

## **Mental Health Children's Services (Think Child, Think Parent, Think Family) Project**

**Joint working agreement between Adult and children's services in responding to the needs of parents with mental health issues and/or substance misuse, their children and families**

### **CONSULTATION RESPONSE PROFORMA**

Dear Colleague

I would be grateful if you would consider the attached Joint agreement and complete your comments in the pro forma provided.

The questions below seek to gather opinions on the agreement to provide;

- Clarity of direction for staff in meeting the needs of Parents with mental health issues, their children and families.
- Direction for staff in ensuring the safety of children whose parent has mental health needs.
- Promotion of effective communication between relevant services
- Promotion of integrated working between relevant services

**Please return the completed pro forma either by email or using the Freepost address below**

**Return by Friday 17<sup>th</sup> December 2010**

**Freepost BEL 171**

**FAO Judith Lees/ Mary Donaghy  
Project Managers  
Mental Health and Children's Services Project  
Health & Social Care Board  
12-22 Linenhall Street  
Belfast BT2 8BR**

**Tel: 02890 321313 ext 2463**

If you have any queries contact Judith Lees or Mary Donaghy at

[judith.lees@hscni.net](mailto:judith.lees@hscni.net)

[mary.donaght@hscni.net](mailto:mary.donaght@hscni.net)

or telephone 028 90553958

### **RESPONDEE INFORMATION**

Are you responding: (*Please tick one box*)

a. as an individual

*Please specify .....*

b. on behalf of a group

*Please specify: Regional Hidden Harm Protocol Development Task Group*

c. on behalf of an organisation **X**

*Please specify .....NSPCC.....*

### **CONSULTATION QUESTIONS**

1. The NSPCC welcomes the opportunity to respond to the joint working agreement. The NSPCC is the lead voluntary child protection agency in Northern Ireland and is unique among charities in having statutory powers by virtue of its Royal Charter and the Children (NI) Order 1995. The NSPCC's authorised status is recognised in the Criminal Justice (NI) Order 2008 in relation to public protection arrangements. The NSPCC aims to end cruelty to children by seeking to influence legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, public affairs, campaigning and education. The NSPCC employs approximately 150 staff in Northern Ireland providing a range of services. These include therapeutic work, family support, assessment, support for young people with sexually harmful behaviour, young witness support, counselling services in schools, Independent Visiting Services for young people in the care system, Child Protection in Sport and ChildLine. In addition, the NSPCC operates a 24 hour national Child Protection Helpline.

2. The NSPCC has recently revised its strategic direction to focus more specifically on seven key theme areas which relate to child protection and consequently has undertaken a major exercise to analyse and scope the current research, literature, policy and practice in these areas in the UK. One of the recurrent themes of this work has been the impact of the "toxic trio" of parental stressors, that is domestic abuse, alcohol/substance misuse and mental health difficulties.

3. Substance misuse is increasingly being regarded as one of the most significant, problematic and challenging areas to tackle in the area of child abuse and child protection. It accounts for the overwhelming majority of cases that remain open and/or are re-referred to social services. It is increasingly apparent that services and measures in place are often insufficient and inadequate in tackling this problem. The NSPCC considers that not enough research has been done within the UK on substance misuse and its link to child protection and appropriate interventions. However, the increasing majority of studies done in the UK have suggested that although substance misuse is prevalent in cases of

domestic abuse and child protection, this issue is either not being addressed or even being recorded as a cause for concern

4. In this context, the NSPCC welcomes the publication of this joint agreement which seeks to “set out how services should respond to both child protection issues and to situations where it is deemed that a child is in need of support”<sup>1</sup>

5. This response has been compiled in consultation with NSPCC social work staff who provide direct services to families and children as well as policy and research staff and assistant directors for services.

## **CONSULTATION QUESTIONS**

### **QUESTION 1**

**Comment on how the agreement provides clarity of direction for staff in meeting the needs of Parents with mental health issues and/or substance misuse, their children and families. Please provide any gaps/suggested amendments identifying relevant sections.**

6. The NSPCC considers that these arrangements are important to ensure the needs of children, their parents and families are identified and the needs met. We support the implementation of this policy across the full range of statutory services for children and families and across the voluntary and community sectors also. We consider it essential that **all** professionals involved in meeting the needs of parents with mental health issues and/or substance misuse issues are aware of their responsibilities and their roles in responding appropriately to child protection issues in a manner which ensures that the needs of the child are paramount at all times. The NSPCC is concerned that in a time of financial constraint that pressures on statutory agencies may increase and consequently this may put additional pressures on services provided by the voluntary and community sector. It is our view that all organisations working with children, both statutory and voluntary need to remain vigilant in order to ensure children are protected. The principle of working together and co-operating to ensure children are safeguarded needs to extend across all sectors.

