
To: Communities Policy Overview Committee, 25 March 2009

By: Mike Hill, Cabinet Member, and Amanda Honey,
Managing Director, Communities

Subject: Draft Hidden Harm Strategy

Classification: Unrestricted

Summary

This report introduces a draft Hidden Harm Strategy for Kent which focuses on delivering improvements in outcomes for children and young people who are affected by drug and alcohol misuse by their parent or carers

Recommendations

Members are asked to

- (i) COMMENT on the priorities within the draft Hidden Harm Strategy and on its overall structure
- ii) NOTE that this Committee will receive a final version of the Strategy, and consequent action plan, together with periodic reports on progress.

FOR CONSULTATION

Introduction

1. Improving the outcomes for children and young people affected by drug and alcohol use by their parents or carers requires a strategic response that translates into coordinated interagency partnerships and effective, joined up frontline service delivery.
2. Compelled by the '2008 Drug Strategy for England: protecting Families and Children', the Director of KDAAT and Youth Services convened a Hidden Harm working group in June 2008 and following agreement from the group, engaged a nationally recognised expert, Wendy Robinson to progress the agenda.
3. The working group drew attention to action that is required in a number of areas in order to improve outcomes for children and young people where substance misuse is present within the family. These include strategic developments; data and identification; workforce development; and integration with Local Childrens' Services Partnerships (LCSPs)

4. The draft Strategy will be considered by the Safeguarding Board on 29 April 2009 and a subsequent meeting of the Kent Children Trust. It will then be issued for wider consultation.

The Hidden Harm Strategy

5. The draft Strategy, attached at Appendix 1, reflects the findings of the working group, some initial consultation with key stakeholders and national evidence. It presents a vision for 2011 and a definition of Hidden Harm, it refers to the local and national policy framework, provides an indication of need, identifies services already in place, and presents challenges and developments. It identifies six potential priorities for action on which members views are sought and from which a delivery plan will flow

6. Suggestions have been made as to how the format of the Strategy could be changed to reflect the need of different audiences and members views on this will also be welcomed.

Financial implications and action in hand

7. The financial implications of the strategy will be examined during the consultation process. At this stage it can be confirmed that the KDAAT Young People's service will contribute funding for a Hidden Harm Coordinator post from 2009-2011 and that the foundations of the delivery mechanism for this Strategy are already in development. These foundations include:

8. Priority 1: The needs of children and young people affected by parental substance misuse are already written into the Kent Children and Young People's Plan, The Parent Support Strategy and the Carers Strategy. A Hidden Harm working group has been established and Drug and alcohol treatment services are developing family based services. Domestic violence responses through MARAC are in development and KDAAT has the opportunity to influence these developments. Funding is emerging for parenting workers with a substance misuse focus through the Parent Support Strategy.

9. Priority 2: Data systems are improving through the working group and commitment of the CFE Management Information Team and this will contribute to building a more accurate demography of the children and young people to whom this Strategy refers. This will lead to a better assessment of where the gaps in services exist. Commissioning the reorientation of existing or the financial implications of providing new services will be considered after this stage.

10. Priority 3: Skills in working with children and young people affected by substance misuse already exist within the County but do not necessarily cross service boundaries and exchanging and cascading training may prove to be a lower cost approach to improving outcomes for these children and young people. At the same time additional training will be necessary and work will need to be undertaken to integrate this work into existing workforce development plans.

11. Priority 4 and Priority 5 may have the most significant financial impact if fully adopted. Clarity will follow wider consultation, greater awareness of funded developments which are already in the planning stages and a greater understanding of demography in Kent. The rate and extent of change will shape the financial implications of these priorities.

12. Priority 6: Existing resources within the DAAT and within drug and alcohol service providers will be directed towards involving children, young people and their families in service developments.

Equalities Implications

13. Children and young people who are affected by their parent/carers drug or alcohol use are understood to be among the most vulnerable and they are disproportionately represented within those with the lowest life chances. Their outcomes are poor and this Strategy specifically aims to address some of those inequalities.

Conclusion

14. The Hidden Harm Strategy sets out a vision for improving outcomes for children and young people affected by their parents and carers drug and alcohol misuse. It presents six key priority actions from which a delivery plan will flow. Consultation will be undertaken on how these actions can be progressed. At this stage it is possible to identify key elements of the priority actions which are already in development and for which resources are already committed. The financial implications of this Strategy will be staged and determined by the rate and extent of change.

