



HIDDEN HARM IN THE CANAL COMMUNITIES

A ROADMAP FOR FUTURE ACTION



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TABLE OF CONTENTS

Acknowledgements	3
Acronyms	4
Figures and Tables	5
Figures	5
Executive Summary	6
1. Introduction	13
1.1 Hidden Harm	13
1.2 The Canal Communities	13
1.3 Commissioning Bodies	14
1.4 Research Objectives	14
1.5 Report Structure	14
2. Research Methodology	16
2.1 Research Approach	16
2.2 Research Stages and Activities	17
3. Hidden Harm – Policy and Practice Context	21
3.1 Understanding the Extent and Impact of Hidden Harm	21
3.2 Policy Context	25
4. The Canal Communities	31
4.1 The Area	31
4.2 Population	31
4.3 Socioeconomic Indicators	34
4.4 Child Protection and Welfare	39
5. Consultation	40
5.1 The <i>Not So Hidden</i> Nature of Parental Substance Misuse and its Impacts	41
5.2 Observed Impacts of Parental Substance Misuse	43
5.3 Harm in the Community, not just the Home	47
5.4 The Importance of Context: Substance Misuse as a Response to Trauma	50
5.5 Hidden Harm and Neurodivergence	52
5.6 Existing Practice	54
5.7 Considerations for a Collaborative Approach to Hidden Harm in the Canal Communities ..	58
5.8 Summary	61

Conclusions and Recommendations	62
Study Objectives	62
Conclusions	65
Recommendations	67
Final Remarks	74
Bibliography	76
Annex I: Members of the Research Steering Group	79
Annex II: Consultation Questionnaires	80
Annex III: Agencies that Participated in the Consultation Phase of the Study	85
Annex IV: Detailed Deprivation Data for the Canal Communities	87
Electoral Division: Inchicore A (i.e. Inchicore north of the Canal and east of Tyrconnell Road)	87
Electoral Division: Inchicore B (i.e. Bluebell)	90
Electoral Division: Kilmainham B (i.e. Inchicore from Emmet Road to the Irish War Memorial Gardens)	92
Electoral Division: Kilmainham C (i.e. Inchicore north of the Grand Canal enveloped by Suir Road on the East and Goldenbrige Industrial Estate on the west)	94
Electoral Division: Ushers C (i.e. comprising sections of Fatima from James' Walk in the north to Our Lady's Road in the east and southwards to Dolphin's Barn Street).....	96
Electoral Division: Ushers D (i.e. Rialto, north of the South Circular Road)	98
Electoral Division: Ushers E (i.e. Dolphin House and the sections of Rialto located alongside the Canal)	100

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¹ See Annex I for details of membership.

Acronyms

ACEs:	Adverse Childhood Experiences
ADHD:	Attention-Deficit/Hyperactivity Disorder
ASD:	Autism Spectrum Disorder
AUD:	Alcohol Use Disorder
CFSN:	Child and Family Support Network
CYPSC:	Children and Young People's Services Committee
DEIS:	Delivering Equality in Schools
ED:	Electoral Division
FASD:	Foetal Alcohol Spectrum Disorder
FGD:	Focus Group Discussion
FRC:	Family Resource Centre
HSE:	Health Services Executive
LDATF:	Local Drug and Alcohol Task Force
SNA:	Special Needs Assistant

Figures and Tables

Figures

Figure 1: Census 2022: Young people 0 - 19 years in Ireland

Figure 2: Total Population of Canal Communities (Census 2022)

Figure 3: Canal Communities - Population by Ethnic/Cultural Background (Census 2022)

Figure 4: Canal Communities - Total Population Children and Young People (Census 2022)

Figure 5: Canal Communities - Private Households by Occupancy (Census 2022)

Tables

Table 1: Deprivation/Affluence Levels in the Canal Communities by Small Areas

Executive Summary

This report is the core output of a small-scale study into the Hidden Harm experienced by children and young people in Dublin's Canal Communities: Bluebell in Dublin 12 and Inchicore and Rialto in Dublin 8. The term, *Hidden Harm*, is a summary term, used to characterise the experience of children and young people living with, and affected by, parental problem alcohol and other drug use. The term encapsulates two key features of children and young people's experience of parental substance misuse²:

- a) The children and young people are often not known to services and are thereby hidden³
- b) They suffer harm in a number of ways because of compromised parenting which can impede young people's social, physical and emotional development.

The study sought to understand Hidden Harm and its impacts on children and young people in the Canal Communities and to use information gathered from the research to create a shared roadmap for collaborative action that would address the needs of children and young people. Specifically, it set out to:

- Identify the nature and extent of Hidden Harm in the Canal Communities
- Anchor local experience within the context of national policy
- Capture learning about Hidden Harm and the challenges facing local service-providers in supporting young people experiencing Hidden Harm
- Identify a set of recommendations that would inform and strengthen future practice.

In addition to anchoring the study in national policy and local demographic contexts, the research primarily adopted a qualitative approach, consulting with local stakeholders from across four levels of interest:

- Level 1: Professionals working in the Canal Communities specifically in the areas of substance misuse and Hidden Harm, and their impacts. The total number of stakeholders consulted from this level was 13 individuals.
- Level 2: Professionals working directly with children and young people in their communities who may, consciously or unconsciously, engage with Hidden Harm. The total number of stakeholders consulted in this category was 17 individuals.
- Level 3: Community representatives and pre-existing groups of parents residing in the communities of Bluebell, Inchicore and Rialto. The total number of Level 3 stakeholders consulted was 6 individuals.

² HSE&Tusla. (2019). Hidden Harm Strategic Statement: Seeing Through Hidden Harm to Brighter Futures, accessible online at <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

³ Though, as will be observed throughout the research, this assertion has been debated by many of those consulted as part of this study.

- Level 4: Young people residing in the communities of Bluebell, Inchicore and Rialto. A total of 14 young people, aged between 15 and 17 years, participated in the consultation exercises.

Findings and Conclusions

Key findings of this research process are as follows:

- There is a clear national policy commitment to the safety and protection of children and young people from intentional and unintentional harm. In parallel, there is a growing policy and practice recognition of the harm caused to children and young people by parental substance misuse and a corresponding commitment to resourcing programmes and activities designed to prevent, reduce and minimise the impacts of this harm.
- Research from 2022 has demonstrated that more than 200,000 children in Ireland were living “with the traumatic circumstances of a childhood where parental problem alcohol use is a frequent event,”⁴ equivalent to 15% of the child population in Ireland. However, this figure pertains only to children and young people experiencing parental alcohol misuse. It does not refer to families in which parental drug misuse is present, or indeed to families in which a combination of the misuse of alcohol or other substances is present. It is reasonable to assume, therefore, that the proportion of children and young people in Ireland experiencing Hidden Harm in all its forms is significantly higher than the 15% highlighted above.
- Children and young people aged under 19 years comprise 20% of the population across the communities of Bluebell, Inchicore and Rialto, a total of 3,625 individuals according to the 2022 National Census. Applying a *conservative* estimate of 15% of all children and young people in the Canal Communities being affected by parental substance misuse would imply that, at a minimum, approximately 544 children and young people are currently impacted across the three areas.
- Qualitative assertions of the scale of Hidden Harm in the Canal Communities suggest that the number of young people impacted by the substance misuse of their parents/carers is significantly higher. For instance, representatives of one primary school referred to two out of every three pupils in the school being unable to “access the curriculum because of the issues in families affected by addiction.” A Youth Justice Worker in the area suggested that, among their participants, “at the very minimum, 50% and up to 75%” would experience problematic parental substance misuse in their homes. A Systemic Family Therapist

⁴ See *Parental problem alcohol use and education (2022: 1)*, a position paper by Alcohol Action Ireland in association with University College Cork, accessible online at <https://alcoholireland.ie/wp-content/uploads/2024/02/FINAL-Parental-problem-alcohol-use-and-education.pdf>.

projected that Hidden Harm was present in “all sorts of scenarios in the Canal Communities,” suggesting it was likely to impact eight out of ten families across the area.

- A core finding of this research was that local residents (adult and youth), alongside practitioners from statutory and voluntary sectors, observed that the harms experienced by children and young people were very real, but were certainly not hidden. All consultation participants, irrespective of age or background, were familiar with high levels of problematic substance misuse in families. None of the participants debated the harm caused by parental substance misuse; most argued that it was not hidden.
- *Observed impacts on children and young people of parental substance misuse* included reference to, among others:
 - o negative impacts on children and young people’s routines, and their participation in services, programmes and activities;
 - o negative impacts because of compromised parenting on the emotional, social, physical and educational development of children and young people;
 - o increased risks of poverty and associated challenges;
 - o increased vulnerability for boys to involvement in criminal activity and sexual exploitation for girls.
- Different impacts were observed according to age with considerable reference to the need for early intervention in the lives of children – both to *prevent* and *respond* to the effects of parental substance misuse. Different impacts were also identified by gender, with teenage girls considered more likely to take on caring roles in the family – for both parents and siblings – while boys were considered likely to act out and engage in overt risk behaviours. The impacts identified in local consultations aligned with those identified in national and international research and policy.
- The considerable visibility of substance misuse in homes across the Canal Communities is mirrored in the overt nature of substance misuse and illicit dealing in the wider community across Bluebell, Inchicore and Rialto. Consultation participants made repeated mention of the normalisation of substance misuse in the Canal Communities, while simultaneously stating that it was not appropriate for children and young people to grow up in communities exposed to such a norm.
- A central tenet of social research is that context matters in any efforts to understand and/or address a particular social issue of concern. The most recent Irish National Drug and Alcohol Survey (2019-20)⁵ found little difference in the scale of drug misuse between communities experiencing socioeconomic deprivation and affluence. Yet, however, the negative effects

⁵ Mongan D., Millar S. and Galvin B. (2021). 2019-20 Irish National Drug and Alcohol Survey – Main Findings, accessible online at <https://www.hrb.ie/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings>.

of substance misuse were experienced most acutely in areas of most concentrated economic disadvantage, highlighting i) the scale of family and community trauma in areas of considerable deprivation and marginalisation and ii) highlighting the need to adopt a *social determinants of health approach*⁶ to engaging with the causes and effects of problematic substance misuse.

- Demographic data for Bluebell, Inchicore and Rialto demonstrate significant socioeconomic disadvantage in a number of communities across the three areas. These communities have, for decades, experienced State neglect and underinvestment and represent communities that have historically experienced high levels of poverty, underemployment, trauma and problematic substance misuse. That historical context is critical in understanding widespread substance misuse and widespread Hidden Harm across the Canal Communities.
- Consultations during this study emphasised that substance misuse across Bluebell, Inchicore and Rialto evolved from social, cultural and economic dynamics in the communities. Addressing the Hidden Harm experienced by children and young people without engaging with those dynamics was considered likely to have limited long-term communitywide effect.
- Several conversations highlighted the importance of recognising neurodivergence as a contributory factor to substance misuse, while also highlighting the needs of neurodivergent children in households impacted by substance misuse. Children with additional needs were observed as facing particular challenges, not least the delays in accessing assessments and associated supports. These challenges were exacerbated for children with additional needs whose parents were engaged in problematic substance misuse.
- Consideration of existing practice highlighted areas of strength and challenge in addressing Hidden Harm across Bluebell, Inchicore and Rialto. Reference was made particularly to the positive work undertaken by early years and afterschool settings, primary schools and youth services in the area when working with children from complex home environments.
- A core conclusion of the research was that there was a need to address Hidden Harm at multiple levels in the Canal Communities:
 - o the level of the child and the traumatic experience of growing up in a household affected by substance misuse;
 - o the level of the adult involved in substance misuse who, alongside their addiction, wants the best for their children;
 - o the level of the family and repairing damage done to the entire family system; o
 - o the level of the community and the wider influence of community trauma and community behaviour on the wellbeing of children and young people.

⁶ The World Health Organisation defines social determinants as “the conditions in which people are born, grow, live, work and age, and people’s access to power, money and resources,” acknowledging that these have a powerful influence on health inequities across society. See [Social determinants of health](#)

Recommendations

The recommendations contained in this report are few in number and strategic in nature. That is intentional. Too many recommendations for action will potentially result in over-reaching and in dilution of effort. This report stresses the importance of:

Putting Hidden Harm firmly on the policy and practice agenda in the Canal Communities and securing resources to enable action.

There is a need to amplify discussions within the Canal Communities Local Drugs and Alcohol Task Force (LDATF) about the negative impacts of substance misuse on those growing up in Bluebell, Inchicore and Rialto, and to advocate for resources to meaningfully engage with the issue in a comprehensive and strategic manner. In parallel, it is essential that ongoing and forthcoming community regeneration programmes in the Canal area be viewed not simply as physical re-builds of communities but as coordinated State efforts to invest in the social and economic advancement of those areas and those who reside in them. This report calls on the LDATF and the steering group that has overseen this research to act as constant advocates on behalf of the most vulnerable children, young people and families in the Canal Communities and argue for adequate and appropriate investment in essential interventions.

Creating a demonstration one-stop-shop service that will lead delivery of integrated services and supports for children, young people and families impacted by Hidden Harm

This research calls for State investment in a *one-stop shop* type organisation in the Canal Communities to lead and coordinate locally based efforts to address Hidden Harm, *with a distinct emphasis on wraparound supports, trauma recovery and early intervention evolving from a social determinants of health perspective*. Central to this model is an organisation offering multiple supports, underpinned by a single organisational assessment process and into which children, young people and families could be referred for appropriate and proportionate supports in areas such as early childhood care and education, intensive child and family supports, afterschool care and youth work. It is proposed that stakeholders in the Canal Communities would lobby for the requisite funding to establish such a one-stop-shop and would plan for its establishment as a core feature of the Canal Communities landscape. Ideally, such a set of integrated services could be co-located in a pre-existing community-based organisation in one of the three communities, though a set of criteria (e.g. values, skills, services, management and governance standards, etc.) would be required to inform the selection of any such organisation.

Enhancing Interagency Service Collaboration

While there are many advantages to a one-stop-shop approach to Hidden Harm, there remains an ongoing need for effective interagency collaboration in respect of the impacts of parental substance misuse on children and young people in the Canal Communities. It is recommended that this

collaboration should operate under the leadership of the steering group that led and oversaw this research process and should function across several levels, including:

- Ongoing networking and interagency information-sharing, and corresponding signposting of children, young people and families to appropriate services
- Clarifying the roles and responsibilities of specific organisations and agencies in relation to responding to the effects of Hidden Harm and ensuring cross sectoral protocols for referral
- Dedicated awareness raising in the community of relevant services for children, young people and adults, and tailoring information in a bespoke manner for varied audiences: young people, parents, grandparents, etc
- Collaboration and information-sharing between adult treatment services and services for children and young people in a manner that recognises the needs of all members of a family affected by substance misuse
- Collaboration between statutory and community organisations, particularly in respect of mandatory reporting responsibilities and defusing any sense of a *them and us* narrative in relation to child welfare and child protection
- Committing to increasing trust of State agencies, particularly the Child and Family Agency, by establishing an information campaign on the role and function of Tusla as a statutory agency dedicated to the welfare and protection of children, and inviting all local organisations working with children and families in the community to promote that information campaign
- The establishment of a cross sectoral Community of Practice to facilitate education and training among locally based practitioners concerning Hidden Harm, particularly in relation to evidence-based good practice nationally and internationally
- Exploring avenues for supporting community-based services such as early years and afterschool services, primary and secondary schools and youth services to prioritise additional supports to young people experiencing Hidden Harm in their respective services.

Developing a long-term, community-led approach that seeks to engage with the root causes of substance misuse in community, using youth work and community development principles and approaches

While the recommendations above are centred on i) the important role played by services in bringing attention to the impacts of substance misuse and ii) on the important role played by services in supporting those impacted, the final recommendation argues the need for a long-term, community-based approach that seeks to engage with the root causes of substance misuse in community. In addition to providing services, this study contends that professionals in the Canal Communities, using youth work and community development approaches, must engage with residents – young and old – to unpack and address the social, historical and political contexts that contribute to the normalcy of substance misuse in the three communities.

This report strongly endorses the value and benefit of enhanced investment and services for children and young people impacted by Hidden Harm. However, on their own, there is a clear risk that the

nature and scope of those recommendations will be practitioner and not community led. How can members of the community be enabled to lead efforts that engage with the normalcy of self-medication in healing and therapeutic ways? Otherwise, the likelihood exists that efforts in the Canal Communities will continue to respond to Hidden Harm, not break the cycle and prevent it.

Full details on all aspects of the study are contained below in the main body of the report.

1. Introduction

This document is the report of a study undertaken into the topic of Hidden Harm and its impact on children and young people in the Canal Communities of Dublin: Bluebell in Dublin 12, and Inchicore and Rialto, both communities of Dublin 8.

The research, which was undertaken in the latter stages of 2024 and up to the end 2025, was designed to address two principal objectives, namely to:

- Understand Hidden Harm and its impact on children and young people in the Canal Communities of Bluebell, Inchicore and Rialto
- Use information gathered from the research to create a shared roadmap for addressing Hidden Harm across the three communities.

1.1 Hidden Harm

The term, Hidden Harm, is a summary term, used to characterise the experience of children and young people living with, and affected by, parental problem alcohol and other drug misuse. The term encapsulates two key features of children and young people's experience of parental substance misuse⁷:

- c) The children and young people are often not known to services and are thereby hidden⁸
- d) They suffer harm in a number of ways because of compromised parenting which can impede young people's social, physical and emotional development⁹.

1.2 The Canal Communities

Dublin's Canal Communities comprise three specific areas, as follows:

- Bluebell in Dublin 12
- Inchicore in Dublin 8
- Rialto, Dublin 8

⁷ HSE&Tusla. (2019).Hidden HarmStrategic Statement: Seeing Through Hidden Harm to Brighter Futures, accessible online at <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

⁸ Though, as will be observed throughout the research, this assertion has been debated by many of those consulted as part of this study.

⁹ Chapter 3 below will offer a detailed definition and description of Hidden Harm.

As the term suggests, each of the Canal Communities has been developed along the banks of Dublin's Grand Canal. A detailed demographic profile of the communities is offered in later sections of this report.

1.3 Commissioning Bodies

The research has been commissioned by an interagency working group, operating under the leadership of the Rialto Community Drug Team, Bluebell Youth Project, Core Youth Service and Rialto Youth Project. Other interagency partners have included bodies such as Barnardos, Frontline, the Canal Communities Local Drug and Alcohol Task Force (LDATF), Tusla and the HSE. All bodies involved have a significant interest in Hidden Harm and in strengthening local efforts to minimise its impact on children and young people across the three communities. A research steering group, comprising representatives of the bodies named above, oversaw the research project at all stages from commencement to completion. Details of those participating in the steering group are presented in Annex I.

1.4 Research Objectives

As referenced above, the overall purpose of this research has been to:

- Understand Hidden Harm and its impact on children and young people in the Canal Communities
- Use information gathered from the research to create a shared roadmap for addressing Hidden Harm across the communities of Bluebell, Inchicore and Rialto.

Against that backdrop, the research sought to engage in a process that would:

- Identify the nature and extent of Hidden Harm in the Canal Communities
- Anchor local experience within the context of national policy
- Capture learning about Hidden Harm and the challenges facing local service-providers in supporting young people experiencing Hidden Harm
- Identify a set of recommendations that would inform and strengthen future practice.

1.5 Report Structure

This report is presented over a total of six chapters. In addition to this introduction chapter, the remainder of the report is presented as follows:

Chapter 2 outlines the methodology applied in undertaking this research highlighting, in particular, the collaborative process applied in conducting the study.

Chapter 3 presents a conceptual overview of Hidden Harm and its presenting impacts. Chapter 3 also takes time to outline the policy frameworks that inform efforts to prevent, reduce and minimise the impacts of Hidden Harm: frameworks that will be important in enabling future locally based coordinated activity in the Canal Communities.

Drawing principally on data from the most recent Census, *Chapter 4* offers a detailed sociodemographic overview of the Canal Communities, with a particular focus on the child and youth population.

Chapter 5, the longest chapter of the report, details the findings from a broad-based consultation process undertaken to inform this study.

Chapter 6 builds on the information contained in Chapters 3-5, offering a set of study conclusions and proposing four primary recommendations for action to address Hidden Harm in the Canal Communities. The report concludes in Chapter 6 with some final remarks from the author.

2. Research Methodology

2.1 Research Approach

Though the process of completing the study took over a year, it is important to point out that this was a relatively small and localised study. The Terms of Reference for the research placed particular emphasis on a consultative process: one that would engage with local service providers, community representatives and young people. While, on the one hand, the research was designed to build a shared understanding of Hidden Harm in the Canal Communities, the research methodology employed also sought to assess if a shared commitment existed across the three communities to address the issue in a coordinated fashion.

A central feature of this research project was its commitment to collaboration. This collaboration operated at a number of levels. Firstly, the research was commissioned by a core group of local agencies. Thereafter it was overseen by an interagency research steering group, comprising the commissioning bodies referenced in Chapter 1 alongside a range of interagency partners operating across the three communities. This oversight structure met frequently to discuss and plan the research, and offered considerable support in enabling consultations with local stakeholders whose opinions were sought as part of the study.