**7. We recommend the document should make clear its relation to the Regional ACPC Polices and Procedures** and state clearly that it is a specialist set of advice included in the procedures.

8. The protocol should be unequivocal in relating to the needs of children and should have a much stronger focus on identifying and meeting the needs of the child as well as the parent/s and the wider family affected by mental health issues or substance misuse.

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<sup>1</sup> Regional Joint Service Agreement – Hidden Harm Consultation paper

9. In the introduction, it states that *“this protocol aspires to support the development of effective interagency co-operation to ensure the well-being of children affected by parental substance misuse. In the first instance, the Protocol will affect the working relationship of Trust staff working for the childcare/addiction interface”*. Consequently, it appears the overall document has a very strong bias on trust related functions and **we would welcome a stronger focus on inter-agency co-operation across all relevant services and for the protocol to reflect voluntary and community services.**

10. We particularly welcome the key principles clearly stating the protocol is underpinned by the paramountcy principle.

11. **In order to maintain the focus on the needs of children we recommend that section 4, “Defining the Problem” should include the description of Hidden Harm used in the Regional Action Plan.** This states: “We have chosen to adopt the term ‘Hidden Harm’ in Northern Ireland, as it vividly describes the situation of many children and young people affected by parental alcohol and drug misuse. These children can suffer in silence; their circumstances are often not known to services; they often do not know where to turn for help; and the impact of their parents’ substance misuse has a deep and long-lasting impact on their lives which may not fully emerge until young adulthood and beyond”<sup>2</sup>.

12. In Section 5, “The effect of parental substance misuse on children”, **we recommend including a section on the impact on children from their perspective.** The NSPCC’s ChildLine recently published a casenote on children’s experiences of parental alcohol and drug misuse<sup>3</sup>. Over 4000 children in the UK who rang ChildLine last year said they were worried about their parents’ excessive drinking. These youngsters were also more than three times as likely to mention suffering physical abuse (35%) than other children who called<sup>3</sup>, there were also calls about related family conflicts (20%) and sexual abuse (10%). **It would be helpful to include some of this research in the document**

One 10 year-old-girl told ChildLine: “My mum drinks all the time. She leaves me alone lots of the time. I feel scared and lonely. I look after mum when she drinks and put her to bed. She shouts and hits me. I don’t want to feel pain. I want to die.”

And a 13 year-old-boy said: “My mum is an alcoholic. I need to stop mum and dad arguing and fighting. This is always happening. I feel upset at the way my dad treats her. I feel sad because she goes off for days and drinks. I have not told anyone about what is happening. I like to keep it a secret.”

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<sup>2</sup> Hidden Harm Regional Action Plan

<sup>3</sup> ChildLine Casenote on Alcohol September 2010, NSPCC

For those children who called NSPCC's ChildLine and mentioned a concern about a significant other's alcohol misuse, the most discussed 'main problem' was physical abuse (35 per cent of these calls, 1,392 children counselled).

Children talked about their experiences of abuse linked to the misuse of substances, this included neglect, physical abuse, emotional distress and less commonly, sexual abuse. Children talked about being afraid and anxious and worried about when the next episode of drinking might occur. These children lived with high levels of uncertainty and the calls evidenced the impact of the emotional volatility of parents who had reduced levels of ability to parent responsibly. Children feel very protective of their parents and tell ChildLine how difficult they find it to tell anyone about the problems they are experiencing and ask for help. Children felt helpless, sad and hopeless.

Similar patterns were evident in a study of NSPCC's ChildLine calls in Scotland<sup>4</sup> One of their main findings was that chronic worry emerges as a "corrosive presence in the lives of children can young people living with harmful parental drinking. The emotional toll of constant stress, fear and anxiety appears to impact on their mental health and well-being".

13. The section on confidentiality is particularly important. It is our policy within the NSPCC's Services for Children and Families to ensure parents are made aware from the outset that child protection concerns will be acted upon if staff have a concern for a child's welfare and parents are asked to sign a form to indicate they understand this is to be the case. This is helpful in maintaining positive working relationships with parents while ensuring the child's needs are paramount.

