

Hidden Harm issues for professionals working with parents who misuse alcohol



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Hidden Harm issues for professionals working with parents who misuse alcohol

This briefing looks at the national agenda of Hidden Harm and considers how the government's recommendations can be addressed locally in the context of parental alcohol misuse. There are a number of case studies that illustrate how some agencies have addressed the issue together with a case study that reflects upon the words of a child who was affected by his mother's alcohol misuse.

Target audience

This briefing is intended for

- Parenting professionals
- Alcohol treatment professionals
- Managers of services
- Commissioners.

The information in this briefing may also be of interest to:

- Researchers
- Policy makers
- Parents / carers.

Summary: The briefing at a glance

- The government has set out its proposals to limit the impact of drugs and alcohol use on the lives of children and young people. Up to 1.3 million children in the UK are affected by parental alcohol problems and this paper

highlights the main areas of concern that the Hidden Harm report has on those who work with parents who misuse alcohol

- There are three main issues where Hidden Harm has a direct impact for those working in this field, namely, policy, procedure and training
- The major recommendations from the Hidden Harm report, which highlight the three main issues are shown together with the government recommendations and the impact on services working with alcohol misusing parents is discussed
- A section on the main risks to children from parental alcohol misuse and the duty professionals who work with the parents have to assess the risk to the children involved is given
- A brief note on support and education is also included
- There are case studies that illustrate the ways some agencies have tackled some of the issues.

Conclusion

There is a need for local initiatives from policy makers and commissioners that tackle the issues of common assessment, multi-agency working, training and resources.

Introduction: the national background

The government has set out its proposals to reduce the impact of drugs and alcohol on the lives of children and young people, both in terms of preventing drug and alcohol misuse and protecting children of drug and alcohol misusers from harm, by publishing Hidden Harm (ACMD, 2003): cross departmental strategic guidance on drugs, alcohol and young people aimed at Drug and Alcohol Action Teams (DAATs) and local Directors of Children's Services. This was accompanied by the publication of the government's response to the Hidden Harm report, which provides an update of progress against all 48 recommendations (DfES, 2005).

The focus of Hidden Harm is on problem drug use, with the impact of alcohol being considered as an additional factor. Nevertheless, many of the recommendations it makes for protecting and supporting the children of problem drug users will also be applicable to the children of problem drinkers. When alcohol is specifically mentioned, there are very specific recommendations.

The joint approach is being implemented both centrally and regionally, with all local authorities in England and their partners expected to make significant progress towards meeting its objectives from April 2005.

Rosie Brockenhurst (Director of Communications, Addaction), writing in Drink and Drugs News (DDN), has covered the issue stating "Hidden harm is a painful subject. It's about the

children of drug and alcohol misusing parents suffering for years behind closed doors. It's difficult to quantify and difficult to reach, but we have to make sure these children's voices are heard, not least by the government¹".

Children whose parents drink too much can suffer a range of physical, psychological and behavioural problems as a result of living in such an environment (Velleman, 2002). Each case is unique and it is up to professionals working with the family to find workable solutions. This briefing covers some of those issues that professionals face every day, illustrated with case studies as to how solutions have been reached and what processes have been put in place.

There are three issues in Hidden Harm that are central to all the recommendations that are made and the positive way in which the government has responded. The three issues are:

- The policy change required (nationally, regionally and locally) to ensure children do not come to harm
- The procedural shifts that must be made by drug and alcohol services to assess and meet the needs of their clients as parents and their children
- The training required to skill all practitioners to work with a new framework of care that will identify the needs of children affected by their parents' alcohol misuse.

¹ DDN 18 April 2005 also available - <http://www.drinkanddrugs.net/features/apr1805/breakingthecycle.pdf>



Policy and procedural shift issues

There are very specific recommendations that will have consequences for policy and

hence the provision that is made locally.

