



Understanding and Responding to Hidden Harm

A Guide for
Education Professionals



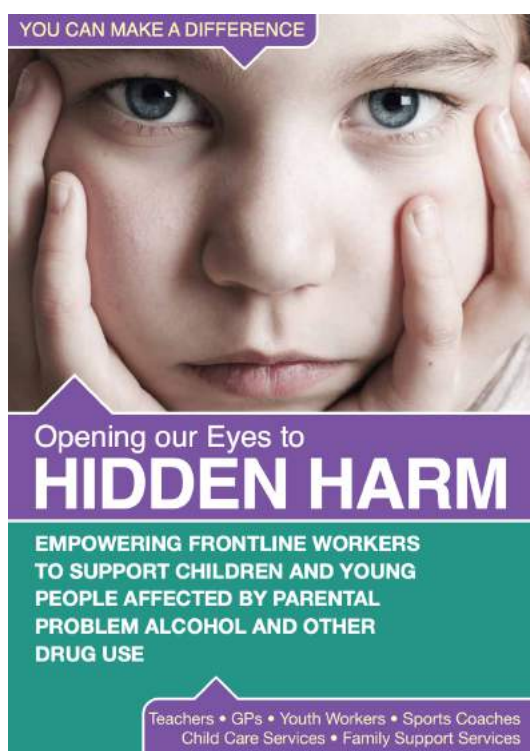
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Preface

In 2019, the North South Advisory Council on Substance Misuse's leaflet *Opening our Eyes to Hidden Harm* was updated to raise awareness of the impact that living with parental substance misuse has on young people. This leaflet can be found at <https://www.publichealth.hscni.net/publications/opening-our-eyes-hidden-harm>.



Across Northern Ireland, thousands of children and young people are living with hidden harm. However, not all young people are affected in the same way by their experiences.

While the evidence indicates that all domains of a child's life can be affected, what seems to be most damaging is the chronic toxic stress that can develop. Childhood toxic stress is severe, prolonged, or repetitive adversity with a lack of the necessary nurturance or support to prevent an abnormal stress response (National Scientific Council on the Developing Child, 2014).

Such impacts and stresses are greater when children and young people are exposed to multiple adversities known as Adverse Childhood Experiences (Hughes et al., 2017). While the focus of this guide is supporting pupils living with hidden harm, the approaches discussed can be used for a range of other adversities including parental mental health difficulties or domestic violence.

Adults (including teachers) can make a significant difference in these young people's lives, if they know how. A supportive school environment is one of the major protective factors against developing problems for these vulnerable young people; numerous studies have shown that the positive effects of school experience seem most evident among pupils who are vulnerable and have few other support systems (Cooper and Jacobs, 2011).



Preface

This guide will go beyond the task of raising awareness; its aim is to enhance knowledge and skills in identifying and responding to pupils living with these adversities. It will explore the role of teachers and other school staff with ideas of support that have been shown to be effective.

In conversations with teachers and other school staff, numerous examples were heard of thoughtful and caring approaches used to support pupils. This guide was developed to build on the many good practices currently being used across schools in Northern Ireland.

This document is not, and should not be considered, a comprehensive guide for child care or child protection practice, nor for the treatment of alcohol, drug, or mental health problems.

It compliments existing guidance currently available, including:

- *Drugs: Guidance for Schools in Northern Ireland* [Council for the Curriculum, Examinations and Assessment (CCEA), 2015]
- *Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties* (CCEA, 2014)

It has also been developed using the experience of Steps to Cope, a Big Lottery "Impact of Alcohol" programme-funded initiative.

We hope you find it useful.

- The Steps to Cope Partnership





Hidden Harm in Northern Ireland

The phrase "hidden harm" was first used by the UK government in the Advisory Council on the Misuse of Drugs (ACMD) report *Hidden Harm - Responding to the Needs of Children of Problem Drug Users* (2003), which focused on the impact of living with a parent/carer with a drug/alcohol addiction. Along with addictions, "hidden harm" is also used to describe the impact of living with parental mental health difficulties.



In Northern Ireland, the Public Health Agency has estimated that 40,000 children and young people are living with parental alcohol misuse; this equates to approximately 1 in 11 children. This figure does not include young people living with parental mental health difficulties or other substance misuse issues.

In 2016, 34% of clients on the NI Drug Misuse Database indicated they had dependent children; of those, 25% indicated that their children lived with them (approximately 189 households).

Additionally, 40% of children on the Child Protection Register and 70% of our "looked after" children are there as a direct result of parental substance misuse.

**TWO CHILDREN
IN EVERY
CLASSROOM**

are estimated to be affected by parental alcohol use in Northern Ireland.



Living With Hidden Harm

"When he's sober, I feel happier because I know I can talk to him. Even when he's sober or drunk, he always tells me that he loves me."

Sarah, age 12

Hidden harm has such significant effects on children/young people and their development due to the decrease in parenting capacity experienced by the parent/carer with the addiction or mental health difficulty.

The effects of living with hidden harm can be likened to an iceberg; there's the part above the surface that we can see, but much more beneath the surface that we can't see.

For example, a pupil affected by hidden harm may come to school with an unclean uniform because his/her parent was unable to do laundry due to being under the influence of substances; this could be compared to the visible part of the iceberg. However, the reasons why the pupil appears unkempt may not be directly obvious or known to us, much like the undersurface of the iceberg.

The following experiences of living with hidden harm were provided to us from young people engaging in Steps to Cope, a brief intervention that supports young people affected by parental substance misuse and mental health difficulties (Templeton and Sipler, 2014):

“ Most times I’m worried about going home because I don’t know what state [mum] will be in. I don’t have any food in cupboards and my clothes are dirty. I’m ashamed and sometimes people make fun of me.

It’s emotionally draining...makes me feel helpless and useless.

Dad can spoil special occasions.

It’s hard to try and concentrate on things in case it kicks off.

It's rough for people to witness.

It can be stressful at times.

In my eyes, I don't have a family life anymore.





