



A Presentation to the Alcohol Action Ireland, HSE and NACD

Conference

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“Prioritising Children in Policy and Practice”

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Thank you for inviting me to contribute to this conference today. As Chair of Alcohol Action Ireland, this topic is one we have been actively working on for the last three years. Alcohol Action Ireland are very happy to work in partnership with other organisations where we can coalesce around issues of mutual interest. I would like to congratulate the National Advisory Committee on Drugs on taking the initiative to bring the HSE and Alcohol Action Ireland together for this conference. From an advocacy perspective, building “credible voices” on any issues with the same message is of key importance.

I would like to highlight how I believe, what we have learnt so far, can influence policy and service delivery for children of parents who are misusing alcohol and / or drugs. As a society, we deny or ignore the impact of parental substance misuse problems on children, yet these children are often leading lives of quiet desperation, unseen and unheard. They get our attention only when the most extreme cases come to light and we prefer to think of these as isolated incidents. Children living with parental drug and alcohol problems are amongst the most vulnerable due to the secrecy and shame attached to their family drug and alcohol problems as well as the multiple problems they can face in many aspects of their lives.

As we have already heard, parental substance misuse problems can and does have a serious impact on the health, development, safety and welfare of the child. It can impact on their capacity to parent effectively and to provide structure, consistency and care to their children.

Children become the carer.

Children become the parent.

Children become the worrier.

One in eleven Irish children say their lives are negatively affected by parental alcohol problems – that’s more than 100,000 children (ISPCC 2010) while one in every six cases of child abuse in Ireland is attributed to substance abuse (CMO, 2010). In June 2011, there were 6,175 children in care, the largest number since records began, with more and more cases of neglect being the reason why children have been taken into care. We have more than 12,000 that are known to the care system – that is, where an expression of concern has been made to the HSE about their wellbeing.

When considering parental substance misuse, a key issue is how is it affecting children on a day to day basis?

- Is the child’s need for food or for appropriate clothes not met because household income is spent on drugs and/or alcohol?
- Is the child’s right to an education undermined because they are not going to school or going to school late or unprepared? Is the child missing school because they have responsibility for caring for younger siblings? For making sure they are dressed and fed?
- Who cares for the child, makes sure they are safe and secure, provides consistency and warmth when the parent is under the influence of drugs and/or alcohol, or feeling the after effects of substance misuse?

I think some of the quotes from the ISPCC study aptly illustrates the daily struggle that children are living with:

“They waste the money that is needed for essentials on drink sometimes”

“It worries me; I can’t get on with my life as I am taking care of my mum”

“I have to mind my sister while my mother looks for my father in the pub”

“You feel invisible”

Influencing service delivery

The link between parental substance misuse and child abuse and neglect has been well established, most recently in the high profile Roscommon case. However, there can be many protective factors at play in a child’s life – such as interests or supports outside the home that help build their resilience to cope with the adversity in their lives. It is these factors and individuals, along with identifying the needs of the child, which are central to effective

delivery responses. Most important is to identify a stable adult who can make sure the child receives consistent love and care, routine and security.

The key message from this morning is that if we want children to be protected from harm, from neglect and abuse, if we want them to receive the care and supports needed to be well, then we need to act together, to work together, to put make their welfare the first and paramount consideration. The safety and welfare of children is everyone's responsibility.

This idea of interagency working is not new and is working well in some areas but not in others. There are already many examples of good practice in this room and today provides a unique and welcome opportunity to share these with each other.

There have been some recent positive policy developments such as the publication of the revised Children's First Guidance and the HSE's Child Protection and Welfare Practice Handbook which support good practice in this regard. Children First is not just about reporting concerns about a child's safety or welfare to statutory bodies – it puts a focus on the importance of multi-disciplinary, inter-agency working in how those concerns are identified, managed and puts the best interests of the child to the fore. Given the breath of sectors such as social care, childcare and health sectors that must adhere to Children's First it does lend itself to identifying concerns, working with parents and sharing information.

Children First sets out a number of key principles of best practice in child protection and welfare – two of those principles are particularly relevant today. They are

1. The welfare of children is of paramount importance.
2. Professionals and agencies working with adults who for a range of reasons may have serious difficulties meeting their child's basic needs for safety and security should always consider the impact of their adult client/patient's behaviour on a child and act in the child's best interests.

Organisational responsibilities are also clearly laid out in legislation. Under the Child Care Act 1991, the HSE has a statutory duty to promote the welfare of the children not receiving adequate care and protection and to regard the welfare of the child as *'the first and paramount consideration'*.

There are challenges to interagency working together for children. These can include:

- Need for training and support for staff – often the training for frontline staff on the impact of alcohol and substance misuse is inadequate. Assessments of those with alcohol and/or drug problems need to include an assessment of their parenting capacity and the impact of their addiction on their children. Heightened awareness of the major role parental alcohol and substance problems play in child protection and welfare issues is required.
- Hesitancy to share information between professionals on grounds of client confidentiality
- Workload pressures
- Need for organisational policies and procedures to support interagency working – rather than purely relying on individual professionals to take the initiative.
- Organisational financial constraints – cutbacks to services are having an adverse affect leading to longer waiting lists and increased pressure on staff to ‘get through their cases’.

