

# KENT HIDDEN HARM STRATEGY

2010 - 2013



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## Executive Summary

This strategy **commits** Kent County Council and its partners in the Children's Trust to improving outcomes for children and young people who are affected by a parent's or carers drug or alcohol use. It aims to achieve significant service improvement through the collection and collation of intelligence relating to substance misuse and its impact on families, on practice and on improvement in outcomes by 2013.

The recognition that the harms to children of drugs and alcohol misusing parents are significant and enduring is central to this strategy. These children and young people come into contact with services but often only when their need is significant and they require specialist interventions, either as children or adults.

Current reporting indicates significant gaps in practice. This failure means that we are not clear about the positive outcomes that are being achieved, the risks that are being managed and the good practice that is emerging. Little systematic recording reflects a lack of understanding of this issue and how it impacts on children and young people's lives.

In the past work that has developed has been, on an adhoc basis dependent on the success of lottery funding or willingness and interest of individual managers. This is not withstanding significant policy developments in the form of **Think Family**, the development of Joint Information Sharing Guidance between adult treatment and children and family services', and the updated 'Working Together to Safeguard Children' document.

This strategy does not expect to orientate additional resources to this issue, but rather its overarching principle is that of improved and integrated practice to achieve the improved outcomes for children, young people and their families.





## Introduction

In 2003, the Advisory Council on the Misuse of Drugs (ACMD) produced a report<sup>1</sup> on the negative consequences of parental substance misuse on children and young people. Since this report was published, agencies across Kent have become more aware of this *Hidden Harm*. Whilst improvements have been made in the past few years, it has become clear that a more integrated approach is necessary to improve the outcomes for these families.

There are still many children and young people whose experiences are not being systematically heard, recorded or reported upon. The result is that their needs are not being met. At the same time it is clear that these children and young people are accessing our specialist services and appear in the case load of Child Protection teams, of the Youth Offending Service and as adults in specialist treatment services.

Recognising and reporting on the children, young people, and families who engage in services together with the outcomes achieved will enable the demonstration of what works, how to prioritise and re-orientate resources and see how investment in earlier identification will reap benefits.

Progress has been slow but significant. Work to develop greater multi agency accountability in Kent started in 2007. This strategy and its action plan has been developed and widely consulted upon with real enthusiasm being shown by adult drug and alcohol service users, and provider services in the voluntary sector.

The national context has also moved on and is changing constantly. Significant changes include:

- The development of the Think Family approach.
- The provision of Guidance for Information Sharing between adult treatment providers and children and families

The revised 'Working Together to Safeguard Children' brings together these approaches with a clear aim to ensure that the needs of children of substance misusing parents are included in Safeguarding Board's annual assessment of need and is reflected in the annual action plan.

Regionally within Kent, some specialist practice has developed and is progressing well, the Sunlight Project and the Substance Misusing Parents project have all contributed to the development of good practice.

Together this strategy, local practice and the National Policy Framework presents an opportunity to embed accountability, improve practice and ensure the best possible outcomes for children, young people and their families.



## Aim

The aim of the strategy is to improve the lives and futures of all children affected by drug and alcohol misuse in their families through accessing services within integrated and multi disciplinary settings in a way that is timely and relevant.

In doing this, children in Kent whose parents, carers or siblings misuse substances can expect to be:

- Seen and heard
- Safe and secure at home
- Cared for and encouraged
- Supported to be healthy and do well
- Provided with extra help when needed

Children affected by parental substance misuse may experience their lives being compromised in all five areas. However it can be most noticeable within:

Be Healthy includes; physical, mental and emotional health, sexual health, healthy lifestyles, and choosing not to take illegal drugs. Their parents, carers and families should promote healthy choices.

Stay Safe includes; being safe from neglect, violence and sexual exploitation, accidental injury and death, bullying and discrimination, crime and anti-social behaviour. Parents, carers and families should provide safe and stable homes.

Parents and carers can expect to:

- Be able to take care of self and others in positive and healthy ways
- Be able to recognise and meet their children's developmental needs
- Be able to respond to children/young people's needs as a priority
- Be able to access universal and addition support services for self and children across lifespan
- To value, promote and seek education, training and employment for self and children



## The Impact of Substance Misuse in Families on Children

“Hidden Harm” vividly describes the situation of many children and young people living in substance misusing households. Often suffering in silence, they are not known to services and either do not know who to turn to for help or fear telling anyone about what goes on at home.

Substance misuse in families is characterised by the use of illicit drugs and/or alcohol to a degree where the physical, emotional, psychological, behavioural well-being and care-taking capacity of the parent is compromised. It is associated with socio-economic deprivation and other environmental factors such as domestic violence. These may affect parenting capacity, which can be characterised as unpredictable and chaotic.