Living With Hidden Harm

Overall, children and young people are much more aware and much more worried about the impact of their parent's substance misuse or mental health difficulties than is often assumed. The child's internal world can reflect the real yet concealed impact of hidden harm. The beliefs they can form about themselves, other people, and the world in general can have a lasting impact:

- ◉ Adults won't provide for me.
- ◉ I can't expect love or warmth.
- ◉ I have to monitor people's moods very closely.
- ◉ Things usually go badly.
- ◉ I can't trust adults to be fair, reasonable or consistent.
- ◉ Things are entirely my fault or totally out of my control.
- ◉ I am not lovable or special.
- ◉ I'm not good at anything.
- ◉ I can pretend to be strong.
- ◉ I don't know how to describe how I feel.
(Children become very vigilant of how others may be feeling but are unable to recognise their own feelings.)





Living With Hidden Harm

These beliefs don't come out of nowhere; they are often a product of the predictable patterns that can occur in a home where there is an addiction or severe mental health difficulty:

- There is an undercurrent of tension and anxiety, with a constant uncertainty of what will happen next.
- Living with someone with an addiction or severe mental health difficulty is like living with Jekyll and Hyde; you never know who will appear.
- Even while extreme things keep happening, family members are not really prepared for them.
- People don't really talk openly. They can retreat and withdraw, or be on the attack.
- Talking about parental problems and family functioning can be incredibly difficult due to family loyalty and the fear of separation.
- The majority of children show love and concern about their parents, even in the most harrowing of circumstances.
- Children may blame themselves for their parent's problems and self-esteem may be affected.

Chronic stress, unpredictability,
and sometimes violence can
become the norm.



Living With Hidden Harm

The impact of living with hidden harm can be observed throughout childhood and adolescence. In the table below, potential effects have been separated into five different categories: physical; emotional and behavioural; social; educational and cognitive; and environmental and household.

"Me and my mum haven't actually had a proper conversation in at least 5 years. I've lost complete touch with her."

Laura, age 17

Physical/ Health	Emotional/ Behavioural	Social	Educational/ Cognitive	Environmental/ Household
Inadequate diet	Hyperactivity, inattention, poor impulse control	Poor attachment	Lack of stimulation in infancy/early childhood	May have to take on role as primary carer
Missed routine health appointments/ Immunisations	Inappropriate learned responses to situations such as violence and substance misuse due to early exposure	Isolation/trouble fitting in	Irregular or not attendance to pre-school/nursery	Poverty
Risks to physical health due to inadequate supervision	Increased risk of emotional and behavioural disorders (e.g. depression, anxiety)	Restricted friendships (e.g. unable to bring friends to the home)	Poor school attendance	Lack of parental interaction, supervision, and appropriate discipline
Physical consequences of stress	Early initiation of sexual activity	Lack of usual opportunities (e.g. work, social events)	Difficulties with learning and concentration	Unstable or chaotic household
Physical issues associated with own substance misuse	Greater risk of engagement in criminality and anti-social behaviour	Withdrawal from normally trusted figures	Poor academic performance	Frequent changes in housing arrangements (e.g. kinship care, foster care)
Domestic violence	Increased suicide risk	Negative interactions with police and other authority figures	Improved academic performance (staying in school to stay out of the home)	Exposure to substances and paraphernalia (e.g. syringes) in the home
Abuse/neglect			Increased risk of school exclusion	
STIs and early and/or unintended pregnancy				
Unkempt appearance				

Figure 1: Potential effects of hidden harm in children and young people



Adverse Childhood Experiences (ACEs)

From what has been discussed so far, it's clear that all domains of individual and family life can be affected for children living with hidden harm. As previously stated, a key factor is the chronic, toxic stress that can dominate family life when children are exposed to Adverse Childhood Experiences (ACEs) (Hughes et al., 2017).

ACEs

"intra-familial events or conditions causing chronic stress responses in the child's immediate environment"

(Kelly-Irving et al., 2013)

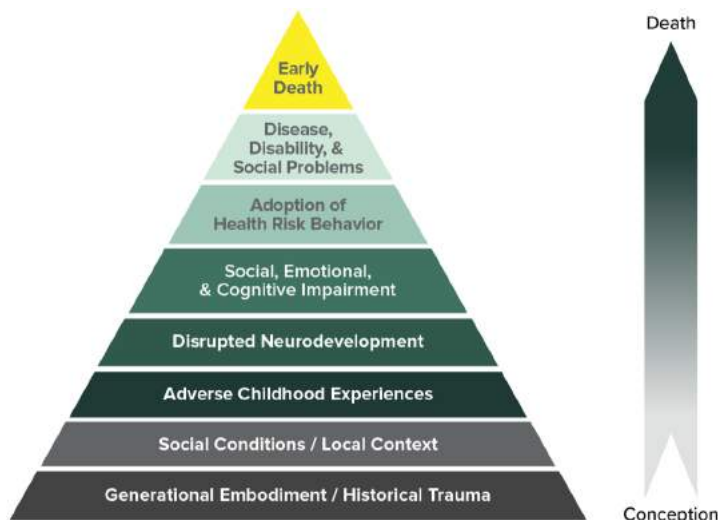
Categories of ACEs include abuse (emotional; physical; sexual), neglect (emotional and physical), and household challenges (domestic violence; substance misuse; mental health difficulties; criminality; parental separation; living in care).

The initial Adverse Childhood Experiences Study in America compared over 17,000 adults and their experience of childhood maltreatment, family dysfunction, and current health and behaviours. It found a strong relationship between the breadth of exposure to adverse experiences during childhood and multiple risk factors for health and disease in adulthood (Felitti et al., 1998).

Adversities described as ACEs have physiological and neurological effects on a child's brain development. When someone experiences positive or tolerable stress, the body is on high alert, but this response will regulate and recover as the perceived threat diminishes. Children constantly exposed to ACEs may experience a prolonged activation of their stress response, and without support can become locked into a constant state of high alert (Petchel and Pizzagalli, 2011). Even though the environment may be safe, neuroendocrine responses such as heightened cortisol levels may still be activated as they still perceive the environment as threatening or dangerous, leading to ongoing anxiety and fear (Giarratano, 2004). On top of all that, exposure to multiple ACEs has been shown to have a cumulative effect, and is a major risk factor for ill health and other outcomes in adulthood (Hughes et al, 2017).



Adverse Childhood Experiences (ACEs)



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Figure 2: Centers for Disease Control and Prevention (CDC)'s ACE Pyramid

It is important to state that experiencing ACEs in childhood is **not predictive**; it will not necessarily mean that the child will go on to have problems. Responding to ACEs through early intervention can build the resilience of young people, allowing them to be better protected and more able to cope with the adversities they are living with (Hughes et al., 2017).