Recommendations

15. Members are asked to

(i) COMMENT on the six priorities in the draft Strategy attached at Appendix One and on its overall structure

(ii) NOTE that this Committee will receive a final version of the Strategy, and consequent action plan, together with periodic reports on progress.

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KENT HIDDEN HARM STRATEGY

2009 -2011

Executive Summary

Second Draft: January 2009

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Vision

This strategy provides a timely multi-agency cross sector aspirational vision for improving the lives and futures of all children affected by parental drug and alcohol misuse in Kent.

The strategy makes a commitment to work with others to ensure that by 2011, children in Kent whose parents/carers misuse substances (alcohol and/or drugs) 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

The defining principle underpinning the strategy focuses on the importance of bringing universal and specialist agencies and services together across adult and children's sectors to identify and address children's individual needs via multi-disciplinary working in integrated settings.

Kent Children and Young People's Plan has prioritised the need to:

Priority 1: Reduce impact of poverty on children's lives by tackling underlying causes and mitigating the effects

Priority 2: To draw on and improve resilience in children and young people to help them make informed and healthy/safe choices and develop coping strategies. To focus on children and young people with emotional and /or mental health problems

Priority 3: To improve parenting by developing more effective multi-agency support and early intervention for families experiencing problems.

Outcome 3c: To include reducing the incidence and impact of domestic violence and substance misuse on families and children.

Priority 5: Supporting vulnerable children to improve their life chances including improving the achievements and quality of life for young carers by implementing Kent Young Carer's strategy.

What is Hidden Harm?

“Hidden Harm” vividly describes the situation of many children and young people living in substance misusing households. They often suffer in silence, 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.

Parental substance misuse is characterised by the use of either illicit drugs and/or alcohol to a degree where the physical, emotional, psychological and behavioural well-being and care-taking capacity of the parent is compromised. It is associated with socio-economic deprivation and other environmental factors that co-exist (e.g. domestic violence) and may affect parenting capacity, which is typically unpredictable and chaotic.

The adverse consequences for children are typically multiple and cumulative and will vary according to the child's age, stage of development and any protective factors in the wider environment.

This is a situation which has developed in the space of a generation. It is clearly not a static situation. If the numbers of problem drug users continues to grow, so will the number of children adversely affected.

Effective treatment of the parents' substance problem is one of the most likely ways to enhance their parenting capacity, but this is not enough. The children must be seen and their needs responded to.

ACMD Hidden Harm

Children's Voices

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 embarrassed¹***

¹ Quotes from children attending the KCA Sunlight Project

Policy and Practice Framework

There have been a number of key developments in Government strategies and policies over the last five years that either directly aim to tackle drug and alcohol misuse, include parental substance misuse within a wider agenda or aim for improvements in child wellbeing across all spectrums. Those that support the development and delivery of a national and regional Hidden Harm agenda are detailed here. They are also included so as to challenge the idea that the needs of children of substance misusers are not being addressed strategically, and support a steer towards acting on directives about how this should be done.

National Policy

The two key policy drivers that can be used to promote, develop and improve the response to children within the Hidden Harm agenda are Every Child Matters and the National Drugs Strategy.

The local implementation of these two policies are via Children and Young People's Plans and Local Drugs Strategies, delivered through Kent Children's Trust and Kent Drug and Alcohol Action Team. It is essential that the Hidden Harm strategy sits within all commissioning and delivery plans associated with each.

Every Child Matters: Change for Children

Every Child Matters sets out the national framework for local change programmes to build services around the needs of children and young people so that throughout the course of a child's life opportunities are maximised and risks are minimised. The emphasis is on improving the quality, accessibility and coherence of services so that every child is able to fulfil their full potential and those facing difficulties are supported to overcome them. Improved outcomes for children are identified as:

- Be healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being

Children affected by parental alcohol/drug problems may experience their lives being compromised in all five areas; it may be most

noticeable within Be Healthy and Stay Safe, which are detailed as follows:

Be Healthy means: Physically healthy, mentally and emotionally healthy, sexually healthy, healthy lifestyles, choose not to take illegal drugs – parents and carers and families promote healthy choices

Stay Safe means: Safe from maltreatment (neglect, violence and sexual exploitation), safe from accidental injury and death, safe from bullying and discrimination, safe from crime and anti-social behaviour, have security and stability and are cared for – parents, carers and families provide safe homes and stability.

