whose families/caregivers are affected by addiction Treatment- ▪ A belief that there are significant blocks in the system for people who have both a mental health and addiction issue was a recurring theme. ▪ A lack of transport and significant travel times for those in rural communities was cited as a significant barrier to accessing services. ▪ People are coping with rural isolation through the use and misuse of legal drugs such as alcohol and prescription drugs. ▪ A need was identified for designated assessment centres in the community for all drugs and alcohol use, with care-pathways to other supportive specialist services in primary care, community services, tertiary services and residential services ▪ There was feedback that a holistic approach to treatment is needed with greater interagency working, communication and co-ordination Rehabilitation-

		▪ Families should have a role in in treatment and rehabilitation; there is a need for services for families; and for them to be more integral to how services are developed Research- Wide range of research themes identified, including: ▪ "secret" behaviours, such as drinking in middle class homes
	17-18	Goals: **1. Promote and protect health and wellbeing** **2. Minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery** 3. Address the harms of drug markets and reduce access to drugs for harmful use 4. Support participation of individuals, families and communities - **Develop sound and comprehensive evidence-informed policies and actions**

Key Actions (Goals 1, 2 & 5)

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.1.1	Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	a) Developing an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority; b) Promoting the use of evidence-based approaches to mobilising community action on alcohol.	DOH	HSE, DATFs
1.1.2	Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.	a) Organising a yearly national forum on evidence-based and effective practice on drug and alcohol education; and b) Developing a guidance document to ensure substance use education is delivered in accordance with quality standards.	HRB	HSE, DOH, DES, DCYA
1.2.5	Improve supports for young people at risk of early substance use.	b) Providing access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate	DES HSE TUSLA (Joint Leads)	

1.3.9	Mitigate the risk and reduce the impact of parental substance misuse on babies and young children.	a) Developing and adopting evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use; b) Building awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children	HSE TUSLA (Joint Leads)	NFSN C&V sectors
2.1.13	Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need	a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services; b) Increasing the number of treatment episodes provided across the range of services available, including: • Low Threshold; • Stabilisation; • Detoxification; • Rehabilitation; • Step-down; and • After-Care. c) Strengthening the capacity of services to address complex needs.	HSE	C&V sectors, DATFs
2.1.17	Further strengthen services to support families affected by substance misuse	c) Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, supports and services.	TUSLA	HSE, NFSN
2.1.22	Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18	a) Identifying and addressing gaps in child and adolescent service provision; b) Developing multi-disciplinary child and adolescent teams; and c) Developing better interagency cooperation between problem substance use and child and family services.	HSE TUSLA	C&V sectors, DATFs
5.1.45	Strengthen Ireland's drug monitoring system	c) Requesting all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drugs use in their electronic patient	DOH	DOH, HSE, HRB

		system		
5.1.48	Develop a prioritised programme of drug and alcohol-related research on an annual basis.	Harnessing existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis.	DOH	HSE, HRB

National Youth Strategy 2015-2020. Department of Children and Youth Affairs

Link to the strategy here

Some useful facts form the strategy re young people/alcohol:

- One-third of Ireland's population is under the age of 25 years, with 10-24 year-olds representing 18.3% of the total population (CSO, 2015)
- 20% of 16-year-olds are weekly drinkers (ESPAD survey, 2011)
- Over 12,000 young people were referred to the Garda Youth Diversion Programme in 2012, with a small number in this group being responsible for disproportionate levels of alcohol-related youth crime in project catchment areas (GYDP report, 2012)
- "A positive experience of school … enhances health and well-being by acting as a protective factor against bullying, sexual risk taking and tobacco, alcohol and drug use" (WHO survey, 2010: 13)

Section	**Page No.**	**Action/Commitment**
Principles (central to the Strategy and its implementation)	iv	▪ Parents, families, other significant adults and communities are recognised as playing a critical role in the development and progression of young people ▪ Government and other stakeholders work collaboratively, with vertical and horizontal communication and cooperation, to achieve more effective services and supports for young people ▪ Services for young people are open, accessible, resourced and provide additional support in response to particular needs
Outcome 1: Active and healthy, physical and	24	**1.7** Pursue the actions set out in the *National Drugs Strategy 2009–2016* to ensure that young people receive comprehensive

mental well-being		education and information, and have access to appropriate prevention interventions and treatment services Responsible stakeholders: Government Dept.'s, State Agencies, and others
Outcome 3: Safe and protected from harm		**3.1** Support parents and families in raising young people through parenting education programmes, online and helpline services, targeted supports and interventions Responsible stakeholders: Government Dept.'s, State Agencies, and others

