

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.**

Prepared for DHSSPS

in response to

the PfA target on Hidden Harm

APPROVED BY DHSSPS

OCTOBER 2009

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1.1 INTRODUCTION

This Hidden Harm Action Plan prepared jointly by the PHA and HSCB aims to provide direction, guidance, and clarity in addressing Hidden Harm in Northern Ireland. It lays out the commissioning requirements. It is intended that the plan will make a real difference to the lives of children and young people affected by Hidden Harm. Monitoring and evaluation of the actions in this plan should demonstrate positive outcomes. The document is written in response to the best evidence and guidance available on creating the structures, processes and continuum of care that is needed to impact meaningfully on the lives of those affected by Hidden Harm.

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 HSC and key individuals from other statutory, voluntary and community organisations whose work can contribute to this agenda. It sets out to draw together what has been learned from wide consultation. 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 abuse can receive the support they need to reduce harm today and assure their health and well-being in the future.

To effectively address Hidden Harm it is essential that it be viewed firstly as a children and young people's issue. Therefore the action plan places emphasis on the role of services supporting children and families, including those outside Health and Social Care, notably in Education and Community & Voluntary Sectors.

The success of the Action Plan will be determined by the extent to which it contributes to the six high level outcomes outlined in *Our Children and Young People – Our Pledge A 10 Year Strategy for Children and Young People in Northern Ireland 2006-2016*. This will be assessed by a series of agreed

performance indicators. The activity will be based where possible on best practice and where evidence does not exist; evaluation of pilot initiatives will be carried out to measure effectiveness.

Addressing the issue of Hidden Harm cuts across various programmes of care and function areas within Health and Social Care, in particular those of service planners and staff from health improvement. The approach taken in the development of this action plan is collaboration between staff employed by the Health and Social Care Board and Public Health Agency for a joint approach in tackling the issue of Hidden Harm. Whereas investment secured for the Hidden Harm Action Plan is coming out of allocations from the Public Health theme under the Health & Wellbeing Investment Plan, the investment is going to a range of initiatives that cut across a broad range of programmes of care. The approach includes some service re-design, adding value to existing programmes and investment in actions that are key to driving the agenda forward.

1.2 BACKGROUND AND CONTEXT

In 2003, the Advisory Council on the Misuse of Drugs (ACMD) published *Hidden Harm: responding to the needs of children of problem drug users*, which was the result of a three-year UK-wide inquiry. This report included 48 recommendations to Government, and the following 6 key messages:

- It is estimated that there are between 250,000 and 350,000 children of problem drug misusers in the UK – about one child for every problem drug misuser;
- Parental problem drug misuse can, and does, cause serious harm to children at every age from conception to adulthood;

- Reducing the harm to children from parental problem drug misuse 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.

This was followed by *Hidden Harm 3 Years On: Realities, Challenges and Opportunities (2007)* which looked at how the recommendations had been taken forward including work done in Northern Ireland.

The Northern Ireland policy response was written into the New Strategic Direction for Alcohol and Drugs 2006 –2011, with a requirement that a Hidden Harm Strategy for alcohol should be developed.

In 2007, the NSD Steering Group established a Hidden Harm working group to support the production of the Regional Hidden Harm Action Plan. The Regional Plan was released in October 2008.

1.3 WHAT IS HIDDEN HARM IN NORTHERN IRELAND?

The Regional 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; they often do not know where to turn for help; and the impact of their parents' substance misuse has a deep and long-lasting impact on their lives, which may not fully emerge until young adulthood and beyond.

The Impact on Children

The potential impact of parental alcohol and/or drug misuse includes:

- harmful physical effects on unborn and new born 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; and
- early exposure to drug and alcohol using culture and associated illegal activities and lifestyles
- 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.

1.4 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.

In 2007/08, 22% of problem drug misusers presenting for treatment were living with children, which equates to children of 412 adults.

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.

1.5 POLICY CONTEXT

The key drivers behind the action plan are:

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 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.

1.6 PRINCIPLES UNDERPINNING THIS ACTION PLAN

The following guiding principles run throughout this plan, and underpin the approach 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 to reflect this;

Building on family strengths – as well as working with areas of parental weakness/difficulties; and

Services need to be based on:

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

2.1 INFORMING THE ACTION PLAN

Local Health and Social Care Commissioners, in preparing this Action Plan have endeavoured to ensure that the Action Plan is:

- Based on the needs and experience of children, parents and families within each Local Commissioning Group area
- Evidence based, and built on good practice and provision in the local area, whilst also drawing on good practice from the wider region and other parts of the UK
- Making best use of current and new investment in both the Addictions and Children's Services field
- Developed in partnership with Children's Services Planners and Drug and Alcohol Co-ordination Teams, ensuring that actions span the Addictions, Public Health and Children's Services' sectors.

2.2 NEEDS AND EXPERIENCES OF CHILDREN, YOUNG PEOPLE AND PARENTS

The experiences and views expressed below are taken from a number of sources listed in appendix 1.

Young People's Experience of Hidden Harm

The young people who participated in local research had very different stories to tell of their experiences of Hidden Harm. They expressed feelings of guilt and anger, worrying that a parent was drinking because of something they had done and feeling let down and insecure. They felt unable to trust people because they had been let down so many times by parents, social workers, teachers, friends etc.