Recommendation 10	Government Response
<p>When revising child protection policies and procedures, full account should be taken of the particular challenges posed by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.</p>	<p>As a result of the Children Act 2004, arrangements for safeguarding children will be strengthened by the appointment of the Director of Children's Services. Local authorities also have a new duty to establish Local Safeguarding Children Boards with representatives from all the agencies with a responsibility to safeguard children at a local level. These will replace the Area Child Protection Committees. It is likely that the new guidance accompanying the Boards will include a section on safeguarding children whose parents misuse drugs.</p>

Service implications

Local services will need to have good case management procedures. This will involve work on assessment procedures within a common assessment framework and the need to implement confidentiality and child protection policies. There are training implications for this work and commissioners will need to ensure that effective inter-agency liaison is backed by opportunities for the variety of agencies to work together to understand how assessments are used within the different agencies. See Alcohol Concern's briefing papers on child protection and the common assessment framework.

Recommendation 11	Government Response
<p>Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.</p>	<p>The updated Drug Strategy was launched in December 2002 included a particular focus on young people. As Hidden Harm identifies that the children of problem drug misusers are often vulnerable to becoming substance misusers themselves, the updated strategy aims to prevent today's young people from becoming tomorrow's problematic drug users.</p>

Service implications

This is a pivotal recommendation that requires a reduction in the harm to children. Local policy makers and commissioners will need to target funding to have an impact on and reduce the harm to children. DAAT treatment plans, PCT local delivery plans, local area agreements, community safety plans will need to reflect the alcohol issues considered to prevent the hidden harm.

Parenting courses, befriending, mentoring and outreach support can be a vital tool in reducing that harm. DAAT and PCT commissioning groups are recommended to address hidden harm in relation to all drug use including alcohol. Education, as it broadens its base to an extended service, will require policy and procedures to address hidden harm.

...Service implications continued

A Local Audit under Every Child matters will ensure that strategies and policies encompass children's issues with reference to alcohol misuse. DAATs should also ensure that all policy and co-ordination includes parental alcohol misuse and that local alcohol services are involved in planning.

Recommendation 12	Government Response
<p>The government should ensure that the National Children's Service Framework and equivalent strategic arrangements in Wales, Scotland and Northern Ireland, identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.</p>	<p>The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004] identifies children of problem drug users as 'Children in Special Circumstances' requiring a particular focus from services to prevent them experiencing poor outcomes.</p>

Service implications

This requires health, education and social services to identify children of problematic users. Without help and guidance the three services may not have a systematic way or a common vocabulary to work together in this quest. Local commissioners will need to ensure that these three services form good working relationships in relation to assessment, referral and care planning and co-ordination.

Models of Care for Alcohol Misusers (NTA, 2006) recommends that mainstream workers are trained. Local alcohol and parenting services could be asked to provide training for other services. Screening and Brief Interventions (SBI) of adult problem drinkers should include the hidden harm to children and local commissioners may want to look specifically at SBI alcohol training for those working with parents and children, such as school nurses, GPs, social workers, etc.

Recommendation 22	Government Response
<p>Primary care teams providing services for problem drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate.</p>	<p>The Children Act 2004 will introduce a new duty on health services, the police and other relevant local bodies to have regard to safeguarding children and promoting their welfare. Local authorities will also have a duty to establish Local Safeguarding Children Boards with representatives from all the partner agencies, including social services, health, police, housing, probation. The Boards will replace the Area Child Protection Committees and will co-ordinate the arrangements for safeguarding children at a local level.</p>

Service implications

Like recommendation 12, where primary care teams offer services to parents they will need to work closely with the three services. This multi-agency approach will require commissioners to respond by ensuring that local planning partnerships consider joint working arrangements between PCTs and Social Services departments. Where local plans for joint training exist this will maximise the benefits and will minimise costs.



Recommendation 29.1	Government Response
<p>An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.</p>	<p>Every Child Matters signalled the development of a common assessment framework for all professionals working with children and their families. The DH/DfES has developed an Integrated Children's System, which provides a coherent process for assessment, planning intervention and review. This will ensure that needs are identified, appropriate interventions provided and the outcomes reviewed. The Choice Protects initiative aims to improve local authorities' strategies for commissioning provision for looked after children. The Healthy Care Programme being developed by the National Children's Bureau with funding from DfES is developing a model for improving the quality of the care environment.</p>

Service implications
<p>This recommendation requires an integrated approach based on a common assessment framework for tier one professionals. This will require all services, including Social Services departments, to ensure that alcohol misuse is identified separately. Joint training for inter-agency work will be a key element of local strategies. The development of the common assessment framework should enable any service to approach their appraisal of the situation to follow the same lines of enquiry, which will ensure that alcohol misuse is identified at the initial stages and that the harm caused to children is assessed. See Alcohol Concern's briefing paper on the common assessment framework.</p>

Case study A

The hidden harm from alcohol misuse by a parent can be addressed by specialist help.