The research also adopted a collaborative approach in its implementation. While as a social researcher was commissioned to lead delivery of the research and the preparation of this research report, a team of practitioners from local community, voluntary and statutory organisations joined the lead researcher in facilitating the local consultation effort. This collaborative approach sought to apply an adaptation of what is known as Peer Research. Peer Research is referred to as a “*participatory research method in which people with lived experience of the issues being studied take part in directing and conducting the research.*”¹⁰ Also termed ‘user involvement’ or ‘service user’ research¹¹, peer research maximises the understanding of peer researchers of the issues within their respective communities while also building on the relationships of peer researchers with other members of their communities. While, by its nature, peer research draws on the skills, expertise and relationships of local community members, the adapted approach applied in this study drew on the skills, expertise and relationships of personnel from local agencies. It involved a team of six local professionals, with locally based relationships, working alongside the lead researcher in consultation exercises with peers, colleagues and community representatives across Bluebell, Inchicore and Rialto. It also involved these and other local professionals assisting in understanding the feedback from community-based consultations and in co-producing the recommendations outlined in later sections of this report.

¹⁰ Lushey, C. (2017). ‘Peer Research Methodology: Challenges and Solutions’ [online]. SAGE Research Methods Cases. <https://dx-doi-org.ezproxy.is.ed.ac.uk/10.4135/9781473994614>.

¹¹ <https://icstudies.org.uk/about-us/what-peer-research>.

2.2 Research Stages and Activities

The research project involved four separate but interconnected stages as follows:

- Stage 1: Desk Research
- Stage 2: Selection and Orientation of Co-Research Team
- Stage 3: Conducting Community-based Consultations
- Stage 4: Analysis and Report-writing

2.2.1 Desk Research

Stage 1 of the research involved a phase of secondary research, reviewing documentation relating to:

- The concept of Hidden Harm and the impacts of problematic parental substance misuse on children and young people
- National policy relevant to children and young people; the misuse of drugs and alcohol, and policy specific to the theme of Hidden Harm
- Evidence-based good practice nationally and internationally in addressing Hidden Harm
- The demographics of the Canal Communities.

These research activities were undertaken to provide context to this study, and to anchor findings and recommendations within a wider policy context. Findings from this stage of the research are outlined principally in the next two chapters of this report.

2.2.2 Co-Research Team

Reference is made above to the collaborative nature of this research and to the establishment of a co-research team of local practitioners from community, voluntary and statutory organisations who ultimately facilitated many of the consultations that informed this study. Invitations were issued to practitioners across the three communities and, ultimately, six individuals¹² collaborated with the lead researcher in enabling a comprehensive research-consultation process with local service-providers and community-based representatives. Each co-researcher was already an experienced facilitator, with high levels of experience and expertise in engaging with a broad range of stakeholders and this experience was maximised in the delivery of the research.

Orientation

Having established a team of co-researchers, a programme of orientation was organised. The purpose of the orientation was to ensure a consistent understanding of the research project across

¹² Who are named on the title page of this report.

the entire team and, by extension, to ensure a consistent approach to the delivery of community-based consultations. The orientation programme was delivered over two sessions and covered the following topics:

- The purpose and process of delivering research
- The objectives of this specific research project and the approach to its delivery
- Co-research and the role of the Co-Researcher in this study
- Stakeholders for inclusion in this study
- Delivering the consultation process.

Consultation Questionnaires

An initial consultation framework had been agreed by the Lead Researcher with the steering group for this study. As part of the Co-Researcher Orientation process, this consultation framework was examined, and a set of questionnaires were agreed – one each for:

- Professionals working specifically in the areas of substance misuse and Hidden Harm, and their impacts
- Professionals working directly with children and young people in their communities and who may, consciously or unconsciously, engage with Hidden Harm¹³
- Adults (i.e. individuals and groups) residing in the communities of Bluebell, Inchicore and Rialto.

All adult-based consultations were subsequently undertaken using these consultation questionnaires. As noted above, this ensured a consistency in the way in which consultations were conducted and in the manner in which research data were generated.

2.2.3 Consultation Stage

Following completion of the orientation, the research team initiated the consultation stage of this research. Invitations were issued to stakeholders identified by the research team, requesting participation in either one-to-one interviews or focus group discussions. Invitations outlined the purpose of the research and explained what the consultation process would entail.

Interviews and focus group discussions were organised with those who agreed to participate in the study. Records of all consultation exercises were taken with the permission of those being consulted.

¹³ e.g. early years settings, schools, youth services, etc.

Consultation Stakeholders

The initial Terms of Reference for this study prioritised engagement with three levels of local stakeholders. As illustrated above, these were:

- Level 1: Professionals working in the Canal Communities specifically in the areas of substance misuse and Hidden Harm, and their impacts. The total number of stakeholders from this level consulted was 13 individuals.
- Level 2: Professionals working directly with children and young people in their communities and who may, consciously or unconsciously, engage with Hidden Harm. The total number of stakeholders consulted from this category was 17 individuals.
- Level 3: Community representatives and pre-existing groups of parents residing in the communities of Bluebell, Inchicore and Rialto. The total number of Level 3 stakeholders consulted was 6 individuals.

As the consultation process evolved, however, it became apparent that a study centred on the impacts of Hidden Harm on children and young people had to include engagement with young people. Once brought to their attention, this essential requirement was recognised by the members of the study's steering group. Consequently, a fourth level of stakeholders was included in the research consultation process, namely young people in each of the three communities.

Consultations with young people were organised in coordination with the Bluebell Youth Project, Core Youth Service in Inchicore and the Rialto Youth Project and focused on young people's awareness of Hidden Harm in their communities and on the supports young people identified for those experiencing problematic substance misuse in their homes. A total of 14 young people, aged between 15 and 17 years, participated in the consultation exercises.

A copy of the questions posed to each level of consultation stakeholder is appended to this report as Annex II.

2.2.4 Analysis and Reporting

All data from Research Stages 1, 2 and 3 were collated and analysed by the Lead Researcher. Data analysis was conducted using a Thematic Analysis approach to identify priority conclusions emerging from the research. All themes emerging were examined and analysed to ensure that their presentation in this document i) gave an accurate reflection of the data gathered and ii) were relevant to the overall research objectives outlined in Section 1.4 above.

Presentation of Initial Draft

All local stakeholders that had been invited to participate in the research were invited to a half-day co-production seminar in July 2025. Specifically, the purpose of the seminar was to:

- Share – and test - key findings and recommendations emerging from the research and consultation
- Share the experience of another community addressing Hidden Harm in a coordinated manner¹⁴
- Seek responses to the research findings and consider the co-production of recommendations for local action in the Canal Communities
- Explore the concept of a shared roadmap for addressing Hidden Harm in the Canal Communities and agree activities and structures to progress that collaborative action.

More than 30 local stakeholders from a range of voluntary and statutory agencies participated in the seminar. The recommendations prioritised by those participating in the seminar represent the key recommendations of this study and are presented in Chapter 6 below.

¹⁴ The CEO of Familibase, a community-based centre for children, young people and families in Dublin 10, presented on the organisation's experience of leading coordinated efforts to address Hidden Harm in that area of the city.

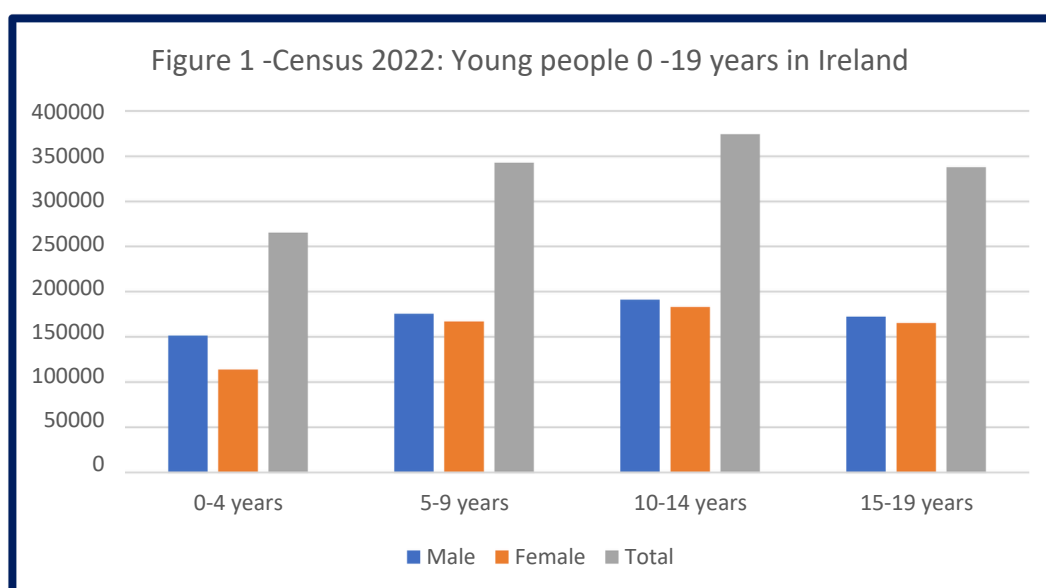
3. Hidden Harm – Policy and Practice Context

As noted earlier in this document, the term, Hidden Harm, is a summary term, used to characterise the experience of children and young people living with, and affected by, parental problem alcohol and other drug misuse. Policy asserts that the term, Hidden Harm, encapsulates two key features of children and young people’s experience of parental substance misuse¹⁵:

- a) The children and young people are often not known to services and are thereby hidden
- b) They suffer harm in a number of ways as a result of compromised parenting which can impede the young person’s social, physical and emotional development.

3.1 Understanding the Extent and Impact of Hidden Harm

Census 2022 indicates that the total population of young people, aged 19 years or younger in Ireland, stands at just under 1.32million individuals. Figure 1 below offers a breakdown of that demographic by age and gender.



In 2022, Alcohol Action Ireland, in association with University College Cork, estimated that more than 200,000 children in Ireland were living “with the traumatic circumstances of a childhood where parental problem alcohol use is a frequent event.”¹⁶ It also observed that there was up to 400,000 adult children from such homes.

¹⁵ HSE & Tusla. (2019). Hidden Harm Strategic Statement: Seeing Through Hidden Harm to Brighter Futures, accessible online at <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

¹⁶ See *Parental problem alcohol use and education (2022: 1)*, a position paper by Alcohol Action Ireland in association with University College Cork, accessible online at <https://alcoholireland.ie/wp-content/uploads/2024/02/FINAL-Parental-problem-alcohol-use-and-education.pdf>.

Using the estimate above and applying it to the most up-to-date census data for children and young people aged under 19 years in Ireland, it is apparent that up to 15% of Irish children are growing up in homes impacted by problematic alcohol consumption by one or more parents. In other words, one child/young person out of every seven in Ireland lives with the impact of alcohol misuse in their homes.

However, this figure pertains only to children and young people experiencing parental alcohol misuse. It does not refer to families in which parental drug misuse is present, or indeed to families in which a combination of the misuse of alcohol or other substances is present. O' Neill (2023)¹⁷ indicated that, in 2022 almost half the adults (47.3%) accessing drug treatment were individuals with children while also stating that, because of shame and stigma, this figure was likely to be an underestimate.

It is reasonable to assume, therefore, that the proportion of children and young people in Ireland experiencing Hidden Harm in all its forms is significantly higher than the 15% highlighted above. For example, research undertaken in 2015 in the context of the Tallaght Local Area Drug and Alcohol Task Force catchment (Gilligan and Comiskey, 2015)¹⁸ suggested that one child was known to be potentially affected for every problem drug user in the area. Figures compiled in early 2026 for this study by five¹⁹ services working with children, young people and families in the Canal Communities indicated that the proportion of young people attending programmes and services who were impacted by Hidden Harm ranged from 38% in one organisation to all children and young people in another.

The significance of parental alcohol and drug misuse in Ireland is not a new or recent phenomenon. Research dating back to 2011 (Hope 2011)²⁰, drawing on national child protection data, indicated that, on average, one in seven child welfare and child abuse cases was premised on concerns of drugs and/or alcohol misuse by family members. Hope (ibid) also demonstrated that parental alcohol misuse, excluding drugs, presented as a child abuse concern in one of every three child protection cases. In fact, the three primary concerns identified across families involved in child protection cases were:

- Parental alcohol and drug misuse
- Domestic violence

¹⁷ O'Neill, D, (2023) *Drug treatment demand in Ireland, 2022*. Drugnet Ireland, Issue 86, Summer 2023, pp. 38-43, accessible online at <https://www.drugsandalcohol.ie/39504>.

¹⁸ Galligan, K, and Comiskey, C. (2015) Estimating the number of children of parents who misuse substances, including alcohol across the communities of the Tallaght Drug and Alcohol Task Force (TDATF) region. Trinity College, Dublin, Barnardos and Tallaght Drug and Alcohol Task Force, accessible online at <http://tallaghtdatf.ie>.

¹⁹ Of which, three were youth services and two were addiction support services with an array of family support interventions.

²⁰ Hope, A (2011). *Hidden Realities: Children's Exposure to Risks from Parental drinking in Ireland*. Letterkenny, Ireland: North West Alcohol Forum Ltd.

- Parental mental health problems.

Unfortunately, Tusla’s current monthly and quarterly Service Performance and Activity Reports do not offer information on the influence of parental substance misuse on child welfare and protection cases and therefore this research has not succeeded in capturing up-to-date national information in this regard. However, it is important to highlight that Hope’s research was cited as an important informant of the 2019 Strategic Statement on Hidden Harm²¹, issued by the HSE and Tusla.

3.1.1 Effects

The HSE and Tusla’s Strategic Statement on Hidden Harm emphasises that the Hidden Harm caused by parental substance misuse can have serious implications for outcomes for children from conception right throughout their life span. It states that parental “alcohol and other drug use can and does cause serious harm to children at every age from conception to adulthood. Children of parents who are using alcohol and other drugs problematically are at elevated risk of Foetal Alcohol Spectrum Disorders, neonatal abstinence syndrome, emotional and physical neglect leading to possible serious emotional and social problems later in life; including the development of problem alcohol and other drug use themselves. They may also experience elevated levels of anxiety, low self-esteem, and fall prey to social isolation, leading potentially to all manner of vulnerabilities and loneliness (HSE & Tusla2019:21).”

Hidden Harm associated with problematic parental substance misuse is recognised across literature as contributing to trauma and Adverse Childhood Experiences (ACEs). Maté (2021)²², defines trauma as:

“not the bad things that happen to you, but what happens inside you as a result of what happens to you.”

The impacts of trauma are multifaceted. Among others, they include implications for an individual’s decision-making, engagement and emotional regulation:

“Experiences of trauma frequently result in behaviours that can be considered aggressive, challenging, evasive and non-engaging (Dermody et al. 2018:175)”²³

In tandem with the understanding of trauma, ACEs are described as:

²¹ HSE & Tusla. (2019). *Hidden Harm Strategic Statement: Seeing through Hidden Harm to Brighter Futures*, accessible online at <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/policy-strategy-and-frameworks/hidden-harm-strategic-statement.pdf>.

²² Gabor Maté is an internationally acclaimed speaker and author on a range of topics, including addiction, stress and childhood development. The quote presented above is taken from Maté’s documentary film, *The Wisdom of Trauma*.

²³ Dermody, A., Gardner, C., Davis, S., Lambert, S., Dermody, J., & Fein, M. (2018). *Resilience in the Face of Trauma: Implications for Service Delivery*. Irish Probation Journal Volume 15, October 2018

“stressful experiences occurring during childhood that directly hurt a child (e.g. maltreatment) or affect them through the environment in which they live (e.g. growing up in a house with domestic violence). ACEs can continue to harm the health of children throughout their life (Bellis et al 2016: 6).”²⁴

The following, not listed in any order of priority, are among the most frequently quoted ACEs that affect children and young people impacted by Hidden Harm²⁵:

- Poor attainment outcomes in education
- Increased later risk of personal problem substance misuse
- Challenges with attachment & emotional health
- Challenges coping with puberty
- Children acting as carers for parents and/or siblings
- Increased levels of fear, anxiety and hypersensitivity
- Demonstrating obsessive loyalty to parents
- Increased risk of self-harm
- Experience feeling of being loved but not cared for
- Isolation and neglect

Todman and McLoughlin (2024)²⁶ emphasise that the needs of children impacted by parental substance misuse do not reduce as they age and enter adolescence. Rather, they change. Their research highlights that the impacts of parental substance misuse on older children include “increased risk of significant harm due to criminal exploitation and/or child sexual exploitation (2024: 3092).”

While research clearly demonstrates the impact of Hidden Harm on children and young people, the evidence also reveals that the impacts of parental substance misuse are exacerbated when combined with other forms of adverse challenges. Among others, these can include the interaction of parental substance misuse with mental health difficulties, additional needs of parents and children, domestic violence and/or deprivation and social exclusion. For example, the most recent

²⁴ Bellis M., Ashton K., Hughes K., Ford K., Bishop J. and Paranjothy S. (2016). Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Welsh Adverse Childhood Experiences (ACE) Study, accessible online at https://www.ljmu.ac.uk/~media/phi-reports/pdf/2016_01_adverse_childhood_experiences_and_their_impact_on_health_harming_behaviours_in_the.pdf.

²⁵ For example, see the Input of Joy Barlow in Seeing Through Hidden Harm to Brighter futures, A Report of a Conference on Hidden Harm, hosted by Familibase 2023.

²⁶ Todman H. & McLoughlin H. (2024). Understanding the Needs of Children Living with Parental Substance Misuse: Perspectives from Children and Practitioners. *The British Journal of Social Work*, Volume 54, Issue 7, October 2024, Pages 3073–3095, <https://doi.org/10.1093/bjsw/bcae079>

Irish National Drug and Alcohol Survey (2019-20)²⁷ found little difference in the prevalence of drug misuse between communities experiencing socioeconomic deprivation and affluence. Yet, the negative effects of substance misuse were experienced most acutely in areas of most concentrated economic disadvantage, highlighting the scale of family and community trauma in areas of considerable deprivation and marginalisation. In the words of Cleaver et al (2011: 65-66):

“It is the ‘multiplicative’ impact of combinations of factors that have been found to increase the risk of harm to children.”²⁸

Against that backdrop, the HSE and Tusla Strategic Statement on Hidden Harm (2019) stressed the importance of collaboration and complementarity in efforts to prevent, reduce and minimise the impact of Hidden Harm:

“Thus, it is vital that all agencies involved with the care, support and treatment of families affected by alcohol and other drug problems, recognise their respective roles and responsibilities and the requirement to work together. Such partnership working should ensure better outcomes for children and families (HSE & Tusla 2019: 17).”

3.2 Policy Context

A number of key national policy frameworks are relevant to this study and to recommendations emerging from its completion. These fall under three primary pillars of policy:

- Policy relating to Children and Young People
- Policy relevant to Drug and Alcohol Misuse
- Policy specifically centred on Hidden Harm

3.2.1 Young Ireland: The National Policy Framework for Children and Young People 2023-2028

Young Ireland, the National Policy Framework for Children and Young People, was launched in 2023 as the successor policy framework to Better Outcomes, Brighter Futures (2014-2020). *Young Ireland* builds on its predecessor and continues to prioritise broad outcomes for children and young people under five primary headings, i.e. that all children and young people will be:

²⁷ Mongan D., Millar S. and Galvin B. (2021). 2019-20 Irish National Drug and Alcohol Survey – Main Findings, accessible online at <https://www.hrb.ie/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings>.

²⁸ Cleaver, H., Unell, I., & Aldgate, J. (2011). Children’s needs – parenting capacity. Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence (2nd ed.). The Stationery Office. See also Brandon M., Sidebotham P., Bailey S., Belderson P., Hawley C., Ellis C & Megson, M. (2012). *New learning from serious case reviews: a two year report for 2009-2011*. Department of Education, accessible online at https://assets.publishing.service.gov.uk/media/5a7a0893ed915d6d99f5cab0/DFE-RR226_Report.pdf.

- Active and Healthy
- Achieving in Learning and Development
- Safe and Protected from Harm
- Economically Secure
- Connected, Respected and Contributing to Society.

While the national framework does not specifically reference Hidden Harm, it is notable that Young Ireland continues to prioritise safety and protection for children and young people from both intentional and unintentional harm. In the context of safety and protection, Young Ireland aspires to all children and young people having families and homes that are loving, connected, safe and nurturing and to all children and young people being protected from violence, neglect, ill-treatment and harm. It also stresses the importance of everyone being alert to child protection issues and knowing how to report a concern. The presence of harm associated with parental substance misuse must emerge, therefore, as a key concern of policy pertaining to children and young people.

Young Ireland prioritises three spotlight issues for particular attention over the duration of the strategy:

- Child & Youth Poverty
- Child & Youth Mental Health and Wellbeing
- Child and Youth Disability

The National Framework for children and young people also identifies nine priority action areas, as follows:

- Play and Recreation
- Inclusion in Education
- Foster Care, Care, Aftercare
- Education Reform
- Youth and Family Justice
- Child Protection
- Access to Housing
- Digital Inclusion
- Further and Higher Education.

Mindful of the ACEs associated with Hidden Harm, and mindful of the evidence that highlights how the effects of Hidden Harm are exacerbated by their combination with other adverse experiences, the spotlight issues and priority action areas within the national framework are particularly relevant in the context of this study, most notably the mess such as child and youth poverty; child and youth mental health and wellbeing; play and recreation; inclusion in education; youth and family justice; child protection and access to housing.

