



AN EYE ON THE CHILDREN

Joy Barlow, one of the initiators of the Hidden Harm report, on what has been learned and what remains to be done

Anniversaries are not just a remembrance of an event that happened in the past, but provide an occasion to reflect on what has happened since. On the tenth anniversary of the publication of *Hidden Harm*, we have an opportunity not only to look back at the inception of this important policy, but also at the difference it has made and what should be done to develop its future.

Hidden Harm was a seminal report from the Advisory Council of the Misuse of Drugs (ACMD) and its Prevention Working Group (PWG), of which I was a member. This group had already worked over a number of years on reports about education, drug misuse and the environment and drug-related deaths. The focus of the ACMD had up until the turn of the millennium been, quite reasonably, on the individual drug user. However, a number of us on the PWG felt the time had come to consider the needs of the children of those affected by drug use. Thus *Hidden Harm* was born.

In line with its usual practice, the PWG took oral and written evidence,

as well as carrying out literature reviews and engaging in a great deal of discussion and debate. In June 2003, the resulting report, *Hidden Harm – Responding to the Needs of the Children of Problem Drug Users*, was published. It estimated there were between 250,000 to 350,000 children of problem drug users in the UK.

The report's key messages were that parental problem drug use can and does cause serious harm to children of every age from conception to adulthood and that reducing the harm to children from parental problem drug use should become a main objective of policy and practice. It said effective treatment of the parent can have major benefits for the child and that by working together, services can take many practical steps to protect and improve the health and well-being of affected children. With its 48 recommendations, the report became a seminal work and a catalyst for necessary change in practice.

From various perspectives, things needed to change. In research terms

the UK was largely dependent on literature from the US, which, while useful, was self-evidently different in culture and often in methodology. What was evaluated in largely black or Latino projects in downtown Chicago may not have resonance in Liverpool or Dundee.

Since the publication of *Hidden Harm*, a significant amount of research has been produced in the UK into the impact of parental problem drug use on children, with suggestions on how we might intervene. Notable among these has been the work by Barnard and Barlow (though I say it myself!), Kroll and Taylor, Harbin and Murphy, Harwin and Forrester, Templeton et al, to name but a few. We have the research evidence on the impact of parental problem drug use on children, but it is of concern that there is not enough hard evidence on the efficacy of intervention.

There were structural issues, described very well by Michael Murphy as a 'gulf' between substance misuse services and the child care system. On one hand we had health and adult

oriented systems, and on the other child-focused social services systems. *Hidden Harm* called for structural bridges to be built between the two systems, so that an interface of policy and practice could be established. We have come some way towards that, but still there remain challenges to be overcome.

We also know from the work of Cleaver et al. that other psychological conditions frequently co-exist with problem drug and alcohol use, and that these can further impair a parent's capacity to parent. The child living with parents experiencing a multitude of psychological and physical problems, often with associated domestic violence, might echo the words of Claudius in *Hamlet*: "When sorrows come, they come not single spies but in battalions."

And what of children? We know from their own testimonies how horrendous life can be: keeping secrets, caring for parents, experiencing physical and emotional pain and falling foul of the justice system. Yet through it all, many would echo the words of one of the young people whom Marina Barnard and I spoke to: "For all that they did to us 'cos of the drugs, they were our mum and dad and we knew they loved us and we were scared of being separated from them and going into foster care."

With our increased knowledge and understanding and better communication, learning and development for the workforce has progressed. A worker speaking to me the other day reminded me that before *Hidden Harm* children were literally unheard of in adult service provision. This led STRADA (Scottish Training on Drugs and Alcohol) to begin its work on writing protocols to support the practice interface and on training in their implementation. One of the participants in that training, a drug squad officer, shook my hand and thanked me for helping him be a better practitioner, because now he said he knew what it was like to be both a child and a parent overwhelmed by drug use.

So how far have we come? We have a somewhat better handle on the prevalence issue, but we still need to know more about numbers, especially at the local level, so that service provision can be optimised. We do now know more about the impact on children and we have enhanced the treatment options for parents – or at least we should be doing so.

In most parts of the United Kingdom, children's concerns have become major areas of policy. In Scotland this was expressed in *Getting Our Priorities Right*,

Good Practice Guidance for Working With Children Affected by Substance Misuse, a policy document published at almost the same time as *Hidden Harm*. It provided the policy context for all that has followed, and has just been updated. We have all been trying to work in a much more collaborative and interagency fashion, realising that we do not have the answers in one agency.

Projects for parents and children together and separately have flourished, specifically in Scotland with funding from the Scottish government and other partners, administered by the Lloyds TSB Foundation for Scotland – Partnership Drugs Initiative. Across the UK we have recognised that children need space to play, talk, receive respite, and harness their inner resources of resilience. To quote a mother, now off the drugs of dependency that blighted her life and that of her children: "It's no fun being a junkie's wean."

WE NEED TO BE BETTER ABLE TO ASSESS RISK AND IMPROVE OUTCOMES FOR CHILDREN AND THEIR FAMILIES. CHILDREN CAN BE IN NEED AND AT RISK IN THE SPACE OF A FEW HOURS

Yet there is still more to do amid a time of increasingly limited resources. We need to be better able to assess risk and improve outcomes for children and their families. Children can be in need and at risk in the space of a few hours.

We need to fully understand the importance of information sharing, and not hide behind the 'cloak' of confidentiality-sharing can save a blighted life.

We can better identify ways of intervening earlier to prevent the tragedies happening. From serious case reviews into child protection concerns we know all too well what familial characteristics are profoundly detrimental to a child's wellbeing and safety. These should be supported for improvement or as professionals we should carry out our duty to act in the child's best interests when the parents cannot.

But on the brighter side, we do have ideas of what might work in interventions: a 'whole family' approach; parenting support; child-focused services; strengths-based approaches

for both parents and children; solid therapeutic relationships; and staff with not only technical competencies but also behavioural ones and emotional intelligence. However, we do require more work on the evidence of putting research into practice for current and new interventions.

On the structural and strategic side, we need strong leadership, partnership working and resources for implementation of policy and practice. Roles and responsibilities should be explicit, so no-one can say "it's not my job".

Resources may be diminishing, but that means we need to be smarter at working together. Well-supported community resources like mentors and volunteers can give children the break they deserve. A strangled cry of "we haven't got the money" will not help those who need the help most. Innovative thinking comes with straightened times.

Finally, two areas not yet mentioned. The first is alcohol, which was hardly mentioned in *Hidden Harm* because of the limited statutory responsibilities of the ACMD. However, all that was said in *Hidden Harm* on illegal drugs is applicable to alcohol. The Children's Society, Alcohol Concern, Alcohol Focus Scotland and Children First, to name but a few, have illustrated the importance of the needs of children affected by problem alcohol use.

The second area is the impact on a child of a parent's recovery from drug and alcohol problems. We need to better understand the result of this positive change on a parent's life, because some of it may not be so positive for a child. Do children know what recovery means? How does the change in the family dynamic affect them? How do they view their new status, for example from a virtual carer to being a child again? And there is always the threat of relapse, with some children waiting for it like the sword of Damocles hanging over their heads. New ways of support may well be needed.

To close, as we should, with the words of a young person, quoted in Marina Barnard's book, *Drug Addiction and The Family*: "I'll be there for my mum all the way...she's coming off drugs just to get me back...that makes me feel good 'cos I know my mum's going to go through a really, really hard time, just to get me back".

■ **Joy Barlow** is Strategic Advisor of STRADA (Scottish Training – Drugs and Alcohol)