Young people stated that they felt ashamed of their situation and did not realise that other young people lived like them. There was a sense of having to take on an adult role at a young age restricting friendships and opportunities to take part in activities. Some felt rejected, lonely and sad,

shunted from home to home leading to risky behaviour, such as absconding from care homes and self-harm.

Young people felt that they did not have much self-confidence or self-belief from an accumulation of problems in their lives from an early age, including but not exclusively, due to parental alcohol abuse.

Individually the young people related their personal experiences: of watching a mother's 'slide' into alcohol abuse following bereavement; of coping with household responsibilities; of isolation and bullying from peers; of pressure from the wider family circle to keep alcohol problems quiet; of parental aggression under the influence of alcohol; of periods of residential care; of separation from parents and siblings; of domestic violence in childhood; of custody battles; of a lack of a male role model; of regular emergency calls for an ambulance and visits from the police; of chaotic family life; and of turning to alcohol themselves. (1)

Case Study One

"My mum was an alcoholic but nobody could tell me because it was kept behind closed doors. I had to take care of my little brother as well as myself from a very young age. There would often be men in the house and my mum would always ask me to take care of them as well. I went to school with dirty clothes and as a result of this I was always bullied. I was abused by a male friend of my mums and she did nothing to protect me from this. I was and still am very angry at her for this. When the social workers came out to visit I was always warned not to say anything to them about what goes on and this has had a big effect on my life and about how I see things now. The impact of those years has lasted – even until now." (2)

The young people spoke of having to deal with too many different professionals and agencies, which added to the difficulties in their lives. Just as relationships had been built up with a staff member or in a service, the

service would be taken away. They also asked for more anonymity for young people living with Hidden Harm. (1)

Case Study Two

"I was born into a family of six kids. My mum and dad were both alcoholics. I was removed from the home at the age of 3 months because my parents had their drink problem and were unable to look after me properly. I was in foster placements until the age of 7 when my aunt and uncle fostered me until I was sixteen. During this period I would have access to my parents once a week. During the access my parents would still be drinking and I would witness domestic violence. My six siblings were all removed from the household and placed into foster homes. My parents are still alcoholics to this day. I was a very angry person and lashed out at people quite a lot and drank for a long period of time with my dad. Our relationship with each other was not a father son relationship, we were more like drinking buddies." (2)

Views of an adult survivor

An adult survivor of Hidden Harm in childhood said she had assumed as a child that parental alcohol abuse was 'normal'. She now can appreciate the impact Hidden Harm has had on her life and the importance of having support from peers to cope with the problems. Young people can find it difficult to challenge parental behaviour; to cope with stigma; and to 'navigate the system' and access the supports available. (1)

Parents' Experience of Hidden Harm

The findings of the research below carried out to inform the action plan is similar to findings on the experiences of parents with alcohol and drug issues in other parts of the UK.

There was a degree of commonality of the experiences among the mothers with domestic violence a feature and efforts to keep alcohol consumption to times when children were in bed. In a number of cases, older children played parenting roles for younger siblings to some extent and children often tried to hide the alcohol problem from friends and in school.

In general, participants felt they had a good relationship with the children at present, reflecting the progress they had made in dealing with their addiction. Their children no longer have to worry about them and a number of the mothers recognised that their children had a more positive outlook. There was however some concern that their behaviour as parents had been/would be replicated by their children. There was discussion about a generational cycle of alcohol abuse, which was continuing in their own families.

The support of Addictions Services was highly valued helping them regain self-esteem and control and, in some cases, reuniting them with their children. There was praise too for a number of social workers and for Women's Aid who had helped women escape abusive relationships.

There was discussion as to how children's social workers viewed the mothers' efforts to engage with Addictions Services and overcome their addiction. It was questioned if social workers fully understood alcoholism and treatment services.

Some of the parents accepted that social workers needed to take a tough line at times in order to get addicts to seek help. But they were adamant that from the point when their children went into care unreasonable obstacles were put in the way, preventing or delaying return to the family home.

They were insistent that the approach of the social workers they had encountered had, in the main, been invasive, controlling and unsympathetic and that social workers had failed to offer them any encouragement as their treatment progressed. This said they recognised that social workers were more supportive where there was evidence of compliance with agreed courses of action.

Participants complained of dealing with young social workers, not long out of college and without any experience as parents themselves. Moreover there was continual turnover of social workers.

Generally the parents found schools to be supportive despite difficult issues of custody being dealt with. Several of the children have accessed counselling through school.

There was some agreement about the limitations of AA, which focused on the person with a drink problem to the exclusion of their spouse and family. (3)

Views of Service Providers

Workshops were held across all four legacy Boards and individual reports are available from each Legacy Board area. Some of the key issues that emerged were:

There is a lack of understanding of what is meant by hidden harm by both professional groups and the general public.

Staff in addiction services who treat adults with alcohol and drug-related issues do not routinely check on, and deal with, the needs of the children of their clients.

