

Seeing Through Hidden Harm to Brighter futures



A report of a conference held at the Ashling Hotel, Dublin
October 18th 2023

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The Department of Children, Equality, Disability, Integration and Youth

The HSE

Organisers:

FamiliBase

Tusla

HSE

It is twenty years since the publication of the seminal report 'Hidden Harm. Responding to the needs of children of problem drug users. The report of an Inquiry by the Advisory Council on the Misuse of Drugs. (UK Government).

In 2006 FamiliBase began substantial work with children and families affected by parental problem alcohol and other drug use and have worked tirelessly alongside these families

In 2013, the National Hidden Harm Project was established by TUSLA and the HSE to inform service planning and improve services for children in relation to Hidden Harm. In 2019 HSE and Tusla published 'The Hidden Harm Strategic Statement and 'The Practice Guide – Seeing through Hidden Harm to Brighter Futures'. This conference was a consequence of the need to look more closely at legacy, achievements, progress and future work with regard to Ireland's response to 'Hidden Harm'.

THE PURPOSE OF THE CONFERENCE

'Hidden Harm' is the experience of children living with and affected by parental problem alcohol and other drug use. The conference aimed to:

- Discuss 'Hidden Harm'
- Identify the needs of children and families impacted by 'Hidden Harm'
- Report on the 'Hidden Harm' project
- Show case evidence-based interventions to address 'Hidden Harm'
- Create a community of practice.

This report will provide summaries of the day's activities and consider the outcomes of the conference, examining how well the conference achieved its aims.

The conference was aimed at staff, funders and policy makers relevant to 'Hidden Harm'. From the outset of the organisation of the conference, it became clear that the number of attendees would be significant, and it was decided that the conference would be offered in person and online. The total number of attendees was 190 (124 in person, 66 online)



The HSE and Tusla supported the conference in the context of their roles as joint leaders for the implementation of action 1.3.9 in 'Reducing Harm, Supporting Recovery, a health-led response to drug and alcohol use in Ireland 2017-2025. This response is to mitigate the risk and reduce the impact of parental substance misuse on babies and young children. Thus, the conference was a timely event in the implementation of action.

OPENING REMARKS

The conference was opened by Fiona Kearney Braiden, the CEO of FamiliBase, based in Ballyfermot, Dublin 10.

She welcomed all to the conference, those in the room and those on line, explaining that the conference was so well subscribed as soon as it was announced, that a decision had been taken to open it up for online participants also. She also welcomed the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy and Government Chief Whip, Hildegard Naughton TD. Fiona thanked the Minister for her attendance and support of the Hidden Harm agenda in Ireland.

Fiona explained that she and the organisation wanted to explore further the impact of Hidden Harm and the ways of helping to ameliorate the impacts. From the original intention of a small learning event, the conference had grown, illustrating the interest and concern about the topic. The real aim was about conversation between those collectively in the room comprising Children's services, Adult services, Statutory services, community and the voluntary sector. All have a collective responsibility.

Thanks, was also extended to the support from Nicola Corrigan and Esther Wolfe from HSE, Caroline Jordan from Tusla and Clara Geaney the Local Drugs and Alcohol Task Force Co ordinator for Dublin 10. Fiona also thanked Joy Barlow for agreeing to deliver the key note speech, as she brings together policy, research and practice.

Fiona then made the following salient points made from the experience of her practice and that of Familibase.



OPENING REMARKS

(continued)

- Families affected by parental problem alcohol and other drug use need different approaches, because of the shame and stigma, particularly articulated by women. This stigma is felt significantly by children, often in their communities and sometimes within the family.
- Trust has become an important enabler in working with families, illustrating that they deserve support.
- Evidenced- based programmes are important in the work of Familibase, but the approach is important, because relationships are the starting point of the journey to recovery. It is evidential that relationships are the starting point and the power of connected relationships. 'We know that relationship trauma needs relational repair '.
- It is important not to over- professionalise, but to concentrate on human connection and to recognise that we might leave out some people who do not fit into the manualised programmes.
- Time can become an overriding issue, for example offering twelve weeks of play therapy to a child when the need to continue is much greater. We never say that the adult journey to recovery has ended, so the response to time for children and the approach must be different.
- FamiliBase have been assisted over the years by innovative work with the local drugs services and the then HSE social work departments. Work began in the community and engagement followed with families.
- A short vignette about a mother's plea for help with a school refusing child illustrated that with all the good will in the world, programmes, therapy and other offers of support, were of no use if the practical support in the mornings, help in getting the child to school, were not on offer. That family outcome was good, with the father in recovery and the starting point was the mother saying what help she needed, and being listened to.
- A call for action was now needed on behalf of areas of government, where hidden harm appears across all government work, including education, early years, mental health, anti- social behaviour. Alongside this goes the need for specialist services for children and families affected by hidden harm.
- The next National Substance Misuse Strategy must contain resource for the prevention of hidden harm and support for those affected. If no extra resource is possible then collective action should be taken to change practice by all in the room.

MINISTERIAL ADDRESS

The Minister began her address with thanks to FamiliBase for the conference and for all in the room and online for their contribution to the work on hidden harm. She pointed out how since her appointment she had taken the opportunity to reach out across the country to those working in the areas of problem alcohol and other drug use, and to networks of youth services, student unions, sports organisations and of those who use drugs. She was determined to listen to the lived experience.

In June 2023, she had published a Strategic Action Plan based upon the six Strategic Priorities of the National Drug and Alcohol Strategy. There is critical alignment with Article 33 of the UN Convention on the Rights of the Child which calls for authorities to take all appropriate measures to protect children from the illicit use of narcotic drugs and psychotropic substances.

Priority One of the Plan specially commits to strengthening the prevention of drug and alcohol use and associated harms among children. It seeks to protect children across a variety of school, community and family settings by increasing resilience and strengthening life skills and healthy life choices. Government commitments and action plans need to be backed by targeted funding if they are to be successful. The Minister outlined the following:



MINISTERIAL ADDRESS

continued

- In May 2023 the Minister had announced one and a half million Euro in drug education and prevention funding. This supports evidence-based initiatives that engage with young people who may be at risk of using drugs in a variety of contexts.

Organisations benefitting from this funding of 100,00 Euro every year for the next three years will continue to improve the lives of people by reducing the use of harmful drugs and alcohol from an early age.

- She drew attention to the figures from the National Drug Treatment Reporting System showing that approximately 25% of cases of those in treatment have children, including 10% with children living in the home. Thus, support in the past two years of an additional seven hundred and twenty thousand Euro has been provided by the Minister's department to the HSE to support child and family services for those impacted by drug and alcohol use. Familbase has benefitted from this funding as well as well as parenting and family support programmes in CHOs (Community Healthcare Organisations) across the country. A further call for proposals has recently been issued to continue to build capacity of services to recognise hidden harm and to develop targeted services within the community.

- As part of Budget 24, the Minister confirmed that she had secured an additional four million Euro in new funding for drug prevention services. The driving force behind the pitch in funding negotiations is to deliver a new way of thinking in order to tackle drug misuse and addiction. Some of this funding will support new posts in areas hitherto not provided, for example in dual – diagnosis hubs, youth mental health service provision and development.

- Continuing on the theme of targeted and evidence – based investment, the Minister for Justice has provided one hundred and thirty-six thousand Euro to FamiliBase for 'That's a Wrap' which supports marginalised young people through an assertive outreach programme in their surrounding areas. Further funding will announce shortly for a second round of funding for projects across the country.

MINISTERIAL ADDRESS

continued

The Minister concluded by stressing the importance of evidence-based in the procurement of funding which provided a stronger argument for funding allocation. She acknowledged importance of the HSE and Tusla in working together on Hidden Harm. She was heartened to read of targeted interventions which illustrated cooperation between FamiliBase and the local Drug and Alcohol Task Force. The outcomes of this deliver concrete improvements in school attendance, reduced symptoms of trauma and increased capacity of parents and children to emotionally regulate. She thanked all involved and noted her appreciation of the work of all those online and in the room and looked forward to hearing the outcomes of the sessions.



KEYNOTE SPEECH – JOY BARLOW

LEARNING, LISTENING AND LASTING – THE LEGACY OF A GROUND BREAKING POLICY

Joy began her presentation with a hope that the conference would conclude with a better understanding of what constitutes Hidden Harm, how it manifests itself, and most importantly what can be done individually and collaboratively to ameliorate the harms and look forward to brighter futures for children and their families. She asked for reflection on what we are engaged in today – ‘it is hard, hard to hear and sometimes hard to comprehend. Some may be new to us and some of us may be touched ourselves by what we hear. Take good care of yourself.’



What will this presentation contain?

Learning

- What did we know then and what do we know now?

Listening

- Lived experience
- Interventions
- Practice change

Lasting

- How far have we come?
- Still hidden?
- Practice change
- Forward to brighter futures?
- What is there still to be done?

LEARNING

The painting -Landscape with the fall of Icarus by Peter Brueghel was used by WH Auden to consider the question of suffering. This illustrates that for too long we have turned away quite leisurely from the disasters in children's lives- some acutely traumatic, others with day-by-day incipient concerns.

"About suffering they were never wrong,
The old Masters: how well they understood
Its human position: how it takes place
While someone else is eating or opening a window or just walking dully along;
"How everything turns away quite leisurely from the disaster"

(W.H Auden - "Musee des Beaux Arts")

The trauma experienced may encompass:

- Fear
- Unsafe environments
- Obsessive loyalty to parents
- Loneliness
- Hyposensitivity
- Hypo- vigilance
- Isolation
- Confusion
- Neglect.

Children are "ambushed by pain" (Fergal Keane).

All of this is known from the voices of children and practice experience.

Research

THEN

Previously research concentrated on adult drug and alcohol use, with little evidence from children's voices. Recovery was also discussed in an adult context, but what did children understand of recovery.