3.2.2 National Drug & Alcohol Strategies

The previously mentioned 2019-20 Irish National Drug and Alcohol Survey indicated that approximately one-in-fourteen individuals reported using an illegal drug in the previous year, with increases noted in the number of people using illegal stimulants such as cocaine, ecstasy, amphetamines. The survey also highlighted that individuals aged 15–24 years were most likely to report drug misuse, while men were twice as likely as women to misuse drugs. One-in-five drinkers was identified as having an Alcohol Use Disorder (AUD) and this increased to one-in-three among drinkers aged 15–24 years.

Against the backdrop of these statistics, *Reducing Harm, Supporting Recovery*, the recently concluded National Drug & Alcohol Strategy (2017-2025)²⁹ established five strategic goals as follows:

- Promote and protect health and wellbeing
- Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
- Address the harms of drug markets and reduce access to drugs for harmful use
- Support participation of individuals, families and communities
- Develop sound and comprehensive evidence-informed policies and actions.

A midterm review of the strategy's implementation was completed in 2021³⁰ and proposed six strategic priorities to strengthen implementation of the national strategy up to its conclusion in 2025. These concerned:

- Strengthening the prevention of drug and alcohol misuse and the associated harms among children and young people
- Enhancing access to and delivery of drug and alcohol services in the community
- Developing integrated care pathways for high-risk drug users to achieve better health outcomes
- Addressing the social determinants and consequences of drug misuse in disadvantaged communities
- Promoting alternatives to coercive sanctions for drug-related offences
- Strengthening evidence-informed and outcomes-focused practice, services, policies and strategy implementation.

Of particular relevance in the context of Hidden Harm were the priorities proposed in the strategy review which recognised the need to strengthen the prevention of drug and alcohol misuse and the associated harms among children and young people; the need to address the social determinants

²⁹ Dept of Health. (2017). *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*. Department of Health: Dublin, accessible online at https://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf.

³⁰ Drugs Policy and Social Inclusion Unit, Department of Health. (2021). *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025*. Department of Health.

and consequences of drug misuse in disadvantaged communities and the need for increased evidence-informed and outcomes-focused practice.

A full evaluation of the delivery of *Reducing Harm, Supporting Recovery* was concluded and, at the time of finalising this report, a new National Drugs Strategy was in draft for the period 2026-2029³¹. The vision of the new strategy refers to the minimisation of harms from drug and alcohol misuse, including for children:

“A society where the harms from drug and alcohol use are minimised for individuals, children, families and communities and where health and social care for those affected is high quality, accessible, equitable, person-centred, integrated and recovery-oriented (Dept of Health 2026:4).”

The national strategy is built around five strategic pillars, as follows:

Protect:	Protect individuals, children, families and communities from the harmful effects of drug and alcohol use
Provide:	Provide equitable access to high quality drug and alcohol services across health regions and population groups
Champion:	Champion recovery in drug and alcohol treatment, community services and in public policies
Prioritise:	Prioritise health supports for people in contact with the criminal justice system due to drug use
Prepare:	Prepare for and respond effectively to a more dynamic global drugs market.

Encouragingly, a distinct action within the Protection Pillar proposes to:

“Enhance services and hidden harm programmes for children, young people and families impacted by parental and familial drug and harmful alcohol use (Dept of Health 2026:20).”

Review of the draft strategy suggests a greater emphasis on universal approaches to the minimisation of harm from substance misuse, while the evidence of this research³² emphasises the equal – if not greater – importance of targeted interventions and supports in communities such as Bluebell, Inchicore and Rialto where substance misuse in homes and communities has been described as endemic³³. In fact, local stakeholders in the Canal Communities also assert the importance of community voices and community-based research, such as this study, informing the ongoing development of national policy priorities in respect of drugs and alcohol in Ireland.

³¹ Dept of Health. (2026). *National Drugs Strategy 2026-2029 An integrated, equitable and evidence-based response to drug and harmful alcohol use*. Dept of Health: Dublin, Accessible online at <https://www.drugsandalcohol.ie/45067/1/National-Drugs%20Strategy%20-2026-2029.pdf>

³² As will be illustrated in subsequent sections of this report.

³³ See next chapter for more details.

3.2.3 HSE & Tusla – Hidden Harm Strategic Statement: Seeing through Hidden Harm to Brighter Futures (2019)

The 2019 shared strategy statement of the HSE and Tusla was underpinned by a vision whereby both agencies would work effectively at the earliest possible stage to support children and families. It highlighted the challenge for agencies of keeping the children of parents involved in substance misuse visible - and giving them a voice.

A range of strategic actions were proposed throughout the strategy document, including:

- Naming Hidden Harm as a key risk factor in work with children and families in both Tusla and HSE and statutory, voluntary and community partners
- Process and practice shifts by Tusla, the HSE and voluntary and community-funded services, to identify and meet the needs of children and of adults in their parenting roles
- Shared training to skill all practitioners within Tusla and HSE and voluntary and community-funded services to work within a framework of care to identify and meet the needs of children affected by parental problem alcohol or other drug use
- Advance a coherent continuum of support for children and families impacted by parental problem alcohol and other drug use and improve timely access to local supports
- Support national screening and brief intervention, including screening for maternal alcohol consumption
- Identify tools in screening and assessing parenting capacity when problematic alcohol and other drug use is an issue in the home
- Utilise existing models of evidence-based practice developed by Tusla and the HSE to address Hidden Harm inclusive of Meitheal, Signs of Safety and the SAOR model.
- Recognise and implement role clarity, supporting complementary practice and mutual understanding of each other's roles.

Several of the points listed above are relevant to the stated aspiration of a shared multisectoral roadmap to address Hidden Harm in the Canal Communities, most notably points pertaining to:

- Shared training to skill all practitioners within Tusla and HSE and voluntary and community-funded services to work within a framework of care to identify and meet the needs of children affected by parental problem alcohol or other drug use
- Using existing models of evidence-based practice developed by Tusla and the HSE to address Hidden Harm inclusive of Meitheal, Signs of Safety and the SAOR model
- Recognising and implementing role clarity, supporting complementary practice and mutual understanding of each other's roles across State and voluntary services.

3.2.4 The Importance of Alignment with Policy

National policies are created over time and are generally underpinned by a variety of consultative processes that involve representatives from across relevant sectors. They also draw deeply on latest available national and international evidence from research and practice. Therefore, policy frameworks represent perceived wisdom or up-to-date thinking on specific issues of relevance, target groups and sectors.

National policies also indicate national priorities and, as such, offer direction on mainstream programmes and funding opportunities. It is important, therefore, that a coordinated effort to address Hidden Harm in the Canal Communities would give due consideration to the policy landscape and its influence over locally based investment and service-provision.

Specifically, in the context of this study, it is worth repeating that:

- The National Policy Framework for Children and Young People emphasises the importance of children and young people experiencing safety and protection from intentional and unintentional harm, with particular reference to children and young people growing up:
 - o in families and homes that are loving, connected, safe and nurturing; and
 - o in environments in which they are protected from violence, neglect, ill-treatment and harm.
- The newly established National Drugs Strategy (2026-2029) makes specific reference to the need for enhanced services and Hidden Harm programmes for children, young people and families impacted by parental and familial drug and harmful alcohol use.
- A distinct collaborative strategy statement exists between two of the State's most high-profile public service-providers, proposing collaborative action between both bodies, and with the wider social sector, to minimise the effects of Hidden Harm on children and families.

4. The Canal Communities

As noted in the introductory chapter to this report, Dublin's Canal Communities comprise three specific areas, as follows:

- Bluebell in Dublin 12
- Inchicore in Dublin 8
- Rialto, Dublin 8.

4.1 The Area

Administratively, the communities of Bluebell, Inchicore and Rialto fall within seven *Electoral Divisions* (EDs) – six in totality and one partially. EDs refer to the smallest legally defined administrative areas in Ireland for which small area population statistics are published from the Census. There are over 3,400 electoral divisions in total across Ireland. The seven EDs which encapsulate the Canal Communities are:

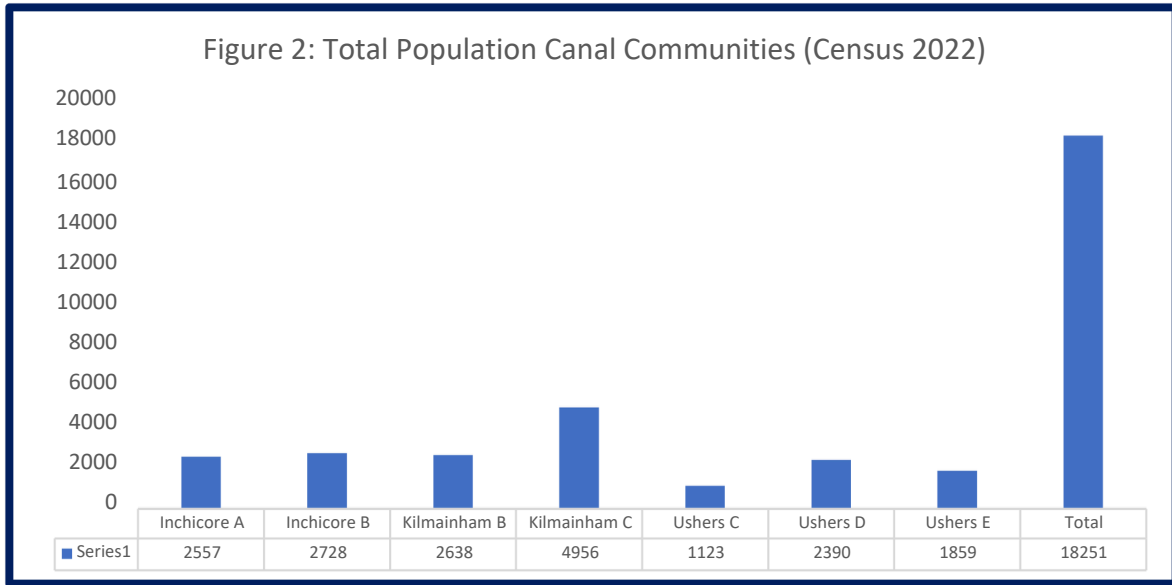
- *All* of Inchicore A (i.e. Inchicore north of the Canal and east of Tyrconnell Road)
- *All* of Inchicore B (i.e. Bluebell)
- *All* of Kilmainham B (i.e. Inchicore from Emmet Road to the Irish War Memorial Gardens)
- *All* of Kilmainham C (i.e. Inchicore north of the Grand Canal enveloped by Suir Road on the East and Goldenbrige Industrial Estate on the west)
- *Part* of Ushers C (comprising sections of Fatima from James' Walk in the north to Our Lady's Road in the east and southwards to Dolphin's Barn Street)
- *All* of Ushers D (i.e. Rialto, north of the South Circular Road)
- *All* of Ushers E (i.e. Dolphin House and the sections of Rialto located alongside the Canal)

The EDs above comprise a total of 72 *Small Areas*. Small areas are designed as the lowest level of geography for the compilation of Census statistics, typically comprising between 80 and 120 dwellings. Census data at both ED and Small Area levels enable studies such as this to define an accurate social and demographic profile of a given area – in this instance in the Canal Communities.

4.2 Population

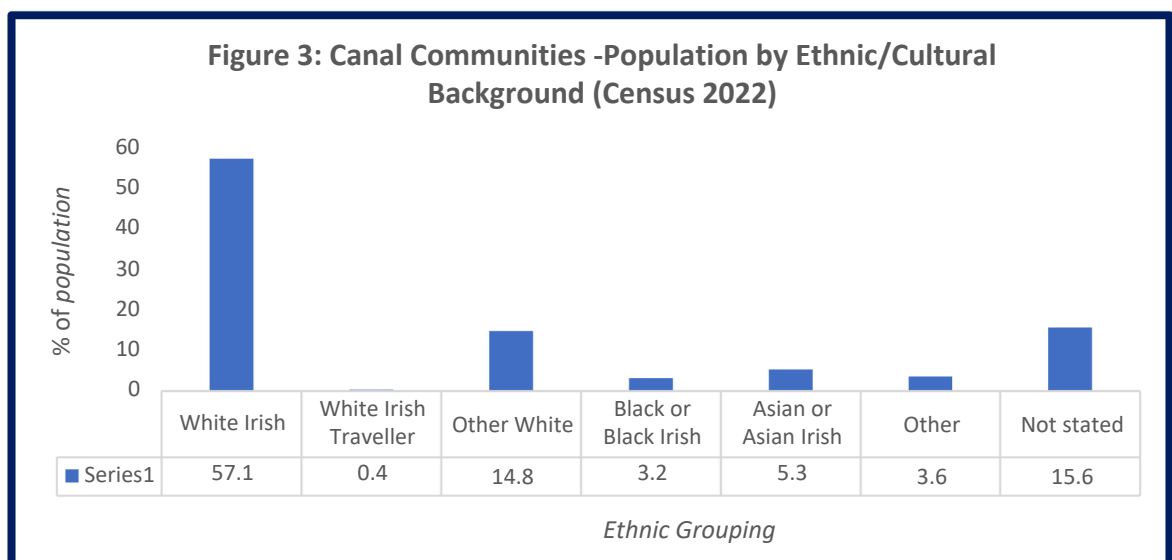
According to Census 2022, the total population of the Canal Communities³⁴ stands at 18,251 individuals across 7,618 households. While population statistics inevitably will have changed somewhat in the years since completion of the Census, this figure can be taken as a useful approximation of the population across the relevant EDs. This figure is illustrated diagrammatically in Figure 2 below:

³⁴ Across the EDs referenced above.



It is worth repeating that the population data presented above pertain to the totality of Inchicore A and B, Kilmainham A and B, Ushers D and E and four small areas of Ushers C ED.

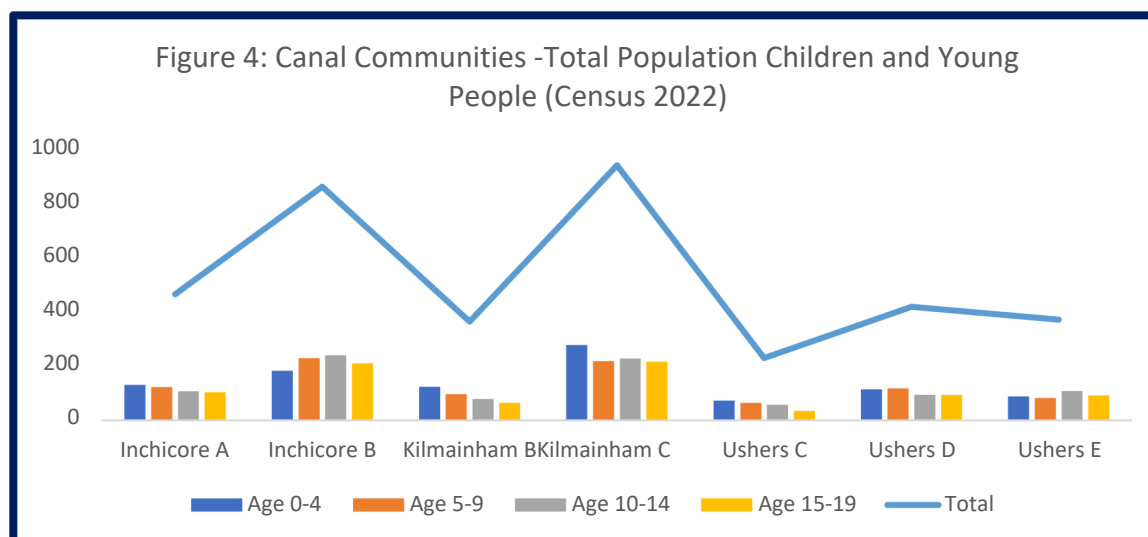
The Census reveals that, ethnically, almost 60% of the Canal Communities reports being White Irish while a further 14.8% are Other White. Almost 16% of those completing the Census across the Canal Communities did not refer to their ethnic background, as illustrated in Figure 3 below. It was suggested in certain interviews during study consultations that the population of the Canal Communities was growing more ethnically diverse, though census data do not bear those statements out. This may, however, be attributable to the large proportion of individuals not responding to this question in the census³⁵.



³⁵ See later commentary on census completion in Section 4.3 below.

4.2.1 Child and Youth Population

Census data also indicated that the population of children and young people aged up to 19 years across the EDs of the Canal Communities accounted for 20% of the total population (n=3,625). See Figure 4 below.



This proportion is somewhat lower than the national average, whereby children and young people aged up to 19 years account for 25.6% of the entire national population. The gender breakdown across children and young people in the communities stands at 51% male and 49% female.

The age profile of the child and youth population across the communities is as follows:

- 0 – 4 years: 27% (n=984)
- 5-9 years: 26% (n=925)
- 10-14 years: 25% (n=906)
- 15-19 years: 22% (n=810)

Households with children comprise 31% of all households across the relevant EDs. One parent families with children comprise 12% of all households in the Canal Communities, while one parent families with children and others account for a further 2% of households. Research consistently demonstrates that one parent families face a disproportionate risk of poverty and social exclusion, and their effects.

Reference is made in earlier sections of this report to research from 2022 which demonstrated that more than 200,000 children in Ireland were living “with the traumatic circumstances of a childhood

where parental problem alcohol use is a frequent event,³⁶ equivalent to 15% of the child population in Ireland. However, as noted earlier, this figure pertains only to children and young people experiencing parental alcohol misuse. It does not refer to families in which parental drug misuse is present, or indeed to families in which a combination of the misuse of alcohol or other substances is present. It is reasonable to assume, therefore, that the proportion of children and young people in Ireland experiencing Hidden Harm in all its forms is significantly higher than the 15% highlighted above

Applying a *conservative* estimate of 15% of all children and young people in the Canal Communities being affected by parental substance misuse would imply that, at a minimum, approximately 544 children and young people are currently impacted across the three areas. This study contends that the figure is, in fact, considerably higher.

4.3 Socioeconomic Indicators

Earlier sections of this document have also referred to the importance of understanding Hidden Harm in the context of wider social and economic circumstances and to the body of evidence that acknowledges the more significant negative impacts that accrue from substance misuse for disadvantaged communities. Understanding the causes and effects of substance misuse must be rooted in a strong social, economic and cultural analysis. So too must the causes and effects of Hidden Harm be rooted in such an analysis.

The Pobal HP Deprivation Index³⁷ is a valuable and frequently used tool for identifying levels of deprivation and affluence across specific areas, using Census data. It calculates an area's levels of deprivation and affluence across an eight-level gradient by analysing ten measures of disadvantage. These include educational attainment, employment status and the numbers living in individual households. The eight-level gradient is presented as follows:

- Extremely disadvantaged
- Very disadvantaged
- Disadvantaged
- Marginally below average
- Marginally above average
- Affluent
- Very affluent
- Extremely affluent

As a result, the Index facilitates a comparative examination of deprivation and affluence across different communities and small areas.

³⁶ See *Parental problem alcohol use and education (2022: 1)*, a position paper by Alcohol Action Ireland in association with University College Cork, accessible online at <https://alcoholireland.ie/wp-content/uploads/2024/02/FINAL-Parental-problem-alcohol-use-and-education.pdf>.

³⁷ See <https://www.pobal.ie/pobal-hp-deprivation-index>.

At an ED level, census data reveals the following deprivation/affluence classification in relation to the Canal Communities:

- Inchicore A: Marginally above average
- Inchicore B: Disadvantaged
- Kilmainham B: Marginally above average
- Kilmainham C: Marginally above average
- Ushers C³⁸: Marginally below average
- Ushers D: Marginally above average
- Ushers E: Marginally below average.

4.3.1 Deprivation at Small Area Level

An examination of deprivation data at *Small Area* level presents a more telling picture of notable pockets of disadvantage sitting alongside areas of relative affluence in the three communities. As illustrated earlier in this document, the EDs enveloping the Canal Communities are made of up of 72 Small Areas, each comprising between 80 and 120 households. Table 1 below offers a breakdown of small area deprivation/affluence data across the EDs.

Table 1 Deprivation/Affluence Levels in the Canal Communities by Small Areas

	Inch A	Inch B	Kil B	Kil C	Ush C ³⁹	Ush D	Ush E
Extremely Disadvantaged	0	0	0	0	0	0	0
Very Disadvantaged	0	0	0	1	0	0	2
Disadvantaged	0	6	1	2	1	0	0
Marginally Below Average	3	2	0	2	0	2	2
Marginally Above Average	8	0	2	11	1	7	4
Affluent	1	0	3	5	2	3	1
Very Affluent	0	0	0	0	0	0	0
Extremely Affluent	0	0	0	0	0	0	0
Total Small Areas	12	8	6	21	4	12	9

³⁸ In its totality.

³⁹ Taking only four small areas into account as part of the Canal Communities from a total of 19 small areas in the Ushers C ED.

The small areas of Inchicore B demonstrate an ED experiencing notable levels of deprivation, while one small area in both Kilmainham C and Ushers D is classified as very disadvantaged. The data in Table 1 are drilled down further in Annexe IV to give a detailed picture of the areas and communities within Bluebell, Inchicore and Rialto that experience the highest levels of deprivation and, by extension, the areas and communities with the greatest risks of Hidden Harm.

Degree of Caution

There is, however, a need to exercise a degree of caution when examining deprivation related data, especially in communities that have traditionally been categorised as communities with high levels of intergenerational social and economic disadvantage, but that are now presenting more towards average levels of affluence. The growth in high density mixed populations in urban areas in recent years has resulted in communities being drawn increasingly towards the mean despite the existence of significant disadvantage. For example, the situation of mobile young, often student housing distorts levels of disadvantage at a small area in urban settings. Similarly, the rise of rent subsidies for populations previously housed in local authority housing dilutes their level of need among private rented apartments and makes it difficult to identify need.