Those who misuse alcohol and drugs are often unaware of the full impact of their behaviour on the health and well-being of their children

Where the effects of parent's alcohol or drug misuse are severe enough to raise child protection issues, front line workers across professions are clear what is expected of them and how they should act. The difficulty arises when there is a sense that something is wrong, but the impact is not yet so severe. Some of those who attended the workshops said that the only course of action they were aware of was the Child Protection Route and if the situation didn't warrant such a response they didn't know how else to deal it. There is a need for easily available information on what support is available

locally, and referral pathways to deal with early detection of Hidden Harm.

Services and support are needed for children and young people affected at different levels. The role of the Gateway teams is key and should be highlighted.

People reported that they didn't know enough about what other professionals did, or who they could refer on to. They would find more inter-disciplinary working helpful.

Absence of a baseline for Northern Ireland means that the size of the problem is unknown, which makes planning services to meet the needs of children and young people difficult. Without a baseline there is no way to measure progress in addressing the issue. (4)

2.3 RECOMMENDATIONS FOR ACTION

Young people identified the support required as

Help for parents to get off alcohol and drugs, and to understand the impact of their behaviour on their families.

Practical help for children including provision of clothing grants and home helps, support to get children into school and employment; help to address bullying; accessible phone support for children when they are scared; activities for children and young people, to enable them to meet new friends and to get out of the house.

Keep siblings together and provide support for children to ensure they don't make the same mistakes their parents made.

Provide a mentor or family support worker for children and young people and of foster homes and peer support from other young people experiencing Hidden Harm.

Enable staff who work with vulnerable families able to detect and act upon signs of Hidden Harm in homes.

More involvement from schools and from GPs. (5)

The adult survivor recommended

More help for spouses many of whom will end up with mental health problems and on anti-depressants

Support in schools, sports clubs and from the extended family

Use of Family Group Conferencing as a way of ensuring children and young people can remain in the community (1)

The parents recommended

Increased public awareness of alcohol addiction

Provision of childcare to enable parents to attend self-help group

Home visits by experienced parenting mentors

Support available day and night

Alanon and Alateen meetings should take place in school

Engagement with parents involved with Child Protection Services at a policy and planning level as would be expected in other Programmes of Care. (1)

The service providers/commissioners recommended

Development of a database of local provision/locally-based services

Establishment of a baseline for the prevalence of Hidden Harm

A regional, universal approach to recording parental substance misuse within families be agreed and implemented

Clear communication between services and agencies in regard to supporting children affected by Hidden Harm and more effective joint

working to address their needs. This should include a structured interface between substance misuse services and children's services

Provision of services that are responsive to need

A public awareness campaign on the effects of parental alcohol and drug abuse on children as part of a broader campaign to challenge the societal alcohol culture

Availability of accessible information about the impact of parental substance misuse on children and young people

Increased awareness among all professionals of the impact of parental substance misuse on the outcomes for children. (This includes health and social care, education, youth justice and probation, voluntary and community sector)

Multi-layered training and awareness-raising programmes for staff working with children, young people and parents - including interdisciplinary training

Greater public understanding of the role of social work and efforts to improve the image of Childcare social workers. The role of the Gateway Service to be better understood and Children's Social Services to engage more actively in communities

Service user involvement in relation to hidden harm issues to be improved to ensure that the voices of children and young people are listened to and acted upon. (4)