There was an understandable accent on children at risk, but what about the prevention of harm for those in need. Responsibilities for the children of services users were not held by adult services, and social services were torn between surveillance and support.

NOW

Children's voices are now much more available and there a significant number of studies, e.g. 2022 Muir et al 'A Systematic Review of Quantitative Studies Exploring the Lived Experience, Perceived Impact, and Coping Strategies of Children and

Young People whose Parents use substances '. Yet these studies show that there is very little new – we all know the impact, now is the need to act on what we know to encompass work on whole family approaches.

Comorbidities are a very significant aspect in children's lives and sorrows come in battalions. Education has an important part to play in understanding and helping children experiencing hidden harm. A recommendation from the Hidden Harm report that all general undergraduate teaching in education and Continuous Profession Development was germane to understanding the lived experience of children.

LISTENING

What have we learned from listening to children?

- Recognition that they come second to a substance.
- Drug and alcohol use becomes the primary organising principle in family life.
- Living with unpredictability
- Insecurity
- Fear
- Loss of friends – bullying
- How to control the uncontrollable
- Managing and mitigating vulnerabilities
- Repeated separation
- Role reversal
- ‘Hundreds of hurt ’ – 2002 Barnard and Barlow. ‘Children Growing Up in Drug Dependent Households ’.
- Disrupted schooling
- Early exposure to criminality
- Stigma and shame

Resilience is also a factor for children and experiences can be mitigated by protective factors:

- Non-using parent or carer
- Supportive families
- Friends
- Hobbies
- Empathetic teachers – knowing about impact.
- Community support and involvement
- Specific child focused programmes and projects
- The right to be a child.

Secrecy – establishes the taboo of drug and alcohol use.

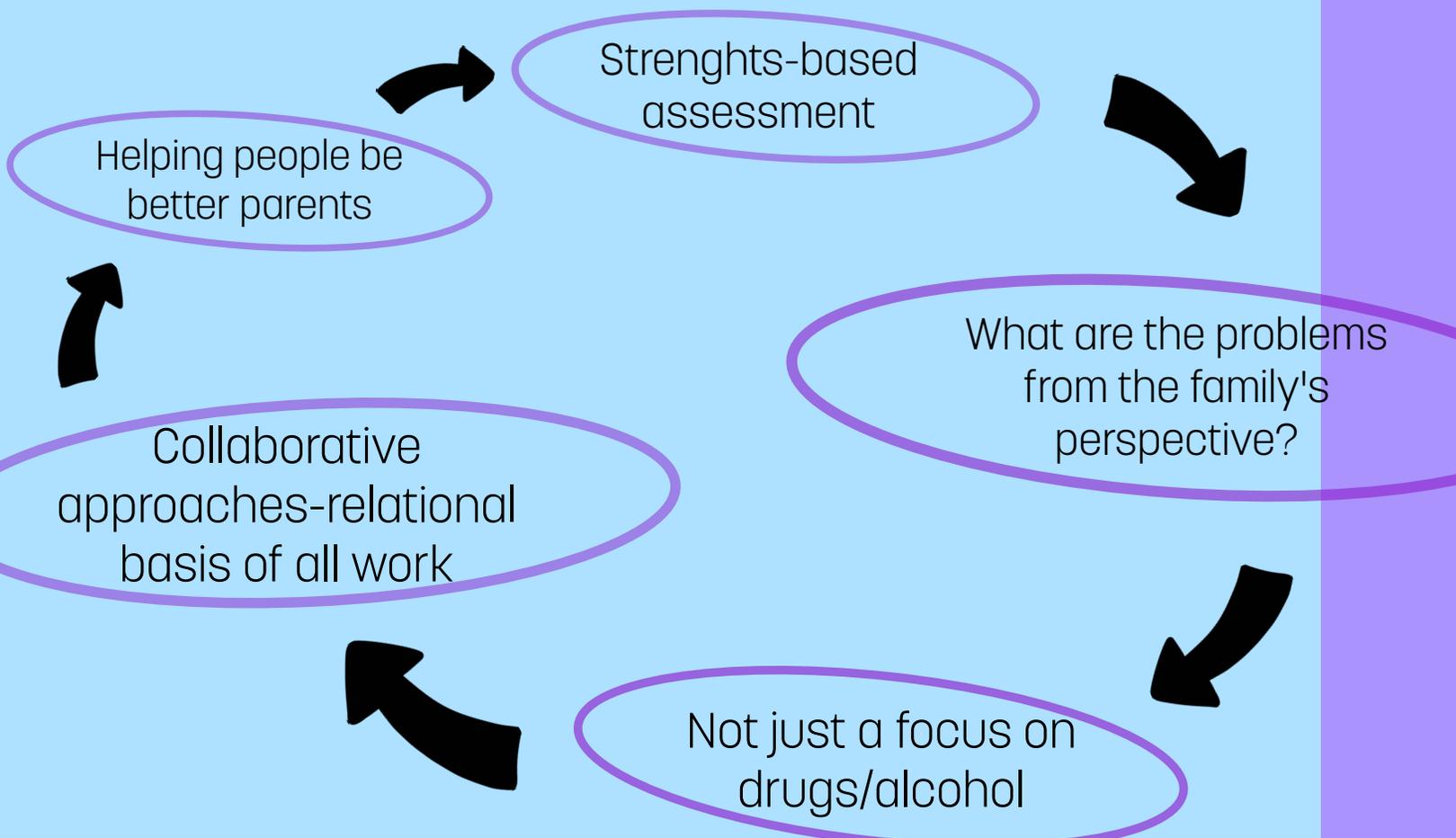
Interventions

Listening had shown us that assessment is key to ameliorating hidden harm, but should adhere to the principles of:

- Focus on the child.
- Inclusion of child and parent views of needs and wants.
- Adult management of life being a good indicator of the ability to look after a child.
- Information from a variety of sources is better than one.
- Helping parents to function better.
- Assess both immediate and long-term impact.

We should start where people are, not where we want them to be.

Interventions are about relationships and should be conducted with trust by all involved, as much as with each other as professionals as well as children, parents and the wider family.



'Practice change is necessary in the care process' -Whittaker et al 2023 'Relations Study '

These changes include the need for strengths -based assessment, seeing the problems from the family's perspective and looking at housing, finances, family relationships, not just a focus on the drug and alcohol use. All need to be involved to help people be better parents.

The conclusions of the 'Relations Study 'are that too often we as professionals work on assumptions about the parent and the problem and place this on the family.

Care should be compassionate, relational and innovative, but this is not always easy within a bureaucratic system and that is what needs to change. What really matters in assessment and intervention is often overlooked.

LASTING

At the beginning of the presentation Joy had considered the key message of the Hidden Harm Report and she now returned to them.

- Numbers remain a difficulty in calculation, but data must be collected they are significant for policy and finance determination.
- Harm is now needs a more nuanced critique as we now need to consider the wider socio political harms which impinge so much on children and their families
- Object of policy and practice – care needs to be taken that other areas of policy do not override hidden harm, and insuring its place in governmental strategy will help to embed policy and practice.
- Effective treatment for the parent remains a prime consideration for the reduction of harm to children.
- Working together – The Strategy Statement and Practice Guide illustrate how such collaboration might be achieved.

Lasting How far have we come?

Examine the key findings

- Numbers and why they matter
- Harm - a more nuanced critique
- Reduction of harm - policy and practice
- Effective treatment for the parent
- working together
- Numbers again

Joy then presented briefly on Innovative approaches and Organisational Change, citing the Practice Guide, work in Scotland – ‘Every one Has a Story ‘and ‘Connections are Key ‘published by the Corra Foundation, and training materials.

Support for Parents / Child Welfare / Family Life

- Connectedness
- Meaningful therapeutic relationships
- Practical and emotional support
- Faith and Hope
- Positive feedback
- Continuity of care
- Listening
- Staying with the difficult stuff

What is there still to be done?

Shared collaborative effort – conversation around the tables and in break out rooms on line hopefully will give the opportunity to discuss greater collaboration.

Ethical principles should be understood and enacted in practice. Discussion needs to take place between professionals as to their understanding of ethical principles – not just taken as read.

The Preamble to the United Nations Convention on the Rights of the Child 1991.

'The family as the fundamental group of society and the natural environment for the growth and wellbeing of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.'

It's no' bad people that become addicts and it's no' bad people that don't care about their kids. It's just people that an addiction has got a grip of and that is more powerful than anything, even the love that a parent would have for their children. It just overrules even that"

(parent)

This quotation from Barnard and Barlow shows the importance of listening to the parental voice. Parents have their own trauma. Often, they are product of care and prison systems and experience intergenerational harms which effect life trajectories.

Joy asked all in the room to consider their role in opening the door for children to let the future in. A brighter future relieving the hurt of hidden harm to which all can contribute.

*"There is always one moment in childhood
when the door opens and lets the future in"*

Grahame Green

'Thanks to all of those children and their families who over the years have allowed me into their lives, and given me permission for me to use their voices and stories to see through hidden harm to Brighter Futures.'

HIDDEN HARM PROJECT – HSE TUSLA

ESTHER WOLFE AND CAROLINE JORDAN

Esther began by indicating that this was a joint presentation, illustrating the joint responsibilities of the HSE and Tusla in the Hidden Harm agenda

She acknowledged the role and contribution of Nicola Corrigan, the National Lead within the HSE for Hidden Harm. She referenced the Strategic Plan 2023-2024 'Reducing Harm, Supporting Recovery, and drew attention to Action 1.3.9, specially the actions (c) and (d)

c) Developing protocols between adiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse: and

d) Ensuring adult substance use services identify clients who have dependant children and contribute actively to meeting their needs either directly of through referral to or liason with other appropriate services, including those in the non-statutory sector.