## **QUESTION 2**

**Comment on how the agreement provides direction for staff in ensuring the safety of children whose parent/s has mental health needs and/or substance misuse. Please provide any gaps/suggested amendments identifying relevant sections.**

14. Given that there is no baseline data for the numbers of children and young people in NI impacted by the their parent/carers' misuse of alcohol/substance misuse, it is important to note that the figure of 40000 children and young people impacted by hidden harm quoted for NI (extrapolated from UK data) clearly indicates this to be a public health issue. The focus should not simply be on those with addictions or those parents who access addiction or alcohol services or mental health services. The "think, child, think parent, think family" approach acknowledges the role of the extended family which is not particularly well represented in this document. It is our experience that there can be complex

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<sup>4</sup> Wales, A, Gillan, Evelyn with Hill, L, and Robertson, F, (2009) "Untold Damage": children's accounts of living with harmful parental drinking", NSPCC, Glasgow

interplay within the extended family which needs to be considered in any assessment.

### **QUESTION 3**

**Comment on how the agreement provides direction in promoting effective communication between relevant services. Please provide any gaps/suggested amendments identifying relevant sections.**

15. The important role played by the voluntary/community sectors should receive more prominence in this document and the sector should be recognised as a significant part of the interagency approach. This is important particularly in relation to communication strategies and co-operation. Given that we are entering a period of financial constraint, it is possible and indeed likely that the role of the voluntary /community sector will become an increasingly important element of service provision and this should be recognised and reflected more accurately in this document.

16. This agreement also raises questions about thresholds. Given the 40,000 figure quoted earlier from the Regional Hidden Harm Action Plan, it is likely that many of the children affected will not necessarily reach the threshold for harm but nevertheless may require support or referral to an appropriate agency and receive a service as children in need. This should be addressed.

### **QUESTION 4**

**Comment on how the agreement provides direction in promoting an integrated approach to working between relevant services. Please provide any gaps/suggested amendments identifying relevant sections.**

17. As mentioned earlier, the document is very much focused on Health and Social Care Trusts and as such could be stronger in making recommendations to integrate all the relevant agencies across all sectors. Positive inter-agency and cross-sectoral relationships need to continue to be developed and monitored to ensure they are effective. There is a clear need to raise awareness among professionals and agencies of how children are impacted and this should link to the Regional Hidden Harm Action Plan

18. The training linked to this should also extend to all those service providers, statutory and voluntary, who are involved and should be clearly multi-disciplinary. We consider there is an important role to be played by General Practitioners and Primary Care staff in addition to those mentioned in more detail in the document.

NICE guidance<sup>5</sup> in relation to child maltreatment has recently been published in NI which has been endorsed by the DHSSPS. This sets out guidance for medical and nursing staff on clinical indicators of abuse. This excludes consideration of parental or carer drug or alcohol misuse and parental or carer mental ill-health as this was considered to be outside the scope of the guidance. **Consequently it is important that this protocol be made available to clinicians also as a useful supplementary tool. In addition, we recommend the document should make reference to the guidance and to other appropriate guidance and information.**

19. The NSPCC in Northern Ireland has been working to raise awareness within the Western Trust area of the impact of parental alcohol misuse on children through a time-limited public awareness campaign in partnership with the Public Health Agency. This has sought to engage a wide range of stakeholders including children, parents, local communities, voluntary/community organisations, professionals, statutory providers, policy makers and local elected representatives. Information on the extent of parental alcohol misuse, details of local services for families affected by Hidden Harm and information on national and regional helplines has been made available through a targeted campaign. The NSPCC is currently evaluating the impact of this work and early findings indicate that professionals report their knowledge of and ability to confidently signpost families in need of support interventions has increased significantly. Follow up materials and events to highlight concerns about parental drug misuse including legal highs, as well as misuse of prescription medication will take place in 2011 and a full campaign report will be available in April 2011.

**Contributors and Contact details:**

Kathleen Toner, Policy Officer, NSPCC [Kathleen.toner@nspcc.org.uk](mailto:Kathleen.toner@nspcc.org.uk)

Olivia Marley, Children's Services Manger, NSPCC

Margaret Gallagher, Local Campaigns Co-ordinator, NSPCC

Bronagh Muldoon, Assistant Director, NSPCC

Caroline Holloway, Assistant Director, NSPCC

Colin Reid, Policy and Public Affairs Manger, NSPCC

**NSPCC Regional Office, Jennymount Business Park, North Derby Street, Belfast, BT15 3HN Tel. 028 90352235**

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<sup>5</sup> National Institute for Health and Clinical Excellence (NICE) Clinical Guideline No 89 - When to Suspect Child Maltreatment [http://www.dhsspsni.gov.uk/hsc\\_sqsd\\_nice\\_1310cg89.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_nice_1310cg89.pdf)