Feedback from the Dublin City Community Cooperative indicated that notable features of the last census in Dublin were either non-completion or only partial completion of the census form by a substantial cohort of the population, especially in relation to key deprivation indices such as employment status, ethnicity⁴⁰, disability, etc. These features were particularly notable in areas of previously high urban disadvantage and in areas of high inward migration.

That said, drawing on Census data, the following specific communities present with the highest levels of disadvantage and deprivation in the Canal Communities:

- Bluebell, in its entirety
- Areas of Inchicore, including Emmet Crescent which presents as very disadvantaged and Buffin Court, Emmet Court and the communities north of the Canal and west of Connolly Avenue, which present as disadvantaged
- Dolphin House and parts of Fatima in Rialto which present as very disadvantaged and disadvantaged respectively.

Old News and False Dawns

Highlighting the notable level of economic deprivation in the communities listed above should surprise no reader of this report. The communities named above have, for decades, experienced the negative effects of inadequate State investment, and have consistently experienced poor outcomes in areas such as health, education, accommodation, employment, and in cultural and political participation. Individuals and families residing in these areas have remained at a disproportionate

⁴⁰ As referenced in respect of Figure 3 above.

risk of poverty, unemployment and ill health – physical and mental, as well as being more likely to experience the negative effects of substance misuse.

Communities in Bluebell, Inchicore and Rialto have been the subject of start-stop plans for major infrastructural and social regeneration projects over several decades. Plans are currently underway to develop the Bluebell Waterways Project via a partnership between the Land Development Agency and Dublin City Council which, it is expected, will deliver 383 new homes. The Regeneration of Emmet Road in Inchicore, formerly St. Michael’s Estate, has involved several false dawns, while plans are also afoot to develop 578 cost-rental and social homes designed in the Droichead Órga project.

Similarly, in October 2025, the State announced the progression of Phases 2 and 3 of the Dolphin House Regeneration Project, with commitment to deliver over 600 social and affordable homes and mark the completion of the Dolphin House Estate Regeneration Project. While this development is to be welcomed, the following observation from a 2023 study into the needs of children aged under six years in Dolphin House⁴¹ articulates the challenges associated with Regeneration Projects in the Canal Communities:

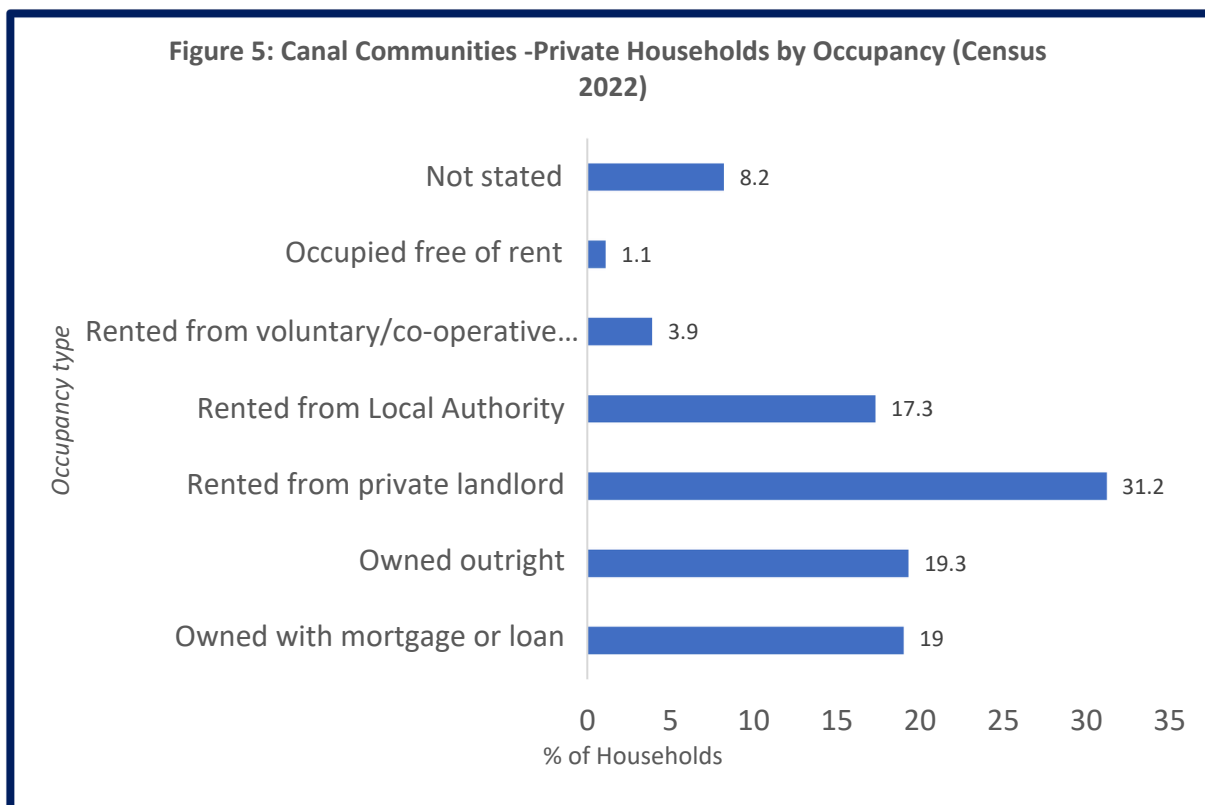
“For the last 20 years, the community of Dolphin House has been in the shadow of an urban regeneration programme, living with the hopes of a revitalised community on the one hand, coupled with the uncertainty that has surrounded the full implementation and completion of the programme on the other. In that period, the community has witnessed de-tenanting of families and the transition of households from the community to facilitate demolition of existing buildings and the construction of new homes. The programme of regeneration in the area is expected to continue for another ten years (Haran et al 2023:7).”

The promises of regeneration have resulted in equal levels of optimism and pessimism in the Canal Communities. While everybody has been in favour of much needed State investment in communities neglected for generations, the length of time taken to secure and deliver that investment has reinforced feelings of disillusion, instability and further social exclusion.

4.3.2 Housing and Homelessness

It is widely recognised that, nationally, Ireland is in the grips of a housing and homelessness crisis. Census 2022 revealed that just under 40% of households across the six Canal Community EDs were owned, either outright or with a mortgage or loan. Over half the population of the Canal Communities was renting a home, with almost one third renting from a private landlord. See Figure 5 below. Recent years have demonstrated increased precarity of the private rental market as a housing tenure.

⁴¹ Haran, N., Jackson, C., Slattery, D. and May, P. (2023). *Need Assessment of Children Aged 0-5 Years in Dolphin House*. Dolphin House Community Development Association: Dublin.



Government data⁴² from November 2025 revealed that just under 17,000 individuals were experiencing homelessness in Ireland. Notable statistics included:

- Almost 11,675 adults in homelessness
- A total of 2,525 families in emergency homeless accommodation.
- Over 5,321 children under 18 years of age in families experiencing homelessness.

Homelessness data are compiled at a regional level, so it is not possible to assess the extent of individuals and families in homeless services from the communities of Bluebell, Inchicore and Rialto. National data do reveal, however, that the majority of homelessness in Ireland is centred on the Dublin region. Data demonstrate that 70% of individual adults accessing emergency homeless accommodation in Ireland (i.e. in November 2025) were located across the four Local Authorities of the Dublin Region⁴³. Similarly, of the families in emergency homeless accommodation, 71% were located in Dublin. It is reasonable to assume, therefore, that challenges around housing precarity and homelessness are part of the lived reality of families in the Canal Communities, with greater levels of housing precarity experienced in families with complex needs additional to a housing need.

⁴² See https://assets.gov.ie/static/documents/a5dcb873/Homeless_Report_November_2025.pdf.

⁴³ Dublin City Council, Fingal County Council, South Dublin County Council and Dun Laoghaire Rathdown County Council.

4.4 Child Protection and Welfare

Earlier sections of this report have documented the prevalence and influence of parental substance misuse in child protection cases nationally and internationally. It is important therefore to gain an insight into the number of child protection cases in the area surrounding the Canal Communities.

Tusla's Quarterly Service Performance and Activity Reports, which provide data in this regard, are compiled at regional level, so data pertaining specifically to child protection and welfare concerns in the Canal Communities are, unfortunately, not available. Data from the Canal communities are embedded within data for Dublin South Central and Tusla's most recent Quarterly Service Performance and Activity Report (Quarter 3, 2025)⁴⁴ reveals that:

- The average rate nationally of referrals to Child Protection and Welfare Services stood at 43.2 referrals per 1,000 population under 18 years over the first six months of 2025. Within the area of Dublin South Central, the figure was 57.3 per 1,000 population for the same period.
- 23,989 cases were open to social work nationally at the end of Q3 2025, of which 1,858 (8%) were located in Dublin South Central.
- The rate of children in care in Dublin South Central mirrored the rate of children in care nationally at the end of Q3, 2025: 4.7 children per 1,000 population. This compares favourably with other areas such as Dublin North City (10.2/1000); Donegal (6/1000) and Waterford/Wexford (5.7/1000).

While these data aren't specific to the Canal Communities, the area in which the Canal Communities is located has witnessed higher levels of referral to social work than the national average. Dublin South Central also accounts for 8% of all open social work cases. This is important in the context of a commitment to addressing Hidden Harm in the communities Bluebell, Inchicore and Rialto.

⁴⁴ See https://www.tusla.ie/uploads/content/Q3_2025_Service_Performance_and_Activity_Report.pdf.

5. Consultation

Within this study, consultations were undertaken with stakeholders across four categories of interest:

- Level 1: Professionals working in the Canal Communities specifically in the areas of substance misuse and Hidden Harm, and their impacts. The total number of Level 1 stakeholders consulted was 13 individuals.
- Level 2: Professionals working directly with children and young people in their communities and who may, consciously or unconsciously, engage with Hidden Harm. The total number of Level 2 stakeholders consulted was 17 individuals.
- Level 3: Community representatives and pre-existing groups of parents residing in the communities of Bluebell, Inchicore and Rialto. The total number of Level 3 stakeholders consulted was 6 individuals.
- Level 4: Young people residing in the communities of Bluebell, Inchicore and Rialto. A total of 14 young people, aged between 15 and 17 years, participated in the consultation exercises.

Annex III offers a summary of the agencies and organisations that participated in the consultation process.

While different sets of questions were asked of individual stakeholder categories, the essence of all consultations sought information on the following key themes:

- Stakeholders' awareness of:
 - o Hidden Harm in the Canal Communities: how it presents, who it affects and how, and the extent of the problem in the area
 - o Current service provision and local supports/interventions – and how they support children and young people at risk of and/or experiencing Hidden Harm
 - o Levels of interagency working and referral in respect of Hidden Harm, and corresponding protocols
 - o Additional services/programmes and/or enhanced practice needed in the area to respond effectively to the needs of children and young people affected by Hidden Harm, and how these services and programmes would be organised
 - o The value of a coordinated approach to Hidden Harm across the Canal Communities, and what this might entail.

This chapter draws together a set of consistent themes that emerged across consultations with all levels of consultation stakeholder outlined above. These are:

- The *not so hidden* nature of parental substance misuse and its effects on children and young people in the Canal Communities

- Observed impacts on children and young people of parental substance misuse
- Children and young people’s exposure to substance misuse and dealing in the wider community
- The need to understand the context of substance misuse and the significance of trauma in the Canal Communities
- Hidden Harm and neurodivergence
- Existing practice and considerations for a collaborative approach to Hidden Harm in the Canal Communities.

A detailed overview of these central themes is presented below. Given that this study was primarily consultative in nature, Chapter 5 is the longest and most detailed chapter of this report.

5.1 The *Not So Hidden* Nature of Parental Substance Misuse and its Impacts

Feedback across almost all consultation exercises questioned the appropriateness of the term *Hidden Harm* in the context of the Canal Communities. Nobody denied the element of *Harm* within the description of the impacts of parental substance misuse on children but, as will be evident from feedback outlined below, many contested the assumption that this harm was *Hidden*. For example, an individual in a group discussion of local and community development practitioners remarked:

“Families in community don’t see it as Hidden Harm. It’s normal (Local and Community Development Practitioner).”

Though not specifically relating to the Canal Communities, an interview with the Targeted Development Worker of the South Inner City Drug and Alcohol Task Force, covering a very similar catchment to the Canal Communities Local Drug and Alcohol Task Force, outlined the results of a consultation process with youth as part of a community-based needs analysis in the South Inner City area. They noted:

“Hidden Harm has come through to a small degree in the consultations. Substance misuse in families is seen as quite normal among young people. Hence, it follows through generations and is seen as normal.”

Aligning with earlier assertions made in this report about the connection between parental substance misuse and child welfare and protection concerns, interviews with Tusla Social Work team members in the area indicated that Tusla witnessed “a lot of Hidden Harm around neglect referrals and cases.” However, members also highlighted that there were frequent challenges getting all the information on levels of parental substance misuse, as illustrated in the direct quotes below:

“For example, often the substance misuse is not directly witnessed, but assumed... It is harder for alcohol misuse to be reported as alcohol is more normalised, while drugs misuse can be easier to refer to TUSLA (Tusla Social Work Team Leader).”

“Parents can be hiding it from social workers, but from themselves too. They don’t want to think about how it impacts their children (Intake Social Worker).”

Other professionals, particularly professionals working in health, early years, afterschool, school and youth work settings, referred to becoming aware of problematic parental substance misuse via a variety of channels. These included: disclosure from parents, disclosure from young people, referrals and/or information shared from other professionals or in the community. A Youth Justice Worker spoke during interview of “certain keywords” from young people describing their lives as valuable flags of substance misuse in the home. For example:

“The young people might say casual things such as: ‘My Ma doesn’t get up till late afternoon’ or ‘I asked my Mam not to take her medication before she has a meeting in the school because I don’t want her to make a show of me (Youth Justice Worker)’”

This statement was reinforced by a Drug and Alcohol Awareness Worker in a youth project who referred to examples of young people mentioning situations of concern in the home, particularly when “talking about their parent’s behaviours. Or being overly familiar with drugs and alcohol or beginning to experiment with them at a young age (Drug and Alcohol Awareness Worker).”

Other youth sector professionals referred to Hidden Harm manifesting itself via:

- Young people demonstrating high levels of shame or embarrassment
- Outbursts and dysregulated behaviour among individual young people
- Young people’s detachment/disassociation from youth work activities
- Young people’s physical appearance, demonstrating neglect, hunger and/or a lack of hygiene.

Parental substance misuse was considered visible by the way in which certain parents presented themselves. Interviewees across sectors referred, for example, to parents being unkempt, having chaotic energy, expressing a particular tone of voice and/or smelling of weed. Locally based HSE Paediatric therapists indicated that the presence of Hidden Harm would sometimes be made known to them via the referral process. But more often, it was parents’ presentation to services that demonstrated the presence of substance misuse and likely impact on children. A Home School Community Liaison Coordinator in a local school described how their visits to pupils’ homes frequently revealed the presence of parental substance misuse and its impact on children.

The prevalence of *Not So Hidden Harm* was reflected in observations by local professionals concerning the scale of the problem and the numbers of young people impacted. For instance, representatives of one primary school referred to two out of every three pupils in the school being unable to “access the curriculum because of the issues in families affected by addiction.” A Youth Justice Worker in the area suggested that, among their participants, “at the very minimum, 50% and up to 75%” would experience problematic parental substance misuse in their homes. A Systemic

Family Therapist projected that Hidden Harm was present in “all sorts of scenarios in the Canal Communities,” suggesting it was likely to impact eight out of ten families across the area.

Young people consulted were equally aware of peers experiencing the impacts of substance misuse in the home. A flavour of quotes from youth consultations is offered below:

“You notice it by a change in the person’s behaviour (Youth Consultation Participant).”

“You notice it in the appearance of teen girls; it’s noticeable that their hair isn’t as well kept (Youth Consultation Participant).”

“You can see it in their eyes that they’ve had a bad night (Youth Consultation Participant).”

“People talk, it goes around. You hear about it, especially in school (Youth Consultation Participant).”

“You can see it, kids picking up habits that you wouldn’t be allowed to. They have more freedom (Youth Consultation Participant).”

Youth consultation participants also spoke of teenage peers, almost exclusively girls, who were taking care of younger siblings and who frequently turned up to school late as a result of dropping younger children to primary school. The youth consultation participants also spoke of these young people being admonished for showing up late to school and stressed what they felt was the injustice of this practice. As one female participant stated:

“They should actually be praised for turning up at all (Youth Consultation Participant).”

In summary, a clear assertion among those consulted in this study – across different age profiles and different professional sectors, is that the scale of Hidden Harm in the Canal Communities is extremely high. Data received from five local organisations⁴⁵ working with children, young people and families indicated that the proportion of young people attending programmes and services who were impacted by Hidden Harm ranged from 38% in one organisation to all children and young people in another. Further examination of these data is warranted however; yet qualitatively, there is strong evidence to indicate that the scale of the issue warrants considerable concern and attention.

5.2 Observed Impacts of Parental Substance Misuse

⁴⁵ Of which, three were youth services and two were addiction support services with an array of family support interventions.

Consultations participants spoke of numerous impacts of parental substance misuse on children and young people in the Canal Communities, all of which aligned with the impacts highlighted in Section 3.1 above. Particular reference was made to:

- The loss of *routine and increased unpredictability in life circumstances*, most notably in areas such as school attendance and punctuality, the loss of structure, participation in extracurricular activities and failure to make appointments. Consultation participants from early years services, the HSE and the Children’s Disability Network Team referred to parents not keeping appointments, for example for children’s speech and language therapy, thereby impacting on children’s developmental progression. Reference was also made to impacts on language development with representatives from one local primary school referring to children aged four to five years presenting with a language development age of approximately 2.5 years.
- Impacts on *friendships* with children and young people being reported as unable to form healthy attachments or feeling unable to bring friends to their home.
- Experiences of *poverty* with parents and carers prioritising expenditure on substances over rent or essential items for their children and families. Reference was made in a focus group in one community to “a notable amount of people going into rent arrears to prioritise drink and drugs.”
- Impacts on *physical health and development* with frequent reference to children and young people being hungry, dirty and at greater risk of Foetal Alcohol Spectrum Disorder (FASD).
- Increased *susceptibility to criminality*, with concerns expressed for example about children as young as nine or ten years old being groomed into criminal activity. Concerns were also expressed about young people experiencing Hidden Harm being vulnerable to sexual exploitation, especially young girls.

The largest volume of comments in respect of impacts related to the impact of problematic parental substance misuse on the *emotional and social development* of children and young people, with the needs of children “coming second to addiction.” References were made to children experiencing an unsafe home environment and to children/young people taking on carer roles for parents and/or younger siblings. Many stakeholders spoke of children and young people becoming introverted and detached; finding it difficult to make transitions and/or demonstrating volatile behaviour. It was suggested that young people whose parents were engaged in substance misuse were frequently “wise beyond their years ... keen to get home to check in on what’s going on at home.” It was also observed that young people experiencing Hidden Harm may know that their home experiences weren’t “right or normal” and so may “be protective and not let outsiders know what might be going on.” In the context of children’s engagement with services, mention was made of children and young people finding it difficult to trust services or demonstrating an excessive reliance on particular staff members in specific organisations.

5.2.1 Impacts According to Age

The impacts outlined above were described in consultations as presenting differently among younger and older children. Issues arising in the context of younger children were related to developmental delay; difficulties around attachment and trust, and under-development physically.

A provider of early years education referred to pre-school aged children impacted by parental substance misuse as regularly requiring speech and language therapy and extra support from an Occupational Therapist. They spoke of children presenting with oppositional disorders, Attention-Deficit Hyperactivity Disorder (ADHD) and learning difficulties, while also referring to children being developmentally younger than their chronological ages. Particular reference was made to children presenting with inconsistent attachment to parents and others, and to high levels of emotional dysregulation. These statements were reinforced by a social worker who, when speaking about children aged under three years, referred to:

“They rely 100% on their care givers for interaction, stimulation, play, etc. You see Hidden Harm in things like speech delay, American accents from screen watching. There are issues around the child not gaining weight (Intake Social Worker).”

A childcare worker suggested that the effects of Hidden Harm were easier to observe in younger children:

“It’s easier to spot it in younger children because they don’t know what’s going on, so they don’t try to hide it. They may not realise that their home life is not normal (Childcare Worker).”

A family support worker spoke of the “serious impact” of parental substance misuse on younger children “because they are more dependent on parents/carers... They are unable to fend for themselves.” This view was reinforced by another family support worker who stated:

“Younger children are more impacted because they are more vulnerable, because they need more care. We need to get to them earlier.”

In the context of school age children, a provider of school aged afterschool services referred to children in need of developmental support, presenting with behavioural outbursts and demonstrating challenging behaviour. Because of unstable home life and endemic social challenges in the wider community, this individual referred to children presenting with antisocial behaviour: “From 9 years up, they are involved in smoking, vaping, drinking, stealing cars.”

The impacts referenced in relation to pre-teens, and adolescents were slightly different. Principally, consultation participants referred to concerns about young people being susceptible to involvement in criminal activity, to assuming caring roles within their families, to detaching and demonstrating

high levels of shame. A social worker referred to pre-teens in particular communities being groomed for involvement in the drug trade:

“We have examples of older boys putting food in the fridge. ‘We’ll look after you and your mam’ and then get the boy to move heroin for them (Intake Social Worker).”

