



## Hidden Harm Policy Analysis

### 1. Introduction

In recent years, a number of government policy and strategy documents have recognised the harmful impact of parental problem alcohol use on children 's health and well-being.

This is very welcome, and comes with the weight of many years research and evidence, demonstrating the hugely negative effects of this issue on children and families and family life, behind it.

To [summarize](#), research indicates that parental alcohol problems rarely exist in isolation from other difficulties such as family relationship problems, domestic abuse, parental mental health issues, bereavement, and financial hardship

Problem parental substance use is an adverse childhood experience (ACE) and a [gateway ACE](#), that can lead to, or simply be present with multiple other adversities

In 2018, a [strategic document](#) was developed by the HSE and Tusla to tackle the problem within their services and the document gives a detailed overview of the research on the issue, which is often called 'hidden harm.'

It's true that children and families coping with problem alcohol use in the home are often hidden, because they must endure the issue behind closed doors, but it is also true that this is a widespread problem in Ireland that all should all be aware of. It is [estimated that 1 in 6](#) young people at any one time are affected by this problem.

Recognition of the problem in national policy is positive, but it has not translated into sufficient action for children and families dealing with this problem. This document will set out Ireland's policy commitments in this area, and will outline some steps that should be taken in order to achieve better outcomes for children and families affected by problem alcohol use in the home.

## **2. Domestic policy and strategy documents**

Clear commitments to early intervention in families with substances use problems are set out in several government policy documents. The most relevant policies are outlined below.

### **Better Outcomes Brighter Futures, national policy framework for children and young people, 2014-2020**

- Better Outcomes Brighter Futures states that 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 are key factors leading to children being placed at risk and potentially entering the care system.
- The report further states: “Experiencing the trauma of neglect, abuse or exploitation may have a significant and permanent detrimental impact on an individual. It may alter their own life trajectory and that of their family. Abuse may involve neglect (intentional or unintentional), sexual, physical or emotional. Abuse can also arise from family substance misuse, the witnessing of parental substance misuse or domestic violence.”

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

- First 5 states that the government will 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).
- It recognises that improved access to parental mental health services (including counselling and psychological services) that treat maternal depression, anxiety disorders and substance abuse and identifying and address any gaps in mental health services for very young children, is required.

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

- The current national drug and alcohol strategy highlights the need for developing and adopting evidence-based family and parenting programmes for high-risk families impacted by problematic substance use. The strategy states that “awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children should be built,” and that “protocols between addiction services, maternity services and children’s health and social care services to facilitate a coordinated response to the needs of children affected by parental substance misuse, should be developed.”

- Also, the policy's [midterm review](#) notes: "A priority identified by many stakeholders was the area of Hidden Harm - the impact of problematic drug and alcohol use by parents and care-givers on the developmental needs and safety and wellbeing of children and young people: pregnancy, infancy and early childhood; middle childhood and adolescence. The strategic priorities and actions for the next period should maintain the focus on this area, and expand the training of service providers."

### **HSE/Tusla Hidden Harm statement and practice guide**

The [strategic statement](#) 'Seeing through Hidden Harm to Brighter Futures', was jointly produced by Tusla and the HSE to focus attention on the needs of children affected by parental problem alcohol and other drug use.

The strategic statement makes it clear that children and young people affected by parental problem alcohol and other drug use must be supported in their own right so that better outcomes may be achieved by them and their families.

Following on from that, [a practice guide](#) was developed to implement the strategic statement.

The guide states that its aim is to "promote earlier intervention with children and families affected by problem alcohol and other drug use."

### **3. International and European human rights and policy instruments**

- The United Nations Convention on the Rights of the Child states that children have the right to survive, to be protected from harm and exploitation, to develop fully and to participate in decisions which affect their wellbeing. Article 24 of the UNCRC recognises children's right to 'the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health'. Article 24 further provides that State must 'strive to ensure that no child is deprived of his or her right of access to such healthcare services.'
- The World Health Organisation European Charter on Alcohol states that 'all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption.'
- As noted by the EU Child Guarantee, Member States should take into account the specific needs of those from disadvantaged backgrounds, such as those with precarious family situations – which includes children who are growing up in homes where substance use is a problem.

## 1. Gaps in practice/service delivery

National policy reinforces the notion that children's rights and health are of paramount importance to their development and well-being and that the issue of parental substance use is of serious concern. However, significant shortcomings remain when it comes to implementation of policy into practical support on the ground for children and families.