In Northern Ireland, addressing the impact of ACEs is a priority; namely, we need to take steps to prevent them and intervene earlier in the lives of young people already affected.

The Northern Ireland ACE Animation can be viewed on Vimeo and YouTube at the following links:

Vimeo (no subtitles) – <https://vimeo.com/327246740>

Vimeo (subtitled) – <https://vimeo.com/330114583>

YouTube (no subtitles) – <https://youtu.be/l-r3Xi7qByU>

YouTube (subtitled) – <https://youtu.be/LY-8HilOzh0>

For more information on ACEs and trauma, visit the Safeguarding Board NI's website at www.safeguardingni.org.



How Children Cope

Children cope with their parent's frightening and unpredictable behaviour in different ways depending on their personality, age, gender, level of self-esteem and the opportunities open to them (Gorin, 2004).

For example, although boys and girls are thought to be equally affected by their parent's problems, their responses tend to differ. It is widely accepted that boys are more likely to act out their distress with anti-social and aggressive behaviour; girls tend to internalise their worries, leading to anxiety and withdrawal (Hidden Harm Practice Guide, HSC, 2019).

Finding ways to self-soothe is a common response to the increased stress and anxiety of living with adversity. For example, some children may cope with stress by fantasy and 'magical thinking' (Brisby et al. 1997). Others may engage in behaviours such as smoking, drinking, drug use, excessive shopping, and engaging in unhealthy sexual relationships, which can add to the stress that they are experiencing and increase risk.

From *Risk and Resilience* (Orford and Velleman, 1999), some common coping strategies include:

Detachment/Internalising/Help Seeking

Avoidance: refusing to talk, staying in bedroom, over-involved in schoolwork

Switched off: building a shell around oneself, daydreaming

Help seeking: seeking help from people like neighbours or relatives

Fearfulness/Self-Protection

Protective action: hiding money, taking special care of own possessions

Terrified, fearful inaction

Fear of the future: afraid for the family

Unemotional/indifferent to pain: putting on a brave face, pretending all is well

Involvement

Overindulgence: giving their parent drink, making them comfortable, caring for them

Becoming anti-drink/drugs

Self-blame: feeling guilty, blaming self

Confrontation/Self-Destruction

Discord: rows, arguments

Emotional attack

Action against self: getting drunk, making self sick, hurting oneself



Signs of Hidden Harm in the Classroom

Of course, what young people experience in the home is often reflected by their behaviour in the classroom. Teachers and other educational staff are in a good position to recognise and act on hidden harm with their pupils for multiple reasons: they often see the same children regularly and form relationships with them; they can have unique insight into changes in a pupil's behaviour and circumstances; and they may be the only trusted, professional adult that a young person sees on a regular basis.

The signs of hidden harm, however, can be often concealed or mistaken for other circumstances. Consider the young person who is avoiding what is going on at home by being consumed by their school work or taking on a caring role with other children; this could appear positive and not get noticed. At the other end of the spectrum you may see more traditionally worrying behaviours like aggression or self-harm. What we can do is watch for patterns:

- **Presentation:** Poor attendance or late arrival, unkempt, dirty, forgetting homework, unusually tired or poor concentration, poor self-esteem
- **Behaviour:** Aggressive, overly compliant, overly vigilant, withdrawn
- **Emotions:** Numb, anxious, sad, angry
- **Parents:** Lack of engagement or interest from parents (e.g. non-attendance at parents' evenings)





Signs of Hidden Harm in the Classroom

Below are some examples of specific behaviours that may be displayed within a classroom that could indicate a pupil is living with hidden harm:

- Inability to comply with certain school requests involving parents (e.g. permission slips)
- Failure to get excited about upcoming events (e.g. field trips)
- Fear of school-parent contact
- Fighting with teachers or other pupils
- Acting differently during drug/alcohol or mental health education
- Clinging/wanting more alone time with teachers/aides
- Difficulties with academic work and deadlines
- Tiredness/difficulty concentrating
- Inappropriate outbursts/difficulty with emotional regulation
- Isolation and difficulty with peers
- Changes in academic performance (increase or decrease)
- Frequent late arrivals to school or poor attendance



These behaviours may be rooted in what the child is experiencing at home.



The Role of Education

Chronic stress, unpredictability, and sometimes violence can become the norm.

As stated in the forward, not all young people are negatively affected in the same way by their experiences; children who receive support and have other protective factors present in their lives are less likely to experience as many negative effects associated with hidden harm.

A supportive school environment is one of the major protective factors against developing problems; adults who lived through hidden harm have identified teachers as a core source of support during childhood that made a difference in their lives (Orford and Velleman, 1999).

While stress and strain is present for many children, there is also hope. Messages that can help children include:

- You're not alone.
- It's not your fault.
- It's important to talk. You aren't betraying anyone by talking about it.
- It's ok to feel your feelings.
- You deserve help, and there are people who can help you.
- You can live a good life, even if your parent continues to drink or use drugs.





The Role of Education

It is important to remember that not all children affected by parental substance use will suffer from problems like abuse and neglect. While not all children living with parental substance misuse need protection, most need some form of support.

Schools can be safe havens for these children. It may provide them with a structure, pattern and consistency that are otherwise missing.



They may also benefit from supports commonly found in schools, such as:

- somewhere quiet to relax
- extra support with schoolwork
- an identified special adult to talk to
- access to existing programmes like breakfast/after-school clubs, careers advice, and extracurricular activities

It can also be an environment where they develop strong bonds and relationships and build their resilience.



Minimising the Impact of Hidden Harm: Building Resilience

Resilience

"the capacity to spring back, rebound, successfully adapt in the face of adversity and develop social, academic, and vocational competence despite exposure to severe stress or simply to the stress that is inherent in today's world"

Rirkin and Hoopman(1991)

There has been significant research conducted regarding children who have lived through difficult circumstances (e.g. hidden harm, abuse, and discrimination) but developed positively; this is referred to as *resilience*, or the ability to recover and move on in the face of difficult circumstances (Rutter 1994). Such research has shown that our resilience is shaped by an interaction of things like our biological make up, our environment, skills and relationships.