The DASH agency has been working for 25 years providing an outreach service as well as their "shop" premises. Young people's services are provided at the base and out in the community. The children of alcohol misusing parents experience difficulties because of their treatment by peers and some teachers. This results in some of them not disclosing problems as they feel it increases the prejudice and they feel isolated and unable to speak to Social Services for fear of being "removed" from their parents or "causing trouble" for them.

This isolates the young people. There is also a concern that the young people see their parent's behaviour as normal and so they themselves progress to misusing alcohol.

This project has allowed young people to speak freely about their concerns. This can only be achieved by gaining the trust of the young people and in collaboration with the outreach worker, steps are taken to improve the home situation, ensuring child protection guidelines are adhered to.

A powerful piece of writing by a young person in the project is included at the end of this briefing.

Recommendation 40	Government Response
<p>Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children of problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.</p>	<p>The Department of Health is funding an initiative to build the capacity of the voluntary sector to respond to substance misuse issues. The initiative is supporting five children's charities to build capacity within their own organisations and across the sector to develop effective responses to substance misuse. This builds on the good practice that these non-government organisations have developed with these issues.</p>

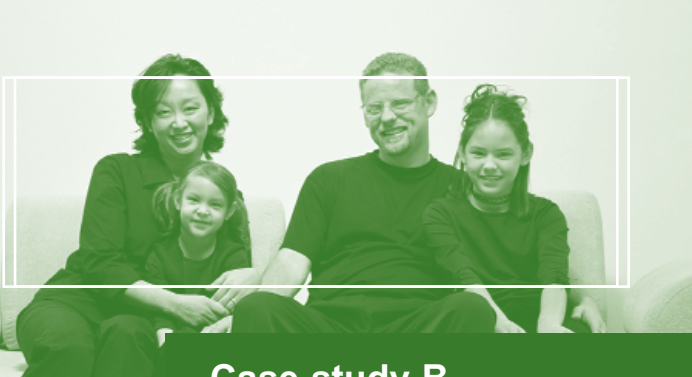
Service implications

This recommendation requires a building of the capacity of the voluntary sector to respond to the issues of parental alcohol misuse. If the voluntary sector become involved in this area then specialist training in alcohol issues, parenting and assessing children's needs is essential. Services who already deal with these issues are likely to be called upon to provide appropriate training. Voluntary organisations could consider applying for funding through the Change Up² funding to build their capacity in this area.

Planning decisions made as part of the local strategy may offer funding for local training initiatives in the area of parental alcohol misuse under the umbrella of Hidden Harm.

In essence local policy makers and commissioners have to ensure that local services use a common assessment framework and identify the children of

parents who misuse alcohol and then enable a multi-agency approach to deliver services to support the family and to reduce the harm to those children.



Case study B

Central North West London NHS Mental Health Substance Misuse Service responded to Hidden Harm by setting up a committee to look at how practice could be improved in light of the report. The committee meets every two months.

The first issue tackled was how to record the parenting status of adults attending the project. Previously this had been different in each authority. Agreement was reached to record a minimum of data, including recording the living arrangements of the child:

Do you have any children under the age of 18?	YES	NO
Name of child	Date of birth	With you?
Does your current partner have any child under 18 other than those you have listed?	YES	NO
How many live with you?		
How many live with other parent?		
How many live elsewhere?		
How many in Local Authority Care?		

A consultation programme with each borough-based sector was arranged. This worked best when services were able to close for a period of time. In at least one borough the service closed again for child protection training thus prioritising

the training.

The risk assessment form was changed so that the care plan includes any concerns noted. Previously only one item referred to child care. There are now five specific issues.