For the benefit of today's audience, it was important to stress of the development of protocols to achieve a coordinated response. It should ensure that adult substance use services identify clients who have dependent children, and contribute actively to meeting their needs, either directly or through referral to or liaison with other appropriate services.

There was merit in considering the common practice standards contained in the Strategic Statement particularly with regard to parenting capacity, and identifying partners to assist in this, including the non- statutory sector.

Esther then went on to give some background to the development of the work on Hidden Harm which had begun with the North South Policy subgroup in 2012, the establishment of the National Steering Group in 2013 and with the assistance of Joy Barlow, the development of the Strategic Statement and the Practice Guide. Stakeholder consultations were undertaken, and practice sites instituted.

The stakeholders identified three themes they felt had to be addressed in a meaningful way if children were to be protected and families supported. The impact on services was identified as:

- A lack of understanding of the complexity of parental substance use
- The need for training and clear referral pathways.

A draft Strategic Statement was produced in 2015, which framed and acknowledged in policy and practice the primacy of the safeguarding, protection and support of children affected by parental problem alcohol and other drug use. It lays out the National Standards upon which all hidden harm work should be measured.

After the Strategic Statement was progressed, The Practice Guide was written by Joy on behalf of the National Steering Group.

Both the Statement and the Guide were launched by Ministers in 2019.

Training

Esther then went on to describe the training on the Practice Guide which was informed by the stakeholder consultations, particularly the understanding of each other's roles. The aim was not to expect addiction staff to become social workers, or social workers to become experts in addiction, but to work in collaboration. Esther pointed out that when this was explained in the training, the relief of all was palpable.

An E- Learning working group worked between November 2018 and 2019 and was a joint enterprise between HSE and Tusla. She acknowledged the work of Teresa Barnett from Tusla and others from HSE who had worked tirelessly on the area of HH and the development of a HH e-learning module. An early draft of the E- learning was tested by a questionnaire with staff from HSE, Tusla and community and voluntary groups who later assisted in putting together short videos. One member of the group worked extensively with a parent in a residential facility to ensure the voice of the parent was present in the learning.

The outcome of the work was a stand-alone module on HSE Land. It is forty-five minutes long with ten questions, and 80% is required as a pass to progress to the one-day skills training. The module is accessible to all funded services of HSE and Tusla as well as students, volunteers, Homeless services and Probation.

The E-learning module became the prerequisite of the one day face the face training, and the working group evolved into the Hidden Harm training group.

The one-day training was established as face to face in order for networking to be at an optimum. The content is drawn from the Practice Guide and uses a variety of exercises and group work to engage the participants; three modules which look at working together, the family, and practice application. Three pilots were undertaken in a city suburb, provincial town and rural area. All sites completed an evaluation with approximately twenty participants in each group. The mix of participants was essential and the content challenging. It was important to create a safe environment where robust debate and discussion could take place around role adequacy and role legitimacy.

The findings from the pilots elicited positive responses regarding meeting the objectives of the training, networking was seen as very beneficial and attitudes were changed. The role of Signs of Safety was acknowledged. The suggestion was that the training content was heavy for a one day training. Rather than extend to 2 days training as suggested from the pilots, the working group will review the content. It was also suggested that the one training should be attended by managers. Then COVID struck and people worked on other pressing issues.

Moving on, Esther used the image from the Substance Misuse and Child Welfare Special Interest Group at Queen's University, Belfast illustrating structural separation, different world views, different pathways and different priorities.

'People talk about the problem, but not the consequences They keep talking about my mother; "Your mum is on drugs, your mum is off drugs, your mm is in treatment, your mum is in the process ". I do understand their approach, but we never talked much about me '. Schanche Selbekk 2019.

The Hidden Harm Strategic Statement highlights the challenge for agencies of keeping the child visible and giving them a voice.

There are plans in place for next steps in the Hidden Harm Project with the HSE National Social Inclusion Office engaging an experienced researcher to identify services pertaining to hidden harm and to identify gaps in, and blocks to service delivery. Funding is made available by the Department of Health to enhance child and family services impacted by drug and alcohol use.

Caroline considered the number of 'asks' she had for the audience which she termed 'enablers'. The first enabler was data and she asked that people should familiarise themselves with the National Drug Treatment Reporting System which includes the data on children of people in treatment. Through interactive tables you can search for treatment data on a number of domains. This can help to provide evidence of the need to enhance services or for the development of new services.

The second enabler is Practice Frameworks -attention was drawn the National Drug Rehabilitation Framework (NDRF) 2010. A care planning and case management form which after evaluation should be available shortly will ask adult service users about the role of parent in terms of the children. It is important that services are ready to support the drug services to have pathways of support. Caroline then moved on to discuss the Tusla National Practice Models.

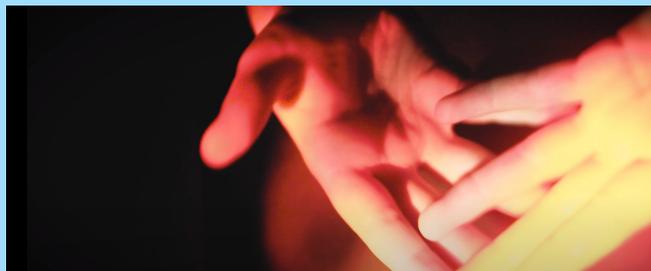
She urged the audience to get to know the Child and Family Support Network and the Meitheal model. Signs of Safety is seen as a really good model as it is strengths based and empowering, listening to parents and keeping children safe. It is enquiring not procedural and acknowledges that the work we are engaged in is emotional and difficult, and is trauma – informed.

Caroline ended with an image which brought together all the policies and strategies which are child-centred. Covid has shone a light for Government on the promotion of the protection of the rights of the child and a human rights approach. She urged all to listen out for the work that is happening and engage with it, because it matters to children.

HIDDEN HARM VIDEO

FamiliBase had produced a video with the children and young people using the service and it was at the heart of the conference proceedings. Some of the participants spoke for themselves, others read the words for their friends. Permission was only given for it to be played within the conference and therefore what follows is a synopsis of the experiences provided by these very brave and articulate children and young people.

The video provides the living experience of the participants in their own words and echoed distinctively the research and practice evidence recorded in the keynote speech.



It began with these stark statistics:

- 200,00 children living in Ireland are affected by parental problem alcohol use. (Alcohol Action Ireland 2022).
- In 2022 almost half the cases (47.3%) in drug treatment were parents who had children (O'Neill, Lyons and Carew 2022)

Because of the stigma and shame experienced these numbers are very likely an underestimate.



The themes in the video expressed were:

- Having fun, but alcohol consumption by the parent led to fights, police involvement and being removed from parental care. This was a common occurrence.



- Violence towards the partner and the child

'He has loads of fights with my mam and like sometimes with me'.

- The lack of basic practical amenities like food, heating, money, meaning financial difficulties



'I used to then sit in the house with no heating ... I'd be so cold.

Sometimes there'd be no food in the house get stuff like the shop on tick.

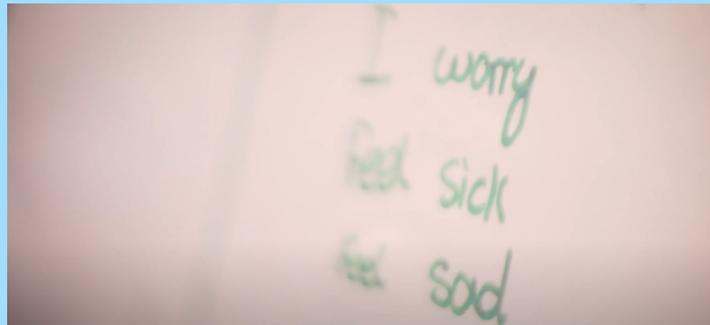
'Heating runs out in the house really quickly especially in the winter '.

- Parents going missing and the fear of what might have happened.
- Feeling unsafe and worrying about siblings
- Fear of removal by the social work department

'Worried that my ma would fall to the floor, and we wouldn't see her againthat social work would come and we'd be taken to a different family '.

- Feelings of physical sickness even when at school or out playing with friends
- The sirens of the Garda causing fear, but some protection given by a female Guard.
- Scenes of intoxication, the Garda attending and being questioned by young people at school causing shame and embarrassment.

The children and young people then spoke of what helped them and the Nurture groups at school were mentioned and in particular the support offered by the Young Person's Support Group at Familibase. Children and young people were able to talk about their parent's use of substances as well as having fun. The centre was seen as supportive even when the group was not running.



*'even if the group wasn't on. I'd still be able to pop down to the centre to talk to someone if I needed it'
Being able to just sit and just drive around with a worker was relaxing and a release.*

The practical support of getting to school:

'the only time I went to school was because of her (worker)...she'd be banging on the door and dropping us off at school.'

The video ended with the recognition of how important treatment for the parent had been.

Things can change.