3.1 THE STRUCTURE OF THE ACTION 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.

Structure for Hidden Harm Action Plan

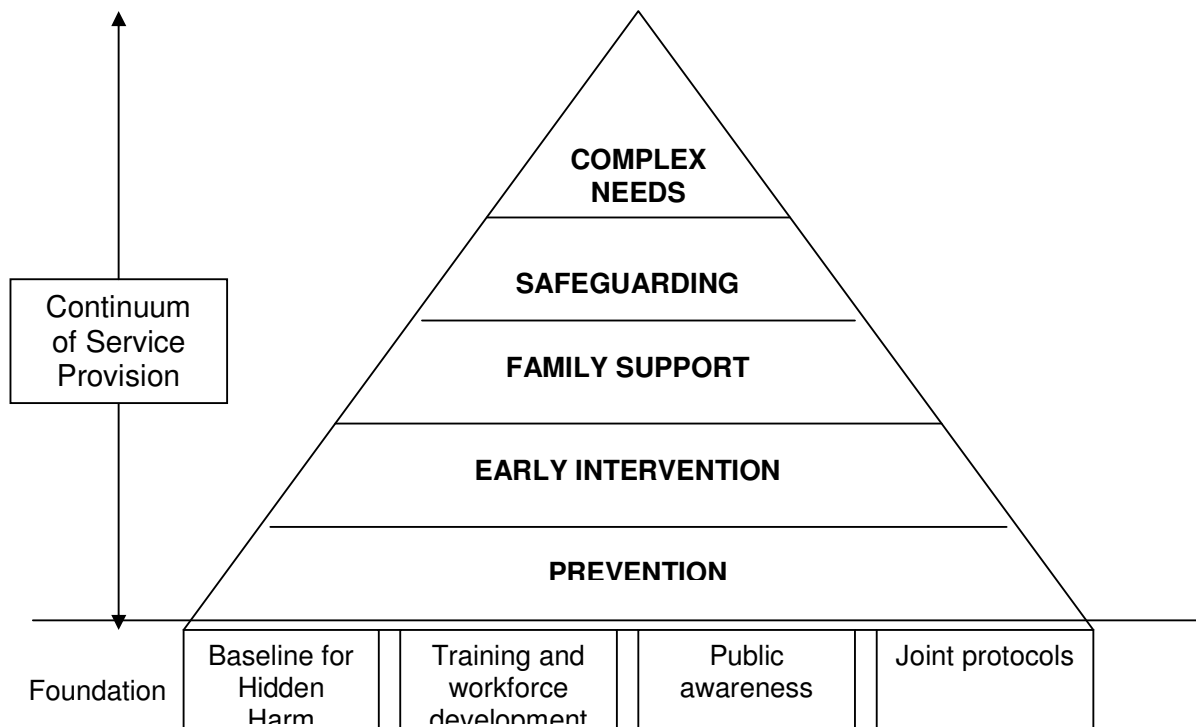


Figure 1 shows the structure for the comprehensive approach to Hidden Harm taken in the action plan. The foundation work includes

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

A tiered approach to service provision and programmes will be built on this foundation to provide a continuum 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 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

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

Attempts will be made to attract funding to evaluate promising initiatives.

3.2 PROCESS FOR IMPLEMENTATION

A regional steering group will be established to oversee the implementation of the Hidden Harm Action Plan. The HSCB and PHA will chair this jointly. Local Implementation Groups will be formed at LCG level to ensure that actions are delivered taking account of local need, and building on existing service provision.

A Hidden Harm co-ordinator will be appointed to oversee the plan at regional and local level to ensure that services engage with local communities and are effective, to link to the available PHA resource and facilitate training.

3.3 FUNDING

The total amount available for Hidden Harm over the next two years is £942,000. This amount was allocated by the legacy Boards through the CSR/HWIP budgets. Boards have allocated different amounts because they have prioritised their budgets in different ways. The local plans provided by the four areas reflect this.

It has been agreed that Boards will contribute to a joint budget for the following:

- i) Regional Co-ordinator Post
- ii) Training And Workforce Development
- iii) Public Awareness And Good Practice

A minimum of 70% of the total budget will be spent on providing and supporting local services.

3.4 TARGETS

The action plan will contribute to the following PFA/PSA targets:

PSA 1.4: By March 2010, ensure a 5% reduction in the proportion of adults who binge drink.

PSA 1.5: By March 2010, ensure a 10% reduction in the proportion of young people who drink and who report getting drunk.

PSA 1.6: By March 2010, ensure a 5% reduction in the proportion of young adults taking illegal drugs

PSA 1.7: By March 2011, ensure a 10% reduction in the number of children at risk from parental alcohol and/or drug dependency.

Related Ministerial target:

Boards should ensure that, by 31 March 2009, a local action plan is in place in each Board area to support the Department's regional Hidden Harm Action Plan (due to be launched in June 2008).

3.5 MEASURING OUTCOMES

The ten-year strategy for children and young people, *'Our Children, Our Young People, Our Pledge'* provides the over-arching agenda for health and well-being of children in Northern Ireland. It outlines six high level outcomes for children; being healthy, enjoying learning and achieving, experiencing economic and environmental well-being; contributing positively to community and society; living in safety and with stability and living in a society which respects their rights.

The purpose of the Hidden Harm Action Plan is to 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 abuse receive the support they need to reduce harm today, and assure their health and well-being in the future. In doing so it contributes to the high level outcomes.

The Children's Services Plan 2008-2011* describes the six outcomes, and outlines a number of performance indicators that contribute to each of these. It is proposed that the regional steering group develop and agree appropriate performance indicators by December 2010. Measures against the plan would begin in 2011. (Examples of possible performance indicators are shown in Appendix 1)

*(The legacy Health and Social Services Boards had a statutory duty to prepare and publish a plan for the provision of support for children in need and their families, and to develop this in the context of a multi-agency, cross-sectoral approach.)

3.6 BASELINE AND MONITORING DATA

A baseline of those affected by Hidden Harm and their needs, by its very nature, will be difficult to attain. Arguably, action to counter Hidden Harm will lead to an evident increase in cases as more become known, particularly in the short to medium term. This needs to be taken into account during the first period of the Regional Action Plan.

More needs to be done to put in place a robust baseline and to gather information on children and young people affected by Hidden Harm as they come into contact with services. It will be necessary locally for Trusts, through their Gateway and Addictions Services to provide quarterly information returns on children affected by parental alcohol and drug abuse and on the actions taken to support them. These will be a primary source of information.

More pro-activity in Maternity Services and Health Visiting will also provide additional information in Early Years. DACT-funded services will continue to supply information on Hidden Harm. As family support initiatives increasingly play a central role in providing community-based, family support, further information will become available, particularly on those families at Level 2 in the Family Support Model.

It will be necessary for Children's Services Planning to collect Hidden Harm specific information, including as a sub-set of other information on the indicators suggested above. Discussions with providers should take place to ensure the necessary systems are in place to gather the data required.

It has also been suggested that Hidden Harm requires that the net is cast as widely as possible. This includes gathering information from school-based counselling, youth service, Surestart, Youth Justice, etc.

It is proposed that, given the necessity for further work on a baseline and in light of the complexity of information gathering, the first substantive progress report on Hidden Harm be scheduled for December 2010. This does not prohibit interim reports. A full regional evaluation may be necessary in 2011.

