

Hidden Harm

Three Years On: Realities, Challenges and Opportunities

From the information gathered for this report by the ACMD 'Hidden Harm' Working Group, the following **key learning points** have emerged. They are designed to assist national, regional and local policy makers and practitioners to build on the good work already done to expose and reduce the 'Hidden Harm' experienced by children of problem drug and alcohol users in the UK.

- **Clear leadership and cross-sector co-ordination** produces the most significant progress in responding to the needs of children born to and living with parental substance misuse. This includes cross-government leadership and co-ordination, leadership and cross-sector working at regional level, and leadership and multi-agency co-ordination at local level.
- Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a **shared strategic approach**, which is embedded within **joint commissioning arrangements** for both **adult** drugs services and **children's** services.
- For this reason, it is important to include a **specific objective and target** to safeguard and promote the welfare and protection of children of problem drug (and alcohol) users within the new **drugs (and alcohol) strategies** in England, Scotland and Wales from 2008, thereby reducing a significant form of substance misuse related harm.
- Equally, it is essential to highlight the particular needs of children of problem drug and alcohol users within the **outcomes frameworks** and inspection criteria for children's services. In practice, this means identifying these needs throughout, particularly in **Staying Safe**, as well as Be Healthy, within the **Every Child Matters** Outcomes Framework, and taking a similar approach in the outcomes frameworks for **Getting It Right for Every Child**, and the change for children programmes in Wales and Northern Ireland.
- Consistent and comprehensive practice responses to children and their families are more likely to occur where **multi-agency arrangements** are in place, supported by agreed joint **protocols and procedures**. Where these arrangements are led jointly by LSCBs/ACPCs in partnership with DATs and their equivalents in Scotland, Wales and Northern Ireland effective practice can be enhanced.

- This report is not a **good practice guide**. However, there is evidence that such a publication would be extremely valuable for England, Wales and Northern Ireland, building on the model of ***Getting Our Priorities Right*** in Scotland, and drawing on information made available to the ACMD for this report. This could possibly be a specific outcome from the High Focus Area initiative in England.
- A **comprehensive range of dedicated services** is required at local level to respond to the needs of the children of problem drug and alcohol users. These services include specialist posts, dedicated provision for children affected which focuses on resilience, work with parents including drug treatment and improving parenting skills, plus joint work with the whole family.
- There is a significant problem in the UK in terms of securing **long-term mainstream funding** to support work with children and their parents at local level. It will require a concerted national, regional and local effort to take shared responsibility across adult and children's sectors, in order to identify essential ongoing funding for sustained work with children affected and their families.
- Responses to **pregnant drug users** identified in the original ***Hidden Harm*** report have been sustained and spread across much of the UK. This is welcomed. It demonstrates that where good practice guidance is available it can greatly assist managers and practitioners to put in place robust arrangements to identify and take appropriate action.
- There is a need for large-scale **training and workforce development**, to equip mainstream children's and adult services to identify and respond appropriately to the needs of this group of children. The work of STRADA in Scotland gives some sense of the scale of this challenge, but also the possibilities this approach offers. Accordingly, it is important that training in recognising and responding to parental substance misuse is integrated into mainstream workforce development programmes, for both children's and adult services.
- In response to ***Hidden Harm***, a range of **national initiatives, research and evaluation** has been commissioned by government. However, there is evidence that resources could be used more effectively through improved co-ordination and avoiding further duplication of commissioning across the UK. In this way, resources could be redirected to research which addresses acknowledged gaps in the literature, in particular longitudinal studies into the impact of parental substance misuse on children.
- The report highlights a number of helpful findings from research and evaluation, particularly in relation to **'what works'** for children of problem drug users. It will be important that these findings are **widely**

disseminated to managers and practitioners in the UK, in line with the expressed commitment in the Social Exclusion Action Plan to dissemination of 'what works'. Similarly, it will be crucial to ensure that useful products commissioned in response to **Hidden Harm** are effectively disseminated across the UK.

- The report highlights some initiatives undertaken by criminal justice services, particularly prison services, to respond to the recommendations of **Hidden Harm**. However, it is difficult to discern at this stage to what extent policy commitments have been translated into front line practice. There is scope for better linkage between criminal justice initiatives and regional and local work on implementing **Hidden Harm**.
- Although **parental alcohol misuse** is not the primary focus of this report, there is evidence from the work in Scotland, Wales and Northern Ireland that it can be addressed effectively alongside parental problem drug use. There is increasing demand from practitioners and evidence from research to suggest that this should become a key priority for national, regional and local work to respond to this target group of children.