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025

Section	**Page No.**	**Commitment/Action**	**Responsible**
HI Goals	6-7	Goal 1: Increase the proportion of people who are healthy at all stages of life Goal 3: Protect the public from threats to health and wellbeing	
Theme 1: Governance and Policy	19-20	1.2. Establish a multi-stakeholder, Healthy Ireland Council which will provide a national advisory forum to support implementation of the Framework across sectors. 1.9. Draw up specific proposals in relation to the potential role of local authorities in the area of health and wellbeing, having regard to the principles set out in Paragraph 2.5 of the Action Programme for Effective Local Government.	Civil society, community and voluntary sector, private sector, government and statutory sector, unions. DH, DECLG, local authorities, HSE Directorates.
Theme 2: Partnerships and cross-sectoral work	21-23	a. The Health and Wellbeing Programme in the Department of Health will co-ordinate the development of models and supports to promote and foster advocates for	Government Departments, HSE Directorates, statutory agencies, local authorities, C & V Bodies, and the private sector

			health and wellbeing in all sectors of society and develop key partnerships with voluntary and other organisations, which can favourably influence health and wellbeing.	
		2.3.	Health and wellbeing impacts will be assessed locally and an integrated Social Impact Assessment approach at the local level will be mandated. Tools and supports for local authorities will be developed, to assist them in working across sectors at national and at county level in undertaking health and wellbeing assessments.	DSP, DH, DECLG, Local authorities, HSE Directorates, County and City Managers' Association.
		2.4.	Agree a method and timeline to explore the potential contribution of interagency Children's Services Committees (CSCs) to improve the health and wellbeing of families and communities.	DCYA, C&FSA, DH, HSE Directorates, DSP, local authorities, CSCs.
Theme 3: Empowering people and communities		3.3.	Support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy).	DH, DES, DCYA, other relevant departments, HSE Directorates, statutory agencies, youth-work sector, C & V Bodie
		3.4.	Support, link with and further improve existing partnerships, strategies and initiatives that aim to improve the capacity of parents, carers and families to support healthier choices for their children and themselves	DH, DES, DCYA, other departments, local authorities, HSE Directorates, statutory agencies, C & V Bodies and the private sector.

Better Outcomes Brighter Futures. The national policy framework for children & young people 2014-2020

Vision:

> *Our vision is for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.*

Key facts:

- The estimated total population of children and young people (aged 0-24 years) in Ireland is 1.55 million, or 34% of the total population – Ireland has highest birth rate in EU (p.viii)
- Research in Ireland and internationally is increasingly pointing to the benefits of positive parenting and supportive home environments in aiding childhood development and influencing future prospects and social mobility (p.xi)
- 20% of 16-year-olds are weekly drinkers (p.5)
- The National Audit of Neglect Cases found that parental alcohol misuse was a factor
- in 62% of neglect cases and that domestic violence featured in almost two-thirds of the
  sample cases (p.76)

BOBF Five 'National Outcomes' – that children and young people are:

1. Active and healthy, with positive physical and mental wellbeing
2. Achieving their full potential in all areas of learning and development
3. Safe and protected from harm
4. Have economic security and opportunity
5. Connected, respected and contributing to their world

Achieved by the following 'Transformational Goals':

1. Supporting Parents
2. Earlier Intervention & Prevention
3. Listen to and Involve Children and Young People
4. Ensure Quality Services
5. Strengthen Transitions
6. Cross-Government and Interagency Collaboration & Coordination

Outcome	Action	Responsible body
Outcome 1: Active and healthy, with positive physical and mental wellbeing	1.7 Address the high rate of premature and risky alcohol consumption, use of illicit drugs and the incidence of smoking among young people through a combination of legislative, regulatory and policy mechanisms	DH, DCYA, DES, DJE, Local Government
	1.10 Combine mental health promotion programmes with interventions that address broader determinants and social problems as part of a multi-agency approach, particularly in areas with high levels of socio-economic deprivation and fragmentation.	DH, HSE, NOSP, DCYA, Tusla, DES and others as relevant
Outcome 2: Achieving their full potential in all areas of learning and development	2.9 Implement a whole-school approach to health and wellbeing to bring about a cultural focus on wellbeing as a basis for effective learning, strengthening the collaboration between the education, health, youth and social sectors to provide multidisciplinary supports when problems arise.	DES, DH, DCYA, HSE, Tusla
	2.11 Support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy).	DH, DES, DCYA, DCENR, HSE and others as relevant
Goal 5: Connected, Respected, and Contributing to their World	5.1 Support youth organisations to provide safe, supportive and developmental opportunities for young people and to provide quality-assured information and support responding to young people's needs, both online and within the community, on issues of mental health, substance misuse, relationships, sexual health, education and employment	DCYA