INTERACTIVE SESSION

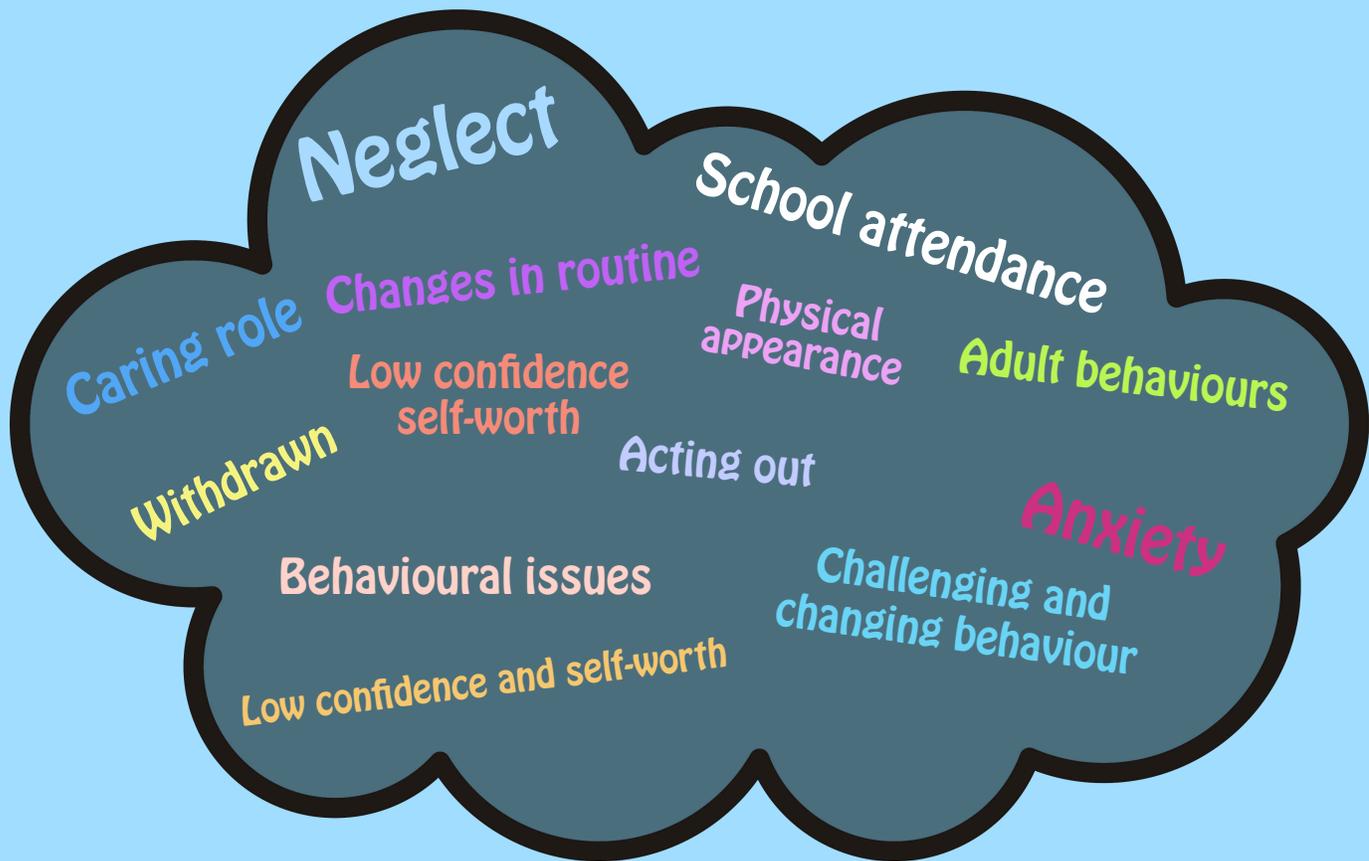
The aims of this session were to allow conference participants to discuss what they had heard thus far and from their own experience share thoughts and practice examples on the amelioration of hidden harm. Prior to the conference the Steering Group had agreed the following format:

- Discussion at the tables or online break out rooms.
- 'Facilitators' identified to prompt initial discussion.
- Prompts would be given by way of vignettes from research (See Appendix 1)
- Questions would be asked of the vignettes (See Appendix 2)

After the discussion the mentimeter process, explained and facilitated by Ali Warner, was used to create real – time feedback from all participants and significant areas of feedback were noted. Participants were given a code to let them on to the mentimeter site which allowed for brief answers to the questions. The feedback was provided from three questions presented here in order of predominance by word clouds.



How might you say that a child is experiencing Hidden Harm?



How might you respond to a child or family experiencing Hidden Harm?



What is the one new insight you have got so far today about Hidden Harm?



At the end of the mentimeter session some salient responses were picked out to comment upon by those who had presented thus far.

The predominance of neglect was noted, not just physical neglect but emotional neglect as well – seeing the child's experiences through the prism of neglect.

School attendance had predominance in the responses and Joy pointed out from the research she had been involved in, school could be seen as a safe space. Taking on the adult role was important, and the need to consider the intergenerational trauma which calls for trauma informed therapy which is long term work. Attention was drawn to the use of the word 'love ', and the difficult connotations of that word should not stop the belief that nurturing, loving relationships are the bedrock of the work, with a non- judgemental approach. Joy also drew attention to the moral ambiguity within the work we do. Problem alcohol and drug use is a behaviour not to condone, it is to be understood and mitigated against. But the individual is not to be condemned. Some behaviours are reprehensible and need to be dealt with, but we will not get anywhere on the road to recovery for children and families if we consign people to the margins of society.

Trust was singled out as an important factor in both dealings with the family and between professional collaborators. The need for a whole family response, and letting the child be the child were commented upon as well, with increased awareness not just about drugs and alcohol, but also about finances, housing etc.

Attention was drawn to the role of initial and comprehensive assessment and people were reminded of Caroline's comments about the assessment form, hopefully available from November which will capture information on parental responsibilities etc. Also, the importance of knowledge and understanding of the current protocols was stressed. Finally, attention was drawn by Esther to the fact that child protection superseded GDPR; the use of GDPR and confidentiality should not be used as excuses not to collaborate. 'Such sticky issues were the type of things that came up in the one – day training '.

In conclusion, thanks were extended by Fiona to all who had engaged in the innovative exercise, showing considerable knowledge of hidden harm, and how the answer illustrated enthusiasm and insights as to how things can be improved for all experiencing hidden harm.

LESSONS IN HIDDEN HARM PRACTICE

Four sites across the country had been asked to present on their experience of working on Hidden Harm, practice examples, learning and challenges to be addressed.

1. Hidden Harms in Dun Laoghaire Rathdown (DLR). Presented by Mairead Grennan.

Mairead introduced herself as the recently appointed Practice Liaison Worker with the Dun Laoghaire Rathdown Drug and Alcohol Task Force.

There has been considerable activity with regard to the implementation of Hidden Harm in DLR and has been a mixture of policy and networking since 2016. Local events bringing together Tusla, HSE and local interagency seminars have identified issues in developing a local Hidden Harm Strategy. Work on Hidden Harm had been facilitated by the establishment of a Barnardo's service in Balligan.



In 2020 Hidden Harm was established as a sub-competent of the PPPS in CYPSC in Wicklow and DLR. After the COVID interlude work has continued on development workshops and funding for Health Community Services enhancement, which is the post held by Mairead.

The three aims of the Practice Liaison Nurse are:

1. To liaise between relevant services and support interagency practice across CH06 under the Hidden Harm framework.

2. Develop a community of practitioners committed to Hidden Harm Practices across CH06 area.

3. Outreach and engage with targeted support organisations regarding drug and alcohol needs, Hidden Harm, and access to services as necessary.

These include.

- Domestic violence and gender – based violence
- Travelling communities
- Migrant/new communities
- LGBTQ+
- Homeless communities.

Mairead gave some examples of liaison work including a parent attending an addiction service with an 11-year-old child who is identified by parent and service as needing additional support.

The role of the Practice Liaison Nurse is primarily to sensitively engage with staff and families, to support targeted communities, to encourage awareness of Hidden Harm and to create motivation about interagency collaboration in the community.

The challenges presented so far have included the Hidden Harm name – bringing up the topic without causing blame. Cultural differences and philosophies within organisations. A lack of trust from clients to staff and a fear of sensitive topics from both. Confidentiality issues and informed consent.

The practice learning points Mairead drew out are:

- Fighting the stigma of addiction
- The importance of interagency working
- The importance of information sharing between services – routinely provided through specially designed protocols.
- Developing a community of practice.

'it's not just about understanding what Hidden Harm is, but it's about how to collaborate and work togethernot creating a new structure but embedding these concepts we have spoke about today in the structures we already have.'

2. PuP The Integrated Theoretical Framework – Coolmine. Presented by Bernie O’Grady , Team Leader and Trainer.

Bernie began by reading from a card she had received from an eleven-year-old girl whose mother had been staying in Ashley House at Coolmine.

‘Dear Bernie, I just want to thank you so much and Coolmine for helping my mom .Also can you tell all the other workers I say thanks. On 22nd of May 2022, I thought I would never talk to my mom again. But she went and got the help she needed, and you all got her through it’



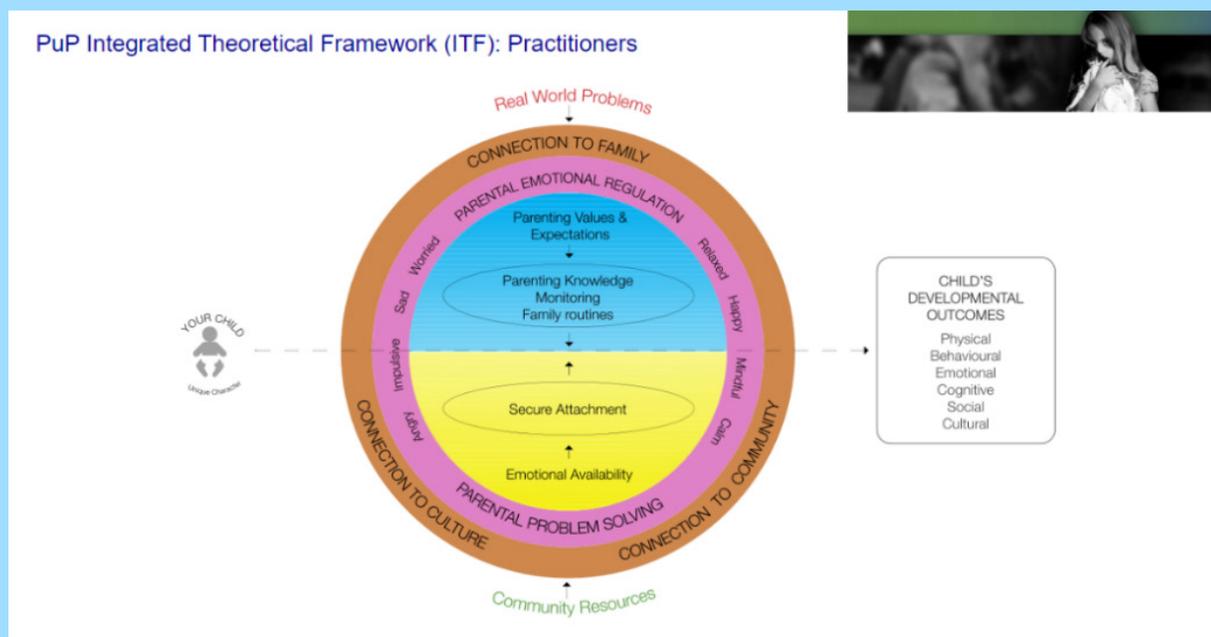
This provided a background to the PuP programme offered at Ashley House. Bernie pointed out the challenges faced by parents and practitioners when people’s lives are complex, chaotic and messy, crises riven and staff feel overwhelmed

‘Much family work entails putting out fires ...’

