



Hidden Harm Stakeholder Consultation 28th January 2014 Radisson Hotel Sligo

Introduction:

This brief report aims to summarise findings from the stakeholder consultation and identify actions for the practice change sites going forward. The key documents supporting the stakeholder consultation are referenced at the end of this summary and are available to anyone who wishes to obtain a copy.

Key agencies invited:

- Primary care
- Mental health – drug and alcohol, services
- Social inclusion – drug and alcohol services
- Child and family services
- 3rd sector child and family services funded by the HSE
- 3rd sector drug and alcohol services funded by the HSE

Key professional groupings

- Social workers
- Addiction counsellors
- Family support workers
- Clinical nurse specialist in addiction
- Project workers – drug and alcohol services

Total number of attendees – 80 with 50% from substance misuse services & child and family services equally from both practice sites. Seven people attended as observers with a national brief.

97.3% of respondents believed that families within their catchment area were impacted by drug and alcohol misuse and dependency.

More than half of all respondents perceived the need to refocus their service's practice to be more family focussed (65.8%)

Context:

The top three problem's most commonly associated with the occurrence of child abuse and neglect and identified in families involved with child protection services are; parental alcohol and drug abuse; domestic violence; and parental mental health problems¹. Parental problem drug and alcohol use can and does cause serious harm to children at every age from conception to adulthood. Children of drug and alcohol dependent parents experience elevated risks of Fetal Alcohol Spectrum Disorders, emotional and physical neglect, potential for the development of serious emotional and social problems later in life, and development of substance use problems themselves. This may add to potential intergenerational problems connected to drug and alcohol misuse. The experience of children living with, and affected by, problem parental drug and alcohol use has become widely known as "Hidden Harm"². The term "hidden harm"³ encapsulates the two key features of that experience: that children are often not known to services; and that they suffer harm in a number of ways through physical and emotional neglect, exposure to harm and poor parenting. Not all parents who use substances experience difficulties with parenting capacity. Equally not all children exposed to parental substance use are affected adversely either in the short or longer term⁴.

In response to the increased awareness of hidden harm on the policy maker's agenda, a consultation on Hidden Harm took place on 28th January 2014 with commissioners, researchers, service providers and practitioners from the two named national practice sites i.e. North West and Midlands. This consultation was guided by an existing scoping exercise and consultation report developed by HSE West Donegal, Drug and Alcohol Services. Three themes were considered at the consultation under the work package tasked to the National Project Management Steering Group on Hidden Harm (HSE):

- The extent to which the characteristics of substance use affects the capacity of the parent to care for the child *"Impacts on every aspect of family life, finances, parenting, relationships, health work, court appearances, criminal convictions, mental health."* Pg.11 Stakeholder Consultation report
- The impact on the child: *"physical, educational, mental and social needs. Poor hygiene/nutrition, poor school attendance and attainment, lack of self-esteem/positive role models and poor self-management in relation to anger/behaviour and maintenance of positive relationships. Engagement in underage alcohol/substance misuse and increase in anti-social behaviour ... children as carers within the household"* Pg.11 Stakeholder consultation report.

¹ Protecting Children is Everyone's Business National Framework For Protecting Australia's Children (2009–2020), p.22

² following the report of the UK Advisory Council on Misuse of Drugs in 2003

³ Aberlour Child Care Trust (2006)

⁴ Getting our priorities right (2013) p.19

- The impact on services due to *“lack of understanding of the complexity of the issues associated with parental substance misuse leads to feelings of frustration”, “Training to recognise the hidden harm neglect. To have clear pathways for reporting this. Policy around hidden harm that can be used to support group and training how to use policy”*. Pg. 28 Stakeholder consultation report.
- The top three discussion points highlighted by roundtable discussions were the need for: learning and development, interagency working and assessment frameworks. Inherent in this is the development of a protocol for communication between services and clear referral pathways

MAIN AREAS OF FOCUS

1. Learning and Development – training

To date it seems that practitioners rely heavily on professional experience to inform practice in the area of hidden harm as identified through responses to question one on the round table discussion.

Interestingly, when asked a similar question via the pre-stakeholder questionnaire practitioners identified specific drug/alcohol qualifications e.g. from diploma to masters in drug and alcohol studies/addiction, other in service training (ICGP Methadone training) and training in generic counselling; while also identifying professional training in nursing and social work; some courses provided by drug task forces were also noted. To date no undergraduate course on the island of Ireland in the area of social work, nursing or drug and alcohol studies has a specific module pertaining to Hidden Harm. It is recognised that information on drug and alcohol does assist practitioners in being better equipped to respond. Only one training in the ROI to date has been rolled out specific to Hidden Harm i.e. Taking the Lid Off (Donegal) at the time of the stakeholder consultation; reference was made by attendees of this training at the consultation as to how it informed practice but was not sufficient to provide an in-depth understanding of practice and skills involved in responding to the needs of vulnerable families impacted by problem parental alcohol and other drug use. It does however indicate the usefulness of developing a training continuum.