The same social worker also spoke of pre-teens shutting down, detaching and pulling away from supports. They spoke of young people responding to them as follows: “Things are fine, what’s the point talking to you?”

Consultation participants from the Youth Work sector referred to older children having more responsibilities in the home. They also referred to higher levels of internalised shame and stigma among adolescents experiencing Hidden Harm, “because they understand the social judgment.” Consequently, “many close off from others and from supports being provided.”

The importance of early intervention

Throughout consultations, several participants emphasised the importance of early intervention and prevention services, in the broader context of children’s services and in the specific context of Hidden Harm. A Local Development practitioner spoke of the “huge gap of attention for children under five.” They referred to the Strengthening Families Steering Committee in the area and to the fact that programmes were available for young people aged 6-12 years and from 12-16 years. However, no such programme is available for younger children⁴⁶.

Local social workers echoed calls for earlier intervention in the context of Hidden Harm. One team member argued that the period of pregnancy needed to be a priority time for intervention and that referrals to social work after the birth of a baby was sometimes too late. Another referred to older children in homes affected by substance misuse experiencing a sense of hopelessness that things won’t change. Early intervention was identified as key to avoiding such despondency.

The Barnardos Family Support Team repeated calls for a prioritisation of early intervention. It was noted:

“Hidden Harm can affect schooling, peers/friendships (children unable to form healthy attachments or children unable to bring friends over/parent carer unable to bring children to extracurricular activities/parent carer do not have the financial means to get children necessary items. Early intervention is key (Note from record of Focus Group with Barnardos Family Support Team in Dublin 8).

⁴⁶ The aforementioned 2023 (i.e. Haran et al) study into the needs of children aged under six years in Dolphin House made similar statements, highlighting that the Social Regeneration Programme in Dolphin House had prioritised compensatory activities for older children and young people to the neglect of prevention and early intervention practices with young children and their families.

A local youth worker also observed that services often collaborated when a young person was already at a crisis point, for example in Meitheals. “If that support and collaboration was provided sooner for an earlier intervention, there might be more positive outcomes.”

5.2.2 Impacts According to Gender

Feedback on the impacts of parental substance misuse on girls and boys was largely consistent across interviews. Girls, most notably teenage girls, were more likely to take on caring roles in the family, particularly in families with younger children.

References were also made to girls being more likely to internalise the effects of substance misuse in their homes and being more likely to become introverted, anxious and/or mask emotions. That said a youth wellbeing worker also referred to:

“Girls have the capacity to engage in 1-to-1, they’re more able to do the emotional work (Youth Wellbeing Worker).”

A focus group in one community also made specific reference to girls being at particular risk of sexual exploitation because of family substance misuse.

Boys, on the other hand, were considered more prone to acting out and getting involved in risk behaviours. Young people in one focus group discussions spoke of teenage boys being more likely to spiral out of control and get involved in dealing to support family income. This statement was echoed by a senior family coordinator:

“They are usually the breadwinner in the family and also aspire to the lifestyle of the dealers (Senior Family Coordinator).”

The above observations emphasise the need to apply a gendered lens to current and emerging efforts in the Canal Communities to address Hidden Harm.

5.3 Harm in the Community, not just the Home

Conversations during this study about the harm associated with problematic parental substance misuse in the home were consistently anchored in conversations about the wider prevalence of substance misuse within the communities of Bluebell, Inchicore and Rialto. In a community-based focus group in Dolphin’s House, participants referred to Hidden Harm as “not so hidden” and to children’s daily exposure to the harms of substance misuse within their communities among adults and adolescents, not only in their homes. For the participants in this group, it was as important to talk about the prevalence and normalisation of substance misuse within the community as it was to talk about the harms experienced by children and young people because of parental substance misuse.

The normalisation of substance misuse was echoed throughout consultations and, in one interview, was described as *endemic*. In a focus group discussion with personnel from Dublin South City Partnership, a Local Development Worker commented:

“There is also a need to see the issue as not simply about parental problem substance use but as a wider community issue that impacts on all children and young people. There is a violence around drug dealing in the community. Children and young people witness this intimidation in their communities, outside their schools. There are huge levels of trauma (Local Development Worker).”

Young people consulted during the study across the three communities referred not only to overt drug-taking in their communities, but to overt dealing. It was noted in one of the group discussions that:

“Runners can be as young as 15 or 16. Young people taking weed can be even younger.”

One female participant, aged 15, described this situation as “our normal. It shouldn’t be normal, but it is. My younger sister, she’s ten, she wouldn’t remember not seeing it.” The prevalence of substance misuse in the communities tends not to affect young people’s enjoyment of their communities. One 17-year-old male participant observed:

“It’s just normal; it’s not an issue (Youth Participant).”

Another participant referred to never feeling scared around drug-taking or dealing in their community:

“You just feel awkward passing by, not scared.”

Some female participants did, however, express some safety concerns when passing by groups after dark.

These observations by the young people participating in this study were echoed in a consultative process undertaken in recent times by the Dublin South City Partnership. A staff member in the Partnership noted that, in the five focus groups that they had facilitated with young people across the Canal Communities, one of the most common themes discussed was widespread drug misuse with “young people viewing it as a societal norm, just a part of life.”

Youth workers consulted referred to the overt nature of dealing in the community:

“It’s advertised purposefully. There are no repercussions, there’s no respect or fear (Youth Worker).”

The absence of repercussions was vocalised in other consultation exercises. For instance, questions were raised about policing in communities like Bluebell, Inchicore and Rialto.

“In certain communities, there seems to be acceptable levels of criminality and that this is seen as an acceptable element of policing (Local Development Worker).”

Parents and community residents consulted also spoke of their concerns about the overt nature of substance misuse and dealing in the local communities. For example:

“It’s just so normal now to see young people dealing on our streets in daylight. It’s going on everywhere... It was always there but it’s now at a different level (Community Parent).”

“It’s terrifying bringing up kids in Inchicore these days... I don’t let my kids play out at all. I don’t want them to think that’s normal (Community Parent).”

“I am so worried about my children and grandchildren. Everyone he [grandson] knows is dealing or taking drugs (Community Parent).”

The normalisation of substance misuse within families and the wider community was perceived as contributing to intergenerational misuse, with service providers in this research referring to engagement with years of traumatised children and second and third generations of family members in addiction. A locally based family support worker posed the question:

“If visible drug-use on the streets can’t be solved, how can problems at home be (Family Support Worker)?”

Furthermore, the normalisation of the *taking* of substances in the Canal Communities was perceived as resulting in *the impacts of substance misuse* becoming normalised. This inevitably disadvantages children growing up in households where misuse is present, leading to compromised parenting and increased risk of neglect.

The findings above are echoed in 2015 research undertaken by the Canal Communities Local Drug and Alcohol Task Force in respect of alcohol misuse⁴⁷, which demonstrated very high levels of alcohol saturation across the communities of Bluebell, Inchicore and Rialto. The research observed that:

- The percentage of those who drank alcohol in the last 12 months was 87.8%, while 77% was recorded in a corresponding national survey

⁴⁷ Okakpu E. and McDonnell S. Alcohol Survey 2015: A study of pattern and trend of alcohol use within Canal Communities Drug & Alcohol Task Force areas (Bluebell, Inchicore and Rialto). Canal Communities Local Drug and Alcohol Task Force: Dublin, accessible online at [Canal Communities Local Drug & Alcohol Task Force](#).

- The majority (87.4%) of 18 – 80-year-old drinkers were classified as harmful drinkers using the World Health Organization’s AUDIT-C screening tool⁴⁸
- Nearly one in four (23.1%) of 16- and 17-year-olds had experienced accident or injury as a result of alcohol use
- Over half (59.9%) of youth respondents had accessed alcohol illegally, over three in four (76.2%) knew someone who has accessed alcohol illegally, while over a third (40.5%) would consider accessing alcohol illegally if there was an increase in the price of alcohol.

5.4 The Importance of Context: Substance Misuse as a Response to Trauma

Several consultation participants asserted that the intergenerational presence of substance misuse and addiction within the Canal Communities needed to be considered within a historical context. As referenced in earlier sections of this report, there exist within the communities of Bluebell, Inchicore and Rialto specific communities that have, for decades, experienced State neglect and, by extension, considerable socioeconomic deprivation, including disadvantages associated with high levels of substance misuse and addiction. A drug treatment coordinator, interviewed as part of this research, stated:

“Substance misuse is not an addiction to a substance. It is a process of self-medication to address significant difficulties in one’s life... Addiction in the Canal Communities was born out of somewhere – a social, historical, political context (Drug Treatment Coordinator).”

Many participants taking part in this research highlighted the importance of understanding Hidden Harm and wider substance misuse within the context of family and community experiences of trauma, particularly experiences of trauma associated with poverty, exclusion and violence. A Home School Liaison Coordinator referred to inner city deprivation “making this stuff⁴⁹ more intense.” Many consultation participants across sectors highlighted greater likelihood of parental substance misuse in households at greater risk of poverty and exclusion. Among others, this included reference to:

- Households headed by single parents
- Families in areas of the Canal Communities in which drug-misuse has been endemic for years, areas with high levels of poverty, under-employment and deprivation
- Families with experience of homelessness, domestic abuse/violence, incarceration, etc.

A Youth Wellbeing Worker in the community highlighted that the profile of young people with whom they were engaging included:

⁴⁸ Harmful drinkers are described as individuals whose alcohol consumption is already causing physical or mental damage (e.g., liver disease, depression) or significant social/behavioural issues. It highlights excessive drinking patterns that demand intervention.

⁴⁹ i.e. substance misuse.

“Low socio-economic backgrounds, low educational attainment, young people not in the traditional family unit. Mainly young people from more concentrated, marginalised areas – areas that lack funding and resources (Youth Wellbeing Worker).”

A Community Health Worker also referred to the influence of poverty on substance misuse, highlighting that

“Poorer areas have always felt inferior. Addiction in the community is cyclical and intergenerational. It’s a self-fulfilling prophecy (Community Health Worker).”

Local community members too acknowledged that families experiencing substance misuse were more likely to live in working class areas or communities experiencing disadvantage and exclusion.

Violence and Anti-Social Behaviour

Reference was also made to antisocial behaviour and violence in areas of the Canal Communities, particularly violence and intimidation associated with drug-dealing. Several consultation participants spoke of children witnessing this violence and intimidation in their communities and outside of their schools. One youth worker commented:

“Almost all young people are indirectly impacted, particularly due to the community they are living in⁵⁰.”

A core theme of consultations, therefore, was that there was more to Hidden Harm than parental substance misuse. The experience of trauma in individual families and areas across the Canal Communities is central to understanding and responding to Hidden Harm. Intergenerational trauma contributes to substance misuse and will continue to do so until family and community trauma is meaningfully addressed. There is also a risk that, the more young people witness and experience trauma, the more likely they are to become desensitised to traumatic events⁵¹.

The high levels of substance misuse in the Canal Communities need to be viewed as both an outcome of historical trauma on the one hand, and as an ongoing contributor to trauma on the other – and, by extension, an ongoing contributor to further cycles of reliance on substances. This emphasis on trauma requires action on a number of fronts.

In the first instance, it needs action to address the contributory nature of trauma to substance misuse within families and communities and, within the context of this study on Hidden Harm, within families in which children are being raised. If trauma and substance misuse are outcomes of State neglect and intergenerational poverty and disadvantage, it behoves the State to act

⁵⁰ i.e. in areas of socioeconomic deprivation.

⁵¹ See Dowling A. (2022). Needs Analysis for Young People in Dublin South Inner City. South Inner City Dublin Drugs and Alcohol Task Force

meaningfully in reversing the effects of poverty in communities that have experienced decades of underinvestment.

But it also requires action to address the trauma and adverse childhood experiences faced by children and young people who repeatedly deal with the impacts of substance misuse by their caregivers within their homes, and by others in their broader communities. Reference was made on a number of occasions in consultations to the importance of applying not only a trauma-informed lens, but a trauma repair and recovery lens, across services and programmes working with:

- Children experiencing Hidden Harm
- Working with their parents
- Working across family systems (i.e. parents and children).

For instance, a systemic family therapist, interviewed during this research, while highlighting the importance of engaging with the trauma of children, their parents and the family system, emphasised the need for deeper engagement with trauma, going beyond the concept of trauma-informed practice to the practice of trauma recovery:

“I am reluctant to speak about trauma and trauma informed. Anybody can be trauma-informed but really working with trauma-therapy and trauma-recovery is different. We need a radical approach centred on integrated services. We have to be able to see beyond children’s behaviour and see them and their stories... We need to look at trauma where there are no words, how children can communicate trauma without words (Systemic Family Therapist).”

5.5 Hidden Harm and Neurodivergence

Discussions of substance misuse and trauma were paralleled by discussions regarding the interrelationship of substance misuse, Hidden Harm and neurodivergence. This relationship was observed as operating at two primary levels:

- Adults engaged in substance misuse with additional needs that have gone unsupported throughout their lives
- Children with additional needs, impacted by parental substance misuse.

In the context of adults, it was noted, for example, that addiction and substance misuse had to be understood in conjunction with other issues: neurodivergence (especially in relationship with trauma) and dual diagnosis (i.e. substance misuse coupled with a diagnosed psychiatric condition). A Drug Treatment Coordinator stated during interview:

“So many adults have experienced trauma associated with being neurodivergent and being punished (Drug Treatment Coordinator).”

A 2025 study⁵² to estimate the prevalence of neurodiversity⁵³ among people accessing addiction services indicated high levels of neurodiversity among people accessing addiction services. The study noted from its review of international literature that the overall prevalence of ADHD within the population who used substances was found to be 21%. Primary research undertaken via online survey as part of the study in Ireland indicated that:

- 51% of survey respondents accessing addiction services had ADHD⁵⁴
- 37% had ASD
- 28% had both ADHD and ASD.

Core recommendations of the study included proposals that current trauma-informed approaches in addiction services would be expanded to include approaches to those with neurodiversity. Similarly, the study recommended the need to expand training to include a whole service approach to immediate and long-term sustainable neurodiversity education.

In the context of children, consultation participants across early years, school aged childcare and youth work spoke of the significant delays encountered by families seeking additional needs assessments for their children. It was suggested in some discussions that young people in the Canal Communities had been waiting for up to six and seven years to secure an assessment, though it is understood that Children's Disability Network Teams across Ireland have been striving to reduce waiting lists to a maximum of two years. As one interviewee observed:

"We come up short in terms of resources. Waiting lists for assessments, it's a shame when you are looking to services for support with additional needs and the waiting lists are so long (Early Years Project Manager)."

The significance of delays in accessing additional needs assessments and supports is considerable for any individual child but has further consequence for children whose lives are impacted by other issues, such as parental substance misuse. It places children at increased risk of social, emotional, educational and developmental delays. As observed in one focus group discussion:

"It is also important to note that children experiencing Hidden Harm may also have other issues such as additional needs. Even when parents are functioning well, it can be hard to get services when parents are pushing for services. Children in homes marred by addiction are unlikely to have other needs addressed and so their needs become even more complex (Local Development Worker)."

⁵² McDonagh D. et al (2025). *The prevalence, risk and protective factors and service needs in relation to the co-morbidity of substance use and neurodiversity*. Citywide Drugs Crisis Campaign and Trinity College Dublin, accessible online at <https://www.tara.tcd.ie/tara8/server/api/core/bitstreams/76f9352c-356d-4cba-b77b-c69c94ef687d/content>.

⁵³ ADHD and ASD (Autism Spectrum Disorder).

⁵⁴ Though it is important to state that only 22% had a clinical diagnosis.

It is worth noting that the Canal Communities Local Drug and Alcohol Task Force has created an action focused on substance misuse and neurodivergence and it is anticipated that this will offer local opportunity to explore the connection between substance misuse and neurodivergence – and its impacts on children and adults – in greater detail.

5.6 Existing Practice

All professionals consulted in this study spoke about strengths and challenges in the supports they provided to children and young people experiencing Hidden Harm. Notable reference was made to the value of services such as early years and afterschool settings, schools and youth services: services that work directly with children and young people in their communities and who may, consciously or unconsciously, engage with Hidden Harm. It was noted consistently that such organisations and services provided a safe space for young people at risk and created important opportunities for positive engagement. Many interviewees also complimented these services for frequently going beyond their remit.

The majority of services consulted in this study confirmed that they referred children to State services in cases where they had significant concerns. Almost all had protocols for referral though some acknowledged that they weren't always clear on those protocols and/or where they should refer. Services reported varied engagement with Meitheal, although the value of Meitheal, as a targeted, collaborative process to support children and young people at risk, was highlighted across several consultation interviews.

Primary schools, particularly those in the DEIS programme, were commended for their significant contribution to the needs of children impacted by Hidden Harm. Among others, schools provide a range of highly valued supports to vulnerable children, including breakfast clubs and hot meals, nurture rooms, the School Completion Programme, afterschool supports and the support of the Home School Community Liaison service.

Speaking separately about primary schools, two intake social workers observed the contribution of DEIS primary schools in the locality to supporting children, especially with practical supports such as hygiene products, lunches, school uniforms, etc. Home School Liaison Coordinators (HSCLs) were described as “a lifeline,” providing “a huge amount for children and families.”

That said, another community-based professional emphasised that teachers were performing functions outside of their duties and skill base, stressing that teachers should not be relied on so heavily to work with individual children presenting with very complex needs. Schools were also noted as being active in referring children and families to Tusla in situations where neglect or child protection concerns existed. Members of the social work team indicated that schools frequently struggled to name Hidden Harm as the root of their concern. It was also noted that Tusla often received welfare concerns from schools at the point of transition from primary to post primary schools.

The important contribution of local mainstream youth services was also noted. Professionals and community people alike noted that, what many young people experiencing Hidden Harm required, was a service in their community that was available to them, and not a Tusla intervention. The critical value of youth and other such support services was highlighted in the context of the concept of *one good adult*, i.e. that young people could establish deep trusting relationships with a consistent and trustworthy role model(s):

“The importance of the young person feeling safe, valued, time that is their own, not conditional (Youth Wellbeing Worker).”

This observation was reinforced by young people participating in the consultation process.

It was also observed that youth services avoided speaking down to or criticising young people if they were acting out. Consultations with youth workers revealed that young people were consequently likely to be more open and trusting of youth workers and their services. It was noted in one consultation:

“The dialogue and conversations become very different when the young people aren’t on the defensive which allows for the staff to explore a little more about what might be going on for them and then support them with it. This can help them to communicate better in the community as it may be the only positive communication they could have with an adult... it also allows the staff to refer them to other services for extra supports as the young people will trust the staff’s judgement (Youth Project Leader).”

Such support was considered incredibly important for young adolescents experiencing parental substance misuse, particularly from the viewpoint of safety and allowing young people time for selves. Reference was made to the manner in which youth services normalised the conversation around substance misuse as much as possible. As suggested by one youth leader, youth work “helps reduce the number of young people that go into drug use themselves.”

Significant Challenges

Across consultations, consistent reference was made to a range of ongoing practice-related challenges:

- It was suggested that, in efforts to address substance misuse among parents, children and young people were frequently forgotten. There was broad recognition that most addiction services were tailored towards adults, with limited engagement around the impact of parental substance misuse on children and young people. It was also suggested that family therapy in drug programmes was more likely to be centred on supporting parents in addiction, rather than considering how the children of those parents were impacted by their misuse of substances.

- Several consultation participants, particularly professionals in the area, stated that there was limited awareness across the communities of Bluebell, Inchicore and Rialto about the existence of recovery programmes, and centres and services for children. In one of the consultations with young people, for instance, the group of participants stated that they were not aware of support services in their community – and they expected that other young people would be similarly unaware. They highlighted that it would be important for young people to know about support services, particularly those available to young people rather than addiction support services for adults. On the other hand, parents consulted in the community, especially those who had lived in the Canal Communities for long periods, spoke consistently of their knowledge of available services and supports and, in some cases, of accessing those supports when required. The importance of signposting to services was highlighted in a number of discussions. That said, challenges to signposting were also highlighted with certain consultation participants (e.g. HSE Paediatric Therapists and Youth Justice Workers) highlighting the challenge of signposting service-users when unaware of the services available in community.
- Consultation participants suggested the importance of information on programmes and services outside of the Canal Communities, particularly those capable of evidencing impact. There was a notable lack of awareness of successful models that could be applied in the context of the three Canal Communities. However, in recent times, particular interest has been expressed in the Familibase Model in Ballyfermot, which is referenced in greater detail in the next chapter of this report.
- While, as noted earlier, community-based services such as early years settings, schools, afterschool initiatives and youth services, were highly commended for their contributions to the lives of children experiencing Hidden Harm, concerns were raised about skill and expertise-levels within those sectors to engage with complex issues in the lives of children. It was observed that “staff in a creche or homework club are observing children suffering the effects of hidden harm. These are specific purpose community workers who find themselves being drawn into family support needs for which they are ill-prepared. They don’t have knowledge, skills or expertise.” The need for realistic expectations of individual professions was emphasised.
- The importance of collaboration in tackling the effects of Hidden Harm was highlighted consistently and consultation participants across sectors expressed interest in advancing collaborative action. A Children’s Programme Manager in one organisation described what collaboration meant for that organisation:

“Collaborating for us means trying to bridge a gap that we can’t address. We will do our best, but where we don’t have expertise, we need to reach out. That must be the basis of collaboration. We do what we are good at and you do what you are good at and we do it in a joined-up way.”