The substance misuse of a sibling can also affect the child and family in a negative way affecting both the parent’s parenting capacity and the non using child’s physical, emotional, psychological, behaviour and well-being. For the purpose of this strategy sibling substance misuse is recognised as a significant Hidden Harm.

The adverse consequences for children will vary according to age, stage of development and protective factors in the wider environment. These are likely to be multiple and cumulative in nature.

It is only through listening closely to the children involved that we can fully comprehend the impact that substance misuse in the family has on their emotional and physical welfare. Children and young people tell us<sup>2</sup>:

*“I feel angry because my mum chooses drugs over me”*

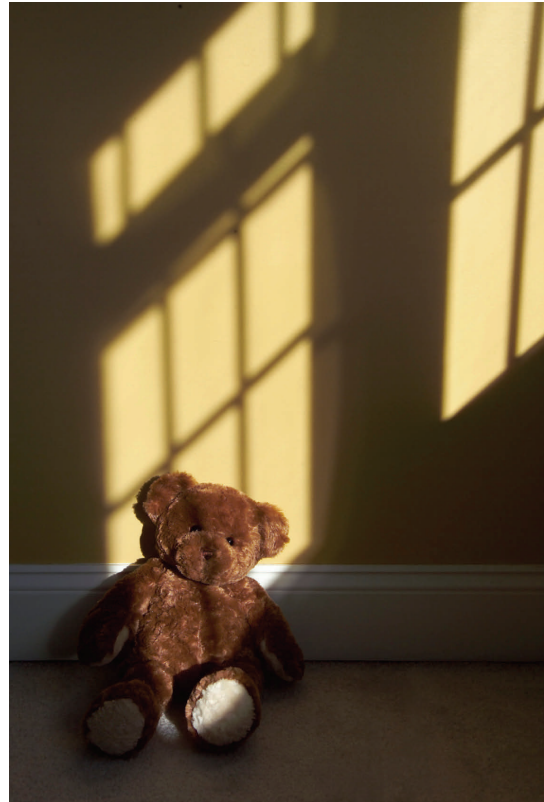
*“I am scared because strange scary men come to the house to get money from mum’s boyfriend”*

*“When she buys drugs she goes to some scary places that scare me”*

*“I feel left out and on my own”*

*“Dad doesn’t want to be with us, I don’t think he likes us”*

*“I don’t want anyone to know, I feel embarrassed”*



## Key Strategic Links

### Key National Strategies:

- Every Child Matters: Change for Children, 2003 initiated a change agenda throughout children and young people services with a focus on 5 key outcomes.
- Children's Plan: Building Brighter Futures, 2007 set out what needs to be done to secure the health and well-being of children and young people, safeguard the young and vulnerable, and achieve world-class standards.
- The National Service Framework for children, young people and Maternity services, 2004 has eleven clear standards for promoting the health and well-being of children, young people and mothers; and for providing high quality services which meet their needs. It includes a commitment to supporting parenting.
- Think Family: Improving the Life Chance of Families at Risk – Cabinet Office, 2008 recognises the role of parents, carers and the wider family in ensuring the best possible outcomes for their children and indicates government support for practice that supports the development of parenting support and family focussed interventions.

### Key National Guidance:

**Working Together to Safeguard Children 2010**<sup>3</sup> replaces the document of the same name in 2006 and notes that it is the responsibility of the Local Safeguarding Children Board (LSCB) to take full account of the particular challenges and complexities of work around these children and families by ensuring LSCB policies, procedures and information sharing protocols are in place as well as ensuring close collaboration between DAAT's, CDRPs, health, social care, courts prisons and probation.

**Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services, 2009** which guides adult treatment to develop information sharing protocols with children and families services and links to family focussed and parenting services.

### Key Local Strategies:

- Kent Strategy for Supporting Parents: identifies the need to support families affected by parental substance misuse by developing co-ordinated services that meet the whole family's needs, enhancing physical, social, educational and emotional well-being and improving outcomes for all family members.
- Kent Alcohol Strategy 2010-13: makes reference to the Hidden Harm Strategy and its outcomes.

## Hidden Harm in Kent:

There is no reliable current, collated data that can evidence the number of children affected by substance misuse. This poses a challenge for the development of an improved response.

Nationally, it is understood:

- Around 3% of all children under 16 are affected by parental drug misuse<sup>4</sup>.
- 10% of all children are affected by parental alcohol misuse<sup>5</sup>.

In Kent:

- 56.1% of children subject to a child protection plan are estimated to be affected by their parents' substance misuse<sup>6</sup>.

Children of substance misusing parents interact with many services and present at targeted and specialist service levels, the extent to which the needs are being met is unclear both because of a failure of early identification and poor data collection. This reflects the lack of a shared understanding and a potentially a lack commitment to addressing these young people's needs outside of specialist treatment services.