Structured programmes do not accommodate the circumstances of individual family needs. Thus, it is necessary find a potential solution.

PuP is designed to be a frame work which is individualised, tailored and flexible. Not only is it now used in the residential setting but also delivered in the community.

Bernie then explained in some detail the domains of the framework.



The grid on the side illustrates the child's developmental outcomes and the circles show the importance of working with parents on the areas which will affect the child's developmental outcomes. Bernie drew attention to the yellow section which notes primary attachment and emotional availability. The blue section illustrates the parents' experiences and the pink parental problem solving. The brown considers the wider connection to family, culture and community. Finally the framework takes account of real life problems, homelessness, mental health , addiction , financial and housing crises. The framework is the basis of the work undertaken at Ashley House.

Bernie then introduced Ashley House, the only women and children's residential facility in Ireland, and because of demand, since 2022 another treatment facility has opened in Limerick. The residential community is available to single women who may have children, pregnant women and women with children. Ashley house accommodates twenty-three women with twelve children. The children are from newborn to five years old. Children can visit at weekends for access. The women and children are supported through the evidenced based programme of PuP.

An important part of the work is bringing families together, supporting the whole family on fun days. Reunification and regular access are prioritised as well as phone calls and communication.

'My partner and son are at Ashleigh House while I can now graduate (from Coolmine) and be there for my son in the community. We can be a family in recovery and give our children a better life.'

The onsite creche provides knowledge of how to deal with children exposed to trauma, educating parents and giving advice, giving voice to the child and assisting with safety, routine and structure.

'the creche gives me hope, they work with me around my kids, and support me even with my meetings with Tusla. My son now has friends and is not isolated.'

The learning outcomes from PuP are:

- Creation of a space where the voice of the child is central in the response to parents.
- Work with families whose children are in care and not primarily living with the parent.
- Promotion of positive emotional connection between parent and child
- Reduction of stigma and shame, particularly mothers struggling with addiction
- Supporting the case management approach in particular with Tusla social workers.

3. Moving Parents and Children Together (M-PACT). Presented by Thomas McGill, AFI Family Support Worker

Tom began by explaining that M-PACT is a programme designed to reduce the harm of parental addiction on families, children and young people. It was developed by Action on Addiction UK, in conjunction with Bath University. It has been successfully delivered for more than a decade in many locations in UK and Ireland and since 2019 in Donegal, Sligo, Leitrim and West Cavan. Alcohol Forum Ireland is the license holder for Ireland.



The programme aims to provide:

- Support to children and families
- Raise parental awareness about the impact of their misuse on family members.
- Reduce shame and stigma.
- Increase coping strategies.
- Improve family communication and explore family values and beliefs.
- Interrupt repeated patterns of harmful behaviour and reduce risks – providing opportunity to prevent the revolving door syndrome.
- Identify additional for needs for both parents and children.
- Reduce harm and to improve recovery for all family members.

Independent evaluation has shown that there are benefits on the wider family in order to set realistic goals, to offer unique support for positive change, to aid family communication, and that families do not need to struggle on their own.

(Lorna Templeton and Bath University 2021).

Referral criteria:

- Families where one or both parents have or have had a substance misuse issue with at least one child aged between 11-18 years of age.
- Families must know they have been referred.
- Not all family members may choose to attend.
- Families may attend if the using party chooses not to
- Using parent must be capable of meaningful engagement and will be asked to leave if under the influence of alcohol or drugs.

M-PACT is delivered by referral through family, professional or self and is followed by family assessment. Agreement is sought to attend the 8-week programme after which there is an individual family review, where onward support and signposting are arranged. Reunion takes place approximately 3 months later.

Thus, there is support after the programme has finished. Recently children have started at a WhatsApp group to keep in touch. The weekly session begins with a family meal often something not often experienced. Each session covers a different topic and children and the family work separately with trained facilitators and come together for discussion. This is often very powerful.

Tom identified 5 practice learning points:

- Supporting children and young people
- Reducing stigma and shame
- Improving communication within the family
- Exploring values and beliefs
- Interrupting repeated patterns of harmful behaviour

The outcomes show the affirming of kinship, empowerment of young people's voices, awareness of the reality of the lives of families affected by addiction. Supporting relationships where young people receive peer support and connection for the adult to engage further with the AFI family support worker.

4. FamiliBase. Presented by Fiona Kearney CEO and Shaunie Kelly, Child and Family Manager.

Fiona first described the 'one stop shop' of services and supports which came about by the merger in 2014 of the family support agency and youth service. This has given the opportunity for integrated referral processes and services.

'From womb to tomb'. The services are provided by a multi – disciplinary team with lived experience and knowledge of the cultural context of the areas served. There are a significant number of funders across the range of services provided. The team meetings bring everyone together and so support is available in a step up –step down process. Children and families impacted by hidden harm can receive intensive family support and then the child can move into the youth service where they can leave and then return as they need.



The organisation can provide universal, targeted and specialised support. There are low caseloads in the specialised service provision, seven families per worker to facilitate flexibility of response and dealing with crisis which cannot be planned. Families are met in their own homes as well as at the centre. A case management approach is taken, and this will be different for every family.

Intensive Family Support Programme

Targeted interventions for children and families impacted by Hidden Harm

Outreach, home based, practical support

Strong emphasis on relationship building and trust

Holistic, whole family approach - child at center of decisions

Low caseload to allow flexibility and range of responsive interventions

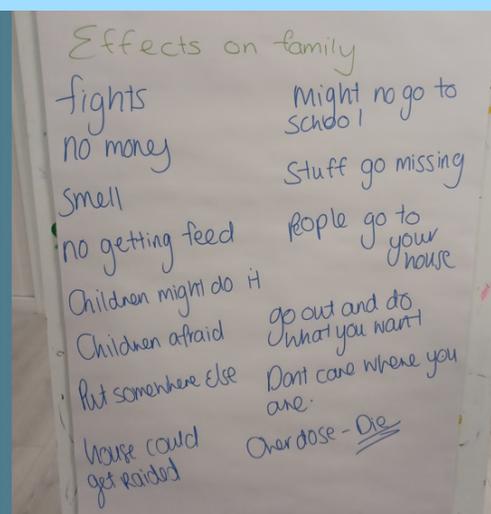
Not time specific

Families can be referred internally and can remain with the service for as long as it takes.

Shaunie then explained the Young Person Support Service which had produced the video shown earlier. The programme has been adapted by feedback from the young people from a ten-week manualised programme to groups which may run from 6 months to a year. It can include creative arts and relationship building. The drug and alcohol awareness element is important so that children understand what the substances are which might be in their homes.

This slide shows work from the programme:

Young Person Support Programme



The aim of the group is to reduce feelings of isolation, build a sense of belonging to build resilience.

One to one support is offered to children and young people in order to provide a safe space, sometimes in a drive in the car, going to the local park or using creative methods.

This slide shows the benefits of key working for young people:

Key-working

"We just talk, yeah! like we talk about, Like about everything that's going on or that I'm worried over, it's never as bad after we talk.

She helps me talk about things with my ma too that I'd be scarla to say and if I'm finding school hard too, she talks to the teachers and then we have a plan" – Young Person 14 years old

"Key working is for helping. It helps keep me calm. We have fun and we chat about everything and make sure I am ok" – Child aged 9 years old



Systemic Trauma Therapy takes a systematic whole family approach to bring about lasting change and looks at repairing and restoring family relationships, support to deal with past and current trauma and uses creative and sensory motor methods of therapy.

The Five practice points identified by FamiliBase are:



In conclusion Fiona impressed upon the conference the importance of relationships with people and with place. Youth service provision which is missing in the Practice Guide and the need for collective action.

'We need to learn how to dance better'.

FamiliBase's experience of working with local alcohol and drug services had shown how dancing together was possible. She urged all to look to this collaboration.

PLENARY SESSION

The plenary was facilitated by all the day's speakers and questions were sought from both the people in the room and online participants.

- Training – Esther reminded people about the Training for Trainers two-day programme, being led in its organisation by Nicola Corrigan, National Lead at HSE. Dates are proposed in November 2023 and January 2024 and the rough plan is to offer a one-day training in which the trainers would take part, and the second day delivering back to those organising training on Hidden Harm. This new mode of delivery is in response to feedback from the pilots already described by Esther in her presentation.



- The elephant in the room – the question was posed as to how to get people together to 'better dance'. The questioner suggested that people were still working in isolation, brought about by scepticism of other services with different cultures. The only time linkage takes place between organisations is when a crisis occurs. In response Joy described the development of protocols and training under taken by STRADA (Scottish Training on Drugs and Alcohol) which she ran for 15 years. The protocols were to support 'Getting Our Priorities Right', the policy and practice document which provided a comprehensive response to Hidden Harm in Scotland. These protocols covered all services, universal and targeted. They were produced for all areas of Scotland and the training was provided by local STRADA trainers who knew the participants in the training well and understood the potential difficulties of collaboration.