As noted above, many of those consulted in this study spoke positively about processes such as Meitheal. But equally, challenges to cross sectoral collaboration were highlighted in discussions. One participant in a focus group of Dublin South City Partnership personnel spoke of having “a limited sense of agencies coming together to offer wrap around supports to children and families. If it’s not part of practice, how does it get brought together?” Youth workers spoke of collaboration challenges, including the unwillingness of certain agencies, interpersonal conflict, lack of resources for collaborative activity, different motivations and values across agencies, and challenges of aligning practice.

- Across a number of conversations, reference was made to significant challenges to collaboration that were underpinned by distrust, fear and misunderstanding: trust, fear and misunderstanding centred particularly on State agencies such as the HSE and, in particular, Tusla. It was suggested in one discussion, for example, that families had a real lack of understanding about the supports of Tusla and that the narrative about Tusla had to change – from within and from other agencies raising the profile of Tusla.

“Work has to be done to advertise, promote and reassure families. Tusla’s involvement does not automatically mean that your children will be taken from you. It doesn’t have to be punitive. It can be very supportive (Local Development Worker).”

Conversations with representatives of Tusla also indicated concerns about insufficient trust of the Child and Family Agency within and across community and services. In parallel, conversations with other services acknowledged that, as a large State agency, there were frequent inefficiencies in Tusla and that, on occasion, when children were referred, the speed and nature of engagement from Tusla were considered inadequate⁵⁵. Whatever the reasons for this lack of trust, there is a need to acknowledge the important role of the Child and Family Agency in protecting children from intentional and unintentional harm. Conscious efforts must be made, not just locally but nationally, to alter the narrative of distrust and misunderstanding across State and community sectors to ensure that the needs of vulnerable children are addressed in a timely and efficient manner.

- Similar comments were made about the need to reduce the *them and us* narrative in the context of services for adults and children. As referenced above, it was stated in conversations that, in addition services, the needs of children and young people were frequently forgotten. There was broad recognition that most addiction services were tailored towards adults, with limited engagement around the impact of parental substance misuse on children and young people. While funding and resource availability directs the core intentions of services, there is a need to ensure that the needs of children are not neglected at the cost of the needs of parents. Commitment to reducing, preventing and

⁵⁵ Mainly as a result of staffing issues and waiting lists within the Agency.

minimising the effects of Hidden Harm must be centred on addressing the issue at multiple levels, according to:

- The needs of children
- The needs of parents
- The needs of the entire family.

5.7 Considerations for a Collaborative Approach to Hidden Harm in the Canal Communities

This triple focus on child, parent and family system was emphasised in several consultations, while reference to the wider context of substance misuse in the community was also made. Quotes relevant to this multilevel approach of responding to Hidden Harm included:

“Recovery isn’t linear. It can’t simply be about the adult in recovery, mindful of the challenge of recovery and the risk of relapse. There is a need for service providers to take the needs of children and the family seriously (Senior Social Worker).”

“A Family systems approach works best... Cannot work with child in isolation (report of focus group with Family Support Project Team in Dublin 8).”

“We are talking about children being forgotten and not noticed. The addiction is seen as the problem, rather than what’s underneath. There is a need to look at the family system – the child trying to say something and so is the addiction trying to say something. Do we dare to risk and to understand the complexity (Systemic Family Therapist)?”

In addition to this triple focus on the adult, the child and the family, interviewees emphasised the importance of integrated, holistic, wrap-around supports. How can service taker responsibility for their own level of involvement while simultaneously add value to the service provided by another level? This is considered essential to successful outcomes for adults, children and the entire family system. Many stakeholders consulted spoke of the importance of early intervention, not just in relation to hidden harm but for all children and families, particularly those at risk⁵⁶. This included emphasis on supporting parents at the antenatal as well as postnatal stages.

As observed in one discussion related to the research:

⁵⁶ The principle of prevention and early intervention is promoted across policy and practice relating to children and families. The State’s aforementioned Policy Framework for Children and Young People defines prevention and early intervention as “anticipating possible problems, minimising the risk as they arise, and targeting resources at those at high risk or showing early signs of a problem (DCEDIY 2023: 98).” Similarly, Tusla, the State’s Child and Family Agency, emphasises the importance of providing high quality services to children and families at the earliest opportunity across all levels of need, emphasising that providing help to children and families early in the stage of a difficulty can prevent situations from deteriorating. For more detail, visit <https://www.tusla.ie/services/family-community-support>.

“We need to commit to early intervention. It might be addiction-related; it might not be. But when the warning signs appear, we need to get intervening (Statement from Group Session in Co-Production Seminar, July 2025).”

A core question posed to service providers engaged in this consultation process related to their interest and willingness to get involved in a collaborative process, operating from the findings of this report, to address Hidden Harm in the Canal Communities. Almost universally, service providers involved in this consultation expressed interest in a collaborative process, but this interest was paralleled by a series of questions to which people wanted answers. These included:

- To what values and practice would such a collaborative process subscribe?
- Would this collaborative approach be discussion-based, action-oriented or involve a mix of discussion and action?
- What function would such a collaboration serve? Would it be centred on networking across agencies and/or signposting families to services and supports? Would it contribute to consistency of approach and involve training of practitioners?
- Would such a collaboration evolve from an agreed Hidden Harm strategy for the Canal Communities with specific responsibilities identified and assigned to specific organisations and agencies?
- How would such a collaborative approach support, promote and facilitate more safe spaces for young people?
- Would such a collaboration be trauma-informed and is there a consistent understanding of what is meant by trauma-informed in the context of Hidden Harm in the Canal Communities?

Participants at the Co-Production Seminar in the summer of 2025 highlighted the importance of managers from a range of organisations and agencies getting feedback from this research, challenging them to consider how their agencies would work with others to address Hidden Harm. It was noted that interagency working on the ground had to be modelled and that it should be reliant on organisation policy commitment and not the personalities of individual staff.

Participants at the Co-Production Seminar also placed particular emphasis on a *one-stop-shop* facility that would act as a central service for addressing the needs of children, young people and families affected by Hidden Harm. They noted that while all services had a role to play in addressing Hidden Harm, there was particular value in integrating holistic services within one organisation. This proposal is addressed in greater detail in the next chapter.

Supports Identified by the Community

While the proposals of professionals in the three communities are important in considering future action targeted towards Hidden Harm, it is equally important to insure the inclusion of community voice in these recommendations. As noted in one consultation exercise, “We need to recognise

that, in the context of substance misuse, the community has a story. The community has expertise.... Education of young people around drugs is information-based and judgmental. There is a need to rip up the narrative.”

Consultations with community representatives highlighted the value of the following in negating the impacts of parental substance misuse:

- Provision of Homework clubs to support children’s academic participation and attainment
- Provision of more safe spaces that would support children’s routines
- Provision of Family therapy, counselling and play therapy to support children address the adverse experiences of parental substance misuse
- Provision of social skills groups for children, mindful of the impact of compromised parenting on children’s social skills
- Provision of the Rainbows Programme in schools to support children dealing with loss, bereavement or separation
- Provision of supports for parents who are dealing with the challenges and impacts of addiction.

The following also outlines a flavour of the recommendations made by youth consultation participants who highlighted the supports they would like to see in place for peers impacted by family problematic substance misuse⁵⁷:

- Practical supports like homework clubs, youth service supports, hot meals.
- One focus group with young people recognised that in complex situations, children had to be removed from the home while the young people also recognised the difficulty of splitting a family.
- Roles for schools, youth services, sports clubs, church – it was observed that young people from target families don’t go to clubs. But they are the ones who need an opportunity to get out of the home, to be involved in something enjoyable. Clubs must be supported to play an important role.
- The importance of trustworthy adults such as youth workers. Special Needs Assistants (SNA) in school were considered trustworthy. Can they have a role in supporting these young people? It was also suggested that younger teachers were more proactive in supporting young people. It would be important for children and youth to build trust with these people in schools. As noted by one female participant: “Schools should be an escape from home but it can be stressful, especially with pressure for grades.”
- The value of listening was highlighted in the context of trustworthy adults: “It’s not always about something someone can give you.”
- More youth services and youth workers providing a safe space for young people who experience crisis.

⁵⁷ These are simply listed and not presented in any order of priority.

- Policing was discussed. It was suggested that there was no way of limiting the amount of drugs available in the community, but young people stressed the value of limiting supply along with the provision of services and supports.
- Home visitor supports to make sure that young people are safe in their homes and supported to participate in life outside the home⁵⁸.

5.8 Summary

The consultation themes described above highlight the best efforts of this research to bring coherence to multiple viewpoints on the nature, extent and complexity of Hidden Harm in the Canal Communities, as well as the multiple viewpoints on how best local stakeholders can collaborate to prevent, minimise and reduce the effects on children and young people. While multiple perspectives were put forward across consultations, it is worth noting that there was a high level of consistency in how Hidden Harm was perceived and in how stakeholders felt it should be addressed. This focus on a roadmap for the future is further unpacked in Chapter 6 below.

⁵⁸ The young people proposing the concept of a home visitor service were not aware of the existence of such a service in their community and/or of which organisation would be best placed to provide such a service.

6. Conclusions and Recommendations

6.1 Study Objectives

This report is the core output of a research process whose overall purpose has been to:

- Understand Hidden Harm and its impact on children and young people in the Canal Communities
- Use information gathered from the research to create a shared roadmap for addressing Hidden Harm across the communities of Bluebell, Inchicore and Rialto.

Specifically, it sought to:

- Identify the nature and extent of Hidden Harm in the Canal Communities
- Anchor local experience within the context of national policy
- Capture learning about local service provision in supporting young people experiencing Hidden Harm
- Identify a set of recommendations that would inform and strengthen future practice.

Against the backdrop of the objectives listed above, this report has set out to take the reader on a journey, beginning with an examination of the wider policy and practice context informing efforts to address the harm experienced by children and young people from problematic parental misuse of substances. Consideration of national policies was considered important for various reasons. National policies are created over time and are generally underpinned by diverse consultative processes that involve representatives from across relevant sectors. They also draw deeply on latest available national and international evidence from research and practice. Therefore, policy frameworks represent perceived wisdom or up-to-date thinking on specific issues of relevance, target groups and sectors.

National policies also indicate national priorities and, as such, offer direction on mainstream programmes and funding opportunities. It is important, therefore, that any coordinated effort to address Hidden Harm in the Canal Communities would give due consideration to the policy landscape and its influence on locally based investment and service-provision.

6.1.1 Notable Policy and Practice Priorities

The following policy and practice priorities are particularly relevant to this study and to any future action to emerge from its findings and recommendation:

- *Young Ireland: The National Policy Framework for Children and Young People* emphasises the importance of children and young people experiencing safety and protection from intentional and unintentional harm as one of the core national outcomes projected for

Ireland's children and young people. Within its promotion of safety, it makes particular reference to children and young people growing up:

- o in families and homes that are loving, connected, safe and nurturing; and
- o in environments in which they are protected from violence, neglect, ill-treatment and harm.

- The newly established *National Drugs Strategy (2026-2029)*, currently in draft, makes specific reference to the need for enhanced services and Hidden Harm programmes for children, young people and families impacted by parental and familial drug and harmful alcohol use. This is a welcome development, particularly considering the recommendation in the mid-term review of the previous strategy which highlighted the need to i) strengthen the prevention of drug and alcohol use and the associated harms among children and young people, and ii) address the social determinants and consequences of drug use in disadvantaged communities. Review of the draft strategy suggests a greater emphasis on universal approaches to harm minimisation from substance misuse, while the evidence of this research emphasises the equal, if not greater, importance of targeted interventions and supports in the Canal Communities. In fact, local stakeholders in the Canal Communities assert the importance of community voices and community-based research, such as this study, informing the ongoing development of national policy priorities in respect of drugs and alcohol in Ireland.
- A distinct collaborative strategy statement exists between two of the State's most high-profile public service-providers (Tusla and HSE), proposing collaborative action to minimise the effects of Hidden Harm on children and families. Among others, key provisions of the shared strategy include commitments to:
 - o Shared training to skill all practitioners within Tusla and HSE and voluntary and community-funded services to work within a framework of care to identify and meet the needs of children affected by parental problem alcohol or other drug use
 - o Advance a coherent continuum of support for children and families impacted by parental problem alcohol and other drug use and improve timely access to local supports
 - o Utilise existing models of evidence-based practice developed by Tusla and the HSE to address Hidden Harm inclusive of Meitheal, Signs of Safety and the SAOR model.

Emerging action in the Canal Communities to address Hidden Harm should seek to align with these and other provisions of the collaborative Strategy Statement on Hidden Harm.

6.1.2 Demographic Context

Having anchored the research in a wider policy context, the report has also provided detailed demographic data on the communities of Bluebell, Inchicore and Rialto. The purpose of this engagement with local population statistics was to contextualise Hidden Harm in the social and economic conditions of the area. Census data reveal that children and young people aged up to 19

years across the Canal Communities account for 20% of the total population. The proportion of male: female children and young people is almost 50:50, while age groups are also relatively evenly matched:

- 0 – 4 years: 27% (n=984)
- 5-9 years: 26% (n=925)
- 10-14 years: 25% (n=906)
- 15-19 years: 22% (n=810)

When considering the welfare and protection impacts of Hidden Harm, it is worthwhile paying attention to available child welfare and child protection data. While child welfare and protection data compiled by Tusla, the Child and Family Agency, aren't specific to the Canal Communities, latest information indicates that the area in which the Canal Communities is located has witnessed higher levels of referral to social work than the national average. Dublin South Central also accounts for 8% of all open social work cases. This is important in the context of a commitment to addressing Hidden Harm in the communities of Bluebell, Inchicore and Rialto.

A central tenet of social research is that context matters in any efforts to understand and/or address a particular social issue of concern. As referenced earlier in this report, the most recent Irish National Drug and Alcohol Survey (2019-20) found little difference in the scale of drug use between communities experiencing socioeconomic deprivation and affluence. Yet, however, the negative effects of substance misuse were experienced most acutely in areas of most concentrated economic disadvantage, highlighting i) the scale of family and community trauma in areas of considerable deprivation and marginalisation and ii) highlighting the need to adopt a *social determinants of health approach* to addressing the causes and effects of problematic substance misuse. Against this backdrop, demographic data for Bluebell, Inchicore and Rialto present a telling picture of pockets of significant disadvantage sitting alongside areas of relative affluence in the Canal Communities, particularly:

- Bluebell in its entirety
- Areas of Inchicore, including Emmet Crescent which presents as very disadvantaged and Buffin Court, Emmet Court and the communities north of the Canal and west of Connolly Avenue
- Dolphin House and parts of Fatima in Rialto which present as very disadvantaged and disadvantaged respectively.

It is essential to point out that those *pockets of disadvantage* represent communities that have, for generations, experienced State neglect and underinvestment, and represent communities that have historically experienced high levels of poverty, underemployment, trauma and substance misuse. That historical context is critical in understanding widespread substance misuse and widespread Hidden Harm across the communities of Bluebell, Inchicore and Rialto. It is also critically important in informing efforts to prevent, reduce and minimise the effects of Hidden Harm on children and young people.

6.2 Conclusions

This study primarily involved a consultative process, engaging with the perspectives and experiences of individuals living and working in the Canal Communities. While consultations engaged with multiple perspectives on Hidden Harm in the Canal Communities, the following key conclusions emerged consistently across consultation exercises:

- *Parental substance misuse and its effects on children and young people in the Canal Communities is not hidden:* all consultation participants, irrespective of age or background, were familiar with high levels of problematic substance misuse in families. None of the participants debated the harm caused by parental substance misuse; most argued that it was not hidden.
- *Observed impacts on children and young people of parental substance misuse* included reference to, among others:
 - o negative impacts on children and young people's routines, and their participation in services, programmes and activities;
 - o negative impacts because of compromised parenting on the emotional, social, physical and educational development of children and young people;
 - o increased risks of poverty and associated challenges;
 - o increased vulnerability for boys to involvement in criminal activity and sexual exploitation for girls.

Different impacts were observed according to age with considerable reference was made to the need for early intervention in the lives of children – both to prevent and respond to the effects of parental substance misuse. Different impacts were also identified by gender, with teenage girls considered more likely to take on caring roles in the family – for both parents and siblings – while boys were considered likely to act out and engage in overt risk behaviours. The impacts identified in local consultations align with those identified in national and international research and policy.

- *Children and young people's exposure to substance misuse and dealing in the wider community:* The prevalence of substance misuse in the home across the Canal Communities is mirrored in the visible and overt nature of substance misuse and illicit dealing in the wider community. Consultation participants made repeated mention of the normalisation of substance misuse in the Canal Communities, while simultaneously stating that children and young people should not be exposed to this norm.
- *The need to understand the context of substance misuse and the significance of trauma:* Consultations emphasised that substance misuse across Bluebell, Inchicore and Rialto evolved from social, cultural and economic dynamics in the communities. Addressing the Hidden Harm experienced by children and young people without engaging with those dynamics was considered likely to have limited long-term communitywide effect. Several

consultations referred to substance misuse as an outcome of trauma as well as a contributor to ongoing cycles of trauma in the three communities. Addressing the Hidden Harm experienced by children and young people without engaging meaningfully and therapeutically with the causes and effects of trauma was considered likely to yield minimal results.

- *Hidden Harm and neurodivergence:* Several conversations highlighted the importance of recognising neurodivergence as a contributory factor to substance misuse, while also highlighting the needs of neurodivergent children in households impacted by addiction. Children with additional needs were observed as facing particular challenges, not least the delays in accessing assessments and associated supports. These challenges were exacerbated for children with additional needs whose parents were also engaged in problematic substance misuse.

- *Existing Practice and Considerations for a Collaborative Approach to Hidden Harm in the Canal Communities:* Considerations of existing practice highlighted areas of strength and challenge in addressing Hidden Harm. Particular reference was made to the positive work undertaken by early years and afterschool settings, primary schools and youth services in the area when working with children from complex home environments. But notable gaps in approaches to Hidden Harm were also recorded. For instance, stakeholders highlighted the importance of:
 - o not speaking down to young people and seeking to engage them in discussions around substance misuse from an informed cultural lens;
 - o going beyond trauma-informed practice in families affected by substance misuse to trauma-therapy, trauma-repair and trauma recovery;
 - o integrated, joined up practice between statutory and community-based agencies and between services supporting adults in recovery and those supporting their children;
 - o addressing Hidden Harm at multiple levels – the level of the child and the traumatic experience of growing up in a household affected by substance misuse; the level of the adult involved in substance misuse who, alongside their addiction, wants the best for their children; the level of the family and repairing damage done to the entire family system; the level of the community and the wider influence of community trauma and community behaviour on the wellbeing of children and young people.

6.2.1 Co-Production Seminar

The above were reviewed in detail at a Co-Production Seminar held with more than 30 participants living and working in the Canal Communities in the summer of 2025. The purpose of the seminar was to:

- Present findings from the research and consultation exercise
- Invite reflections on the conclusions identified in the research
- Invite participants to co-create a set of community recommendations for a shared approach to addressing Hidden Harm in the Canal Communities.

A further feature of the seminar involved input from the CEO of Familibase, an integrated centre for children, young people and families in Dublin 10. The work of Familibase cuts across a number of programmatic strands: Early Years Care and Education, Child and Family and Youthwork. Within the Child and Family strand, Familibase operates an intensive family support programme responding to Hidden Harm which is offered in tandem with the broad range of supports and services of the organisation. For further information on Familibase, see <https://familibase.ie/about-familibase>.

The invitation to Familibase to provide input to this seminar was informed by local interest in the knowledge, experience and expertise of Familibase in responding to Hidden Harm in a comprehensive, cohesive and integrated fashion, providing a suite of wrap around supports to children, young people and families in the Dublin 10 catchment. It was felt that the Canal Communities would have much to learn from the Familibase experience and that Familibase would provide a model of good practice that could be replicated in the Canal Communities. Participants expressed particular interest in the concept of a single organisation operating a one-stop shop model of integrated referral and wrap around services for children and young people that may be impacted by Hidden Harm.

6.3 Recommendations

The key recommendations of this study take their direction from the outcome of consultations outlined above and from the agreements reached at the aforementioned Co-Production Seminar.

Recommendation 1: Lobby, campaign and advocate for increased attention and funding to address the needs children and young people in the Canal Communities affected by Hidden Harm

Discussions throughout this research project have emphasised the manner in which efforts to address substance misuse in the communities of Bluebell, Inchicore and Rialto had largely been centred on those in addiction with limited attention devoted to the impacts of parental substance misuse on children and young people. Reference was made during the summer co-production seminar to the Canal Communities LDATF and to the need to amplify discussions within the LDATF about the negative impacts of substance misuse on those growing up in Bluebell, Inchicore and Rialto.

But it is not enough to simply discuss the impacts on children and young people. Action is required. And for action to evolve meaningfully, resources are required. It behoves the steering group

involved in this research, along with the Canal Communities LDATF, to advocate for the resources required to address Hidden Harm in a meaningful fashion.

