

Barnardo's NI

**Response to Making Life Better – Preventing Harm & Empowering
Recovery: A Strategic Framework to Tackle the Harm from
Substance Use**

February 2021

Barnardo's NI is the largest children's charity in Northern Ireland. We work with approximately 12,000 children, young people and families annually across more than 40 different services and programmes. We deliver a wide range of services across Northern Ireland, from providing family support and early intervention, to working directly with children and families who have experienced adversity and need our support. We believe that every child deserves the best possible start in life, and our service provision reflects that philosophy.

Barnardo's NI welcomes the opportunity to provide comment on the new Substance Use Strategy – Making Life Better. Our comments are informed by our experience of supporting children, young people and families affected by parental substance misuse through our service, Pharos. Pharos is an intensive service which takes a systemic family approach, considering individuals in the context of their family life, community and broader society. Pharos tailors support to each individual family's needs.

We have a range of other relevant service delivery experiences, including LifeSkills, a highly effective early intervention and prevention programme delivered in schools, which prevents risk taking behaviours in children and young people. We also have a varied portfolio of mental and emotional health and wellbeing services, reflecting an ACEs (Adverse Childhood Experiences)-aware approach and trauma-informed practice ethos.

Our response provides some general comments before looking at specific aspects of Outcomes A, C, D and F.

1. General comments

- 1.1 Barnardo's NI welcomes the overall vision, values, priorities and target groups outlined in the new strategy. However, it is crucial that the principals that underpin and drive the overarching areas are also reflected in the detail of the outcomes and associated actions.
- 1.2 For example, Hidden Harm is identified as a priority area for the overall strategy, and families impacted by Hidden Harm are recognised as a target group. However, Hidden Harm is only referenced explicitly in one outcome (Outcome A). It is essential that the context and impact of Hidden Harm on the whole family is understood and reflected throughout this strategy. In order to provide the right support to children, parents and the wider family unit when it is needed, we must first understand and recognise the challenges that families affected by parental substance use are facing at each and every stage in their journey.
- 1.3 Barnardo's NI believes it is crucial that the substance use strategy takes a whole family approach, recognising that many adults in recovery are also parents with children who are dealing with the impact of Hidden Harm. By taking a whole family approach to supporting recovery and putting the child at the centre, we can work towards breaking the cycle of substance misuse. The "[Think child, think parent, think family](#)" approach developed by SCIE outlines how to adopt a whole family approach to the planning and delivery of support services.
- 1.4 We welcome the reference to key government strategies in the new substance use strategy, including the Children and Young People's Strategy 2020-2030 and the Draft Mental Health Strategy. Given the fact that this strategy identifies looked after children in particular as a target group, it is crucial that the strategy also explicitly links to the upcoming looked after children strategy – "A Life Deserved: 'Caring' for Children and Young People in Northern Ireland". The link between key strategies is crucial to delivering this strategy and must be built upon with ongoing cross-departmental communication and working.
- 1.5 Finally, the commissioning of support services must align with the priorities and outcomes identified in this strategy. Northern Ireland has a strong network of organisations that are dedicated to addressing substance use and supporting people and families facing this challenge. It must be recognised that a financially driven, competitive tendering strategy will impact collaboration between those organisations. Decisions on commissioning of services must focus on

the best outcomes for children, young people, families and adults impacted by substance use.

2. Outcome A: Fewer People are at Risk of Harm from the Use of Alcohol and Other Drugs

- 2.1 Barnardo's NI welcomes the commitment to a stepped care approach to supporting children and families where there is Hidden Harm. Recovery from substance misuse is an ongoing, lifelong journey that does not start and end within a set period of time; families will need differing levels of support throughout that journey. A stepped care approach will allow support services to respond flexibly to the need when it arises, including access to residential facilities.
- 2.2 Barnardo's NI supports the recognition of early intervention and prevention as a crucial mechanism for reducing the prevalence of substance misuse, thereby reducing the harm caused.
- 2.3 It is essential that staff working in lower tier support services, such as family support, are equipped to spot the signs of Hidden Harm in those cases that do not meet the threshold for social service intervention. These practitioners are best placed to deliver brief, targeted interventions which address the need before it develops further.
- 2.4 Early intervention can take the form of family and parenting support, relationship management and stress awareness. This type of early intervention is already provided in many Tier 1 and 2 support services, however staff must be trained and equipped to have conversations with parents about substance use and how that impacts their children. Staff should be provided with training to feel confident and competent to have conversations with parents about parental substance misuse and how they can access support for problematic substance use.
- 2.5 Currently, data on children and young people in Northern Ireland impacted by parental substance use is lacking and is derived from an approximation of UK figures. In order to effectively measure whether this strategy has reduced the impact of Hidden Harm, data must be collected on the number of children and young people impacted.
- 2.6 Barnardo's NI welcomes the commitment to the three key elements of prevention, including universal prevention. Universal, evidence-based programmes should be delivered at primary school before behaviours and attitudes have been established; this is imperative to reducing risk taking behaviours later in life. Resiliency based programmes such as [Botvin LifeSkills](#) have been shown to be effective and have long lasting

effects. The LifeSkills programme encourages resilience by teaching children communication skills, social skills, assertiveness skills, decision making skills and how to deal with stress so that they are able to make healthy decisions.