Addressing the protective factors and processes believed to facilitate enhanced resilience (e.g. ensuring a child has a supportive adult to turn to, improving coping responses, and increasing confidence and self-esteem) is an effective means to reduce the impact of living with hidden harm (Velleman & Templeton, 2007; 2016).

A common finding in resilience research is the ability of teachers to tip the scale from risk to resilience. *The Power of Teachers in a Young Person's World* (Siper & CCEA, 2006) emphasises the important role schools and teachers have in building resilience.

So, what builds resilience? Researchers stress that resilience is not simply a list of traits but a process of development. While it has been identified that some people have genetic tendencies that contribute to their resilience, such as an outgoing personality and social disposition, most of the characteristics associated with resilience can be developed or learned (Higgins, 1994).



Minimising the Impact of Hidden Harm: Building Resilience

A key factor that strengthens resilience is “active agency”. If a child actively chooses how they cope, who and what they use for support and ways to look after themselves, this helps them through challenges and strengthens an “internal locus of control”. This means that a young person has a sense that they can make a difference in their situation (Velleman and Templeton, 2016).

While the young person will not be able to change their parent's drinking/drug use or mental health difficulty, they can choose how they respond and the support they use. A clear finding from resilience research is that young people want some control over what they keep private, which is important when thinking of the help provided (O'Connor et al., 2014).

What fosters resilience? According to Cleaver, Unell, and Aldgate (2011):

- Presence of a stable adult figure
- Close, positive bond with an adult in a caring role
- Wider, positive support network
- Parenting style with a positive family environment
- Engagement in a range of activities
- Positive opportunities at times of transition
- A good repertoire of coping responses
- Self-efficacy, self-esteem, and confidence
- Ability to cope with change
- Problem-solving skills
- Feeling that there are choices and control
- Deliberate planning by a child that they will be different



Minimising the Impact of Hidden Harm: Building Resilience

In their book *Resiliency in Schools: Making it Happen for Students and Educators* (1996), Nan Henderson and Mike M Milstein share the Resiliency Wheel, a tool that can be used by educators to understand how to support the development of resilience in their pupils.

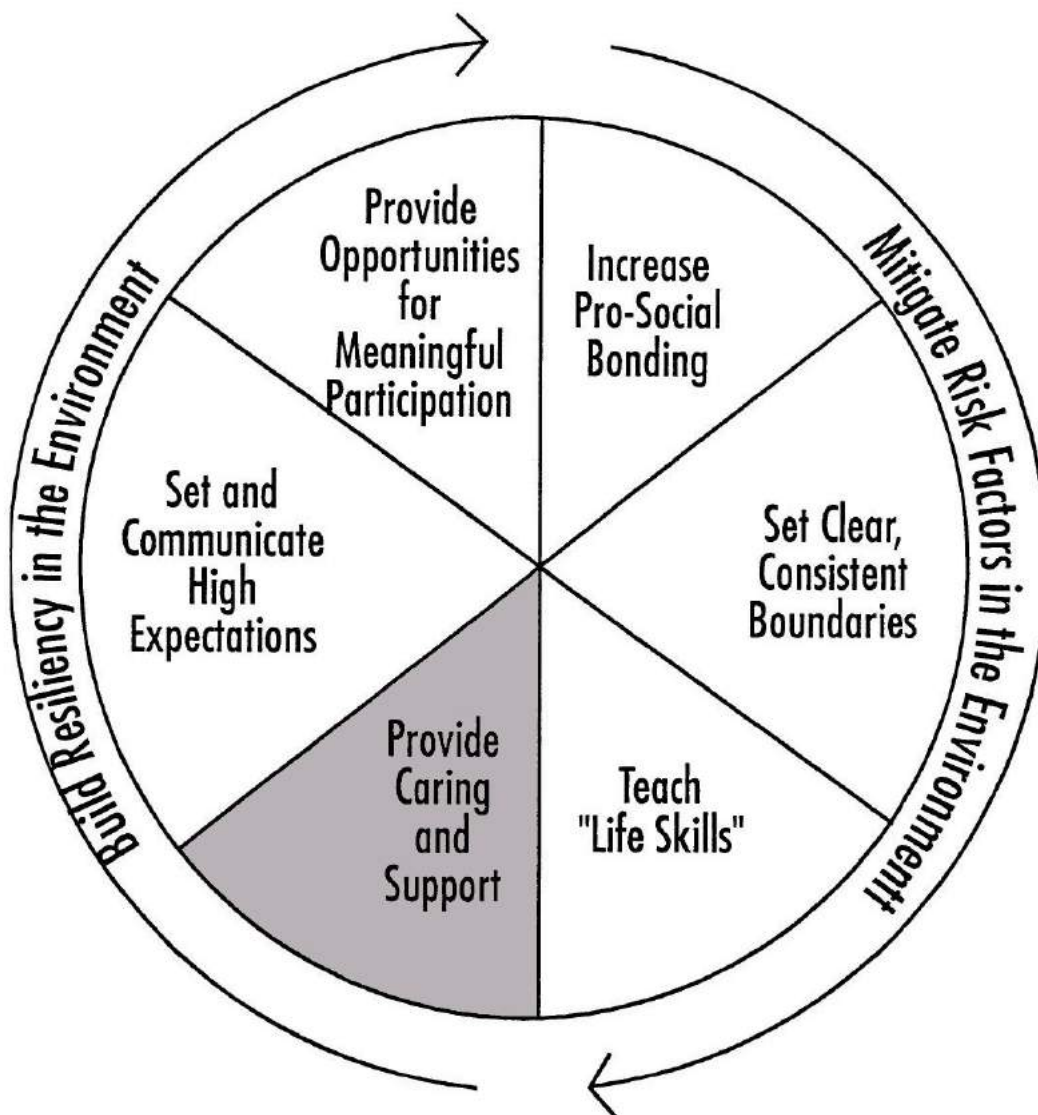


Figure 3: Henderson and Milstein (1996)'s Resiliency Wheel



Minimising the Impact of Hidden Harm: Building Resilience



According to Henderson and Milstein, the six parts of the Resiliency Wheel are as follows:

Increase Prosocial Bonding: This involves the promotion of positive relationships and connections for young people; those with positive social relationships have better support systems and are less likely to engage in risky behaviours.