4.1 ACTION PLANS

The action plan is laid out following the model outlined in fig. 2 beginning with the regional issues, Training and Workforce Development, Joint Leadership and Interagency Working Arrangements, Hidden Harm Information Baseline and Public Awareness and Good Practice. This is followed by the local plans for providing the continuum of services that builds on the existing service delivery models to maximise the resources available to address Hidden Harm.

Regional Priority Area 1: Training and Workforce Development

Objective	Action	Measures	By whom/Target date
<p>To provide a comprehensive multidisciplinary training and workforce development programme for staff in tier 1,2,3 and 4 services.</p>	<p>1.1 To develop a co-ordinated, multidisciplinary workforce tiered training plan. To include interagency/disciplinary collaboration and information exchange, theoretical, attitudinal and skills based training and practice development and supervision. The training in year 1 and 2 will focus on those staff most likely to be in contact with children affected by Hidden Harm.</p> <p>Awareness training for staff in Tier 1 and 2 services in relation to the impact of substance misuse on children, safeguarding, cycle of addiction and adverse childhood experiences. This training will require a maximum of 4hrs contact time. Knowledge and skills Training Tier 2 and 3 staff</p> <p>On an interdisciplinary basis addressing the impact of parents'/carers' substance misuse on the child, addictions and working with dependent parents, mental health and addiction, interdisciplinary working, motivational interviewing.</p> <p>Specialist Training Tier 2, 3 and 4 staff Those professionals working with families where specialist intervention and support is required. E.g. coping with FASD, working with children/young people with complex mental health and addiction problems.</p>	<p>Minimum of 450 staff trained within in Year 1 in NI</p> <p>Minimum of X (TBC) staff trained within in Year 2</p> <p>By end of year 1 an increase in the number of families, children and young people identified with Hidden Harm issues, with appropriate referral, intervention and support taken forward.</p>	<p>PHA HSCB HSC Trusts Community/ voluntary sector</p> <p>Establish working group by Sept 2009 Roll out training plan by Oct 2009 Implement Oct 2009 Review Nov 2010</p> <p>Oct 2011 completion</p>

Regional Priority Area 2 : Joint Leadership and Interagency Working Arrangements

Objective	Action	Measures	By whom/Target date
<p>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.</p>	<p>2.1 Strategic level – Joint leadership</p> <p>To ensure Children’s Services are represented at a senior level on the NSD Steering Group.</p> <p>To ensure the Hidden Harm Regional Plan dovetails with the next action plan for the OFMDFM Strategy for Children and Young People.</p> <p>Integrate hidden Harm issues into UNOCINI and the Regional Safeguarding Children’s Board.</p> <p>Develop a specific assessment tool to be completed alongside UNOCINI identifying the impacts of parental substance misuse on children</p> <p>Develop links with the Mental Health and Children’s Services Interface Project</p> <p>2.2 Interagency Working Arrangements</p> <ul style="list-style-type: none"> • To develop an agreed regional protocol /framework to ensure effective interagency working across all relevant sectors. • To develop local identification and referral pathways in line with the regional framework. • To develop a robust communication strategy between services. 	<p>Hidden Harm is incorporated into the appropriate Departmental Strategies and developments.</p> <p>A regional protocol agreed and implemented by all relevant agencies.</p> <p>Training plan is implemented. At least 400 key staff are trained by end of March 2011.</p>	<p>Health Development Policy Branch</p> <p>PHA HSCB HSC Trusts Community Voluntary sector.</p> <p>Protocol is</p>

	To train key staff in the implementation of the protocol. The first wave of training will recruit staff in key positions within addictions, family support services and relevant community organisations, who once trained will provide advice and support to colleagues until the training is completed.	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.	endorsed By March 2010. Training implementation is completed by March 2011.
	<p>2.3 Regional Co-ordination Post</p> <p>A regional co-ordinator will be appointed to oversee the implementation of the Hidden Harm Action Plan.</p>	<p>Co-ordination of local services in addressing hidden harm.</p> <p>Effective development and implementation of a local/regional interagency protocol.</p>	<p>PHA HSCB</p> <p>Dec 2009</p>

Regional Priority Area 3: Hidden Harm Information Baseline

Objective	Action	Measures	By whom/Target date
<p>To establish a prevalence baseline both locally and regionally to measure progress in improving outcomes for children and their families affected by Hidden Harm.</p>	<p>3.1 To develop a regional Hidden Harm research and information task group.</p> <p>3.2 To identify and revise the current assessment and recording tools, and systems, used by key services.</p> <p>3.3 To agree a regional consistent approach to the recording, collection and analysis of accurate data. E.g. all alcohol and drug services record standardised information about the children of clients presenting to them and to ensure parental substance misuse is highlighted in UNOCINI guidance.</p> <p>3.4 To conduct a scoping exercise of current available research and information.</p> <p>3.5 To develop a regional baseline in relation to Hidden Harm, which can be monitored overtime.</p> <p>3.6 To develop and agree a set of performance indicators to measure progress against the hidden plan.</p>	<p>An identified/agreed hidden harm baseline in place.</p> <p>PFA target of: By March 2011, ensure a 10% reduction in the number of children at risk from parental alcohol and/or drug dependency.</p> <p>Indicators agreed</p>	<p>PHA HSCB HSC Trusts Health Development Policy Branch Public Health Information and Research Branch Community Voluntary sector.</p> <p>Establish regional group by Sept 2009</p> <p>Implementation by Sept 2010</p> <p>December 2010</p>