Childcare issues involving social services		
In the past	Yes	No
At present	Yes	No
Currently living with substance misuser	Yes	No
At risk of violence from another person	Yes	No
Substance use is a hazardous environment	Yes	No

There are also guidelines on how to ask the questions. Evaluation of the collection process is underway.

More appropriate care pathways were needed to be defined together with better joint working. A directory of useful services has been compiled and is electronically stored for ease of access. A child minding service is being considered to accommodate children of parents who attend the

projects (child minding offered for 1 hour 59 minutes avoids some of the legislation for crèche facilities).

The Hammersmith and Fulham Child Protection Steering Group has been set up as a joint steering group to address local child protection issues. Current work is looking at how more effective work can be achieved with the Local Board for Safeguarding Children.

Training issues

Within the policy framework there is an implication for training. Already mentioned above is the training for the use of a common assessment framework as well as a multi-agency

approach. There are some very specific training issues that will impact on national and local budgets.

Recommendation 7	Government Response
<p>Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.</p>	<p>DfES fund the Children's Society to run the STARS National Initiative. This involves providing a forum for supporting children and young people affected by parents and carers drug misuse including a website. The National Service Framework for Children, Young People and Maternity Services [DH/DfES 2004] seeks to ensure that services meet the needs of all children, young people and their families. It says that particular efforts should be made to ensure that all children and young people's voices are heard and those who are often excluded from participation activities are supported in giving their views, including the children of problem drug users.</p> <p>The Framework for the Assessment of Children in Need and their Families (DH/DfES/HO 2000) requires those undertaking assessments to carry out direct work with children including ascertaining their wishes and feelings. Innovative materials for use with children and young people of different ages and in different circumstances have been developed which assist good communications. Examples are included in Chapter 4 of Assessing Children in Need and their Families: Practice Guidance (DH, 2000) and Communicating with Vulnerable Children: a Guide for Practitioners David P.H. Jones (DH, 2003). The Department of Health is funding an initiative to build the capacity of the children's voluntary sector to respond to substance misuse issues.</p>



Service implications

This recommendation has an implication for the children's voluntary sector to enable children of problem drinkers to express their thoughts and feelings about the impact of parental alcohol misuse on their lives. Services whose clients are parents will need to consider their protocols and procedures to deal with gathering information from the children of their clients.

Recommendation 10, already discussed above, states that staff training will be required when revising child protection policies and procedures to take account of parental misuse, especially when new information is gathered from children. Thus an alcohol or parenting professional who identifies a child in need of support or protection will need specific training in that identification as well as training to handle the subsequent procedures e.g. attending a child protection case meeting.

Initiatives like Young Carers give a forum for young people to share their views on a wide range of issues that affect them, including parental alcohol misuse. Youth services could adopt structures that allow young people to influence local decision making, a good example of such practice exists with Barnsley Youth Service's Voice and Influence team.

Recommendation 23	Government Response
<p>Training programmes on the management of problem drug use by primary care staff should include information about the importance of recognising and meeting the health care needs of the children of problem drug users.</p>	<p>The Royal College of General Practitioners delivers DH funded training in the form of a certificate programme on the Management of Drug Misuse in Primary Care. In the first year, 440 GPs attended the training, including 40 prison doctors, with a further 1,000 healthcare professionals attending in 2003. The certificate includes the needs of children whose parents are problem drug users. To support this course, the Royal College of General Practitioners have also run special interest master classes on pregnancy and drug misuse and on young people and drugs.</p>

Service implications

Apart from the specific training on children's health care offered to primary care staff by their professional bodies there is a need for training to identify and recognise the other needs of the children of problematic alcohol users. Other children's service providers locally, who understand the complex needs of the child, could provide specific training for primary care staff as well as alcohol services on alcohol issues.

PCT's can consider a Local Enhanced Service (LES) where GPs are paid specifically to screen and work with families where alcohol misuse is an issue. This can be achieved by employing specialist alcohol family workers within the GP's practice or by referral on to a specialist treatment service with the family provision.