Set Clear, Consistent Boundaries: This refers to the development (ideally with young peoples' input) and clear communication of rules and expectations. In order to be most effective, they should also be enforced consistently.

Teach "Life Skills": These include skills such as problem solving, communication, and decision making. Children with well-developed life skills are better equipped to resist peer pressure and other factors that may lead to risk-taking behaviour.

Provide Opportunities for Meaningful

Participation: Using a strengths-based perspective, schools can support young people to express their opinions and views, make choices, problem solve, and work with others.

The Search Institute developed a concept called "sparks": helping children develop a strong interest and passion in something. "Sparks" promote healthy, positive development and contribute to psychological well-being and resilience. Pupils with "sparks" engage in fewer risk-taking behaviours, are less depressed, less worried, and more satisfied with their lives overall (Scales, P. C. 2010).



Minimising the Impact of Hidden Harm: Building Resilience

Set and Communicate High Expectations:

High expectations are identified in the literature on both resilience and academic success. It is important that expectations are both high and realistic in order to be an effective motivator.

Recognising strengths help children see where they are strong. This especially assists overwhelmed young people in using their personal power to grow from damaged victim to resilient survivor by helping them to: (1) not take personally the adversity in their lives; (2) not see adversity as permanent; and (3) not see setbacks as affecting their whole lives (Seligman, 1995).

"I would like to talk to someone...like a best friend, or my nana, or my auntie...or someone I can trust."

Sasha, age 9

Provide Caring and Support: On the Resiliency Wheel, this section is shaded as it is seen as the most important component; Henderson and Milstein say that, "it seems almost impossible to successfully 'overcome' adversity without the presence of caring" (pg. 13). In fact, it has been shown that even just one relationship with a trusted adult who says "you matter" can make a difference (Weiner, 1991).

Educators have long known that a caring environment is an essential foundation for academic success. Young people will do things and work harder for people who care about them and that they can trust (Noddings, 1988). We can convey caring support to young people by listening to and validating their feelings, and by demonstrating kindness, compassion, and respect (Higgins, 1994 ; Meier, 1995).

In school, support translates into meeting the need for emotional safety and recognition. Throughout the literature on resilience, young people talk about teachers who listen, notice when they are absent, and seem interested in them (Benard, 2004).



Minimising the Impact of Hidden Harm: Building Resilience

What can schools and educators do in each of these areas in order to support resilience building in their pupils? Below are some examples that have been shared by various post-primary schools in Northern Ireland:

Increase Prosocial Bonding:

- Breakfast clubs
- Drama programmes
- Parents invited to general events
- Pupil-teacher lunch periods
- Sports teams
- Family-focused summer schemes
- After-school clubs
- Parent-targeted events

Provide Caring and Support:

- Pastoral care policies and services
- Mentoring schemes
- Structured peer support programmes
- Pupil-teacher lunch periods
- Quiet rooms/safe spaces
- School-parent contact regarding changes in pupil behaviour

Teach "Life Skills":

- In-classroom social skills integration
- Community development opportunities
- Vocational programmes
- Debate teams
- Breakfast clubs
- Environmental protection projects





Minimising the Impact of Hidden Harm: Building Resilience



Set Clear, Consistent Boundaries:

- School policies
- Parental knowledge of and involvement with school policies
- Class contracts
- Displayed reminders of policies
- Pupil "Bill of Rights"

Set and Communicate High Expectations:

- Pupil awards
- Acknowledging achievements
- Student of the Day
- Worker of the Week
- "All pupils can succeed" philosophy

Provide Opportunities for Meaningful Participation:

- Pupil representatives on school bodies
- Youth-led projects
- School-wide charitable projects
- Youth forums
- Pupil involvement in policy development
- Head Boys and Girls

"I'm happy when
I'm in school..."

