

Barnardo's NI

**Response to the pre-consultation on a successor strategy to the
New Strategic Direction for Alcohol & Drugs Phase 2**

August 2019

Barnardo's NI is the largest children's charity in Northern Ireland. We work with approximately 11,000 children, young people and families across more than 40 different services and programmes. We are also a leading provider of schools-based child support services in Northern Ireland with a presence in approximately 250 schools, reaching more than 12,000 children in schools in Northern Ireland, and more than 11,000 children in schools in other parts of the UK through our NI-managed social and emotional literacy schools-based 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 input for a successor strategy to the New Strategic Direction (NSD) for Alcohol & Drugs Phase 2. 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 Life Skills, 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.

Barnardo's NI agrees with the proposal to develop a new strategy and this response provides input on what a future strategy should include.

1. Hidden Harm

- 1.1 Hidden harm describes parental/carer substance misuse and its effect on children and other family members. We believe it is crucial that the impact of hidden harm is considered in all areas of a new strategy, including in an overall vision.
- 1.2 There must be a greater emphasis on the children who are affected by parental substance misuse and the needs of the family. We recommend that workforce development and training include awareness raising and training on hidden harm across the broad range of agencies working with children, young people and families. This training would give practitioners the skills and knowledge to spot the signs of hidden harm, and give them the confidence to talk to parents about the impact on children.
- 1.3 We also 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 include 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.

2. Collaboration and communication

- 2.1 It is essential that any new strategy must consider the best interests of the child and ensure that children who experience parental substance misuse are protected. In order to do this, there must be better communication between treatment services and family/children's services.
- 2.2 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.

- 2.3 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.
- 2.4 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. In the Southern Trust, a family and children liaison officer from the Pharos team is attached to the addiction team, ensuring more open and clear communication between the services and facilitates interagency working. We would like to see this approach to information and knowledge sharing supported in all Trust areas.

3. Trauma informed approach

- 3.1 Parental substance misuse is identified by the Safeguarding Board for Northern Ireland as an Adverse Childhood Experience (ACE) which can have a negative impact on a child's development. In addition, parental substance misuse rarely exists in isolation, and often children experience other related ACEs, such as domestic violence, abuse and neglect.
- 3.2 We recommend that this strategy adopts a trauma informed approach to providing support for children and families; this means an understanding of trauma informed practice and emotional health and wellbeing issues within the workforce is critical. We recommend that the trauma informed approach is reflected within the values and principles of a new strategy.

4. Additional recommendations

- 4.1 Pharos is an intensive service which provides support to children and families at Tiers 3 and 4 of drug and alcohol services. Due to the nature of hidden harm there are many children and families that are not known to addiction or social services and therefore are not receiving the help that they need. We recommend that the gap in the provision of services at Tiers 1 and 2 should be addressed in this strategy. Through the workforce development recommended above, practitioners should become confident to spot signs of parental

substance misuse for children in Tiers 1 and 2, however there is currently no dedicated service which they can be referred to for whole-family support.

- 4.2 The new strategy cannot exist in isolation, and should link in with other key strategies, including but not limited to the draft Children and Young People's Strategy, the draft Looked After Children Strategy and the Infant Mental Health Framework, as well as the forthcoming draft Family and Parenting Support Strategy. This should be reflected in the values and principles for the new strategy.

Barnardo's NI welcomes the opportunity to respond to this pre-consultation.

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 findings, and look forward to supporting the development of this strategy.

For further information, please contact:

Trása Canavan

Policy & Research Officer

Barnardo's NI

trasa.canavan@barnardos.org.uk