Recommendation 27	Government Response
<p>All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users.</p>	<p>Drugs: Guidance for schools (DfES/0092/2004) sets out the expectation that all schools should appoint a senior member of staff with overall responsibility for all drugs issues. This responsibility should include overseeing the management of drug related incidents such as concerns that a pupil or family member is misusing drugs. The guidance highlights to schools their important role in ensuring that vulnerable young people, including children of problem drug users, are identified and receive appropriate support through the curriculum, the pastoral system or via referral to appropriate services. Training to support teachers in this role is a key priority. A new drug module has been piloted and rolled out as part of the Personal, Social and Health Education (PSHE) certification programme. The programme sets standards for the teaching of PSHE and will provide teachers with an opportunity to have their skills in drug education formally recognised. As part of the programme, teachers are required to demonstrate an understanding of how to identify and support pupils with drug related needs, including those whose parents/carers misuse drugs.</p>

Service implications

This recommendation requires all schools to have a trained designated person able to deal with the problems that might arise for a child of problematic users. This will require a training programme to cover a minimum of 33,000 people nationally, not all of whom may be teachers. The current PSHE certification programme, which covers 8 teachers per LEA plus an extra 1,000 nationally, will take time to train one teacher per school if every one of them takes the optional drugs module. There will also be a requirement for further continuing professional development for this designated person.

Clearly schools will want to ensure that they respond quicker than the current training allows. Local alcohol training could certainly fill this vacuum and commissioners may want to call upon local expertise to provide this training for schools. Opportunities will arise locally where the “trained designated person” will build links with a variety of local childrens’ and/or alcohol services and for training to be provided by the local voluntary sector. Designated staff might well spend time, as part of their own development programme, with a number of different local services.

Schools should have good referral routes when a child is identified as in need of support due to parental alcohol misuse.



Recommendation 28	Government Response
<p>Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development.</p>	<p>Initial teacher training (ITT) courses already prepare teachers to meet their pastoral responsibilities, including issues that may arise in relation to drugs. Revised standards for the award of qualified teacher status (QTS) and requirements for ITT were published in January 2002, in the document Qualifying to Teach. How to support pupils with drug-related needs, including those with drug misusing parents/carers, is one of the standards that teachers will be required to demonstrate within the specialist drug education component of the PSHE certification programme.</p> <p>Drugs: Guidance for Schools (DfES/0092/2004) states that all staff should have a general drug awareness and that schools need to consider how best to prepare all staff as part of their induction and continuing professional development.</p> <p>The Children's Fund funded 375 services that explicitly targeted children living in families under stress, including families with substance abuse problems, and 135 services explicitly targeted children with substance abuse problems.</p>

Service implications
<p>This recommendation looks at the impact on initial teacher training. Currently the standards for teaching are being revised. If the standards contain specific mention of the issue of parental misuse then ITT providers will address this, otherwise this aspect will be left unsupported because of time pressures during the training period.</p> <p>Recommendation 27 mentions specific continuous professional development (CPD) for one person in each school, the CPD of all staff working in schools might need to be considered to cover this aspect of their understanding. Local training that addresses the local situation will be far more effective than generic training. Local services may be called upon to provide such specific training.</p> <p>ITT providers have contracts with their schools and as part of the contract schools are delegated particular aspects of the training programme to be delivered. Once every school has the designated person in place then the aspect of hidden harm training could be delegated to schools to deliver to teachers in training.</p>

In essence training of professionals and voluntary sector workers to deal with the issues of hidden harm will need to be prioritised locally within the framework to enable this harm to be “measurably reduced”.

Some local areas have already responded to this agenda by setting up Drug and Alcohol Strategy Teams (DAST) who specifically look at the Hidden Harm agenda. Examples include Manchester DAST and Nottingham DAAT, who have set up Hidden Harm steering groups.

Reducing the harm caused to children through parental alcohol misuse

To reduce the harm caused to children through parental alcohol misuse firstly there is a need to consider what risks there are, secondly how to assess those risks and finally what to offer in the way of support and education to minimise such risks.

The main risks are:

- Neglect of parental responsibilities, leading to physical, emotional or psychological harm
- Exposing children to unsuitable care givers or visitors
- Use of the family resources to finance the parents' drinking
- Effects of alcohol which may lead to uninhibited behaviours e.g. inappropriate display of sexual and/or aggressive behaviour and reduced parental vigilance
- Unsafe storage of alcohol thus giving children ease of access
- Adverse impact of growth and development of an unborn child.