Regional Priority Area 4: Public Awareness and Good Practice

Objective	Action	Measures	By whom/Target date
<p>To raise the awareness of Hidden Harm within Northern Ireland.</p>	<p>4.1 Public Awareness To develop a stepped regional public information campaign.</p> <p>Target audience:</p> <ul style="list-style-type: none"> • The general public • Vulnerable at risk groups • Statutory and community/voluntary services. <p>Key message areas:</p> <ul style="list-style-type: none"> • Impact of parental substance misuse on children • Maternal health and well being • Signposting support services for children, young people and adults seeking help and support. <p>4.2 Good Practice 4.2.1 Scope current best practice materials/resources and reproduce for use within a Northern Ireland Context. 4.2.2 Host a regional annual “learning from the learning” event for all disciplines to reflect the progress of the plan with reflections on training, good practice and information.</p>	<p>An increase in the number of children and young people accessing the appropriate services.</p> <p>Those affected by Hidden Harm will have access to accurate information and advice</p> <p>Practitioners and professionals with an increased awareness on recognising and managing Hidden Harm issues with their clients.</p> <p>Evaluation of the resources.</p> <p>Production of a good practice event evaluation report.</p>	<p>PHA HSCB HSC Trusts Community Voluntary sector.</p> <p>Establish working group by Sept 2009</p> <p>Plan and roll out of the public awareness campaign by June 2010.</p> <p>Jan 2011</p>

Continuum of Services

There is a continuum of services that should be provided for the Hidden Harm agenda including, Prevention and Early Intervention, Family Support, Safe Guard-Protection, and Care for those with Complex Needs. For each of the legacy Board areas there are a range of services that may and do pick up Hidden Harm issues and address them or refer them on to other service providers, based on assessment of need. These services include the following:

Child Protection Services

Sure Start Programmes

Family Support Services

CAMHS services

Tier 4 Specialist In-patient Services (Statutory Services and Vol/Com sector)

Specialist Addiction Services

It is right to assume that all Board areas have the infrastructure to support these services. There are other services within each Board area that have been developed to meet local need and that work within the local structures, and each geographic area has also identified further services that they plan to develop under the Hidden Harm Strategy. Because each of these services are developed in different ways to meet the local need, the following Actions have been extrapolated from each local plan and presented in this section of the Integrated Plan.

Priority Area : Continuum of Services- Eastern Area

Objective	Action	Measures	By whom/Target date
<p>To ensure a range of services are available to meet the support and treatment needs of those affected by parental substance misuse (Hidden Harm)</p>	<p>Continue to fund and support the Youth Treatment and Support Service, provided by Daisy, that provides a range of services including mentoring, counselling, and family support for young people and their families. Young people living with Parental Substance Misuse (PSM) can access this service.</p>	<p>793 young people will be supported by this service by March 2010. A proportion of these will be Hidden Harm young people.</p>	<p>EDACT Vol/Com sector-ongoing until at least March 2011</p>
	<p>Provide intensive support and treatment to families affected by parental substance misuse through the Pharos Project.</p>	<p>45 families will be supported by March 2010.</p>	<p>EDACT Vol/Com sector-Ongoing until at least March 2011</p>
	<p>Review existing services for children and families affected by PSM. Commission/tender for additional services to expand access to appropriate services.</p>	<p>Children of parents accessing addiction services will have appropriate support.</p> <p>Children and families will have access to additional support and treatment programmes.</p>	<p>PHA HSCB HSC Trusts By March 2011</p>
	<p>Ensure the Hidden Harm Action Plan implementation is carried out in conjunction with the developments of the Trusts Early Intervention Family Support Networks</p>	<p>Children experiencing parental substance misuse are priority beneficiaries for Trust family support services. Adult addiction services will be linked into family support networks to ensure children receive these packages.</p>	<p>PHA HSCB HSC Trusts By March 2011</p>

Objective	Action	Measures	By whom/Target date
Information and support for professionals and the general public	<p>Support the Taking the Lid Off Project which provides a range of information and training resources on Parental Substance Misuse</p> <p>Support the delivery of appropriate cross-sectoral training across Tiers 1 and 2 currently being provided by ASCERT. The needs of these professionals in relation to Hidden Harm will be addressed.</p>	<p>72 participants will be trained in the use of guided self-help material for adults affected by PSM.</p> <p>5000 copies of a story booklet for young children affected by parental substance misuse will be printed and available in schools, libraries and children's services.</p> <p>32 foster parents will be trained in the use of the above materials.</p> <p>647 Tier1/2 professional will receive training on drugs and alcohol. A proportion of these professional will receive training on Hidden Harm.</p>	<p>EDACT Vol/Com sector March 2010</p> <p>EDACT Vol/Com sector March 2010</p> <p>EDACT Vol/Com sector March 2010</p> <p>EDACT Vol/Com sector March 2010</p>