As per information contained in a parliamentary question (45227/21), the practical outputs from Hidden Harm are very limited in nature. Although there is an e-learning module available for staff, a Train the Trainer programme to roll out training nationally did not take place because of the COVID19 pandemic. It should also be noted that the e-learning module is a preliminary short course of 45 minutes which seeks to support HSE/Tusla staff and the community/voluntary sector to help them in understanding and responding to children in families affected by problem alcohol/drug use. There is a need for a widespread roll out of intervention tools or a programme to support young people for example the M-PACT programme and the Parents Under Pressure programme.

As noted, Reducing Harm Supporting Recovery states that awareness of the hidden harm of parental substance use with the aim of increasing responsiveness to affected children should be built, and that protocols between addiction services, maternity services and children's health and social care services to facilitate a coordinated response to the needs of children affected by parental substance use, should be developed

Little is happening, however, to fulfil these commitments and it is particularly disappointing that none of the [new six strategic areas](#) outlined as priorities for the remaining timeframe of the national strategy appear to be taking consideration of this issue. Action is all the more pressing given the likely increase in adverse childhood experiences (ACEs), specifically problem parental substance use, during the COVID pandemic.

Supports for children in need of mental health supports are already under serious pressure.

For example, as noted by Mental Health Reform at the end of March 2021 there were 2,730 children on Child and Adolescent Mental Health Services (CAMHS) waiting lists. Poor access to primary care psychological services can result in problems escalating or indeed inappropriate referrals to CAMHS, where resources are stretched.

Supports for parents and children – such as the [Parenting under Pressure programme](#) (PuP) - should be available in the community and treatment services – or indeed schools and other professionals working with children and families, should be able to make referrals as required.

Evidence shows that when supports are put in place for this cohort they have a positive impact and are well utilised. For example in the UK, the government provided [£4.5 million in funding](#) to help improve the lives of adults and children impacted by alcohol. Some of the activities included parenting programmes, pre-birth support to high-risk families, support for alcohol dependent parents leaving prison and programmes to improve training and early identification

of young people living with problem alcohol use in the home. These initiatives are currently being [evaluated](#). An [interim survey](#) during COVID found that systems and services were learning important lessons about how to meet the needs of vulnerable children and families.

The fund also gave £500,000 to the [National Association of Children of Alcoholics \(NACOA\)](#) to assist in the running of its dedicated [helpline](#) for young people.

#### **4. Concluding remarks and recommendations**

It is clear from what has been outlined in this document that the issue of parental substance use is one that is recognised as a serious harm by governments and policymakers. But while the evidence is clear and requisite commitments have been made, action is still too slow for today's children.

While long-term, there is much work that needs to be done to prevent problem substance use in the home, short-term we must work harder to increase national recognition of this cohort of young people and their rights.

The recommendations made here are modest and have already been recommended in other documents:

- “Everything should be done to hear children’s voices and to understand the lived experience of the child.” (From Tusla/HSE Hidden Harm [practice guide](#)). AAI believes hearing the voice of children in relation to alcohol in the home and in society in general would be hugely beneficial not only for young people’s views but to help adults understand the impact of our alcogenic society on young people. An example of useful work in this area is the recent project from [Barnardos regarding domestic violence](#). It is recommended that comprehensive surveys and research with children should be carried out.
- A national campaign targeting the whole population should raise awareness about the impact of problem alcohol use in the home and how it impacts young people. This recommendation was made by the Western Regional Drug and Alcohol Task Force in its [family support strategy](#) and by AAI in its Silent Voices [manifesto](#).
- As stated in the Hidden Harm [practice guide](#), closer liaison is required between drug and alcohol services and children services. Trauma-informed services to support children and families affected by problem parental substance use should be developed. This recommendation was made in an [Irish report](#) (AAI & DLRDATS) and in a [European report](#) highlighting how children’s rights are often overlooked by adult treatment services. The Western Regional Drug and Alcohol Task Force [family support strategy](#) also states: Greater visibility and increased accessibility for service users is required through promotion and publicity of drug and alcohol services that provide Family Support.

- Schools should seek to strengthen collaboration with services working with children and families to support a child who might be at risk of hidden harm. Teachers should be trained, as social workers are, to recognise hidden harm. Additionally, an approach such as the UK's Operation Encompass model, an early intervention that allows police to notify schools when a child's family has been involved in a domestic situation where they were called, should be implemented in Ireland. This recommendation was also made in the [report](#) into Community Safety and Wellbeing in Drogheda.

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