Laura, age 17



Minimising the Impact of Hidden Harm: Building Resilience

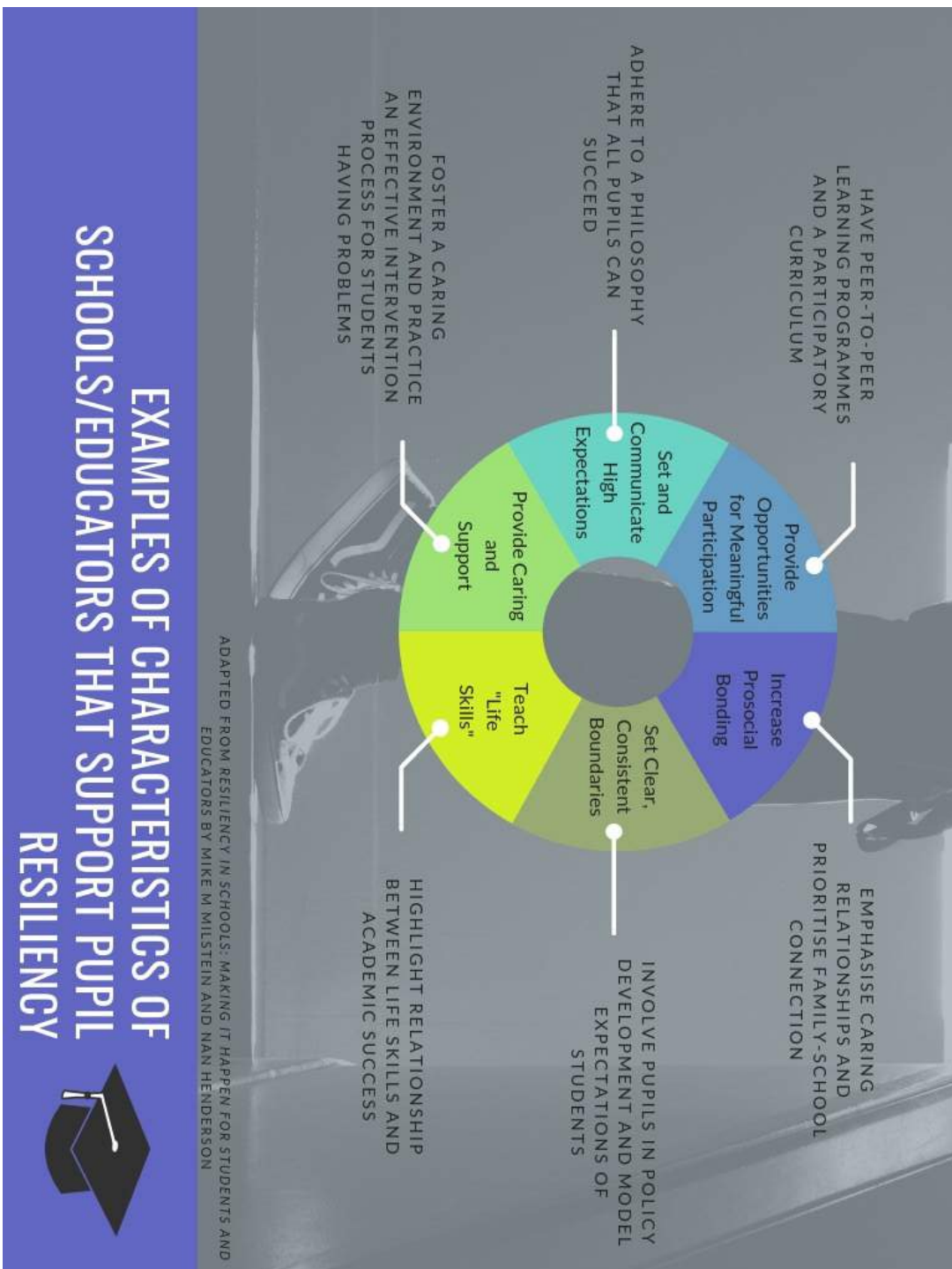


Figure 4: Examples of Characteristics of Schools/Educators that Support Pupil Resiliency



Minimising the Impact of Hidden Harm: Building Resilience

Developing Resilient Thinking

Optimism is a learnable skill. Even adults with habitually pessimistic ways of thinking can learn to think more optimistically.

Programmes that address this with children in key developmental ages (Key Stages Two and Three) have been shown to successfully reduce the incidence of depression and anxiety in children. Such programmes are being developed and delivered in Northern Ireland with resilient thinking as their core aim, fulfilling this goal by:

- Helping to realise that feelings and responses to most events are not caused just by the events themselves, but by the way people think about these events (their 'self-talk')
- Identifying and practicing skills involved in balanced self-talk
- Helping to generate alternative, more optimistic explanations for events



In *Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties* (CCEA, 2014) is a link to *Bend Don't Break*, a tool for developing resilient thinking.

Insync: A Resource for Exploring Personal Development at Years 8, 9 and 10 also has activities on resilient thinking.



Responding to Hidden Harm: What Should I Do If I'm Concerned?

What if a pupil makes a disclosure regarding parental substance misuse or mental health difficulties?

In Northern Ireland, all schools are required to have a drugs policy in accordance with *Education (School Information and Prospectuses) Regulations (Northern Ireland) 2003*. Ideally, this policy should contain guidance on what should be done regarding parents/carers who are found to be misusing substances in such a way that a pupil is affected.



In the CCEA's publication *Drugs: Guidance for Schools in Northern Ireland* (2015), a flowchart is provided which gives guidance on what to do if a parent/carer arrives to school to collect a child while appearing to be under the influence of a substance; an adapted version of this flowchart can be found on the next page of this document (25). A disclosure regarding a parental mental health issue that is severe enough to impact the young person's care should be treated in a similar manner.

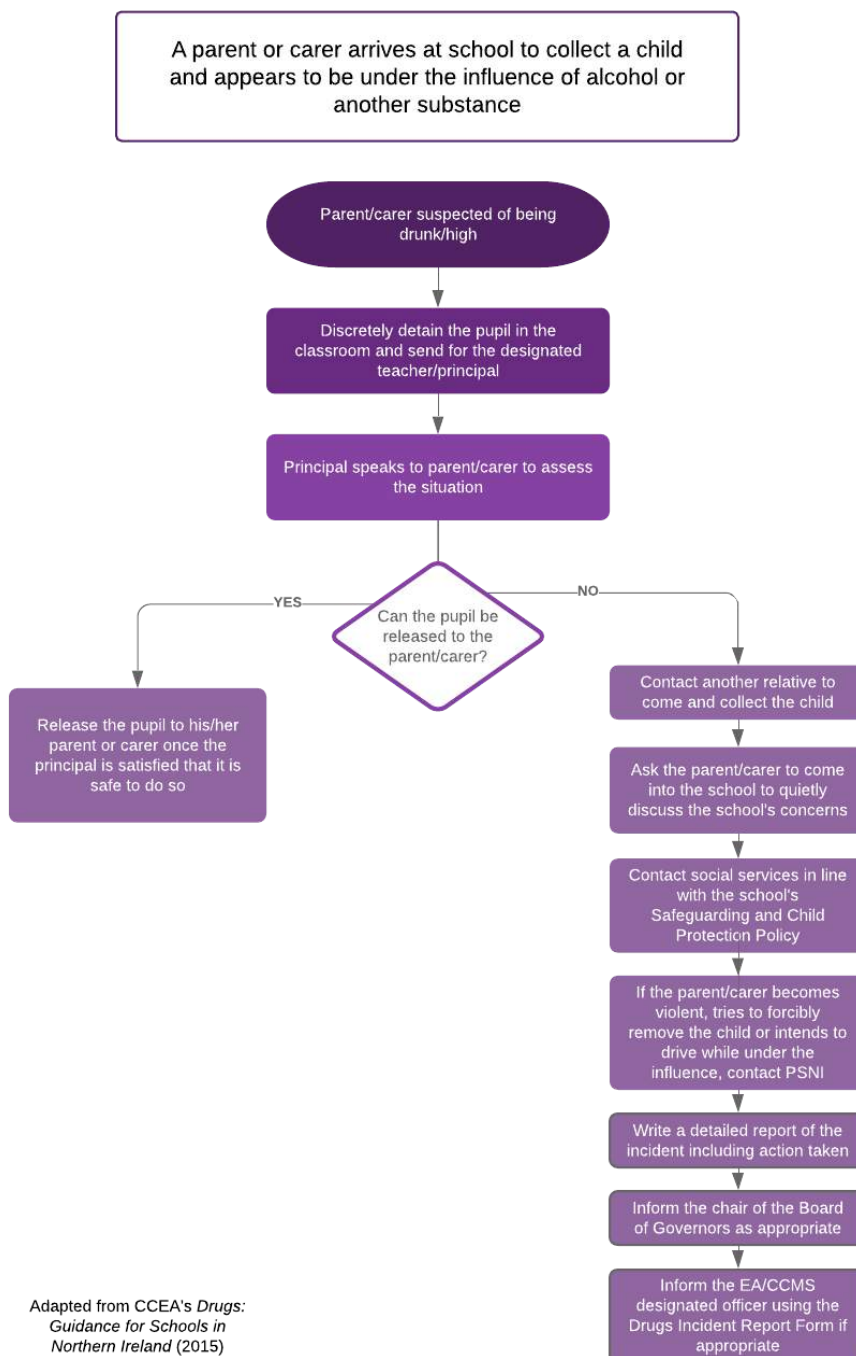
“School has been really supportive when I told them about what home was like; though I had to repeat a year, I’ve been doing much better with my teachers’ support.”