Priority Area: Continuum of Services- Western Area

Objective	Action	Measures	By whom/Target date
<p>To ensure a range of services are available to meet the support and treatment needs of those affected by parental substance misuse (Hidden Harm)</p>	<p>Continue to support the delivery of the specialist programmes that focus on Hidden Harm as delivered by the Divert Programme, which targets vulnerable young people and their families in the Foyle area.</p> <p>Continue to support the delivery of the programmes that support Hidden Harm young people through a targeted education and prevention programme delivered by Breakthru in the Omagh and Fermanagh areas.</p> <p>Continue to support the delivery of the Young People's Treatment, Counselling and Support Service as provided by the DAISY project.</p> <p>Support the development of specialist workers to deliver Tier 2/3 services within the CAMHS service to work with Hidden Harm young people and to provide specialist advice to frontline practitioners.</p> <p>Employ 2 Hidden Harm Social Workers who will work within and liaise between the Statutory Addiction Services and Child Care Social Services</p>	<p>Work with a minimum of 70 Hidden Harm children/young people each year.</p> <p>Work with a minimum of 20 young people per year.</p> <p>DAISY will deliver to 240 young people per year, a proportion of who will be Hidden Harm young people.</p> <p>A minimum of 60 young people per year will be seen and a proportion of these will be Hidden Harm young people.</p> <p>Increase the identification and provide support/treatment for Hidden Harm children whose parent(s) are receiving help for their addictions. Ensure all child protection issues are addressed with the parents</p>	<p>WDACT Vol/Com sector Through March 2011</p> <p>WDACT Vol/Com sector Through March 2011</p> <p>WDACT Vol/Com sector Through March 2011</p> <p>WDACT WHST</p> <p>WHST Workers to be in post by October 2009</p>
	<p>The HSBC/Western LCG will replicate the Divert model of delivery of Hidden Harm Programmes in the Southern</p>	<p>The service will target at least 75 children and young people and</p>	<p>HSCB Western LCG</p>

	<p>sector of the Western area using a competitive tendering process.</p> <p>A model of school-based support for primary school children affected by Hidden Harm will be piloted through the Extended Schools programme.</p> <p>Young carers with Hidden Harm issues will be assessed and referred for appropriate support.</p> <p>WDACT will compile a Directory of Hidden Harm services.</p>	<p>their parents per year.</p> <p>Numbers of children participating. Children will receive the support they need earlier, before they become “at risk”.</p> <p>Child carers will be enabled to manage their caring role more appropriately and with family support services when required. Professionals and families will be able to make informed decisions about what available services best meets their needs.</p>	<p>WDACT</p> <p>HSCB Western LCG WELB</p> <p>HSCB Children’s Services Planning March 2011</p> <p>WDACT June 2010</p>
<p>Cross sectoral training programme for communities and practitioners</p>	<p>HSCB will resource WHSCT to introduce dedicated Hidden Harm posts in midwifery and health visiting.</p> <p>Under the leadership of the DATP and in association of other key agencies a 2-year tiered, multi-disciplinary training programme that has been funded will continue to meet the identified Hidden Harm training needs.</p> <p>The funded DATP programme will deliver training programmes focusing on maternity services and early years, to raise awareness of HH issues and effects of alcohol on child development.</p>	<p>(Subject to the availability of funding).</p> <p>A minimum of 300 staff across agencies will be trained during 2009-2011.</p> <p>Fewer babies will be born with Foetal Alcohol Spectrum disorder. At least 100 staff will receive training over 2009/2011.</p>	<p>HSCB WHSCT</p> <p>WDACT WHSCT</p>

Priority Area: Continuum of Services- Northern Area

Objective	Action	Measures	By whom/Target date
<p>To ensure a range of services are available to meet the support and treatment needs of those affected by parental substance misuse (Hidden Harm)</p>	<p>Support targeted education and prevention programmes for vulnerable and at risk young people and adults and delivered by ACET, CRUN and TIPSA. Children of substance misusing parents and substance using parents are target groups for these programmes.</p> <p>Support Tier 2, 3 and 4 services for young people who include Hidden Harm young people that are provided by Dunlewey Substance Advise Centre and NHSCT CAMHS service.</p> <p>Delivery of a Family Support Service that offers Tier 1 and 2 interventions for families and children affected by substance misuse, delivered by The Hope Centre.</p> <p>Support a supported accommodation scheme for substance misusers through The Beach House, Living Rivers Church, that will address the client's Hidden Harm issues if identified.</p>	<p>500 young people and a further 500 adult participants for 1st year a proportion of whom will be HH.</p> <p>360 counselling sessions, 360 mentoring sessions and 480 outreach sessions per year a proportion of which will be HH clients CAMHS- 40 new clients per year 1:1 family support 2 family support groups Area family network (per year) 11 supported beds are provided.</p>	<p>NDACT Vol/Com sector Through March 2011</p> <p>NDACT Vol/Com sector NHSCT Through March 2011</p> <p>NDACT Vol/Com sector Through March 2010</p> <p>NDACT Vol/Com sector Through March 2011</p>
	<p>Support the local Drug and Alcohol Outreach Services, provided by Threshold, who will identify and refer on clients with Hidden Harm issues.</p>	<p>1164 client interventions per year a proportion of whom will have HH issues (drug users) 936 client contacts per year for alcohol clients.</p>	