Goal	Recognition by the government that:	Action
Goal 1: Supporting Parents	• Neglect or abuse by a parent, or an inability to parent due to substance misuse or addiction, a disability, mental health difficulties, homelessness or domestic violence	G1. Develop a high-level policy statement on Parenting and Family Support to guide the

	are key factors leading to children being placed at risk and potentially entering the care system • Parents are key mediators in developing and supporting desirable health-related behaviours among children and young people and in addressing undesirable behaviours	provision of universal evidence-informed parenting supports. This should address parental and familial factors impacting on parenting capacity and family functioning (e.g. mental health and substance abuse) and identify responses required for 'at risk' children, families and communities. [DCYA]
Goal 6: Cross-Government and Interagency Collaboration & Coordination		G39. Develop and implement a multidisciplinary workforce development plan on a phased basis for all professionals working with children and families, including staff within Tusla, The Child and Family Agency and other key professionals.60 [DCYA, Tusla, HSE, DES, DJE] G46. Adopt an effective interagency approach in relation to cases of child welfare and protection, establishing information and coordinating protocols (including Hidden Harm protocols) between agencies serving children and young people and adult-focused addiction, domestic violence and mental health services. [DCYA, DH, DES, HSE, Tusla, others as relevant]

First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028

'First five' big steps:

1. Access to a broader range of options for parents to balance working and caring
2. **A new model of parenting support**
3. New developments in child health
4. Reform of the Early Learning and Care (ELC) system
5. A package of measures to tackle early childhood poverty

Goals:

Goal A: Strong and supportive families and communities
Goal B: Optimum physical and mental health

Goal C: Positive play-based early learning
Goal D: An effective early childhood system

Goal A: Strong and supportive families and communities

OBJECTIVE 2
Parents will benefit from high-quality, evidence-based information and services on various aspects of parenting to support child development and positive family relationships along a continuum of need.

Strategic Action 2.1: Lead collaboration across Government Departments and State Agencies to develop, design and disseminate information resources to support parenting.

2.1.1 Initial Actions:

- Consolidate, streamline and strengthen parenting information resources into a single, coherent platform, to ensure consistent, high-quality and accessible information and develop user friendly, attractive, high-quality information resources across multiple platforms, building on the suite of existing resources [DCYA]
- Lead a national public information campaign on positive parenting. The online and offline campaign should include practical messages and suggestions for parents and signposting to available information resources and services. [DCYA]

Strategic Action 2.2: Develop a tiered model of parenting services built on a foundation of universal provision, with extra support available for parents in line with their level of need on a progressive basis.

2.2 Initial Actions:

- Develop a national model of parenting services, from universal to targeted provision, covering key stages of child development, taking account of parents and children in a range of contexts (e.g. parenting children with additional needs, parents living with illness/disability, parents living with substance misuse, parents living with domestic violence, bereavement, and parenting in different cultural contexts) and parenting relationships (e.g. adoptive parents, lone parents, step parents, parenting after divorce and separation, and parenting in lesbian, gay, bisexual and transgender families). The model will be based on a thorough audit and review of existing provision, and informed by research on parenting support needs. It will be led by the DCYA in collaboration with Tusla, the HSE, SICAP and other relevant partners. The model will specify the types of parenting services that should be available to parents beyond universal provision of health promotion and prevention services and ELC services. This will build on the Tusla PPFS programme, aligning with the National Parenting Commissioning Framework, the Quality and Capacity Building Initiative evidence matrix, and the work of Children and Young People's Services Committees and will outline a funding model for delivering parenting supports across the country and a transparent framework for allocating resources to ensure a consistent level of provision.

