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| **Children/Young People of Parents that Misuse Substances/Hidden Harm** |  |

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**1.** **Introduction**

There is a wealth of research which describes how children/young people can be adversely affected by parental substance misuse (*Adamson and Templeton, 2012; Advisory Council on the Misuse of Drugs (ACMD), 2003; Templeton, 2013 Templeton, L. (2013), Building Resilience and Reducing Risks in Children Affected by Serious Untreated Parental Mental Illness, Problematic Substance Use and Domestic Violence, Final Report for the Ministry of Health and the Ministry for Child and Family Development, Vancouver*). The evidence is unequivocal that children can be extremely burdened, in both the short and the long term, by their experiences and by the worry they hold for their parents and their family (*Templeton L & Sipler E (2014),* [**Helping children with the Steps to Cope intervention: Drugs and Alcohol Today**](http://www.emeraldinsight.com/doi/abs/10.1108/DAT-03-2014-0015) *14(3) 126-136*).

The majority of parents using alcohol or drugs will present no increased risk of harm to their children/young people (*Cleaver (2011) Cleaver H, Unell I & Aldgate J (2011). Children's Needs – Parenting Capacity. Child abuse: Parental mental illness, learning disability, substance use, and domestic violence. London: HM Stationery Office*). Any harm that is caused is often due to problematic drug or alcohol misuse. Therefore while not all children/young people are in need of protection, most are in need of **support**.

The context of support In Northern Ireland is rooted in the Children and Young People Strategy (2016) which the programme for Government over up until 2021 which seeks to achieve the following outcomes for all children/young people:

* Physical and mental health;
* Play and Leisure;
* Learning and achievement;
* Safety and stability;
* Economic and environmental wellbeing;
* Contributing positively to community and society;
* Living in a society which respects their rights;
* Equality and good relations.

It identifies that not all children/young people have an equal start in life and that targeted support should be available to particular groups to ensure that all children/young people have the opportunity to fulfil their potential.

**2.** **Definitions**

**Substance misuse** refers to the abuse of drugs and/or alcohol and includes illicit drugs, alcohol, prescription drugs and solvents, the consumption of which is either dependent use, or use associated with having harmful effect on the individual.

**Hidden Harm** is defined as children/young people with a parent, parents, or other carers whose *alcohol and drug use* (including over the counter and prescribed medication) has a *serious negative consequence* for themselves and those around them.

**Dual Diagnosis** Many adults who misuse alcohol or drugs also have coexisting mental health issues described as dual diagnosis. Please see [**Children of Parents with Mental Health Problems Procedure**](http://www.proceduresonline.com/sbni/chapters/p_ch_par_mental_health.html).

Practitioners should also be aware of the presence of domestic violence during their assessment.

**The toxic trio**: substance misuse, parental mental health issues and domestic violence are often referred to as the toxic trio due to the harm to children when present.

**3.** **Impact of Parental Substance Misuse on Children/Young People**

When substance misuse is present the domains of individual and family life can be adversely affected. Many children/young people take on adaptive or caring roles within the family (*Forrester, D. and Harwin, J. (2011)), .*Other issues such as domestic abuse and social disadvantage may also be present, which can further compound how children/young people may be affected (*Cleaver et al., 2011; Templeton, 2013*).

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

* Harmful physical effects on unborn and new born babies;
* Unpredicability and Impaired patterns of parental care and routines which may lead to early behavioural and emotional problems in children/young people;
* Higher risk of emotional and physical neglect or abuse, possible trauma to the child/young person resulting from changes in the parent’s mood or behaviour, including exposure to violence and lower tolerance levels in the parent;
* Lack of adequate supervision;
* Poverty and material deprivation;
* Inadequate accommodation and frequent changes in residence;
* Repeated separation from parents/multiple care arrangements/episodes of substitute care including fostering and care homes. Includes children/young people who do not live with the parent who uses substances, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays);
* Children/young people taking on inappropriate substitute caring roles and responsibilities for siblings and parents. Children/young people who have caring responsibilities inappropriate to his/her ageshould be assessed as a young carer;
* Social isolation;
* Disruption to schooling and school life;
* Early exposure to drug and alcohol using culture and associated illegal activities and lifestyles
* Poor physical and mental health in adulthood.
* Chronic stress

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How children/young people cope with a parent who misuses substances can vary depending on their age, individual circumstances and the supports and protective factor that are available to them. Individual circumstances may include other vulnerabilities such as disability, poverty, those from an ethnic minority group, and/or those Many of the children/young people carry the impact into their adult lives as demonstrated through the Adverse Childhood Experience study (ACE).

Professionals, carers, volunteers, families and friends who are in contact with a child/young person living in a drug/alcohol-misusing environment must ask themselves “What is it like for the child/young person in this environment?”

Coping may not mean the same thing as being resilient. It may mean doing what you need to do to get by.

Chronic fear and worry, over responsibility, waiting for the next crisis, are all too common experiences for children.