- 2.7 Given the commitment to universal prevention, Barnardo's NI would encourage the Department to ensure early intervention and prevention is universal for all children and young people, not just those identified as 'at risk'. The age at which children receive intervention is crucial, before those attitudes and behaviour have been established. The prime age for these universal interventions is 8-11 years old.
- 2.8 The evidence-based preventative approach adopted by LifeSkills complements an evidence-informed, harm reduction approach, as it reduces the likelihood of individuals engaging in serious risky behaviours, therefore reducing potential harm that can be caused.
- 2.9 Teachers must understand the impact of trauma on the children in their classrooms and how to counteract the effects of this by implementing social and emotional learning programmes. The LifeSkills programme builds capacity by equipping teachers with the skills to prevent risky behaviours.
- 2.10 Early intervention and prevention must go beyond simply developing knowledge, and look at changing attitudes and equipping children and young people with the skills to make healthy informed decisions. When this occurs alongside developing assertiveness, communication skills and the ability to resolve conflict there is a profound, positive and lasting change in behaviour and decision making.

3. Outcome C: Reduction in the Harm Caused by Substance Use

- 3.1 Given the scale and seriousness of the harm cause by substance use, it is imperative that our children and young people are educated about the level of harm associated with alcohol and drug use at the relevant age. This can be delivered in an age-appropriate way using resources that will engage and inform them, helping them to make healthy, informed decisions.
- 3.2 Research shows that if we increase children's self-esteem, encourage effective decision making and equip them with the skills to make healthy choices this can save later costs to government from alcohol and drug use. We know from evidence that LifeSkills not only reduces consumption of alcohol but also improves school attendance and therefore attainment.

3.3 The actions linked to Outcome C must address the harm that may be caused to children and young people by parental substance misuse, as well as the wider family unit including kinship carers such as grandparents or older siblings. Often, the impact on those left behind to pick up the pieces is overlooked. The current support offered to wider family members, including those who provide kinship care where there is parental substance misuse, is not adequate to meet the need. This support must include both financial and service support.

4. Outcome D: People Access High Quality Treatment and Support Services to Reduce Harm and Empower Recovery

4.1 Barnardo's NI welcomes the attention given to the issue of dual diagnosis in Outcome D, particularly the commitment to ensuring that mental health and substance use services work closely together.

4.2 This strategy outlines that "anxiety and depression is 25% more common in children and young people in Northern Ireland compared to the rest of the UK", which clearly highlights the urgent need for specific specialist support for young people. Therefore we are concerned that there is no reference to the specific support that young people with a dual diagnosis need. Currently, only a small percentage of young people can access regional dual diagnosis support through CAHMS. The Drug and Alcohol Mental Health Service (DAMHS) offers support to young people with significant mental health and substance misuse difficulties. However, this service is based solely Belfast and has a very limited number of in-patient places.

4.3 Barnardo's NI recommends that the support for children and young people with dual diagnosis is clearly outlined in this outcome. Not only in recognising the challenge and how to measure the extent of the problem, but also the steps that the Department plans to take, in tandem with other relevant agencies, to support children and young people with mental health and substance misuse support needs.

4.4 In order to ensure that children who experience parental substance misuse are protected, there must be better communication between treatment services and family/children's services. In the current environment, communication between treatment and family services is often lacking, and practitioners in treatment services may have concerns about the legal repercussions of sharing information. However, as recent Health Trust guidance outlines, data protection must never be a barrier to sharing information when failure to do so would result in a child being harmed, or placed at risk.

- 4.5 Likewise, practitioners in family services must be realistic about the recovery journey for parents/carers who have misused substances. This learning can be facilitated through workforce development and closer working with treatment services. Clearer communication and better joint working between treatment services and family/children's services would facilitate the multi-agency and multi-disciplinary working that is needed to address parental substance misuse and the impact on families.
- 4.6 Barnardo's NI recommends that this strategy outlines actions that will encourage and facilitate better communication and joint working between treatment services and family/children's services in order to achieve the best outcomes for children, parents and the wider family.

5. Outcome F: Information, Evaluation and Research Better Supports Strategy Development, Implementation and Quality Improvement

- 5.1 Barnardo's NI welcomes the commitment to data collection in order to develop evidence-based approaches and services. Adopting an evidence-based approach to commissioning services and early intervention and prevention is crucial to providing the most effective support to those who need it, when they need it.
- 5.2 We recommend that data is collected on the nature and extent of Hidden Harm so that the scale of the issue can be understood and addressed through effective interventions. Current statistics rely on UK-wide estimates and may not reflect the realities of prevalence in Northern Ireland. In addition, we recommend that data gathering includes demographic information to ensure that early intervention and family support can be tailored to the community and culture of different families. The establishment of accurate and detailed baseline data about children affected by parental substance misuse is critical to ensure effective service design and delivery.
- 5.3 For our LifeSkills programme, providing programme data is a core aspect of the support provided to schools as we recognise the strength of good data in tailoring support and responding to need. LifeSkills provides schools with impact reports detailing the impact of the programme and tracks the progress of children throughout the three levels of the programme.

Barnardo's NI welcomes the opportunity to respond to this consultation. It is essential that this strategy considers the long term impact of Hidden Harm on children and the wider family unit throughout all aspects of the strategy. We must ensure that children who experience parental substance misuse are supported and protected. Furthermore, early intervention and prevention programmes such as LifeSkills are key to educating children and young people to make healthy informed decisions and break cycles of substance use. We would be happy to engage further with the Department to represent the views of the children, young people and families we work with to share our experience and knowledge.

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