Assessing the risks:

- Professionals working with parents who misuse alcohol should be aware of the common assessment framework
- Assessment of the parents' ability to respond to the children's needs.

If there are concerns for the parent's ability to care and/or for the child's welfare, professionals should consider referral to Social Services department. Many Social Services departments will offer

professionals a duty service where concerns can be discussed. During such discussions there should be:

- Sharing of information and concerns
- A decision to make a formal referral or not
- A planned response to the parent.

What support and education:

Professionals working with parents or with alcohol misusers should have a range of resources at their disposal, particularly where there are risks of parents causing harm to their children. Resources for parents who misuse alcohol will include information on alcohol consumption, ways to manage reduction in consumption, parenting issues for alcohol misusers, safety issues, etc. There should also be available resources to help the child (see Alcohol Concern's briefing on the child's perspective)

Incidents of neglect and abuse are on a continuum and early intervention and support can resolve situations before they fall within child protection procedures.

If a decision is made to refer a case to Social Services then social work staff will need to determine if the child(ren) are in need of support or protection. A child plan may be implemented and a conference, including other services, may be called. See Alcohol Concern's briefing on child protection, which covers the aspects of intervention by professionals to support children who are at risk.



Case study C

Manchester Specialist Midwifery Service (MSMS) has a city-wide remit and broad ranging responsibilities. These include providing input to three maternity hospitals, alcohol and drug treatment services, a sex workers project and HMP Styal. Led by the consultant midwife, the team consists of 4 specialist midwives, a health visitor and a secretary.

Prior to being involved in “Hidden Harm: (ACMD 2003)”, seeking funding for a health visitor was already a priority. The report reflected this, and Manchester DAST then supported MSMS’s proposal. An inter-agency Hidden Harm Steering Group, chaired by the DAST, continues to support the further development of a family-focused

approach to drug and alcohol treatment services. To meet recommendation 5 in the Government Response to Hidden Harm (2005), additional premises have been identified by MSMS, and funded by the DAST. The aim is to deliver meaningful and effective interventions with the potential to positively impact on parenting in the long-term, reduce the need for children to be placed in care and help to break the cyclical nature of drug use, poverty and despair.

In reducing risk and encouraging a preventative approach, it is essential that health visitors are considered integral to the holistic model of care that drug and alcohol using families deserve.

Conclusion

- Local policy makers and commissioners have a duty to ensure that local services use a common assessment framework to identify the children of parents who misuse alcohol and ensure a multi-agency approach to deliver services to support the whole family and reduce alcohol-related harm to those children.
- Specific training of professionals and voluntary sector workers to deal with the issues of hidden harm, including alcohol harm, will need to be prioritised locally within the framework to enable this harm to be “measurably reduced”.
- Resources on alcohol misuse to use with parents and children, together with Hidden Harm policies and procedures in place to assess the risk to children, are fundamental for professionals working with families where alcohol misuse is an issue.

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Alcohol hurts

A poem written by a young person whose life is affected by his mother's misuse of alcohol.

Crash, Bang, Smash,
Another hits the floor
My name is called once more,
"Get me another drink!"
I don't have any time to think.
I race to the kitchen.
To try and stop her drinking
I poured the alcohol down the drain
I'd thought I'd use my brain,
I should have thought it through
I should have known what to do
In she stumbled,
I knew that I'd be rumbled,
She got the belt
I knew how it felt
So I ran and hid the best I could,
I got caught, I knew I would

Crack! Down came the belt on my back
As I prepared for another smack
She walked off
Her eyes were watering
She knew it was her loving son that she was
slaughtering.

The Parenting and Alcohol Project aims to protect and improve the quality of life and opportunities of children parented by someone who misuses alcohol. It aims to achieve this by:

- developing the capacity of alcohol treatment services to offer parenting support to their clients who are parents
- developing the capacity of parenting professionals to work effectively with parents who have alcohol-related problems

The Parenting and Alcohol Project is funded by the Parenting Fund.

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Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

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