WHAT NEXT?

The work of each organisation will be impacted on by the forthcoming National Substance Misuse Strategy which takes a comprehensive approach to tackling alcohol misuse in Ireland. Also the publication of today’s report by the National Advisory Council on Drugs - A Family Affair? Supporting Children Impacted by Parental Substance Misuse (2011) is welcomed as it examines research and data needs including how existing data sources could assist in ascertaining the number of children with substance misusing parents. Children and data in this country – we have a problem. We don’t know how many children are vulnerable, we don’t know the size of the problem in most spheres of child welfare and protection so we need urgently to get the basic facts.

In addition to these developments, I believe there are a number of legislative, policy and practical recommendations which if implemented by the Government, service providers and families would ameliorate the lives of children growing up in households influenced by parental substance misuse.

Underpinning all of them is the need for interventions to be child focused and needs led. These two guiding principles influence all the work Barnardos does with children, some of whom are living in families influenced by addiction. Therefore, bearing this in mind, I ask that all organisations present today to ponder the following questions:

What will you do differently/how will you act to prioritise children in your organisation?

What does your organisation do to ensure that children are seen and heard?

What will your organisation do differently?

Key Recommendations

1. Invest in prevention and early intervention services

Barnardos is a strong advocate for prevention and early intervention strategies – in this case to prevent and reduce incidences of addiction and to tackle problems before they manifest. From a preventative perspective, the number of children affected by parental alcohol problems will only reduce when the number of adults with alcohol problems decreases. Families are affected by alcohol policies. Policies that work to reduce levels of alcohol consumption and thereby reduce levels of alcohol-related harms will reduce the levels of harm experienced by children living with parental alcohol problems.

Addressing this issue will cut across a range of departments and functions, and will demand collaboration by staff across a broad range of organisations. It will also demand increased awareness and understanding by service providers, including training to enable service providers and professionals to recognise and respond and refer to the needs presented by children and families damaged by parental alcohol problems. There is a need to develop joint local protocols between addiction services, health and social services, adult and children's services, in both the voluntary and statutory sectors. The need to join up drug and alcohol services with family support work, social work and child protection services is crucial.

2. More holistic services

A whole family approach, where the child's needs are the priority is the best way of effecting positive outcomes for children and families. Presently, many alcohol services provide interventions for parents engaged in harmful alcohol use but most do not provide services to their children, or family based interventions. It is simply not effective for treatment services to continue to focus on the person with the drink problem while excluding their family. When child welfare or protection concerns are present, it is often the case that HSE social workers focus on the child's needs and refer the parent to treatment services. Thus, families receive a fragmented response to their needs. Access to services and treatment for parents is crucial as effective treatment for parents can have major benefits for children. A suggestion is to develop a strategy similar to Hidden Harm in Northern Ireland which we will hear about

later this afternoon which is a strategy that structures our responses to the needs of children born to and living with parental alcohol and drug misuse.

3. Provide services and supports directly to children

Identify supports and services that can be delivered to children in their own right. The reality is many parents with alcohol problems may be reluctant to avail of support or seek help so their children continue to be overlooked. Children should have the right to access help or support in order to reduce the impact of parental alcohol problems on their lives. A Scottish study (*Untold Damage, Childline/SHAAP, 2009*) of young people's experiences of living with harmful parental drinking and its impacts on the young person's health and well-being recommends that children and young people be provided with access to formal and informal support services including self-referral services. Suggested services include helplines, in-school counseling, therapeutic support and emergency accommodation.

4. Ensure organisations are clear about their responsibilities under Children First.

Putting Children First on a legislative basis will ensure that organisations - have a duty to share relevant information and a duty to cooperate with other relevant services in the best interest of the child. Drug and alcohol services have a crucial role to play here, in terms of identifying parents who are need of support with their parenting and caring responsibilities and providing appropriate treatment, guidance and referral. The Department for Children & Youth Affairs will have a key role to play in this area and training will be required to ensure a coherent approach across the sectors.

5. Constitutional amendment

I believe that enshrining children's rights into the Irish Constitution will improve that children's voices are heard and their best interests be of paramount importance in decisions that affect their lives. This will influence policy development and service delivery making them more child centred. I look forward to the referendum being held in 2012 as it is long overdue and Barnardos, along with others, have been campaigning for it for many years. By enshrining these principles, Ireland's Constitution will be more compatible with the UNCRC and the UN Convention on Human Rights.

To conclude, the children of parents who have substance misuse problems are being forced to grow up too fast and are burdened with on too much responsibility. Their childhood is characterised by feelings of shame, fear, isolation and confusion and they miss out on so much both educationally and socially. They are largely a group of children who are hard to

reach and it is important that they are not overlooked in terms of policy development and service delivery.

Again to end with some quotes from children into their lives of living with a parent with an alcohol problem, which I think should influence all of us in how we work with these parents.

“They care more about drink than their children”

It puts you off your work in school as you’re thinking about it in school.”

“I don’t get to go anywhere or have fun the next day because I’m minding my brothers.”

Thank You.