Data gathered from the stakeholder consultation questionnaire evidenced that over half of practitioners in the north west do feel they have a good to high level of knowledge /confidence (i.e. 47.4% good and 7.9% high respectively) in addressing hidden harm; and the midlands scoring higher with over 75% of respondents (43.3% good and 33.3% high) the consensus at round table discussion was that further training in the area was needed. (p.63)

A substantial need is exhibited, with a range of potential areas to be examined. Data suggests:

- Attitudes and values of staff
- Knowledge base of Hidden Harm (research and evidence)
- Confidence in inter-agency responses
- Early identification
- Links to wider health/social determinants.
- Shared understanding of substance misuse
- Shared understanding of family dynamics

Importance of the skill base re: enhanced interventions, children and families. Thus different modalities of Learning and Development may be required e.g.

- On-line learning for knowledge base
- Face to face training (confidence and competence issues)
- Practice-based workshops on specific areas of interventions.

The importance of communication was continuously emphasised

“Some social workers felt that the professional relationship with colleagues in the drug and alcohol service was open and supportive and that they relied on the advice of addiction service staff re; treatment required for the parent. In other regions the addiction counsellors felt that social workers did not understand enough about drug and alcohol treatment.” (p.63)

2. Inter-agency Working

Data suggests the need for protocol development and/or need to coalesce current protocols for consistent usage. Also assistance with partnership working including:

- Identified Hidden Harm leaders
- High level strategic planning matching priorities to outcomes
- Local and regional action and delivery planning

It may be useful to examine more closely – in the practice change sites – enablers and challenges to joint working, matching activity against evidence-based practice.

Roundtable discussions emphasised the need for:

- Interagency multidisciplinary working (communication) protocol pathways – knowledge of other services a continuum of working and early intervention all need to be put in place (p.63 roundtable discussion)
- Standardisation of service provision was also highlighted re; neonatal abstinence syndrome

- The recognition that substance misuse is interrelated with mental health and domestic violence was identified by practitioners at round table discussion and will certainly require consideration within any practice guide
- The need for services to focus on the trans generational nature of dependency and the impact on the child was raised (early intervention may be key here in addressing these issues)

3. Assessment Frameworks

Most respondents provided a version of: assess, plan, support, refer as a method of responding to vulnerable families and assessment and professional input when determining the level of intervention required

Interestingly only 17.8% practitioners referred to a generic assessment model as a means of gathering data pertaining to the impact of parental problem drug and alcohol use on the child from the pre-questionnaire with the majority indicating there was no specific assessment and therefore the practice of using various methods was common at 27.8%. Furthermore 17.8% of respondents did not specify any assessment method from the questionnaire (p.17). The roundtable discussions did however identify the need for more specific guidance to complement current assessment processes.

It would appear from the questionnaire data, as well as the round table discussion, that there is a need to consider more guidance on assessment. This might include:

- What services should look for when deciding whether children need help – gathering information and key principles of interventions
- Related issues of wider health/social determinants
- What to do when a concern about a child's well-being has been identified
- Assessing risk and improving outcomes

Work to be carried forward:

- An education and training sub group has been set up to draft a training strategy
- Establishment of focus groups to begin the process of protocol development in the named practice change sites
- The development of a practice guide to support practitioners
- The second phase of the project will be to consult with voices of vulnerable families

Reference Documents:

The key documents associated with the Hidden Harm Stakeholder Consultation are:

Pre Consultation documents:

1. Stakeholder consultation on Hidden Harm (HH) Phase 1 - Views of stakeholders including rationale underpinning the need for a Practice Change Site consultation on HH
2. Stakeholder questionnaire
3. Stakeholder Consultation –format of the day
4. Roundtable discussion questions

Post Consultation documents:

1. NWRC Dr. Niamh Flanagan: Hidden Harm Stakeholder Consultation Results (95 pages)
2. NWRC Dr. Niamh Flanagan :Hidden Harm Overview of Stakeholder Consultation (30 pages)
3. Findings- Stakeholder Consultation –Joy Barlow
4. Qualitative Evaluation of Stakeholder Consultation on Hidden Harm Event