	<p>Delivery of specific family and children support services through a tendering process (service specifications to be developed).</p>	<p>50 hidden harm sessions per month for children/young people 30 hidden harm support/intervention sessions per month for families.</p>	<p>PHA HSSCB NDACT Vol/Com sector</p>
	<p>Delivery of specific family and children support services through a small grants scheme.</p>	<p>A range of localised Hidden Harm specific projects.</p>	<p>NDACT Vol/Com sector</p>
<p>Cross sectoral training programme for communities and practitioners</p>	<p>Support the delivery of appropriate training on hidden harm as provided by CRUN.</p>	<p>180 training sessions per year with a proportion of these being Hidden Harm.</p>	<p>NDACT Vol/Com sector</p>
<p>Provision of a Community Support Service</p>	<p>Support and delivery of a Community Support Service that supports local communities in addressing drug and alcohol issues including raising awareness of the Hidden Harm issue that is delivered by the NHSCT-Health Improvement and Community Development.</p>	<p>150 participants per year over 15 targeted communities a proportion of the work raising awareness re HH.</p>	<p>NDACT Vol/Com sector Through March 2011</p>

Priority Area: Continuum of Services – Southern Area

Objective	Action	Measures	By whom/Target date
<p>To ensure a range of services are available to meet the support and treatment needs of those affected by parental substance misuse (Hidden Harm)</p>	<p>Support Tier 2/3 counselling, mentoring and support service for young people. This service is provided by Opportunity Youth in partnership with ASCERT. This service will provide a direct referral into Tier 4 CAMHS service as required.</p> <p>Delivery of the PHAROS Family Support Service that provides an intervention based approach using a variety of therapeutic models and supportive frameworks, such as Systemic Family Therapy, Solution Focussed Therapy and Motivational Interviewing.</p>	<p>300 young people per year 90 families per year, of which are proportion of which will be Hidden Harm children, young people and families.</p> <p>CAMHS 210 face to face contact per year of which a proportion will be Hidden Harm Children</p> <p>Reduction in Substance Misuse with 40 parents over 18 months. 40 families affected by substance misuse will function more effectively and provide safer environments for their children.</p> <p>Children from 40 referred families will experience less harmful impacts upon their general well-being and development from parental substance misuse.</p>	<p>March 2011 PHA HSSB SDACT Vol/Com sector</p>

Objective	Action	Measures	By whom/Target date
(Cont.d)	Support the Child and Family Liaison Worker Post. This service provides specialist interventions between addiction services and child and family services.	15 new patients assessments per quarter.	PHA HSSB SHSCT SDACT Vol/Com sector March 2011
	Additional investment provided through Children's Services Planning regionally to support young carers coping with parental substance misuse.	Additional support to those young carers.	
To improve service user involvement in relation to Hidden Harm issues within the Southern area.	Develop an agreed protocol to facilitate service user involvement among relevant service delivery agents. Provide appropriate mechanisms for children and young people's concerns and needs to be voiced and addressed effectively when developing and implementing services.	An agreed protocol in place. Opportunities for children and young people to participate in service planning are evaluated.	March 2011 PHA HSSB SHSCT SDACT Vol/Com sector
To provide staff development training in respect of addressing Hidden Harm issues	To deliver the "Taking the Lid Off" training programme and buy in additional training for NSD Project staff.	Number of workers trained. Workers have a greater awareness, and will acquire additional knowledge and skill in relation to addressing Hidden Harm.	09/10 10/11 PHA HSSB SDACT Vol/Com sector

APPENDIX 1

Sources for Needs Assessment

1. Focused discussion with young people aged 12-15 all of whom were living with Hidden Harm.
Divert. February 2009
2. Hidden Harm - Young People's Experiences of Living in a Family Where Drugs and Alcohol are an Issue
VOIPIC/ Include Youth. March 2009
3. Focused discussion with parents
Addictions Service Staff in Omagh and Derry, March 2009
4. Stakeholder workshops from four Legacy Board areas
5. Experiences of Children and Parents In Families Where There is Parental Substance Misuse
Barnardos Northern Ireland
- 6.

APPENDIX 2

Performance Indicators

Theme	Performance indicator
Healthy	% of pupils in years 8 – 12 who have ever been drunk
	% of pupils in years 8 – 12 who have ever taken illegal drugs
	Access to Child and Adolescent Mental Health Services
Enjoying Learning and Achieving	Number of drug incidents reported to the police within schools
Educational attainment	Disengagement from education, training and employment
Living in Safety with Stability	Rates of people accessing treatment for drugs/alcohol problems who have dependent children
	Rates of alcohol related incidents recorded by PSNI
	Experience of the care system
	Coping with leaving care
	Experience of bullying
	Feeling safe
	Rates of children on the Child Protection Register (CPR) where parental substance misuse is an issue
Experiencing Economic And Environmental Well-Being	Rates of young people referred/assessed by health and social care trust for drug/alcohol problems
	Rates of young people availing of targeted education programmes on drugs or alcohol
Contributing Positively to Community and Society	Participation in youth activities
	Contact with the Criminal Justice System
	Rates of young people assessed by the Regional Initial Assessment Tool (RIAT)
Living in a Society which Respects their Rights	Rates of young people receiving Tier 2/Tier 3 intervention services