Matt, age 18

Former Steps to Cope client



Responding to Hidden Harm: What Should I Do If I'm Concerned?



Adapted from CCEA's *Drugs: Guidance for Schools in Northern Ireland* (2015)

Figure 5: CCEA guidance regarding parents/carers arriving on school property while under the influence of substances



Responding to Hidden Harm: What Should I Do If I'm Concerned?

THE MOST IMPORTANT THING TO DO IS TO
DO
SOMETHING.

If your school policies do not specify a course of action regarding hidden harm disclosures, you should treat such an incident in the same manner that you would treat other child protection concerns; namely, you should adhere to your school's Child Protection Policy and the Designated Teacher for Child Protection should be informed. You should also take contemporaneous notes in the child's own words, as this decreases the likelihood of misremembering or misinterpreting something that was told to you.

Here are some additional tips for handling a hidden harm disclosure:

- **Let them know they aren't alone:** In 2009, the Public Health Agency estimated that 40,000 children and young people in Northern Ireland are living with parental alcohol misuse; this figure does not include those who are living with parents with mental health difficulties or those who are struggling with misuse of other drugs, and is overall likely to be a conservative estimate. This equates to approximately 1 in 11 children and young people in Northern Ireland, or about 2 - 3 pupils per average classroom. Share these figures with your pupil to highlight the fact that there are many young people coping with very similar situations, as this will help reduce feelings of isolation.
- **Let them know it isn't their fault:** Some children living with hidden harm struggle with feelings of guilt and responsibility for what they're going through; sometimes these feelings are inspired or reinforced by a parent blaming the child for their situation. Of course, your pupil is not to blame, as they have no control over their parent's addiction or mental health issue; be sure to emphasise this point to them.



Responding to Hidden Harm: What Should I Do If I'm Concerned?

- ◉ **Listen non-judgmentally:** You may be the first person that the pupil has ever opened up to about their experience. Do not try to jump in and fix anything immediately; allow them to freely share what they want to tell you with minimal interruption.
- ◉ **Provide information:** If you provide information to a pupil making a hidden harm disclosure, make sure it is accurate, relevant, and age-appropriate. Examples of topics that might be of interest to the pupil include information about addiction, mental health treatment, housing, debt, and benefits.
- ◉ **Signpost:** If necessary, signpost the pupil to appropriate specialist services. If you're unsure what support services are available in your local area, visit drugsandalcoholni.info and familysupportni.gov.uk.
- ◉ **Don't try to counsel without training:** While you should utilise generic counselling skills during the conversation in which the disclosure occurs (e.g. active and reflective listening), do not try to provide counselling without a relevant qualification. Instead, consider making a referral to your in-school counselling service, if available and appropriate.
- ◉ **Don't share opinions about parent behaviour:** While you may hear things that you disagree with, it is best to not share opinions on parent behaviour, even if it's particularly negative. Many young people living with hidden harm have feelings of love and loyalty despite the circumstances they are experiencing, and badmouthing the parent(s) could offend the pupil. Even if the child themselves express negative opinions about their parent, it is unproductive for you to speak in such a manner.

"When I'm worried about my dad, I would like someone to be there to talk to me because it would make me feel as if somebody is there, even though my dad can't be there for me."

Sarah, age 12



Raising the Issue of Hidden Harm in Schools

Given the nature of hidden harm, it is easy to understand why awareness of the issue may not be prevalent, particularly with children and young people. As an educator, you can raise awareness of parental substance misuse/mental health difficulties and hidden harm in your classroom in different ways:

- Do it yourself, either by dedicating at least one full class period to the topic, or by integrating relevant information into a pre-existing lesson in your chosen subject.

In Key Stages 3 and 4 of the Northern Ireland Curriculum, the Learning for Life and Work (LLW) Area of Learning contains a strand called Personal Development; in both Key Stages, drugs education is included, typically around the final unit. Naturally, these units could be used to provide education and awareness around hidden harm issues.

For example, the CCEA has an online resource for Key Stage 3 LLW called **Insync**; in the Year 10 Unit 10 section, there is an activity called "What Could Happen to Me?", focusing on the impact that alcohol and drug misuse can have on a young person and those associated with him/her. While the resource page provided by the CCEA does not include any example stories involving parental alcohol/drug misuse, the resource does advise that the instructor can find and use additional example stories to supplement the lesson.





Raising the Issue of Hidden Harm in Schools

- If you aren't in a position to deliver the LLW curriculum, you can still integrate parental substance misuse/mental health and hidden harm awareness into your lessons.

This can be addressed in a number of ways that allow pupils to address key skills such as communication, working with others, problem solving, reasoning, enquiry, and self-esteem; therefore, this topic can be discussed at a variety of levels and can be weaved into other areas of the curriculum at all Key Stages. For example:

- English: Responding to a text where the content of the story is about a child affected by parental drinking or that of other adults (e.g. *A Kestrel for a Knave*).
 - Drama: Using role play, life skills and confidence building when portraying a relevant topic
 - Mathematics and Science: Doing graph work on the volume, consumption and metabolism of alcohol
 - Personal Development: Covering social drinking and responsibility
 - Religious Education: Learning how different religions respond to alcohol; abstinence as a legitimate method for harm reduction
 - Physical Education: Covering health education and first aid
- Steps to Cope has developed lesson plans/activities that correspond to the first three steps of the intervention, covering basic hidden harm awareness, alcohol awareness, and coping strategies; these lessons/activities could be useful should you choose to deliver this sort of information yourself, either as a separate lesson or as activities integrated into other subject lessons. These can be found at stepstocope.co.uk.
 - If you feel you need more training in this topic, see ASCERT's Workforce Development Training schedule at ascert.biz/training-consultancy/workforce-development-training.