The protocols were taken up over the years and were still in place when GOPR was refreshed in 2013. The policy was subsequently subsumed into the Scottish Child Welfare policy, 'Getting it Right for Every Child'. Fiona then asked for a response from Cathy (Fusion), with whom as an addiction service Fiona had worked for twenty years. Cathy described the need to look at the whole family and conversation with Fiona had led to very useful joint working. This showed the importance of conversation. Cathy said that all services including criminal justice, addiction services, child care, youth clubs, all have to be involved.

- Comment – Jackie Allison from the Talbot Centre congratulated the conference on bringing the children to the forefront of thinking. She commented on the concept ‘that hurt people, hurt people’ and that’s what happens in addiction. She also drew attention to:

- Children coming second to a substance.
- The importance of relationships
- The impact of the work

- Online participant. - Attention was drawn to the magnification of hidden harm in rural communities. Whilst there were significant movement in the areas of West Cork and South West Kerry with Coolmine, providing a multi – disciplinary team of a family practitioner, art therapist and play therapist, the rural element is still problematic. Tom answered the question by saying that in his experience, you had to get out into the community and travel extensively as he does in Donegal. You do need to visit people in their homes, be on time, communicate as much as you can. Building up trust that you will do as you say. The was comment made that even in urban areas, outreach was necessary. Joy described what has been termed ‘supportive stalking ’, when a worker does not give up on someone.

- Comment – online Marion Rackard commented on the importance of the day and how useful it had been, after many years of working on the Hidden Harm agenda. She drew attention to the work of Cassie Muir, mentioned in Joy’s presentation and the setting up of ‘Silent Voices ‘through Alcohol Action Ireland.

- Alcohol Action Ireland -Fiona asked Shelia Gilheany the CEO of Action Ireland to say more about their work and Sheila drew attention to ‘Silent Voices’ and the week of raising awareness, ‘End the Silence ’. The focus in the webinars will be mental health and Cassie Muir will be presenting her work on listening to children affected by parental problem substance use. All were urged to participate. Shelia also commented on the importance of engagement with policy makers, and the production of a policy document from AAI and she had been waiting for this conference to include points from it.

- Trauma informed work – a question was raised about secondary, vicarious trauma and the possible burn out of staff. Bernie responded with the experience of Ashley House and the importance of staff debriefing and supervision. Also, the provision of six free counselling sessions for staff and follow on support.
- Reunification for families – or not. A question was raised by a worker in a residential setting with young people, and asked about those children with FASD (Fetal Alcohol Spectrum Disorder), how to work with parents through guilt and shame, knowing their responsibilities for a child’s condition. Fiona asked Joy Winterbottom the Systemic Family Therapist from FamiliBase to speak about her work. Joy explained her systematic work with families and acknowledge that reunification work can be very difficult. Reconciliation may not be possible and work on deep loss is paramount. One way of filling the void is finding another responsible adult or good enough adult or one that can help to heal and repair.
- Final question - an online participant asked about next steps and the joint work with statutory services as the work is by nature to be long term. Caroline responded by saying that cognisance should be taken of Governmental policies being brought together for example in the cross sectoral Child Wellbeing and Poverty Unit (<https://www.gov.ie/en/campaigns/7c189-child-poverty-and-well-being-programme-office/>). That evidence-based practice should be augmented by case studies and lived experience, with feedback from families.



CONCLUSIONS AND PARTICIPANT FEEDBACK

Conclusions

The following summary boxes indicate how well the conference achieved its stated aims.

Discuss 'Hidden Harm'

Throughout the day it was obvious that the discussion centred around 'Hidden Harm' and its impact on the work of practitioners from a wide range of service provision. A strength of the conference was the different services represented, both in the room and online. Children's services, education, community groups, adult treatment service providers and policy makers were able to converse and discuss the practice required for 'brighter futures', as well as some of the dilemmas, and possible strategies to ameliorate the difficulties experienced by children, families and practitioners. The Minister's speech showed the commitment from the Government to further the policy and practice required as well as the strategic aspirations. The interactive session created the opportunity for in-depth discussion centred on real life lived experience. The results of the table and break out discussions attest to the breadth of understanding and possible future cooperative working.

Identify the needs of children and families impacted by 'Hidden Harm '

Fiona's introduction, Joy's presentation and more especially the children and young persons' video illustrated starkly the needs of children and families.

These include:

- The importance of listening to the child's experience
- The role of stigma and shame.
- The creation of safe spaces where children and young people can express themselves, be themselves, have fun and connect with peers.
- Understanding the lived experience of child and family
- The impact of fear, lack of safety, neglect and socio-political issues such as finances, housing etc.
- The need for practical help to support families as well as therapeutic interventions.
- Awareness by practitioners of professional assumptions which might get in the way of strengths – based assessment.
- The importance of a rights -based approach to the work
- The primacy of collaborative working
- The realisation that change is possible.
- Evidence -based interventions are important, but flexibility of approach and long-term involvement are prerequisites for all 'Hidden Harm 'work.

Again, the responses of the interactive session illustrated the understanding of the needs and how they might be ameliorated.

Report on the 'Hidden Harm' project

This was provided mainly by Esther and Caroline's presentations and augmented by the testimony of those working at the front line of practice. Ireland has shown itself willing to address the issue of 'Hidden Harm' for some considerable time, beginning with an understanding of the concept and progressing through stake holder consultations to the publication of seminal documents. The Hidden Harm Strategic Statement provides the national practice standards against which 'Hidden Harm' work is to be measured.

The Practice Guide is commended by the Pompidou Group of the Council of Europe and its strength is the joint ownership of all the enterprise by HSE and Tusla. The Covid pandemic obviously halted the timetable for training on the Practice Guide and the newly formulated training programme should assist in the roll out of good practice across all disciplines. Cognisance of the comments made at the plenary with regards to protocol development and further joint working should be considered.

Show case evidence- based interventions to address 'Hidden Harm'

The four practice presentations illustrated extremely well the work ongoing across the country which provides opportunities for innovative practice to be implemented.

In summary the practice interventions illustrated:

- Joint working across agencies, with understanding of the complexities of the issues
- Therapeutic and practical support for children and their families
- Compassion and thoughtful approaches
- Listening to the voices of children and families
- The ability to work flexibly with evidence – based interventions.
- The total commitment to the tasks in hand.
- Understanding of the pressures of the work and how to support staff.
- The usefulness of networking and the different means of providing information
- Cultural differences of organisations and professional siloes may hinder the work.

Create a community of practice

This final outcome is perhaps not so well attested as the other outcomes, but is illustrated by the following.

The conference allowed for the opportunity of conversations which can now be continued across localities and the nation. The National Strategies should be informed by the report and conclusions of the conference. Participants may adopt new practices and adapt current practice informed by evidence base and the lived experience of children and families.

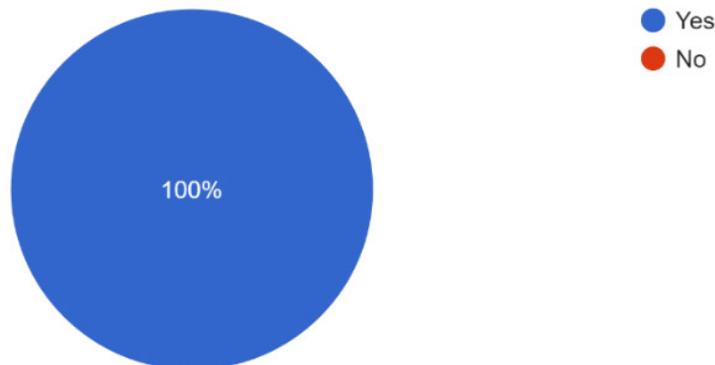
The conference has illustrated very well the impact of 'Hidden Harm,' and the imperative of responding to this impact by the provision of collaborate endeavour to '*See through Harm to 'Brighter Futures'*' for children and families across Ireland.

PARTICIPANT FEEDBACK

This qualitative feedback is based on sixty-three responses with all but one person thinking that the information was presented and useful, and all but two learning something new. Most people felt that the conference had fulfilled their expectations with ten saying that expectations had been partially met. The feedback was almost universally positive, with indications of the intention to change practice, to innovate and to listen to the lived experience. The voices of children had been especially moving. A commitment to collaborate working figured highly. Most people wanted to be kept informed of the next steps.