## What is Currently Happening?

Services for children of substance misusing parents are inequitable across Kent and have not been developed with a countywide and integrated approach. Gaps exist in services according to age group, district and the level of need. The Sunlight Project currently funded through the National Lottery is valued but is only funded until December 2011.

The challenges are:

- ensuring that early intervention services work more effectively with children of substance misusing parents and carers to improve access to specialist services improving access for all children of substance misusing parents across Kent.
- The Substance Misusing Parent's Service is a joint initiative between Thanet, Dover, and Canterbury Children and Families Teams, and Kent Drug and Alcohol Action Team.

The project targets the following groups:

- Parents with a child or children on the CP register where parental substance misuse is a factor.
- Parents with a child at risk of becoming looked after, where substance misuse is a characteristic.



- Parents who are using drugs or alcohol in a way that is affecting their ability to parent adequately.
- Women who are pregnant and whose substance misuse may be harmful to the unborn child.

The aim of this project is to support parents so that risk can be minimised and families can be kept together. This has the benefit of reducing the number of Looked After Children and the number of children on Child Protection Plans. Longer term benefits for children include improved developmental progress for pre-school children and improved educational outcomes through attendance, behaviour and achievement for older children.

The Sunlight Project works across the districts of Swale, Dover and Canterbury and is funded by the Big Lottery until December 2011. The project works with children 7-13yrs to provide support via group work delivered locally in schools or community spaces. The aim is to help improve the emotional and psychological well-being of children.

Young Carers projects exist across Kent and work with young people who provide care to parents, siblings who have a disability, and those with mental health and substance misuse problems. The aim is to provide support and access to leisure opportunities and advocacy services.

KDAAT Adult Treatment Systems Change Pilot: Drug treatment pilots have been developed in Swale and Gravesham, and seek to implement a more family focussed and integrated approach with a commitment to supporting recovery and transition to integrated community services.



## Priorities for Action:

Achieving the aim of the strategy and delivering improved outcomes for all children affected by drug and alcohol misuse in their families will require action by a wide range of agencies across Kent. These actions have been grouped into seven priority areas. Detailed actions to deliver each of the objectives and priorities are included in the Hidden Harm Strategy Delivery Plan.

**1. A joint-strategic lead to ensure that all relevant agencies are enabled and encouraged to share responsibility for furthering the Hidden Harm agenda, in a co-ordinated and integrated way.**

- Ensure a co-ordinated response to Hidden Harm across the county
- Develop a framework for assessing the effectiveness of service responses to the Hidden Harm agenda
- Establish and strengthen strategic partnership working

**2. An accurate up-to-date demography of children in Kent affected by parental substance misuse to ensure that their needs can be accurately assessed and services developed/re-configured in line with specific identified need.**

- Identify gaps within current service provision
- Strengthen the intelligence products to better establish the scale of the 'Hidden Harm' problem in Kent in order to estimate the number of children affected by parental substance misuse.

**3. Increased awareness of Hidden Harm issues across local children's partnerships and adult treatment systems leading to an improvement in the outcomes for children and young people.**

- Embed in the adult treatment assessment form, the CAF and Pre CAF, a robust system to identify and safeguard children of substance misusing parents
- Improve treatment agencies capacity to respond to parental substance misuse
- Equip all practitioners with the skills to identify and react to potential cases of Hidden Harm aligned with the 2020 Children and Young People's Workforce Strategy
- Families with Hidden Harm issues are identified and the opportunity to expedite access to services is made available ensuring swift access to mainstream services
- All partners to work together to identify potential new funding streams

**4. Increased range and effectiveness of multi-agency partnership working arrangements sustained by shared language, common practices and shared processes/protocols, and jointly-commissioned holistic services to ensure an effective joined-up response.**

- Improve interagency collaboration, building on models of best practice
- Identify the children of substance misusers at the earliest possible opportunity
- Develop a common approach to priority pathways

**5. Ensuring that safeguarding and child protection processes are actively prioritising the needs of children of substance misusers, and developing effective approaches to meet their needs in timely, appropriate and family-focused ways.**

- Improved integrated care pathways

**6. Service user involvement in the implementation of the Hidden Harm strategy and to involvement of children, parents and families in the commissioning system.**

- Ensure that Parents, children and families views are incorporated in the future planning and commissioning of services
- Raise awareness about the harm caused to children as a result of parental substance misuse and increase knowledge about services available to address the problem