Endemic substance misuse in families and the wider communities of Bluebell, Inchicore and Rialto is not a new phenomenon. As highlighted in earlier sections of this report, areas across the three communities have witnessed decades of State neglect and underinvestment, resulting in high levels of poverty, underemployment, under-attainment in education and corresponding social challenges, including high levels of substance misuse and criminality. Since the 1980s, communities have been decimated by drugs and alcohol and, while the economic tide has risen for certain parts of the Canal Communities, others remain substantially marginalised from such benefits. It is equally essential that the State be continually called to account for the lack of development in those marginalised areas of Bluebell, Inchicore and Rialto and for the corresponding levels of trauma that have ensued.

Specific marginalised communities in the three areas have, for years, experienced start-stop processes to regenerate their neighbourhoods, resulting in equal measures of optimism and pessimism for community residents. It is essential that community regeneration programmes be viewed not simply as physical re-builds of communities but as coordinated State efforts to invest in the social and economic advancement of those areas and those individuals and families who reside in them.

How, therefore, can the LDATF and the steering group involved in this research work with local community residents and professionals alike to hold the State to account for appropriate investment in its most excluded communities? If social and economic deprivation underpins high levels of substance misuse in communities, it stands to reason that adequate and appropriate investment in the social and economic advancement of communities underpins all efforts to prevent, reduce and minimise substance misuse. The subsequent recommendations presented below make the case for the type of investment required to facilitate efforts to address Hidden Harm in a comprehensive, coordinated, consistent and meaningful manner.

Recommendation 2: Secure resources to establish a Central Service, similar to the model developed in Familibase, as a focal point for integrated supports for children, young people and families impacted by Hidden Harm

Recommendation 2 evolves from Recommendation 1 above. There is substantial appetite for a *one-stop shop* type organisation in the Canal Communities to lead and coordinate locally based efforts to address Hidden Harm, with a *distinct emphasis on wraparound supports, trauma recovery and early intervention evolving from a social determinants of health perspective*. Central to this model is an organisation offering multiple supports, underpinned by a single organisational assessment process and into which children, young people and families could be referred for appropriate and proportionate supports in areas such as:

Early Childhood Education and Care, including	Child and Family Support Services, e.g.	Youth Work, including
<ul style="list-style-type: none"> • Full and part-time care • Early Childhood Education and Care scheme • Drop-in⁵⁹ • After-school care 	<ul style="list-style-type: none"> • Intensive family support⁶⁰ • Supports for young parents • Child and family groupwork programmes and activities • Systemic family therapy⁶¹ 	<ul style="list-style-type: none"> • Youth work (inclusive of outreach, one-to-one and group work) • Substance misuse supports for young people • Arts and creativity • Older age afterschool supports • Mental Health supports • Seasonal/out-of-school provision

Core values underpinning the operation of such a centre would include commitments to:

- The creation of a safe, respectful and non-judgemental space for all children, young people and adults accessing support, underpinned by a social determinants of health approach
- Respond to the individual needs of each child, young person and family accessing the centre, providing support to all service-users and more to those who need more and, where necessary, signposting and/or referring service-users to relevant external services
- Trauma-informed and trauma-recovery practice
- Neuro-divergent affirming care
- A prevention and early intervention lens to all service-provision, responding to and minimising the risk difficulties for children and families as they arise, and targeting resources at those at greatest risk or showing early signs of a problem
- A gendered lens whereby the needs and vulnerabilities of individual children and young people would be considered in all service-related decisions
- Participant-led practice and facilitating the agency and voice of all children, young people and parents accessing the service
- Promoting self-esteem, confidence, resilience, and healthy and trusting relationships of all those engaging in the service.

Recent years in Ireland have witnessed a growth in the number of Family Resource Centres (FRC) in Ireland as part of Ireland's largest family support programme. One hundred and thirty-six FRCs now exist across the country in urban and rural communities that have experienced entrenched levels of poverty and marginalisation.

⁵⁹ To facilitate parents to participate in parent-related activities in the centre.

⁶⁰ Inclusive of antenatal and postnatal stages and focusing support on areas such as parent support; education and training; health, housing and wellbeing; safety and welfare, and social and emotional development.

⁶¹ Delivering recovery-focused child and adolescent, adult and family therapy to families with experiences of mental health difficulties, Hidden Harm and intergenerational trauma.

This State investment in family support in vulnerable communities is to be welcomed and encouraged with two such centres operating in the Canal Communities: the Fatima Groups United FRC and St. Michael's FRC in Inchicore.

However, this research argues that what is required in the Canal Communities goes beyond traditional provision of FRCs and reflects the nature of service provided in Dublin 10 by Familibase. The essence of this recommendation, therefore, is the establishment and operation of a Familibase-type model of provision that would cater to the communities of Bluebell, Inchicore and Rialto.

It is proposed that Stakeholders in the Canal Communities would lobby for the requisite funding to establish such a one-stop-shop and would plan for its establishment as a core feature of the Canal Communities landscape. Ideally, such a set of integrated services could be co-located in a pre-existing community-based organisation in one of the three communities, though a set of criteria (e.g. values, skills, services, management and governance standards, etc.) would be required to inform the selection of any such organisation.

Recommendation 2 seeks to establish this centre/organisation/service as a demonstration site in the Canal Communities over the next five years and once established, it would be essential that robust monitoring and evaluation mechanisms would be in place to evidence its contribution to children, young people, families and the wider community. Accessing the support, guidance and modelling of Familibase, as a model on which to base this integrated child and family centre, would be an essential ingredient in its development and ultimate success and it is understood that support would be available from Familibase to inform the development of such a process.

Recommendation 3: Enhance Interagency Service Collaboration

While there are many advantages to a one-stop-shop approach to Hidden Harm, there is a need for realism in appreciating what such an organisation can and cannot offer. As illustrated above, it can offer integrated, wrap around supports to children, young people and families that access its services. But it cannot be all things to all people across the three communities, particularly those not fortunate enough to access its services.

There will still need to be a concerted effort to ensure interagency collaboration⁶² in respect of the impacts of parental substance misuse on children and young people in the Canal Communities across several levels. Among others, these could or should include:

- Ongoing networking and interagency information-sharing, and corresponding signposting of children, young people and families to appropriate services and extracurricular opportunities

⁶² Either within existing resource allocations across agencies or with additional resources secured.

- Clarifying the roles and responsibilities of specific organisations and agencies in responding to the effects of Hidden Harm and ensuring cross sectoral protocols for referral⁶³
- Dedicated awareness raising in the community of relevant services for children, young people and adults, and tailoring information in a bespoke manner for varied audiences: young people, parents, grandparents⁶⁴
- Collaboration and information-sharing between adult treatment services and services for children and young people in a manner that recognises the needs of all members of a family affected by problematic substance misuse
- Collaboration between statutory and community organisations, particularly in respect of mandatory reporting responsibilities and defusing any sense of a *them and us* narrative in relation to child welfare and child protection
- Committing to increasing trust of State agencies, particularly the Child and Family Agency, by establishing an information campaign on the role and function of Tusla as a statutory agency dedicated to the welfare and protection of children, and inviting all local organisations working with children and families in the community to promote that information campaign
- The establishment of a cross sectoral Community of Practice to facilitate education and training among locally based practitioners concerning Hidden Harm, particularly in relation to promising and/or best practice nationally and internationally
- Exploring avenues for supporting community-based services such as early years and afterschool services, primary and secondary schools and youth services to prioritise additional supports to young people experiencing Hidden Harm in their respective services.

Promoting that interagency collaboration requires leadership within the practice landscape of the Canal Communities. Participants at the coproduction seminar during this research process emphasised the importance of this report being shared with managers of local organisations, challenging them to consider how their agencies would work with others to address Hidden Harm. In addition to leadership, coordination is required to facilitate shared planning, action, learning and review. From where will that leadership and coordination come?

It is a proposal of this research that the cross sectoral, multi partner steering group that drove and oversaw this research process should continue to drive local innovation and collaboration and should continue in its leadership function of generating activity around Hidden Harm in the Canal Communities. It is also recommended that the steering group would take on that leadership role in close relationship with other key coordinating structures, most notably Canal Communities LDATF, the Dublin South City Children and Young People’s Services Committee (CYPSC) and the Tusla Child and Family Support Network (CFSN).

It is the assertion of this study that those leading the drive towards collaborative local practice must promote commitment to shared understanding of the issues underpinning hidden harm, shared

⁶³ Aswellas up-to-date information on challenges, waiting lists, etc.

⁶⁴ Who may have concerns about their children and/or grandchildren.

language and shared approaches across the levels of child and young person-centred responses, adult-centred responses, family system-centred responses and community-centred responses.

There must be a commitment to searching out and securing resources for shared training across providers. For example, during the summer coproduction seminar, it was proposed that training in Restorative Practices and Trauma-Informed Approaches would be extremely valuable for all schools and youth services in the area, supporting their engagements with and support of children and young people experiencing complexity in their lives.

Promoting this collaborative effort will also require that Hidden Harm be a consistent agenda item across interagency structures. For example, it will be important that consistent reference is made to treatment services for adults in addiction in child and youth-centred structures such as the CFSN, and equally important that supports for children and young people impacted by parental substance misuse be considered in structures such as the LDATF. A core feature of Recommendation 3 is the proposal that Hidden Harm becomes an issue of concern for multiple organisations and agencies who, heretofore, might not have recognised its relevance to their work.

Recommendation 4: Commit to a Long-term Community-based Approach Designed to Challenge the Normalcy of Substance Misuse in the Canal Communities

Multiple references are made in this report to substance misuse, and the criminality associated with substance misuse, being everyday features of life in the Canal Communities. Similarly, multiple references are made to the widely held belief that this should not be so: that young people should not be growing up in communities believing that endemic substance misuse and overt dealing is an appropriate norm. Consultation participants highlighted the daily harm to children and young people caused by overt, widespread dealing and substance misuse in their communities, anchoring substance misuse in the home within a context of wider substance misuse in the communities of Bluebell, Inchicore and Rialto.

Recommendation 4, therefore, evolves from an understanding that efforts to address Hidden Harm in individual family homes must continually be paralleled by efforts to address the wider community context in which Hidden Harm unfolds. As noted eloquently in the quote below:

“Substance misuse is not an addiction to a substance. It is a process of self-medication to address significant difficulties in one’s life... Addiction in the Canal Communities was born out of somewhere – a social, historical, political context.”

Similarly, as noted in the 2019-20 Irish National Drug and Alcohol Survey⁶⁵, minimal difference was found in the level and prevalence of drug use between communities experiencing socioeconomic

⁶⁵ Mongan D., Millar S. and Galvin B. (2021). 2019-20 Irish National Drug and Alcohol Survey – Main Findings, accessible online at <https://www.hrb.ie/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings>.

deprivation and affluence. Yet, the negative effects of substance misuse were experienced most acutely in areas of most concentrated economic disadvantage, highlighting the scale of family and community trauma in areas of considerable deprivation and marginalisation.

It would be naïve to believe that services would eradicate substance misuse and its corresponding impacts from individual households and communities. While Recommendations 1, 2 and 3 above are centred on the important role played by services in bringing attention to the impacts of substance misuse and on the important role played by services in supporting those impacted, Recommendation 4) argues the need for a long-term, community-based approach that seeks to engage with the root causes of substance misuse in community. Simply put, by their nature, services respond to the context in which they operate. Recommendation 4 calls for community-based action to change that context!

In addition to providing services, this study contends that professionals in the Canal Communities must engage with residents – young and old – to unpack and address the social, historical and political contexts that contribute to the normalcy of substance taking in the three communities. How did overt substance misuse become the norm in the Canal Communities? How did we get here and what do we need to do if we are to move beyond such norms?

A further quote from the consultation process informs this recommendation:

“We need to recognise that, in the context of substance misuse, the community has a story. The community has expertise.... Education of young people around drugs is information-based and judgmental. There is a need to rip up the narrative.”

How can agencies and services in the Canal Communities facilitate this story telling and how willing are agencies and services to respond proactively to the messages contained in that story telling? In particular, how can young people be supported to explore and understand their community while not judging it negatively? And how can they be facilitated to make informed choices about the type of community they wish to create and live in into the future?

As a discipline, youth work engages young people in exploratory processes such as the one proposed above and each of the three local youth services in the Canal Communities engages young people in such discussions. Community development, underpinned by commitments to promoting and enabling broader social change, particularly in communities where exclusion is most entrenched, also plays that role. A useful definition of community development is:

“a developmental activity composed of both a task and a process. The task is the achievement of social change linked to equality and social justice, and the process is the application of the principles of participation, empowerment and collective decision making in a structured and coordinated way (ADM 1999 and AIEB 2016).”

It is the assertion of this author that, over the last decade or more, community development, as an approach to social inclusion and structural change, has been diminished by changes to national policy. The State has sought increasingly to bring the concept of community development into Local Authority Practice where its engagement is managed and its advocacy and agency reduced. Similarly, in the context of social inclusion, the State has increased its investment in a greater number of services in more deprived communities and lessened its investment in infrastructure that enables collective, community-based action. Consequently, the policy narrative refers increasingly to *service users* and *taxpayers* and less to *participants* and *citizens*. Recommendation 4 seeks a rebalance of that narrative in the context of Hidden Harm in the Canal Communities.

While this report strongly endorses the value and benefit of Recommendations 1, 2 and 3, there is a clear risk that the nature and scope of these recommendations will be practitioner and not community-led? How can members of the community be enabled to lead efforts that engage with the normalcy of self-medication in healing and therapeutic ways? Otherwise, the likelihood exists that efforts in the Canal Communities will continue to respond to Hidden Harm, not reduce or prevent it.

It is appreciated that this recommendation requires further development. There is broad-based agreement that community residents of all ages must be involved in efforts to reduce, minimise and prevent substance misuse in the home and wider community. How that could and should be achieved is not entirely clear and further discussion of the concept underpinning the recommendation will be required, inclusive of resource considerations to animate collaborative community action. Similarly, leadership will be required: leadership that understands that the normalcy of substance misuse in community cannot simply be overcome by the provision of what are important services, and leadership that is underpinned by the principles of youth and community development.

6.4 Final Remarks

The recommendations contained in this report are few in number and strategic in nature. That is intentional. Too many recommendations for action will potentially result in over-reaching and in dilution of effort. This report stresses the importance of:

- Putting Hidden Harm firmly on the policy and practice agenda in the Canal Communities and securing resources to enable action
- Creating a demonstration one-stop-shop service that will lead integrated services and supports for children, young people and families impacted by Hidden Harm
- Addressing significant integration challenges within adult and child-related services in the Canal Communities, ensuring that the needs of adults in addiction are effectively balanced with the needs of their children

- Examining and responding to the root causes of normalised substance misuse in the Canal Communities by facilitating community-led efforts (across all stages of the life cycle) to engage with the normalcy of self-medication in healing and therapeutic ways.

Hidden Harm is a complex issue that requires a complex response. During interview, one consultation participant challenged professionals working in the Canal Communities to adopt a radical approach to addressing the Hidden Harm experienced by forgotten children. It will be for others to decide if the Recommendations of this report are radical or not, but it is contended that they are both balanced and, more importantly, essential.

The author of this report would like to take this opportunity to thank all those who contributed to this research. This includes the commissioning bodies, the research steering group, the co-research team that played such an important role in ensuring a broad spectrum of local input to the research, those who assisted in the organisation of consultation events and those who participated in consultations. It is hoped that this report offers the shared roadmap sought to inform action that will meaningfully address the needs of children and young people in the Canal Communities impacted by *not so* Hidden Harm.

Bibliography

Area Development Management [ADM] (1999). *Community Development Strategies and Actions within the Integrated Local Development Programme, Insights No. 11*. ADM, Dublin.

All Ireland Endorsement Body for Community Work Education and Training [AIEB] (2016). *All Ireland Standards for Community Work*. Galway: Community Work Ireland and accessed at <http://communityworkireland.ie/wp-content/uploads/2015/12/All-Ireland-Standards-for-Community-Work.pdf>

Barlow, J. (2023) *Input to Seeing Through Hidden Harm to Brighter futures, A Report of a Conference on Hidden Harm*, hosted by Familibase 2023

Bellis M., Ashton K., Hughes K., Ford K., Bishop J. and Paranjothy S. (2016). Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Welsh Adverse Childhood Experiences (ACE) Study, accessible online at https://www.ljmu.ac.uk/~media/phi-reports/pdf/2016_01_adverse_childhood_experiences_and_their_impact_on_health_harming_behaviours_in_the.pdf

Brandon M., Sidebotham P., Bailey S., Belderson P., Hawley C., Ellis C & Megson, M. (2012). *New learning from serious case reviews: a two-year report for 2009-2011*. Department of Education, accessible online at https://assets.publishing.service.gov.uk/media/5a7a0893ed915d6d99f5cab0/DFE-RR226_Report.pdf

Cleaver, H., Unell, I., & Aldgate, J. (2011). *Children's needs – parenting capacity. Child abuse: Parental mental illness, learning disability, substance misuse, and domestic violence (2nd ed.)*. The Stationery Office.

Department of Children, Equality, Disability, Integration and Youth⁶⁶. (2023). *Young Ireland: The National Policy Framework for Children and Young People 2023-2028*. Government Stationary Office: Dublin

Department of Housing, Local Government and Heritage. (2025). *Homeless Report, November 2025*, accessible online at https://assets.gov.ie/static/documents/a5dcb873/Homeless_Report_November_2025.pdf

Dept of Health.(2017).*ReducingHarm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*.Department of Health: Dublin, accessible online at https://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

⁶⁶ Now the Department of Children, Disability and Equality.

Dept of Health. (2026). *National Drugs Strategy 2026-2029 An integrated, equitable and evidence-based response to drug and harmful alcohol use*. Dept of Health: Dublin, Accessible online at <https://www.drugsandalcohol.ie/45067/1/National-Drugs%20-Strategy%20-2026-2029.pdf>

Dermody, A., Gardner, C., Davis, S., Lambert, S., Dermody, J., & Fein, M. (2018). *Resilience in the Face of Trauma: Implications for Service Delivery*. Irish Probation Journal Volume 15, October 2018

Dowling A. (2022). Needs Analysis for Young People in Dublin South Inner City. South Inner City Dublin Drugs and Alcohol Task Force

Drugs Policy and Social Inclusion Unit, Department of Health. (2021). *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025*. Department of Health

Galligan, K, and Comiskey, C. (2015) Estimating the number of children of parents who misuse substances, including alcohol across the communities of the Tallaght Drug and Alcohol Task Force (TDATF) region. Trinity College, Dublin, Barnardos and Tallaght Drug and Alcohol Task Force, accessible online at <http://tallaghtdatf.ie>

Haran, N., Jackson, C., Slattery, D. and May, P. (2023). *Need Assessment of Children Aged 0-5 Years in Dolphin House*. Dolphin House Community Development Association: Dublin

Hope, A (2011). *Hidden Realities: Children's Exposure to Risks from Parental drinking in Ireland*. Letterkenny, Ireland: Northwest Alcohol Forum Ltd

HSE & Tusla. (2019). Hidden Harm Strategic Statement: Seeing Through Hidden Harm to Brighter Futures, accessible online at <https://www.tusla.ie/uploads/content/StrategicGuide.pdf>

<https://familibase.ie/about-familibase>

<https://icstudies.org.uk/about-us/what-peer-research>

<https://www.pobal.ie/pobal-hp-deprivation-index>

<https://www.tusla.ie/services/family-community-support>

Lushey, C. (2017). 'Peer Research Methodology: Challenges and Solutions' [online]. SAGE Research Methods Cases. <https://dx-doi-org.ezproxy.is.ed.ac.uk/10.4135/9781473994614>

Maté, G. (2021). *The Wisdom of Trauma*, accessible online at [The Wisdom Of Trauma –](#)

McDonagh D. et al (2025). *The prevalence, risk and protective factors and service needs in relation to the co-morbidity of substance use and neurodiversity*. Citywide Drugs Crisis Campaign and Trinity

College Dublin, accessible online at

<https://www.tara.tcd.ie/tara8/server/api/core/bitstreams/76f9352c-356d-4cba-b77b-c69c94ef687d/content>

Mongan D., Millar S. and Galvin B. (2021). 2019-20 Irish National Drug and Alcohol Survey – Main Findings, accessible online at <https://www.hrb.ie/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings>

O' Neill. D, (2023) *Drug treatment demand in Ireland, 2022*. Drugnet Ireland, Issue 86, Summer 2023, pp. 38-43, accessible online at <https://www.drugsandalcohol.ie/39504>

Okakpu E. and McDonnell S. Alcohol Survey 2015: A study of pattern and trend of alcohol use within Canal Communities Drug & Alcohol Task Force areas (Bluebell, Inchicore and Rialto). Canal Communities Local Drug and Alcohol Task Force: Dublin, accessible online at [Canal Communities Local Drug & Alcohol Task Force](#)

Parental problem alcohol use and education (2022: 1), a position paper by Alcohol Action Ireland in association with University College Cork, accessible online at <https://alcoholireland.ie/wp-content/uploads/2024/02/FINAL-Parental-problem-alcohol-use-and-education.pdf>

Todman H. & McLoughlin H. (2024). Understanding the Needs of Children Living with Parental Substance Misuse: Perspectives from Children and Practitioners. *The British Journal of Social Work*, Volume 54, Issue 7, October 2024, Pages 3073–3095, <https://doi.org/10.1093/bjsw/bcae079>

Tusla. (2025). Quarter 3, 2025 Service Performance and Activity Report, accessible online at https://www.tusla.ie/uploads/content/Q3_2025_Service_Performance_and_Activity_Report.pdf

World Health Organisation. Social Determinants of Health, accessible online at [Social determinants of health](#)

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Annex II: Consultation Questionnaires

*Consultation Questions for Interviews/Focus Group Discussions (FGDs) with Professionals in statutory and voluntary services working **in a targeted fashion distinctly in the areas of substance misuse and hidden harm***

1. What is your specific role and what are the key responsibilities associated with that role?
 - a. With whom do you engage in your work (i.e. clients/service-users/participants)?
 - b. What is the specific catchment area you serve?
 - c. How does your role engage with substance misuse among adults and, in particular, with the harm experienced by children and young people as a result of parental/carer substance misuse?