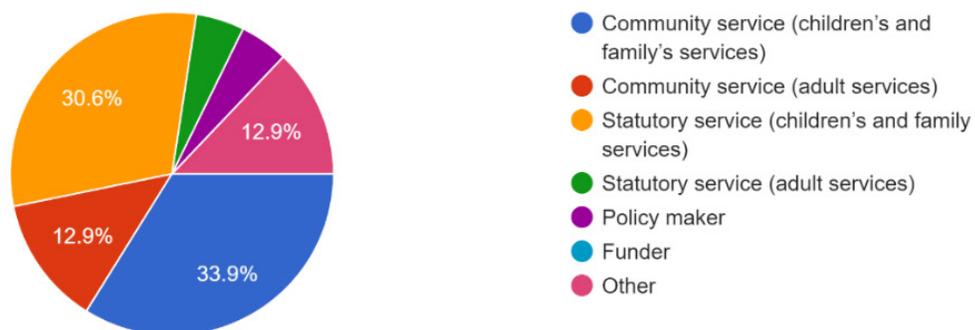
1) I would come to another event exploring Hidden Harm

62 responses



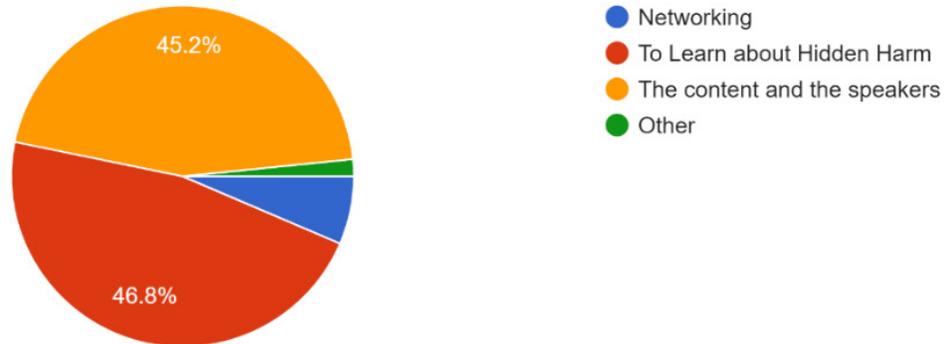
2) Please identify your connection to working with the issue of Hidden harm

62 responses



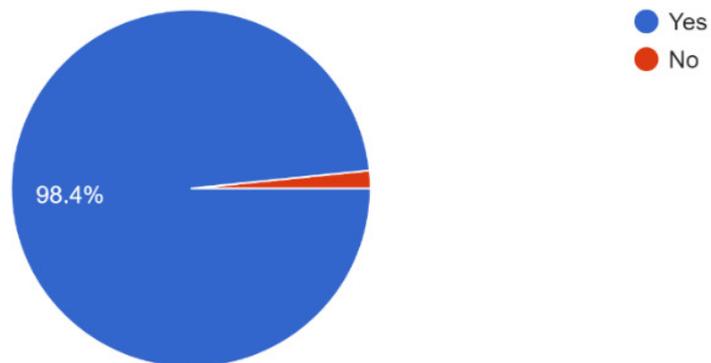
3) What was your main reason for attending the event?

62 responses



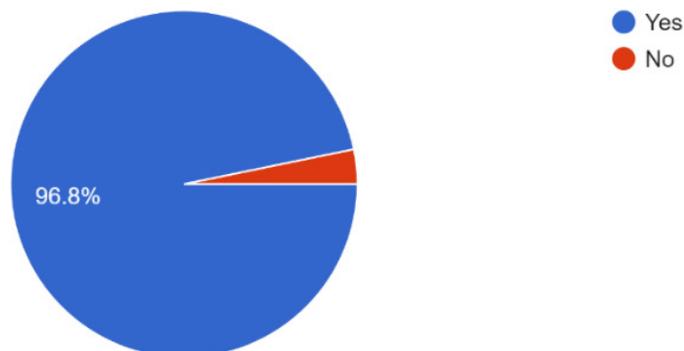
4) The information was well presented and useful to me

62 responses



5) I have learned something new about the Hidden Harm today

62 responses



6) What did you particularly like about the event?

'So grounded in good practice. The values of relationship, care and love for children and young people spoken about passionately

'The event was excellent, informative, and eye-opening. I loved it all'.

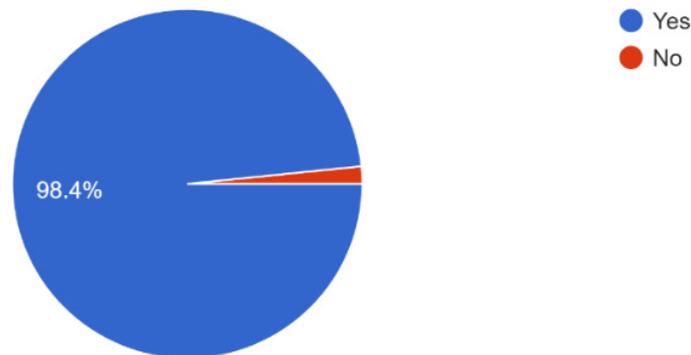
'Mixing with different agencies.

'Top table contributions were very relevant to my work '.

[full response details in Appendix 3]

7) The presentations were helpful to me in my work

62 responses



8) I would like more information on:

'How we can support and look out for hidden harm in the homes of children/young people

'Practical strategies at local and national level.'

'The training'

'How to engage with families.

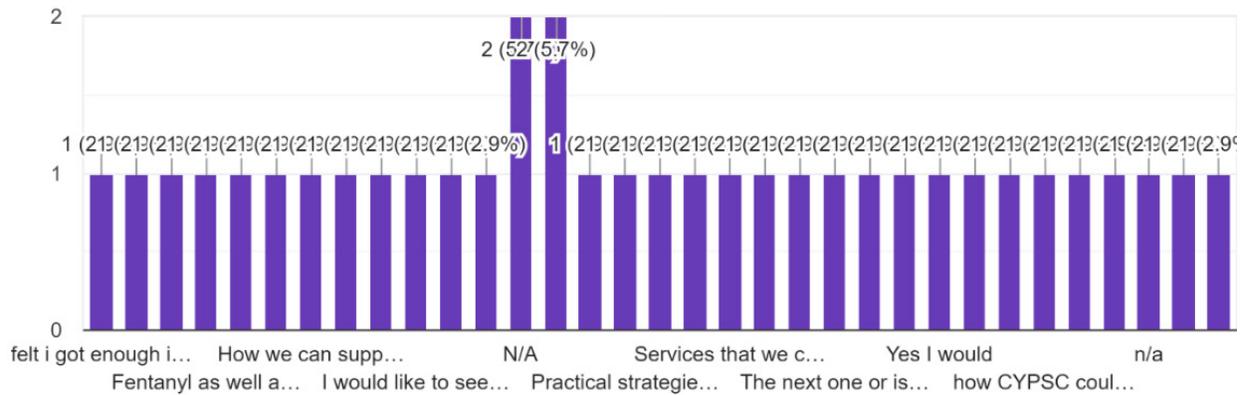
'Protocols between HSE and Tusla '.

'Hidden Harm being highlighted as a relevant and hugely under resourced impact on childhood trauma.'

[full response details in Appendix 3]

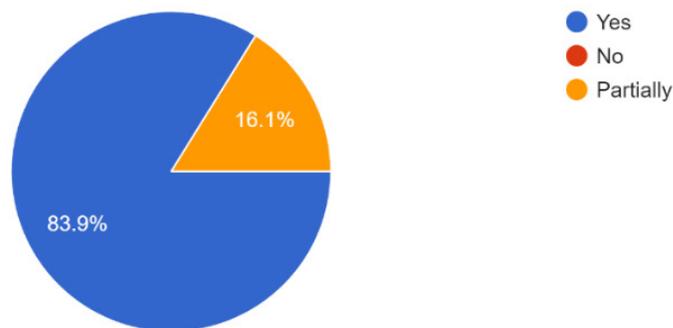
9) I would like to have more information on

35 responses



10) Did the conference fulfil your expectations?

62 responses



11) Use this space to provide more detail on the above

- I'd love some more Hidden Harm documentation to leave in school staff rooms and some documentation directing professionals to undertake the HSEland 45 minute online course on Hidden Harm
- All the speakers were great also great information.
- You began a conversation on the impact of hidden harm on children due to substance misuse, I am hopeful that this conversation gathers momentum and is highlighted at every level.
- The event was very well put together it was a lovely day. The presentation of the children's views from the service was particularly touching.

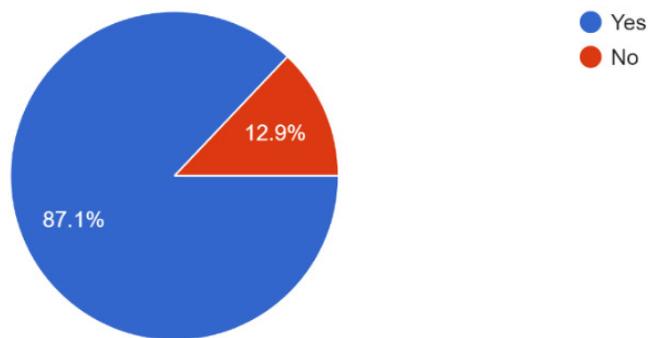
[Full response details in Appendix 3]

12) Please use this space for any other comments or feedback about the event location, refreshments and facilities

- All great. Thank you
- It was perfect.
- Excellent Conference, speakers were very apt to the focus of day. The content and message of the day was powerful and compelling.
- Thank you for a lovely day

[Full response details in Appendix 3]

13) I would like to be put on a mailing list for updates on developments in Hidden Harm Policy
62 responses



In conclusion:

'I did not expect it to be as good as it was. It was very informative, and the guest speakers were very relatable.

All extremely useful, very well organised event.

'The only thing lacking was the next steps needed.'

A remarkable achievement.'

Excellent conference, venue, speakers and content.'

APPENDICES

Appendix 1

Quotations used in the interactive session. These are taken from the SWAAT Study – Supporting Women to Access Appropriate Treatment 2021 Trinity College Dublin

1. It really is -it's more anxious about what other people think. Like it isn't set up for us (women), and especially round here, it's like your frowned on , you're called 'oh, she's dirty , she's a junkie. She's this, she's that '. So, I think it's women kind of keep it private, whereas men are going around talking about it and they'll speak about where or what they want. Like I -me personally I wouldn't. My experience with my friends I know they wouldn't. (Jean)

2. That would have been the biggest barrier, thinking that if I had told somebody in a professional way that I would be punished, you know, having the perception that if you're a certain way then you're going to be punished for that. So, I -I would have had this perception that if I went to somebody they'd say 'oh my god you're a bad mother you know 'from what you have just done now and what you're doing we're going to take your kids away. It's stuff like that that would have stopped me from reaching out and asking for help. Definitely. (Sharon)

3. Dear Mommy - don't worry I went out to play. I let you sleep Harry will be in the yard and I will be at Joanne's or Mary Anne's. Harry wore his sweatshirt and ...play jacket with just the hood on his ears. I wore my red pants with my red and white hat with a hood. (Brooks and Rice 1997)

4. I stopped attending classes, started talking to teachers harshly and later started self-harming during lessons. I was showing how bad it was for me, and later I started consuming alcohol and drugs at school. (Rita) Taken from Nordic Studies on Alcohol and Drugs 2017

APPENDICES

Appendix 2

Questions provided discussion at the tables and the breakout rooms online.