Universal parenting services under the model will be based on two key foundations:

– the further development of the HSE's National Healthy Childhood Programme in providing services for parents and babies (antenatal to age three) (see Building Block 3), and [DH]

– the development of ELC services as a delivery mechanism to provide supports for parents. This will be planned and resourced through a reformed funding model and piloted (see Building Block 5). [DCYA]

Over and above this, and building on the current PHN home visitation programme, an approach to home visiting services, across a continuum of need, will be agreed, having regard to Irish evidence on the implementation of prevention and early intervention initiatives. [DCYA/ DH]

• Sustain the Tusla Prevention, Partnership and Family Support programme through continued investment. [DCYA]

• Continue to implement the Tusla Transformation Programme targeted at achieving better outcomes for vulnerable children and families. In the development of policies and practice, Tusla will have cognisance of this Strategy, the work streams relevant to child protection and welfare, and the particular vulnerabilities of the age groups covered by the Strategy. [DCYA]

Goal B: Optimum physical and mental health
OBJECTIVE 6 Babies, young children and their parents enjoy positive mental health
Strategic Action 6.2: Improve access to mental health supports and services for babies, young children and families, with a particular focus on initiatives that integrate mental health supports and services into child-serving settings and the wider community
• Improve access to parental mental health services (including counselling and psychological services) that treat maternal depression, anxiety disorders and substance abuse and identify and address any gaps in mental health services for very young children [DH] • Ensure priority is given to the needs of babies, young children and their families in the refreshed Vision for Change and the forthcoming national mental health promotion plan [DH]

Children First: National Guidance for the Protection and Welfare of Children [DCYA, 2017]

Chapter	Section	Extract
Chapter 2: Child Abuse	Types of Child Abuse (p.8)	Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to **parental substance misuse**, domestic violence, and parental mental illness and disability.
	Circumstances which may make children more vulnerable to harm (p.11)	Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or **children with a parent or parents with problems in their own lives** may be more susceptible to harm. Factors mentioned include: Parent or carer factors i.e. drug and alcohol misuse, addiction
Chapter 3: Mandated Persons	Who are mandated persons? (p.19)	Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm i.e. professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons.
Chapter 6: Oversight of Child Welfare and Protection	Advice, Information, and Training (p.52)	It is the responsibility of each Government Department or publicly funded body to identify the child welfare and protection **information and/or training** that is necessary for their staff and volunteers. All staff members and volunteers should be provided with good-quality information on the recognition and reporting of child protection and welfare concerns.

2012 Steering Group Report on a National Substance Misuse Strategy

Recommendations made based on the following pillars:

- Supply
- Prevention
- Treatment and rehabilitation
- Research

Supply Pillar		
5	Develop proposals for an all-island initiative in relation to alcohol issues including alcohol availability, treatment and health promotion.	DOH, DOJ
Prevention Pillar		
2	Further develop a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders in: - educational institutions (including third level); - sporting organisations; - community services; - youth organisations and services; and - workplaces.	HSE and DCYA (Co-leads)
3	The alcohol screening tools used by health professionals should reflect the Irish standard drink (10 grams). Develop and implement more detailed clinical guidelines for health professionals relating to the management of at-risk patients. Labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol in pregnancy.	DPH, HSE, professional bodies
4	Continue the development and monitoring of SPHE in schools and Youthreach centres for education programmes through: - implementing the recommendations of (i) Inspectors' reports in relation to all schools and Youthreach centres for education and (ii) the SPHE evaluation (NUIG 2007) in post-primary schools; - rolling-out a senior cycle school programme; and - introducing (i) national guidelines for educational materials and (ii) national standards for teacher training, in relation to SPHE.	DES (lead)
6	Further develop prevention measures aimed at families in relation to alcohol misuse (including prevention measures in relation to parental alcohol problems and the effect of this on children): - at a broad level for all families; and - aimed at families deemed to be at risk.	HSE, DES, DCYA
7	Develop and incorporate a drugs/alcohol intervention programme, with referral to specialist services where required, into schemes aimed at youth at risk, including the Special Projects for Youth (SPY), the Garda Juvenile Diversions Programme and the Garda Youth Diversion Projects.	An Garda Síochána (lead), DCYA, HSE, community and voluntary youth services
Treatment and Rehabilitation Pillar		
1	Establish a Clinical Directorate to develop the clinical and organisational governance framework that will underpin treatment and rehabilitation services. The Directorate will also build the necessary infrastructure required to improve access to appropriate interventions and treatment	HSE Directorate (lead), ICGP, CPI, voluntary