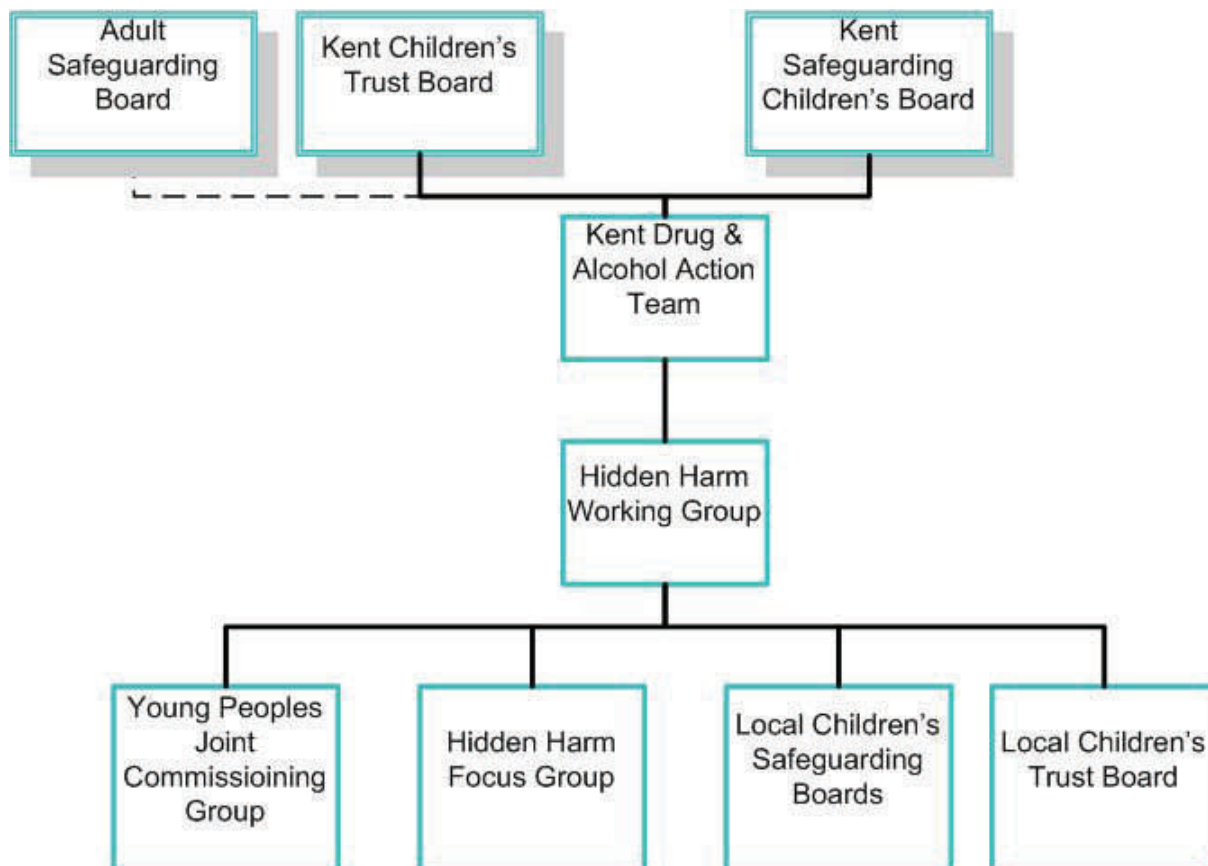
**7. Well-equipped practitioners who have the necessary skills for early identification, assessment and intervention and that the workforce is competent in safeguarding.**

- Ensure all treatment service staff and practitioners are competent and confident in Safeguarding Procedures and practices
- Ensure all family service staff are competent and confident at early screening and assessment for parental substance misuse



## Governance

This Strategy is supported by a delivery plan, which will be progressed by the Hidden Harm Working Group:



## Monitoring and Evaluation

Improving outcomes for children and young people for whom the impact of substance misuse is often “hidden” is not easily defined. This strategy will be assessed against the progress of the delivery plan and the actions in the Children and Young People's Plan. It will be monitored through the KDAAT Board and Think Family Overview Group.

## Resources

This Strategy is predicated on the principle that better outcomes for children and young people can be achieved through improvements in integrated practice and family focussed working. This will require workforce development that addresses the key skills and competencies to deliver effective interventions that improve outcomes for children and young people.



References:

1. Hidden Harm - Responding to the needs of children of problem drug users, Advisory Council on the misuse of drugs, 2003
2. Quotes from children attending the KCA Sunlight Project
3. Amendments to this document are currently being consulted upon and makes specific reference to 'Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services, 2009
4. Hidden Harm - Responding to the needs of children of problem drug users, Advisory Council on the misuse of drugs, 2003
5. Prime Ministers Strategy Unit ( 2003) Alcohol Harm Reduction Strategy for England' <http://www.newcastle-staffs.gov.uk/documents/community%20and%20living/community%20safety/caboffice%20alcoholhar%20pdf.pdf>
6. This is based on a local file audit of children on the Child Protection Register. Data is not currently recorded in way that can be reported on in a robust and timely way.

All images within this document are used for illustrative purposes only and any person depicted in the image is a model.