1. What emotions are illustrated here?
2. What might be the consequences of these emotions?
3. How and in what way do these emotions illustrate Hidden Harm?
4. What might be this family's circumstances?
5. What intervention might be useful here?
6. Which services might /should be involved?
7. Ring any bells with you and your service /practice?
8. Any red flags?

APPENDICES

Appendix 3

6) Something I particularly liked about this event was

55 responses received

- So grounded in good practice. The values of Relationship, care & love for children & young people was spoken about passionately
- Learning about all the services and listening to the speakers.
- The presentations by different services and how we can all work together
- The entire event was excellent, informative and eye opening, I liked it all.
- Very Informative i liked hearing about different services.
- I loved how relatable it was to youth work and the larger youth work sector. Everything that was said on the day was aimed towards young people and how we can better support them.
- Mixing with different organisation
- Hearing about the different programmes, bodys of work and the research that helped to develop Hidden Harm in Ireland and UK
- The presentation from Joy Barlow
- The child of the voice being included. The conference was motivational focusing on solutions and hope.
- the discussion type format
- Motivation to do something about hidden harm
- Top table contributions were very relevant to my work.
- Participation of all
- The questions from the statement you read out which we discussed in group re how children were feeling etc. Fiona's interventions re her views & what Familibase offers as services was also particularly helpful.
- What is working well in other areas
- Networking, meeting so many people from services or areas involved in working with people who suffer from self harm.
- really enjoyed listening to all the speakers. thought the zoom and in person went extremely well.
- the input from Joy Barlow and listening to the voices of the children and their lived experience of hidden harm and how services helped support them.
- the passion/knowledge of the presenters
- The passion and commitment from everyone in the room
- The integration of compassionate human engagement and professional practice and policy was outstanding. Joy Barlow was an excellent choice of speaker, combining research, practice and policy. This rare and valuable combination of skills and experience, holds significant weight and impact.
- Video from Familibase- very emotive.
- mix of interactive and information
- Clear communication, able to understand
- Hearing from the speakers around the level of work being done in each services around ireland.
- Great speakers and very interactive
- IT HAS REFORCED OUR PRACTICE IN RELATION TO HIDDEN HARMS AND THE IMPORTANCE OF THE WORK WE CARRY OUT WITH FAMILIES AND YOUNG PEOPLE
-

APPENDICES

Appendix 3

6) Something I particularly liked about this event was

- The content and speakers were excellent. It was well facilitated and stuck well to time.
- The knowledge and expertise of the presenters
- I found networking and the presentation very helpful to me in my work
- Joy Boland
- making neglect and its impact on children in hidden ways
- The interactive way data was collected from the audience quickly and put up on the screen
- The variety of speakers at the event
- The links in the services
- Lightening rounds
- Speakers and questions that were asked during discussion of child and parent scenario
- The opportunity to network with other professionals, discussing a common theme.
- The availability of further training to be shared across our networks
- Speakers presented well
- Very insightful and real
- The meaningful speakers
- enjoyed the diversity of speakers and interaction with attendees
- The opportunity to chat to other professionals about the quotes
- The speakers
- Guest speakers
- All the different professional expertise on hidden harm
- presentations and also the opportunity to share knowledge and experience
- online worked well
- Excellent networking opportunity
- hearing from frontline workers from a variety of organisations.
- I enjoyed the table discussion with the statutory government and Youth and community workers .
- It gave me understanding of Hidden Harm
- The stories direct from the children FamiliBase work with

APPENDICES

Appendix 3

) Please elaborate on how the information will be useful in your work

52 responses received

- The term Hidden Harm needs to become part of every community worker, teacher, professional working with children & young people
- I am working homeless sector and it will help me help others.
- It gave me a clearer picture of hidden harm and how it can affect my work daily
- The information on the day can be used in all aspects of our work, networking and getting to know other services who provide a range of support for addiction was particularly helpful.
- I will use the information when working with children and families
- I went back and shared the info with my team within the Solas Project, we work with the most hard to reach young people and this event has got me thinking on my approach to what hidden harm is.
- The idea of members of a family or groups as individuals rather than looking at a whole unit
- When developing services around alcohol, family supports and the needs of families (particularly children) should be as important as services for individuals with AUD
- Working with under 18s in drug and alcohol education prevention this is something to bring back and support with the schools
- The importance of remember the child's experience and the need to be a child and play. That supports such as parenting supports, routines etc provide a buffer to the child and parent during stressful times. Importance of supporting parents to build on their parenting skills. The human connection and sticking with the difficult stuff.
- Work with adults and families affected by Substance Misuse Issues
- motivation to do something about hidden harm and advocate for action
- It will encourage me to focus on the children of the adults I am currently working with.
- With families directly -to engage with drug services more
- Working with young people who come into care, good to network and see early intervention supports.
- Knowing that some action is happening as this started on 2013 & wanted to know a vision for the future of the combined work so as to give both services a vision of Hidden Harm leadership. Joy offered this from a Scottish perspective but I have no sense re future plans for Irl apart maybe of training but what about protocols?
- Useful to know what other services are doing and how we can look to adapt to our own settings
- to ensure we continue ensuring the children are included in the care plan
- hearing of evidence based interventions that work.
- Learning what other groups are doing to address Hidden Harm
- I will ask more questions and seek to modify my practice in response to the answers
- I loved hearing the childrens voices in the film
- The invitation to dare to voice again how workers 'love' the children they are working with
- Different approaches in practices- shone a light in how we can improve
- gave me good background on what can be going on for people and in my role as a supervisor of an employment scheme people i manage may have experienced hidden harm growing up or could have young children in that position and the information i gained will help me understand what i can do.
- I work in a community based project working with families with multiple needs
-

APPENDICES

Appendix 3

] Please elaborate on how the information will be useful in your work

- I have a better understanding of Hidden Harm and of the services that can support children and families. I work with many services in my county who offer such support but it is really useful to see the value of wrap-around support offered. Unfortunately we don't have enough of such services in our area.
- i have more knowledge
- HH being highlighted as a relevant and hugely under resourced impact on child trauma
- exploring less recognised aspects of the impact of poverty, drug use, addiction was very powerful and engaging.
- Gave an incite to hidden Hidden Harm and allowing me to pass on information to my client group.
- Work with vulnerable groups
- To advocate better to government for more services
- Just an over all better understanding and how to correctly support Not having a time frame on support Learning the work other services have to offer
- Always helpful to be reminded to try to walk in the shoes of those affected by hidden harm.
- As a coordinator of a national project, I can direct 37 workers towards the training and it has also given me a deeper understanding of impacts of substance misuse / Domestic Violence / Adult mental health can have on young children
- Parts useful
- Awareness
- Working and managing child protection family support work within a disadvantage area
- dealing with young people and their families- intergenerational substance misuse
- Help me understand the feelings and opinions of the young people I work with
- While working with the child and family agency hidden harm is an intricate aspect to my work
- Learning about Hidden Harm and how families can be supported
- To recognise the impact of hidden harm
- The outcomes and impacts of the long term work on Hidden harms
- its a area we work in everyday
- provide clarity on the issues and policy direction
- more clarity on how organisations respond to HH
- Hoping that Familibase will receive funding to put more services / programmes/ therapeutic support for young people and their families and early years to cope with their thruma and to break the generational cycle of thruma
- By getting an understanding of Hidden Harm it allows me to help others better
- Support the work of services and agencies I work with

APPENDICES

Appendix 3

Please use this space for any other comments or feedback about the event location, refreshments and facilities

40 responses received

- All great. Thank you
- It was perfect.
- Excellent Conference, speakers were very apt to the focus of day. The content and message of the day was powerful and compelling.
- Thank you for a lovely day
- Everything was perfect I think, but one thing I would have been nice to move round to tables if there was more time, otherwise it was very good.
- All extremely useful, very well organised event
- The location was brilliant. It was really great to get lunch. Thank you.
- good atmosphere really appreciated the hot lunch.
- Location was ideal for me.
- I was on line - it worked really well
- Appreciated inclusion of those of us on zoom. Examples of services & how they are dealing with Hidden Harm similar to that offered by Fiona is very helpful.
- Sufficient area of work that warrants a two day conference
- Excellent
- would look forward to on-going conversations about hidden harm. hearing more of the voices of young people.
- I was an online participant from Tusla whose systems blocked online access ...maybe seek an exemption/accommodation from Tusla ICT in advance
- Thank you so much to all, it was brilliant and the APP for commenting was brilliant
- very suitable location, warmly and efficiently coordinated. Well done all!
- I thought it was a great day but i wish the minister could've been available for a lot more than they where i feel they didnt get the full effect of the work being done.
- Well done to all the team in Familbase
- GOOD ACCESS FROM PUBLIC TRANSPORTS
- Venue, food and facilities were all excellent. It was accessible by Luas which is always helpful.
- the venue was great very accessible
- Fantastic to bring HH into the room. We all have been working with it for years
- refreshments and breaks worked really well.
- everything was good no issues
- The online didn't feel as intimate maybe have either a bigger room next time or run it fir 2 days
- Online set up was very good felt like we were in the room
- great location for access. The room could have been bigger!
- Lunch was lovely
- Great to have option to also go online
- Excellent location, refreshments and facilities
- Worked well
- location was wellplaced for me travelling from limerick. food was lovely and there was a warm welcome and atmosphere at the event
- Online was great
- Very interesting and an area of work that all practitioners need more support with.
- The event was very well run with lots of helpful information
- Well organised and hosted event
- satisfactory
- It was lovely thanks