Developing a Trauma-Informed School

The links between trauma, Adverse Childhood Experiences, and substance use issues have been well-established.

The Safeguarding Board in Northern Ireland will be rolling out support in 2019/20 to help organisations, including schools, become more trauma-informed. A trauma-informed school will recognise and adjust to potential vulnerabilities a traumatised pupil may have, taking into consideration approaches that will be supportive and not cause further or re-traumatisation.

Being trauma-informed can assist in a fundamental change that shifts from a shaming orientation ("What's wrong with you?"), to a more positive approach aligned with curiosity and support that asks, "What has happened to you?"

According to Harris and Fallot (2001), the core principles of trauma-informed services are:

- **Safety:** Ensuring a physically and emotionally safe environment
- **Trustworthiness:** Establishing trust and trustworthiness, making responsibilities and tasks clear, and maintaining appropriate professional boundaries
- **Choice:** Emphasising and encouraging choice and control where appropriate
- **Collaboration:** Focusing on a collaborative approach and sharing of power
- **Empowerment:** Stressing the development of client empowerment and skill building

"Any trauma-informed system is one that has regard for how trauma may have played a part in their service users' lives."

Harris and Fallot, 2001



Developing a Trauma-Informed School

A promising approach related to trauma-informed practice that has been developing in schools is the use of **Motivational Interviewing (MI)**. Motivational Interviewing is a style of communication that supports engagement and positive change. There is substantial evidence for the use of MI approaches in a variety of settings, including schools.

There are many parallels between MI and trauma-informed approaches:

- Prioritisation of collaborative relationships and characterised safety
- Emphasis on empowerment by focusing on strengths and building self-efficacy
- Respect for choice and understanding a person's perspective (which have been noted as key to supporting change and recovering from trauma)
- The MI principle of “resisting the righting reflex”: this relates to the trauma-informed principle of avoiding re-victimisation. The “righting reflex” is the desire to fix, make better or even protect. This reflex can lead service providers to try to persuade people to make changes and control decisions for them, consequently becoming the source of re-victimisation.



While MI is not yet well-developed in schools in Northern Ireland, resources can be found at <https://miforschools.org/>.



Resources and Other Sources of Support

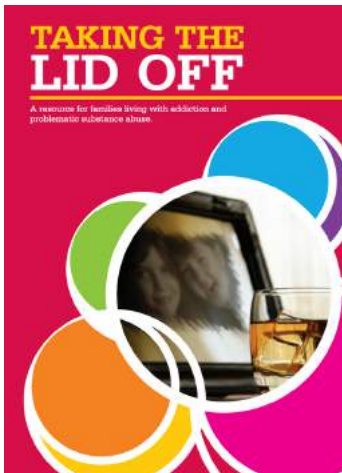
There are multiple organisations in Northern Ireland that can offer support to you and the young people you're working with:

- If you have concerns about a child under the age of 18 or feel they need support, your main point of contact is the Gateway Team in your local Health and Social Care Trust (contact numbers below). Do this as soon as you can and before the situation gets any worse.
- If you believe that a child or young person is at immediate risk, this should be reported without delay to the PSNI as a 999 emergency, and contact should also be made to your local Health and Social Care (HSC) Trust Gateway Team:

 - **Belfast HSC Trust:** 028 9050 7000
 - **Northern HSC Trust:** 0300 1234 333
 - **South Eastern HSC Trust:** 0300 1000 300
 - **Southern HSC Trust:** 0800 7837 745
 - **Western HSC Trust:** 028 7131 4090
- The NSPCC operates a 24 hour hotline for adults looking for help and advice from trained practitioners regarding child protection concerns. If you wish to utilise this service, phone 0808 800 5000; your inquiry can be anonymous.
- Family Support Hubs provide early intervention family support services to vulnerable families and young people aged up to 18 years; contact information for your local Family Support Hub can be found at cypsp.org/family-support-hubs/. Other sources of family support can be found at familysupportni.gov.uk and cypsp.org.
- Steps to Cope is an evidence-based intervention that supports young people ages 11 -18 affected by hidden harm; young people can access online support through an interactive website or through a range of trained practitioners across Northern Ireland. You can find more information at stepstocope.co.uk. Other related services (i.e. hidden harm and drug/alcohol services) can be found at drugsandalcoholni.info.

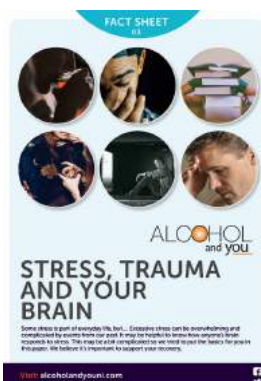
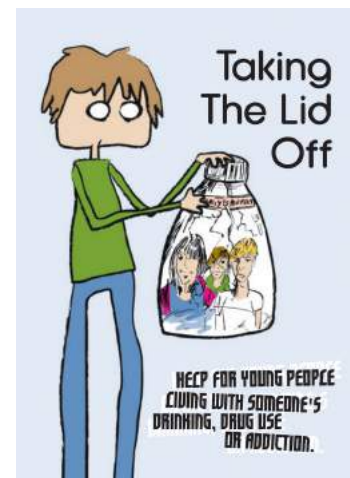


Resources and Other Sources of Support



Taking the Lid Off is a resource for adults and older teenagers living with addiction. It helps increase understanding of addiction, explores how it affects those living with it, and discusses what helps people living in those situations. It can be found at setrust.hscni.net/pdf/Taking_the_lid_off_book.pdf.

There is a shorter version of *Taking the Lid Off* that is geared towards a younger audience; this can be found at setrust.hscni.net/pdf/TakingTheLidOff_Teen.pdf.



Stress, Trauma and Your Brain & Stress, Trauma & Your Brain: Ideas for Healing are two psycho-educational tools designed to explore the impact of excessive stress and trauma on brain functioning and ideas for healing. These fact sheets and other related resources can be found on ASCERT's Alcohol and You website: www.alcoholandyouni.com/fact-sheets/.



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