Every Child Matters: Next steps recognised that the realisation of this ambition for improved outcomes for children required a radical change in the whole system of children's services including:

- Improvement and integration of services
- More specialised help to promote opportunity, prevent problems and act early and effectively when problems do arise
- Reconfiguration of services around the child and family in one place e.g. children's centres, extended schools, multi-disciplinary team
- Dedicated and enterprising leadership at all levels of the system
- The development of a shared sense of responsibility across all agencies for safeguarding all children and protecting them from harm
- Listening to children, young people and their families when assessing, planning and delivering services

National Drugs Strategy 2007-2010

Drugs: Protecting Families and Communities

The current drug strategy has a focus on families as never before, pledging to address the needs of parents and children as individuals, as well as working with whole families to prevent drug use, reduce risk and get people into treatment. Throughout the whole strategy covering treatment, enforcement, campaigning and community engagement, families are specifically referenced. Key strategy actions include:

Family focused treatment:

- taking a whole-family approach
- ensure all assessments take into account the needs of the family

- ensuring prompt access to treatment for all drug-misusing parents
- encouraging the provision of more family friendly drug treatment services
- deliver packages of interventions for families at risk, to improve parenting skills & reduce risk factors to children
- supporting families to stay together and break the cycle of problems being transferred between generations
- support parents with substance misuse problems so that children do not fall into excessive or inappropriate caring roles
- support kin carers, such as grandparents caring for the children of substance-misusing parents
- Prioritising the protection of children through early identification and improved information sharing between children and adult services
- Mainstream prevention:
 - reinforcing the role of schools in delivering effective substance misuse education and in identifying young people at risk
 - ensuring the National Service Framework standards for children, young people and maternity services are applied by health service providers to families affected by substance misuse
- Working together:
 - ensure working sectors and agencies work together on shared problems across institutional boundaries
 - ensuring that children's social services know about drugs using parents where
 - Children are at risk

Other Key National Policy which promotes positive outcomes for children of substance misusing parents are:

- **Children's Plan: Building Brighter Futures**
- **Every Child Matters: Change for children, young people and drugs**
- **The National Service Framework for children, young people and Maternity services**
- **The Schools' White Paper and subsequent Education and Inspections Bill 2006**
- **Think Family: Improving the Life Chance of Families at Risk – Cabinet Office 2008**

Working Together to Safeguard Children

The guidance that sets out how individuals and organisations should work together to safeguard and promote the welfare of children was updated in 2006 and now recognises the ACMD Hidden Harm report, recommending that:

11.52 It is the responsibility of LSCB's to take full account of the particular challenges and complexities of work in this area by ensuring that there are:

- LSCB policies and procedure in place
- Inter-agency protocols in place for the co-ordination of assessment and support, particularly across adult drug services and children's services
- Close collaboration with local Drug Action Teams, Crime Disorder Reduction Partnerships and local drug services, as well as a number of other agencies including health, maternity services, adult and children's social care, courts, prisons and probation services.

Common Assessment Framework

The Common Assessment Framework (CAF) for children and young people is a standardised approach for carrying out an assessment of a child's needs that cannot be met within universal services. It is a key part of ensuring that the delivery of frontline services are integrated and focused around the needs of children and young people. It has been designed to help practitioners assess needs at an earlier stage and then work with families, other professionals and agencies to meet them.

The CAF acknowledges that all children require access to high quality universal services, and children with additional needs will require targeted support from education, health, and social services amongst others. Substance misuse is named as one factor that might contribute to a child having such additional needs.

Other guidance which refers more specifically to substance misuse treatment are:

- **Models of Care for Treatment of Adult Drug Misusers** (1)
- **Models of Care for Alcohol Misusers** (2)
- **National Institute for Clinical Excellence - Drug Misuse: Psychosocial Interventions 2007**

- **NHS National Treatment Agency: Supporting and Involving Carers: A guide for commissioners and providers 2008**

Kent Policy and Practice

Sectors and services in Kent have a duty to adhere to national policies and practice guidance, and well as, in some cases, developing their own that mirror the key messages of national directives. These regional plans distill the national drivers and translate them into strategies to meet known local need. Those helpful to promote a Hidden Harm strategy are:

- **Kent Children and Young People's Plan**
- **Local Children's Services Partnership Agreements**
- **Kent Strategy for Supporting Parents: Think Family**
- **Eastern and Coastal PCT Strategic Commissioning Plan**
- **West Kent PCT Commissioning Plan**
- **Invisible People- Kent Young Carers Strategy 2007-2010**
- **Kent and Medway Safeguarding Children Procedures 2007**

Hidden Harm in Kent

In order to respond to the needs of children affected by parental substance misuse across Kent, it is important to understand who these children are, where they are and the reality of the context within which they live.