(See [**Silent Voices: supporting children and young people affected by parental alcohol misuse: briefing on key themes and findings from the report**](http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/childrenscommissioner/silentvoices12.aspx)).

‘During the Steps to Cope pilots young people described how their parent’s substance misuse affects them (*Templeton L & Sipler E 2014*).

*I felt sad and angry. I used to cry at night in bed on my own. Because I didn’t like what was happening......I found it hard to sleep at night.....family life was hard and lonely.*'   
(From a young boy aged 12 from the Steps to Cope Pilot)

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| **Worries** | **Health** |
| 'I worry all the time about Mum & family'  'Scared mum will die'  'Worried about everything'  'That I am so alone'  'That Mum would drink again'  'That I might end up drinking when I'm older' | 'Always wake up during the night, feel drained'  'No food in the house and I got really hungry'  'Sometimes won't get up, drink a lot, hide away'  'Lots of bad memories' |
| **Feelings** | |
| Sad, depressed, angry, despairing, anxious, nervous, always watching & waiting for something to happen, always worried, scared, embarrassed, lonely/alone, can’t win, annoyed, cry a lot, confused, distressed/lost, numb It’s emotionally draining, makes me feel helpless, useless, alone. | |

*“Most times I’m worried about going home because I don’t know what state she will be in (mum), I don’t have any food in cupboards and my clothes are dirty. I’m ashamed and sometimes people make fun of me.”*

**4.** **The Key Messages**

* Parental problem substance misuse can and does cause serious harm to children/young people of every age;
* By working together, services can take practical steps to protect and improve the health and well-being of affected children/young people;
* Reducing the harm to children/young people should become a main objective of drug policy and practice;
* Effective treatment of the parent can have major benefits for the child/young person;
* The number of children/young people affected will only go down when the number of people misusing alcohol and drugs decreases.

**5.** **Protection and Action to be Taken**

**If concerned the most important thing to do is do something.**

If a child/young person is at immediate risk your first point of contact is the PSNI.

Where it is believed that a child/young person of a parent who misuses substances may have suffered, or is likely to suffer significant harm, a referral to Children’s social services should be made in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html).

If you feel a child/young person needs support, your main point of contact is the Gateway Team in your local Health and Social Care Trust.

**Addressing Hidden Harm is everybody’s business**

All workers should be aware of the signs of harm to children/young people and be in a position to make a referral if needed.

Equally all workers should know how to support children/young people living with parental substance misuse. A leaflet was commissioned by the North South Hidden Harm Group and is available through the Communication Resource Information Service (CRIS) to support workers in these efforts. It can be found at [**Opening Our Eyes to Hidden Harm (Public Health Agency website)**](http://www.publichealthagency.org/publications/opening-our-eyes-hidden-harm).

Guiding principles for working with children/young people where there is parental problem alcohol or drug use are emphasized in legislation.

* The welfare of the child/young person is the paramount consideration;
* Every child/young person has a right to be treated as an individual;
* Every child/young person has the right to protection from all forms of abuse, neglect or exploitation.

The principle of the child’s welfare being paramount deriving from The Children (Northern Ireland) Order 1995 is further enshrined in [**Co-operating to Safeguard Children DHSSPS (2016)**](https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland).

*‘the child’s welfare must always be paramount and this overrides all other considerations…….a proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict the child’s interests are paramount’*

**6.** **Other Key Guidance**

In safeguarding children working together is essential.

[**Adult and Children’s Services Joint Protocol Responding to the Needs of Children whose Parents have Mental Health and/or Substance Misuse issues (2011)**](http://www.scie.org.uk/publications/guides/guide30/files/northern_ireland_joint%20protocol.pdf?res=true) outlines how agencies can and should work together.

This protocol aims to set out the principles and best practice guidelines ([**Think child, think parent, think family: a guide to parental mental health and child welfare**](http://www.scie.org.uk/publications/guides/guide30/)) that staff must consider when responding to the needs of parents with mental health issues, including substance misuse, their children/young people and families.

Central to the development of this protocol has been reference to the Health and Social Care Board (HSCB)/Public Health Agency (PHA) Hidden Harm Action Plan – Responding to the needs of children born to and living with parental alcohol or drug misuse (2009).

**7.** **Think Family**

The Think Family Model challenges workers to think of how an adult’s mental health or substance misuse problem affects parent/child relationships which impacts on the child/young person’s well-being and development. Adult services and children services can support protective factors that build resilience.

[**Click here to view The Family Model flowchart**](http://www.proceduresonline.com/sbni/files/fam_model.pdf).

**8.** **Support and Early Intervention**

A major contribution to the literature in recent years has been an understanding of the protective factors and processes which it is believed can create “resilience” in a child/young person, thereby reducing the risk of negative outcomes (*Falkov A.; 2012*).

Early intervention is seen as Intervening as soon as possible to tackle problems or the potential for problems that would impact on children, family members and/or an individual’s recovery from mental health issues and is emphasised in Adult and Children’s Services Joint Protocol Responding to the Needs of Children 2011 (see link above.