	and rehabilitation services for clients with alcohol/substance use disorders	and community sectors
2	Develop early intervention guidelines for alcohol and substance use across all relevant sectors of the health and social care system. This will include a national screening and brief intervention (SBI) protocol for early identification of problem alcohol use.	HSE Directorate (lead), voluntary and community sectors
3	Implement policies and clinical protocols in all healthcare settings to prevent, assess and respond to issues arising in relation to pregnant women affected by alcohol use.	HSE Directorate (lead), Primary Care, ICGP
4	Strengthen FASD surveillance in maternity hospitals through the Eurocat Reporting system and promote greater awareness among healthcare professionals of FASD so as to improve the diagnosis and management of FASD.	HSE Directorate (lead), Primary Care, ICGP
6	Develop and broaden the range of evidence-based psychosocial interventions in tier 3 and tier 4 services.	HSE Directorate (lead), voluntary and community sectors
7	Using the recommendations of the 'Report of the Working Group on Treatment of Under-18 year olds Presenting to Treatment Services with Serious Drug Problems' (2005) as a template: - identify and address gaps in child and adolescent service provision; - develop multi-disciplinary child and adolescent teams; and - develop better interagency co-operation between addiction and child and family services.	
8	Develop a specialist detoxification service that: - promotes the expansion of nurse prescribing in alcohol detoxification; - provides a number of clinical detox in-patient beds for clients with complex needs; and - provides community detox for those with alcohol dependency problems.	HSE Directorate (lead), voluntary and community sectors
9	Assign alcohol liaison nurses to all general hospitals for the purpose of coordinating care planning and/or screening and brief interventions for patients with alcohol-related disorders/illnesses. Develop care pathways and models of best practice for the management of ARBI.	HSE Directorate
10	Develop joint protocols between mental health services and drug and alcohol services with the objective of integrating care planning to improve the outcomes for people with co-morbid severe mental illness and substance misuse problems.	HSE Directorate
11	Establish a forum of stakeholders to progress the recommendations in *A Vision for Change* in relation to establishing clear linkages between the addiction services, primary care services, community mental health	HSE Directorate

	teams and specialist mental health teams to facilitate the required development of an integrated approach to service development, including: - developing detoxification services; - ensuring availability of, and access to, community-based, appropriate treatment and rehabilitation services through the development of care pathways; and - ensuring access to community mental health teams where there is a co-existing mental health condition	
12	Develop a comprehensive outcomes and evidence-based approach to addressing the needs of children and families experiencing alcohol dependency problems. This would involve a whole-family approach, including the provision of supports and services directly to children where necessary. This approach should be guided by and coordinated with all existing strategies relating to parenting, children and families and in accordance with edicts from the Office for the Minister for Children and the Child and Family Support agency.	HSE Directorate (lead), DCYA, voluntary and community sectors, Family Support Network
13	Explore the extent of parental problem substance use through the development of a strategy, along the lines of the Hidden Harm Report in Northern Ireland,and respond to the needs of children of problem substance use by bringing together all concerned organisations and services. This could be developed through links with Cooperation and Working Together (CAWT), dedicated to health gain and social wellbeing in border areas.	HSE Directorate (lead), DCYA, voluntary and community sectors, Family Support Network
14	Develop family support services, including: - access to information about addiction and the recovery process for family members; - peer-led family support groups to help families cope with problematic drinking; - evidence-based family and parenting skills programmes; - the reconciliation of problem drinkers with estranged family members where possible; and - the development of a short-stay respite programme for families of problem drinkers.	HSE Directorate (lead), voluntary and community sectors, Family Support Network
15	Develop a drugs/alcohol intervention programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.	DOJ, (lead) Probation Service, An Garda Síochána
16	Continue the expansion of treatment and rehabilitation services in prisons to include treatment for prisoners who have alcohol dependency. Develop protocols for the seamless provision of treatment and rehabilitation services for people with alcohol problems as they move between prison and the community.	IPS (lead); The Probation Service; HSE Directorate
17	Address the treatment and rehabilitation needs of the following specified groups in relation to the use of alcohol: members of the Traveller	HSE Directorate

	community; members of the lesbian, gay, bisexual and transgender community; new communities; and sex workers. This should be facilitated by engagement with representatives of these communities, and/or services working with the communities, as appropriate	
19	Co-ordinate the provision of training within a single national substance misuse framework, i.e. National Addiction Training Programme.	HSE Directorate
20	Collate, develop and promote greater awareness of information on alcohol treatment and rehabilitation services	HSE Directorate

National Sexual health Strategy 2015-2020

Section	**Action**	**Recommendation**	**Partners**
Sex education for Children and Young People	3.5	Support all children and young people in addressing issues that impact on sexual wellbeing such as stigma, homophobia, gender, ability/disability, mental health, alcohol and drugs.	Parent organisations, DCYA, DES, HSE, NGOs