There is no reliable, current, collated data specific to this groups which in itself poses a real challenge for the development of an improved response. However Hidden Harm report estimates:

- around 3% of all children under 16 are affected by parental drug misuse

2004 Alcohol Harm Reduction Strategy for England estimates:

- 10% of all children are affected by parental alcohol misuse

Safeguarding and Child Protection:

It is estimated that substance misuse is a parental characteristic for over half of children within the child protection system across Kent **(56.1%)** Parental drug use has also been shown to be a highly prevalent reason for children being Looked After.

In a review of cases in Thanet 2006, a search was undertaken to identify substance misuse themes, issues and available services. Although the analysis is limited, this review of Child Protection (CP) plans showed **60% of families** had concerns linked to substance misuse, with just under half of these citing the need for adults to attend drug and/or alcohol services as part of Child Protection Plans. In cases where there was de-registration, there was no mention of on-going input from drug or alcohol services as part of the Child in Need plan, even though on-going/long term treatment is universally accepted as a key part in achieving sustained changes in parental substance misuse.

Looked After Children and Young People:

Kent has the highest number of looked after children in the South East and one of the highest in the country. On 31st January 2008, Kent had 1170 'looked after children' and 951 children on the Child Protection Register.

Adult Problem Drug Use:

It is currently impossible to accurately represent the actual number of adults in Kent who misuse drugs. It is only possible to reflect the number of problem drug users in treatment and estimate how many of these individual adults may be parents.

Adult Drug users accessing treatment

The Kent Drug and Alcohol Action Team (KDAAT) Needs Assessment 2008/2009 states that within 2008 there were 3,202 Kent residents accessing tier 3 and 4 adult treatment services which indicates that 0.3% of Kent residents are accessing treatment. 73% of these were male and 23% female. It is unclear if this disparity is due to there being a greater number of male drug users in Kent than females, or due to male drug users being more likely to access treatment services. Anecdotal evidence suggests that female drug users who are also parents may avoid voluntarily seeking treatment for fear of statutory involvement leading to the removal of their children. The age profile of the majority of adults accessing treatment is 25-34 year olds (45%) followed by those aged between 35-64 years (40%), and over half were unemployed.