When early intervention is defined in these terms, it targets families who have an identified need and may require additional supportwhen their problems have already begun to develop but before they become serious. Typically this is achieved by promoting the strengths of families and enhancing their protective factors and in some cases providing long-term supports.

It is important to remember that not all children/young people affected by parental substance misuse will be suffering from problems like abuse and neglect. Similarly, not all children/young people who show signs of disrupted home life will have a family member who misuses substances.

While not all children/young people living with parental substance misuse need protection, most need support. Referrals for support can be made to the Family Support Hubs.

Schools can be a safe haven for children/young people whose home lives are chaotic, and provide a structure they may lack elsewhere. Schools can identify children/young people early and play a positive role in building their resilience and self-esteem.

**9.** **Sources of Support**

It would be useful to explore the continuum of need described in the Family model (See [**COPMI - Children of Parents with a Mental Illness website**](http://www.copmi.net.au/professionals-organisations/what-works/research-summaries-gems/gems-edition17)).

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| **The continuum of need in the family Model Falkoff 2012** | | | | |
| Well | Resilient but in need of support | Vulnerable and in need of services | Vulnerable and in need of services and protection | Immediate risk of significant harm |

Services for children/young people have been developed that supports intervention along this continuum of need.

**Specific intervention for young people**

**Steps to Cope**

Step to Cope is an adaptation of the 5-Step Method for young people ages 11 -18 funded by the Big lottery’s Impact of Alcohol Program. Young people can receive support through face to face contact with a Steps to Cope worker, online through a dedicated interactive website or through a range of trained practitioners across Northern Ireland: See the [**Steps to Cope website**](http://stepstocope.co.uk/).

**Young Carers:**

A range of organisations providing support for young carers can be found at the [**NIDirect website**](https://www.nidirect.gov.uk/articles/young-carers).

**Intensive support for families with substance misuse issues**

Each of the five Health Trusts has an intensive support service for families affected by substance misuse, that are funded by the Public Health Agency.

They can be found on the [**NIDacts Drug & Alcohol website**](http://www.drugsandalcoholni.info/).

**Supporting non-drinking/drug taking parent and Family Support**

Supporting the non-drinking/drug taking parent can help improve outcomes for children and young people.

NICE guidelines recommend staff should:

* Offer guided self-help material, typically consisting of a single session with the provision of written material;
* Provide information of self-help groups (Al-Anon);
* When these are not enough:
  + Provide information and education about substance misuse;
  + Help identify sources of stress related to substance misuse;
  + Explore and promote effective coping;
  + Normally consisting of 5 weekly sessions.

A brief intervention called the Five Step Method embraces this work.

**The 5-Step Method** is structured evidence based brief intervention for family members affected by a relative’s alcohol or drug misuse developed by the UK Alcohol, Drugs & the Family Group across the 5 HSC Trusts. (Now known as the AFErnet group).

All five Health Trusts have a Service offering the Five Step Method: Please click for a directory of services on [**NIDacts Drug & Alchohol website**](http://www.drugsandalcoholni.info/).

**Additional family support**

Self-help Fellowships such as Al Anon meet regularly to provide mutual support: For local meetings contact 028 90 682368

Family support hubs provide early intervention family support services to vulnerable families and children/young persons aged up to 18 years.

Sources of family support can be found at [**Family Support NI.gov.uk**](http://www.familysupportni.gov.uk/) or [**Children and Young People’s Strategic Partnership**](http://www.cypsp.org/).

**10.** **References and Further Reading**

* Our Children and Young People – **Our Pledge 2006** **– 2016**;
* Hidden Harm Action Plan (2008);
* Revised Harm Action Plan (2013);
* NSD (Phase I & 2);
* Families Matter: Supporting Families in Northern Ireland (2009).

Falkov A. The Family Model Handbook: An integrated approach to supporting mentally ill parents & their children. East Sussex: Pavilion; 2012.

Forrester, D. and Harwin, J. (2011), Parents Who Misuse Drugs and Alcohol. Effective Interventions in Social Work and Child Protection, John Wiley & Sons, Chichester.

Gilligan, R. (1999) **Enhancing the resilience of children and young people public care by mentoring their talents and interests**. Child and Family Social Work 1999, 4, pp 187-196.

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Regional Hidden Harm Action Plan, Department of Health, Social Services and Public Safety  2009

Templeton L & Sipler E (2014). Helping children with the Steps to Cope intervention. Drugs and Alcohol Today 14(3) 126-136

Think child, think parent, think family: a guide to parental mental health and child welfare. SCIE (2009)

Understanding the Needs of Children in Northern Ireland Guidance (DHSSPSNI, 2008)

[**National Institute for Health and Clinical Excellence (NICE) Clinical Guideline No 89 – When to suspect Child Maltreatment**](https://www.nice.org.uk/guidance/cg89)

[**Hidden Harm: Addictions in the Family – No.13 Policy and Practice Briefing (Barnardo’s)**](http://www.barnardos.org.uk/p_p_no_13_hidden_harm.pdf)