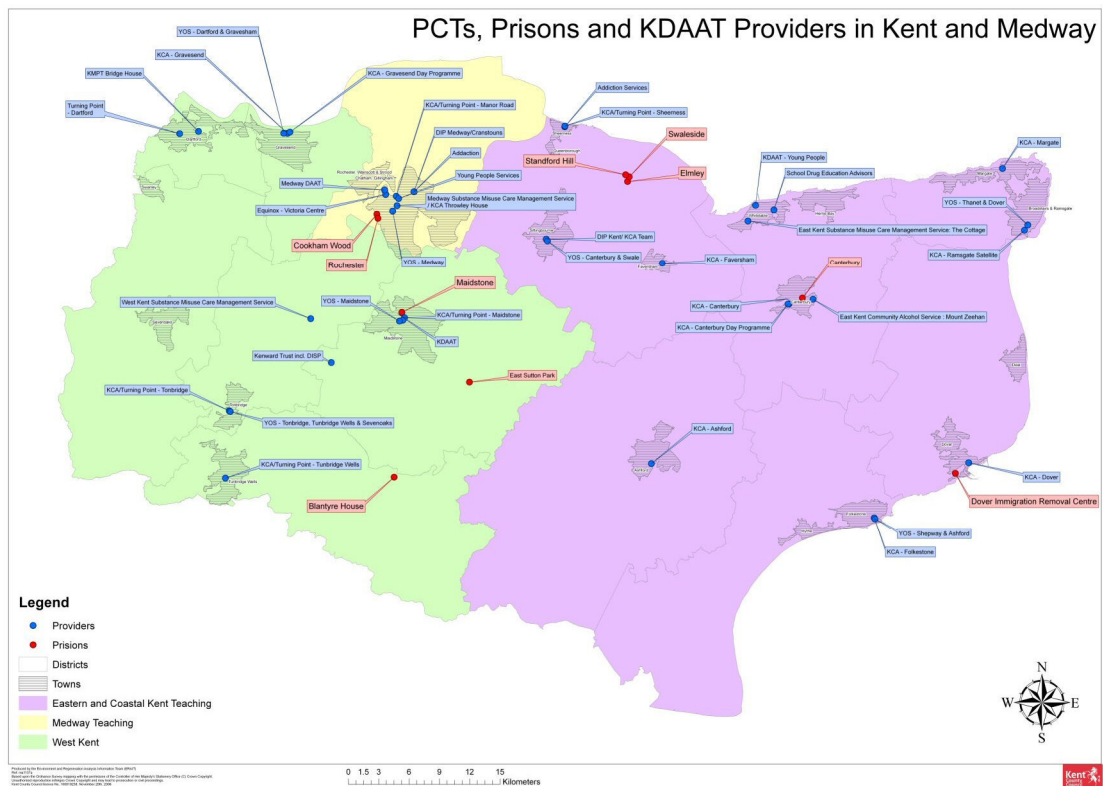
Total number of adult drug users

The Needs Assessment further estimates that during 2007/2008 there were likely to be around 2,182 problem drug users not accessing treatment, which when combined with the treatment population would give a total of 5,384 problem drug users across Kent.

Number of parental problem drug users

No data exists to state the actual numbers of problem drug users in Kent who are parents of dependent children. The KDAAT Needs Assessment makes no reference to parental status of problem drug users. There is a requirement from the National Treatment Agency for all regions in England to collect data on the children of problem drug users, but these data sets are, at present not routinely collected or collated.

Current Service Delivery



Across Kent there are a range of providers who offer treatment services to meet the needs of the adult problem alcohol and drug using population across Tiers 1, 2, 3, and 4. These include Care Management teams, Specialist Prescribing Services, Structured Psychosocial Interventions and Structured Day Programmes. The geographical location of these services can be seen in the map above (in blue). Although appearing widespread there is an imbalance in local provision in some areas, and there is little evidence that these services are identifying, assessing and treating adult substance misusers in a way that includes a focus on childcare and parenting.

A notable exception exist as part of KCA provision:

KCA's **Substance Misusing Parent's Service** is a joint initiative with Thanet and Dover Social Services Children and Families Teams. The project works with families in which there are substance misuse issues which put the children at risk of harm. The aim of the work is to support parents so that risk can be reduced and families can be kept together with the benefit of reducing the number of Looked After children and the numbers of children on the Child Protection Register. The project is targeted at four main groups of parents:

- 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.

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.

Service Provision for Children

There is only one service in the whole of Kent specifically designed to meet the need of children affected by parental alcohol and drug misuse

KCA Sunlight Project is based within Young Person's Service and works across the districts of Swale, Dover and Canterbury. Originally funded by Kent Children's Fund and then Thanet Consortia, the bulk of funding now comes via the Big Lottery. The aim of the project is to work with children 7-13yrs and provide support via groupwork delivered locally either in schools or community spaces. The aims of the project are to offer children:

- An opportunity to develop their coping skills
- The chance to have some fun and express themselves
- Some understanding of parents behaviour and impact of drugs/alcohol
- Generally help improve their emotional and psychological well-being
- Identify and develop adult and peer support networks.

Children of substance misusers may also fit within the remit of Young Carer's support services across Kent, located in Sevenoaks, Tonbridge, Snodland, Sheerness, Ashford and Herne Bay.

Challenges

Challenges in Kent, as perceived by those who took part in the consultation process for the strategy include:

- Fracture between adult and children's services that is never fully addressed
- Lack of targets and indicators specific to Hidden Harm ensures it is no-one's responsibility
- Commissioning does not allow for expanding adult treatment into family focused work
- Not enough accurate data specific to Kent so easy to ignore issue
- Professionals own attitude towards and use of alcohol gets in the way of identifying the need to advance the agenda
- Protocols that are not translated into practice
- Professionals taking sides – either there for the child or the adult, not enough family focus
- Action only taken at crisis point- needs to be a wider issue than safeguarding
- Normalisation of alcohol and drugs in society use reduces ability to acknowledge risk

Hidden Harm: Three Years on recognised some progress in advancing the agenda as set out in the original ACMD report. However some key concerns and challenges remained. These included:

- A lack of routine recording and monitoring of children affected by parental substance misuse.
- Implementation of the recommendations around service delivery is complex as partnership working is required both within children's services and also with adult services. The need for a coherent and joined-up approach is still largely unrealised.

One of the key challenges is around the division between adult and children's services. Adult treatment services need to understand the complex relationship between drug dependency and parenthood, and develop responses on the basis of this. Treatment services have a key role in providing both treatment programmes and packages of care tailored to parents and in working collaboratively with children's services to enhance assessments, care planning and interventions with parents so that parenting capacity is improved and children are enabled to be safe and well. At the same time, children's services, and in particular children's social care are in need of increased awareness around drug/alcohol use and enhanced skills for engaging with parents who misuse substances, together with an on-the-ground

commitment to work more closely with adult treatment services at all stages of intervention.

Developments

Progress can be seen via the raft of policies and practice guidance as detailed here in this strategy document. Key messages from practice about the most effective ways of responding are summarised as;

- Whole-family approach where substance misuse is seen within a wider context
- Promoting Hidden Harm not as a single issue but being clear about wider agenda
- Providing support services before safeguarding threshold is reached
- Proactive ways of working across children and adult services, and social care
- Importance of working flexibly and creatively with children and families
- Providing options and choices for families, parents and children
- Shift away from negative risk factors towards identifying factors which promote resilience
- Utilising crisis point reached when Child Protection and Care Planning processes begin

Each sector needs to develop its own practice responses specific to Hidden Harm

Developments in Kent : To be added via further consultation

- **East Kent Local Safeguarding Children Board – Learning and Development Subgroup**

Parental Substance Misuse as current topic of focus

- **KCA Sunlight Project**

Funding via Big Lottery has enabled the service to employ three additional project workers to facilitate groups for children in East Kent

- **Identification of a LCSP Lead for Substance Misuse across all 23 partnerships**

- **Intensive Parenting Assessment Team in West Kent in response to Public Law Outline requirements – likely to be rolled out across Kent**

Outcomes

Outcomes for children affected by parental substance misuse are the same as for all children, identified by Every Child Matters as:

- Be healthy
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being

In order to enhance the possibility of Hidden Harm children achieving in these areas it is essential that support is targeted and delivered by parents, carers and the wider family, with universal and specialist services providing additional help in line with assessed need.

Growing up in a family where parents misuse substances can reduce the likelihood of universal outcomes being realised. If children are living at home with parents, then the parent/family unit is key to ensuring that outcomes for children are achieved. In relation to Hidden Harm, parents may need intervention to ensure they achieve their own outcomes, for the benefit of children:

Outcomes for Parents:

- Able to take care of self and others in positive and healthy ways
- Capacity to recognise and meet children/young people's developmental needs
- Respond to children/young people's needs as a priority
- Able to utilise universal and addition support services for self and children across lifespan
- Value, promote and seek education, training and employment for self and children

Joint Strategic Model for Hidden Harm

This table shows the shared-leadership process required to advance Hidden Harm strategically, highlights the role of LSCB and LCSP, and proposes workforce and service developments required to support the work in each sector.

Local Safeguarding Children Board	Local Children Service Partnerships
Lead on: Child Protection	Lead on: Early Intervention
Method of assessment: Assessment of Children in Need and their Families	Method of assessment: CAF
Partnership Process: Allocated Social Worker : Multi-agency case conference	Partnership Process: Lead Professional: Single Point Access
Workforce Developments: Shared polices, procedures, information sharing agreements, joint assessment and planning, joint review. Drug Misuse and Parental Substance Misuse training.	Workforce Developments: CAF Training, Early identification & screening, Drug Misuse and Parental Substance Misuse Training
Service Developments: Substance Misuse Social Worker Posts, Parenting Project in integrated settings, Substance Misuse MARAC, Family Drug & alcohol Courts	Service Developments: Support services for children, substance misuse specific parenting and family support, training for work, respite and activities, mentoring

A multi-agency training programme and a staged intervention response based on Every Child Matters Triangle of Need contribute to a comprehensive cross-sector practice response.

Strategic Priorities

This strategy is a tool to assist in the delivery of a comprehensive and innovative response to meet the needs of children affected by parental alcohol and drug misuse in a timely, relevant and accessible way. Priority actions have been identified to specify the steps required to turn vision into reality.

Priority Action 1:

A joint-strategic lead and cross sector markers 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.

Priority Action 2:

Develop 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.

Priority Action 3:

Increase awareness of Hidden Harm issues across local children's partnerships and adult treatment systems and equip practitioners with skills for early identification, assessment and intervention.

Priority Action 4:

Increase the 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.

Priority Action 5:

Ensure 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.

Priority Action 6:

Ensure the development of service user involvement in the implementation of the Hidden Harm strategy and to involve children, parents and families in the commissioning system:

A delivery plan that details how these priority actions can be realised is designed to guide and influence cross-sector operational plans of commissioners and service providers within adult and children's services and all Local Children's Service Partnerships .

Governance: To be agreed

Monitoring and Evaluation: To be agreed