2. From your experience of working in your role, how big is the issue of harm experienced by children and young people as a result of parental/carer substance misuse in the canal communities?
 - a. Can you describe the nature of harm that you deal with and how it impacts on children's capacity to participate/achieve/ develop/ be safe?
 - b. Does it impact equally differently on boys/girls, younger/older children?
 - c. Can you describe the numbers of children and young people that you encounter?
 - d. Is there a particular profile to the children and young people you encounter who experience harm as a result of parental/carer substance misuse (e.g. in terms of location, socioeconomic background, parental status, family status, etc.)?
 - e. To the best of your knowledge, how do these issues and concerns compare to other areas/catchments? Please explain.

3. Can you describe the services and programmes you operate in response to the harm experienced by children and young people as a result of parental substance misuse (what, with whom and how many, where, how often, at what cost)?

4. When you consider the services and programmes you operate in response to the harm experienced by children and young people as a result of parental substance misuse:
 - a. What works well (and for whom)?
 - b. What doesn't work well (and for whom)?
 - c. What are the impacts of your services and programmes on children and young people? Please explain
 - d. What might be improved in the context of current programmes and services?

5. Does your work on the harm experienced by children and young people as a result of parental substance misuse involve coordination and collaboration with other local agencies, organisations and service-providers? If yes, please explain the nature of that coordination.
 - a. What are the benefits of that collaboration to your work?

- b. What are the challenges? Please explain.
 - c. If you could prioritise three supports for children whose parents are misusing substances across the entire community, what would they be?
6. If a locally based, coordinated initiative was established to support all those working with children and young people affected by harm associated with the substance misuse of their parents/carers, would you be interested in being involved?
- a. If yes, what might this local, coordinated initiative do? What would be its role or function?
 - b. What would you need to get out of participating in the coordinated initiative to sustain your commitment to such a process?
7. Any final comments?

*Consultation Questions for Interviews/FGDs with Professionals in community-based organisations (e.g. early years settings, schools, youth services) who, **though they may not work distinctly in the areas of substance misuse and hidden harm, work directly with and support children and young people in their communities.***

1. Describe your work with children and young people in your community
 - a. With whom do you engage in your work (age-groups, boys/girls, numbers, etc)?
 - b. What is the specific catchment area you serve?
2. Through your work with children and young people, are you aware of children and young people who are living with the effects of parents involved in substance misuse?
 - a. How have you been made aware? For example, have children or young people or other professionals disclosed concerns to you?
 - b. Are you aware of signs to look for? Please explain
3. From your experience of working in your role, what are the impacts you observe on children and young people as a result of parental/carer substance misuse in the canal communities?
 - a. Can you describe how it impacts on children's capacity to participate/achieve/develop/ be safe?
 - b. Does it impact equally differently on boys/girls, younger/older children?
 - c. Can you describe the numbers of children and young people that you encounter in this situation?
 - d. Is there a particular profile to the children and young people you encounter who experience harm as a result of parental/carer substance misuse (e.g. in terms of location, socioeconomic background, parental status, family status, etc.)?
 - e. To the best of your knowledge, how do these issues and concerns compare to other areas/catchments? Please explain.

-
4. Has your service a protocol in place in relation to this type of issue?
-

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- a. For example, do you record potential hidden harm and/or substance use observations/concerns on the file?
 - b. Would you raise/discuss this with a manager/senior team member? Or would you discuss with other services before then move on to contacting the Tusla Duty Social worker?
 - c. Have you referred a family to social services? Have you engaged in meetings around individual children and young people? Other?
-

5. What supports, if any, are you and your organisation able to provide to children and young people experiencing the impacts of parental substance misuse? For example, have you prioritised them for any additional supports or programmes? Please give details.

- a. If so, what has worked well (and for whom)?
- b. What hasn't work well (and for whom)?
- c. What have been the impacts on children and young people you have prioritised?
- d. What might be improved in the context of current programmes and services?

6. If your service is not in a position to offer specific supports, is it open to referring or signposting families to other services and supports?

7. Does your work with children and young people involve collaboration with other local agencies, organisations and service-providers? If yes, please explain the nature of that coordination.

- a. Does it involve coordination with social work, family support, addiction services, mental health services, other?
- b. What are the benefits of that collaboration to your work?
- c. What are the challenges? Please explain.
- d. If you could prioritise three supports for children whose parents are misusing substances across the entire community, what would they be?

8. If a locally based, coordinated initiative was established to support all those working with children and young people affected by harm associated with the substance misuse of their parents/carers, would you be interested in being involved?

- a. If yes, what might this local, coordinated initiative do? What would be its role or function?
- b. What would you need to get out of participating in the coordinated initiative to sustain your commitment to such a process?

9. Any final comments?

Consultation Questions for FGDs with Pre-Existing Groups of Parents in the Canal Communities

1. As a parent or carer in this community, are you concerned about substance misuse in the community?
 - a. If yes, please explain.
 - b. If no, please explain.

2. What in your opinion are the biggest impacts from substance misuse on children and young people in this community, particularly substance misuse by parents?

3. Are you aware of services in your community to support adults who are involved in problem drink or drug use?
 - a. If yes, can you name them?
 - b. If no, what prevents your knowledge of those services and supports?

4. Are you aware of services in your community to support children and young people whose parents are involved in problem drink or drug use?
 - a. If yes, can you name them?
 - b. If no, what prevents your knowledge of those services and supports?

5. As a parent raising a child or children in this community, what's good about the supports and services available to **all** young people?
 - a. Please give practical examples
 - b. What's not so good and why? Please give practical examples

6. If you could prioritise three key services and supports for children and young people in this community whose parents/carers are involved in problem drinking or drug taking, what would you propose?

7. Any final comments?

Consultation Questions for FGDs with Youth Groups in the Canal Communities

1. How big an issue is substance misuse in the Canal Communities?
 - a. How do you witness it?
 - b. Who is most affected? Is it your age group? Older? Younger?
 - c. Is it very visible?
 - d. Does it affect you and your enjoyment of your community?

2. Are you aware of adults who have children in this community who have substance misuse difficulties or who experience addiction?
 - a. How do you witness it?
 - b. Is it very visible?
 - c. How does it make you feel?
 - d. What in your opinion are the biggest impacts from substance misuse on children and young people in this community, particularly substance misuse by parents?
 - e. Does it impact equally differently on boys/girls, younger/older children?

3. If a friend disclosed to you that one or both of their parents were struggling with addiction, what would you do?
 - a. What would you advise them to do?
 - b. Would you tell anybody – a parent, a teacher, a youth worker?
 - c. Have you ever had any such experience?

4. Are you aware of services in your community to support adults who are involved in problem drink or drug use?
 - a. If yes, can you name them?
 - b. If no, what prevents your knowledge of those services and supports?
 - c. If no, do you feel you and other young people in Rialto should know?

5. What supports/services/programmes should be in place in the community to support children and young people whose parents are caught up in addiction?
 - a. Do you know if those supports are available?
 - b. Who should provide those supports?
 - c. How might those supports be organised?
 - d. What would the providers of support need to be really conscious of?
 - e. How might young people like yourselves know about those supports?

6. If you could prioritise three key services and supports for children and young people in this community whose parents/carers are involved in problem drinking or drug taking, what would you propose?

7. Any final comments?

Annex III: Agencies that Participated in the Consultation Phase of the Study

Barnardos

Bluebell Community Development Project

Bosco Men's Shed

Canals Communities Regional Addiction Service

Canals Community Regional Youth Service - Bluebell Youth Project

Community Response

Core Youth Services

Dolphin Creche

Dolphin House Community Development Association

FamilyWorks Family Therapy

Fatima Groups United

Foroige, Youth Justice Workers

Frontline Make Change

Health Service Executive – Primary Care Paediatric Therapists and Community Disability Network Team

Loreto College, Crumlin

Our Lady of the Wayside National School, Bluebell

Rialto Community Drug Team

Rialto Youth Project

South Dublin City Partnership

South Inner-City Drug and Alcohol Task Force

South West Inner City Network

St Audeon's School

St Michael's Family Resource Centre

Tusla, Intake Social Work Team and Prevention, Partnership and Family Support

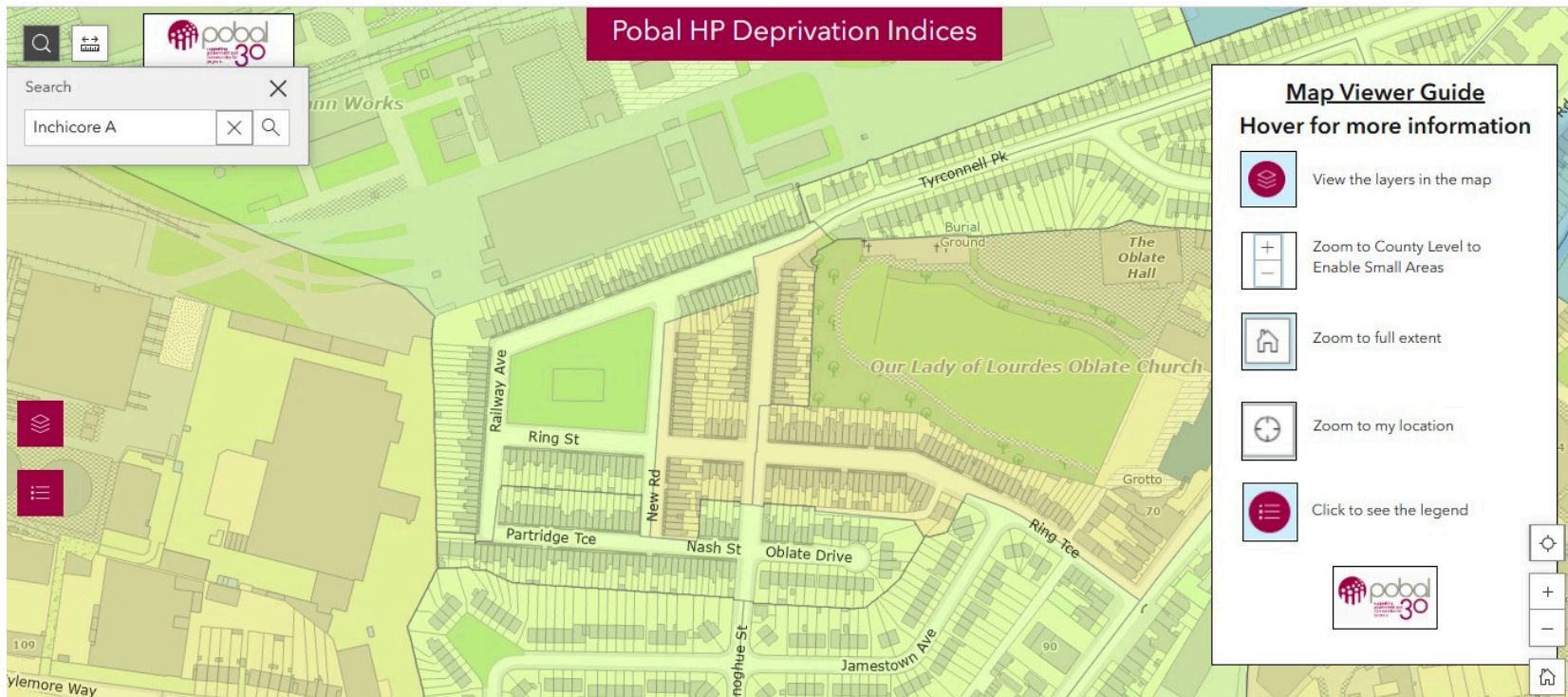
Annex IV: Detailed Deprivation Data for the Canal Communities

All data drawn from <https://data.pobal.ie/portal/apps>

Electoral Division: Inchicore A (i.e. Inchicore north of the Canal and east of Tyrconnell Road)

Total Small Areas contained in Inchicore A ED, each containing 80-120 households:	12
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> :	0
Small Areas designated as <i>Disadvantaged</i> :	0
Small Areas designated as <i>Marginally Below Average</i> :	3
These are: <ul style="list-style-type: none">• The Communities north and south of Kylemore Way, stretching from the Canal to the South and the Railway to the north.• The communities contained within the boundaries of New Road to the West, Railway Avenue to the North, O' Donoghue Street to the East and Nash Street to the South.• The communities surrounding Ring Street and Ring Terrace, adjacent to Our Lady of Lourdes Oblate Church. See corresponding maps below.	

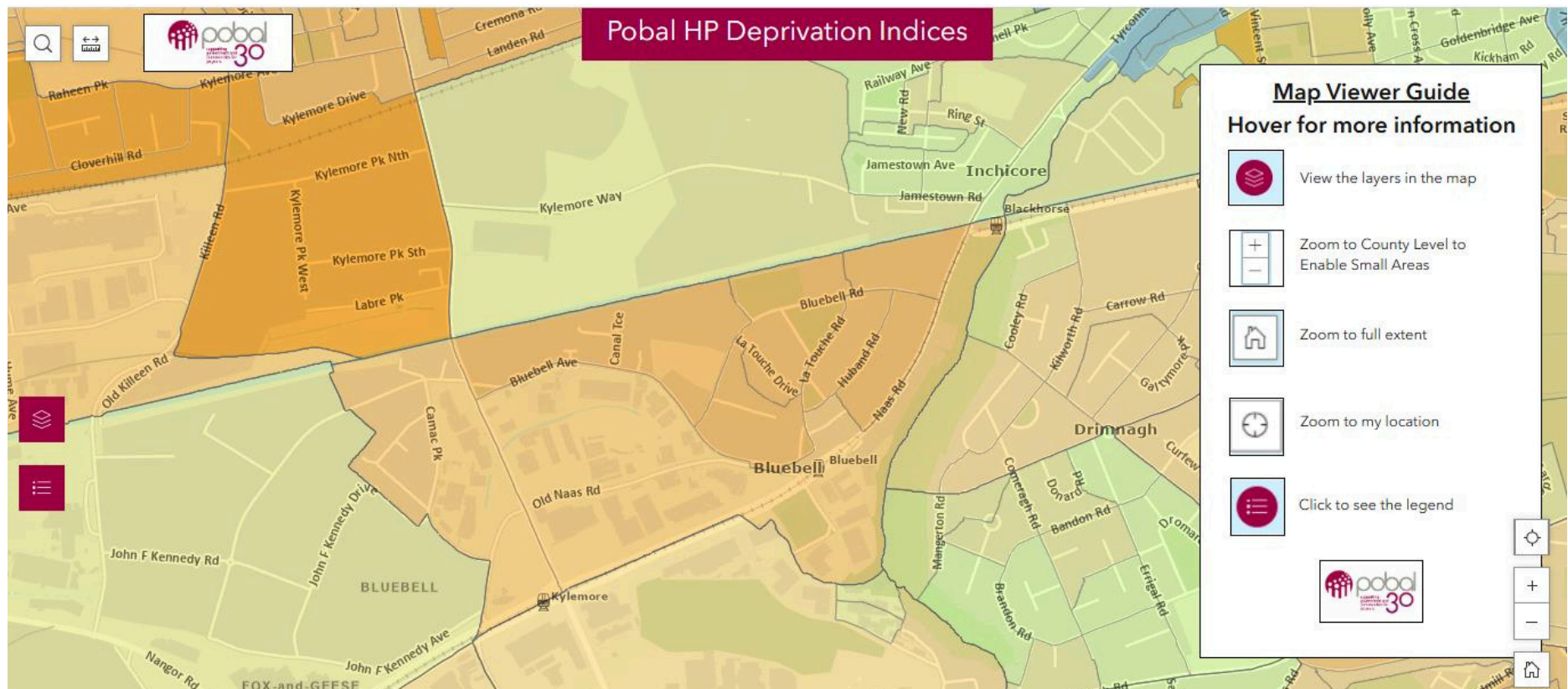
Marginally Below Average: The communities contained within the boundaries of New Road to the West, Railway Avenue to the North, O' Donoghue Street to the East and Nash Street to the South, and the communities surrounding Ring Street and Ring Terrace, adjacent to Our Lady of Lourdes Oblate Church



Electoral Division: Inchicore B (i.e. Bluebell)

Total Small Areas contained in Inchicore B ED, each containing 80-120 households:	8
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> :	0
Small Areas designated as <i>Disadvantaged</i> : These comprise: <ul style="list-style-type: none"> • The communities south of the Canal to the North, Kylemore Road to the West, Bluebell Avenue to the South and Bluebell Road to the East • The communities surrounding Our Lady of the Wayside • Communities surrounding La Touche Drive and La Touche Road • Communities surrounding Huband Road and North West of the Naas Road See Corresponding Map	6
Small Areas designated as <i>Marginally Below Average</i> : These are: <ul style="list-style-type: none"> • Camac Park to the West of the Kylemore Road • Communities North and South of the Old Naas Road and Muirfield Drive See corresponding map below.	2

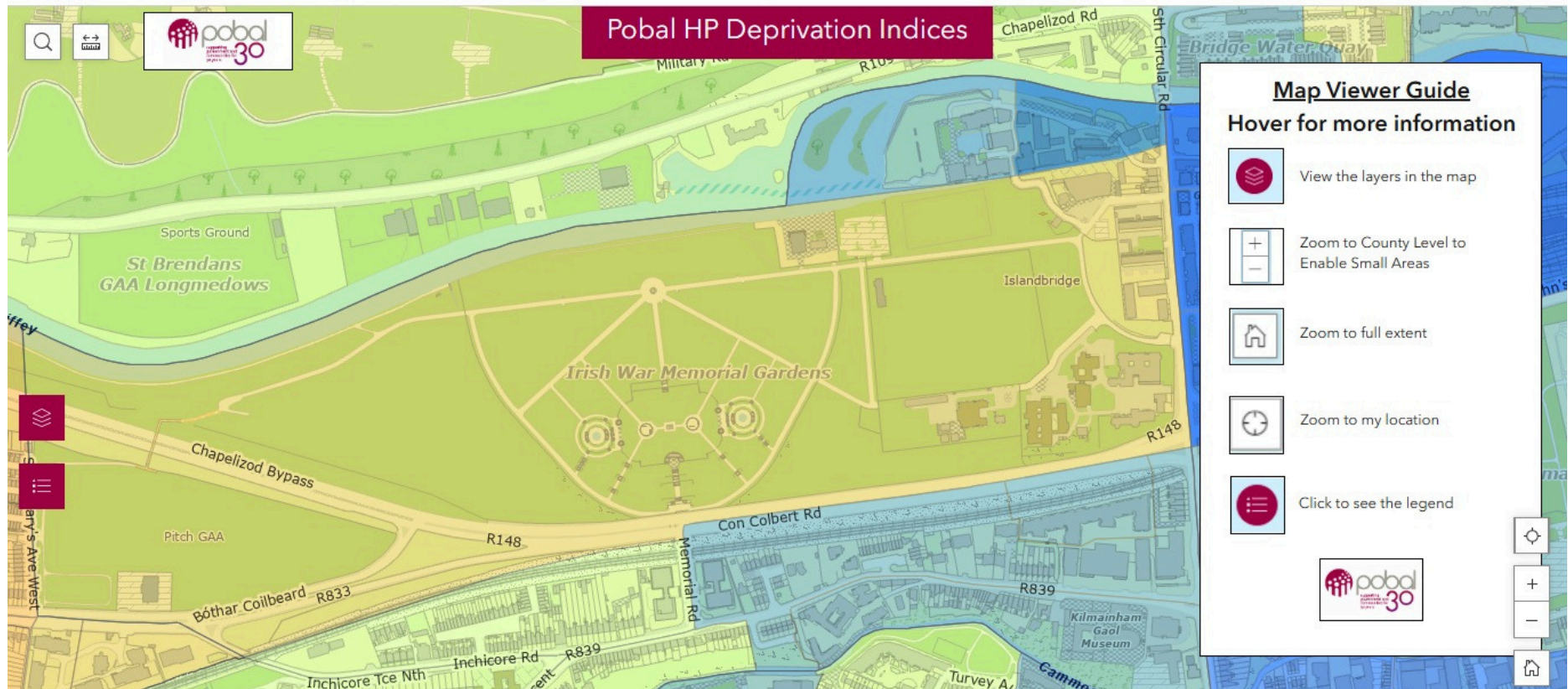
Disadvantaged and Marginally Below Average: All Small Areas within Inchicore B Electoral Division (i.e. Bluebell)



Electoral Division: Kilmainham B (i.e. Inchicore from Emmet Road to the Irish War Memorial Gardens)

Total Small Areas contained in Kilmainham B ED, each containing 80-120 households:	6
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> :	0
Small Areas designated as <i>Disadvantaged</i> :	1
Comprising Islandbridge to the North of Con Colbert Road	
See Corresponding Map	
Small Areas designated as <i>Marginally Below Average</i> :	0

Disadvantaged: Small Area within Kilmainham B Electoral Division (i.e. Islandbridge)

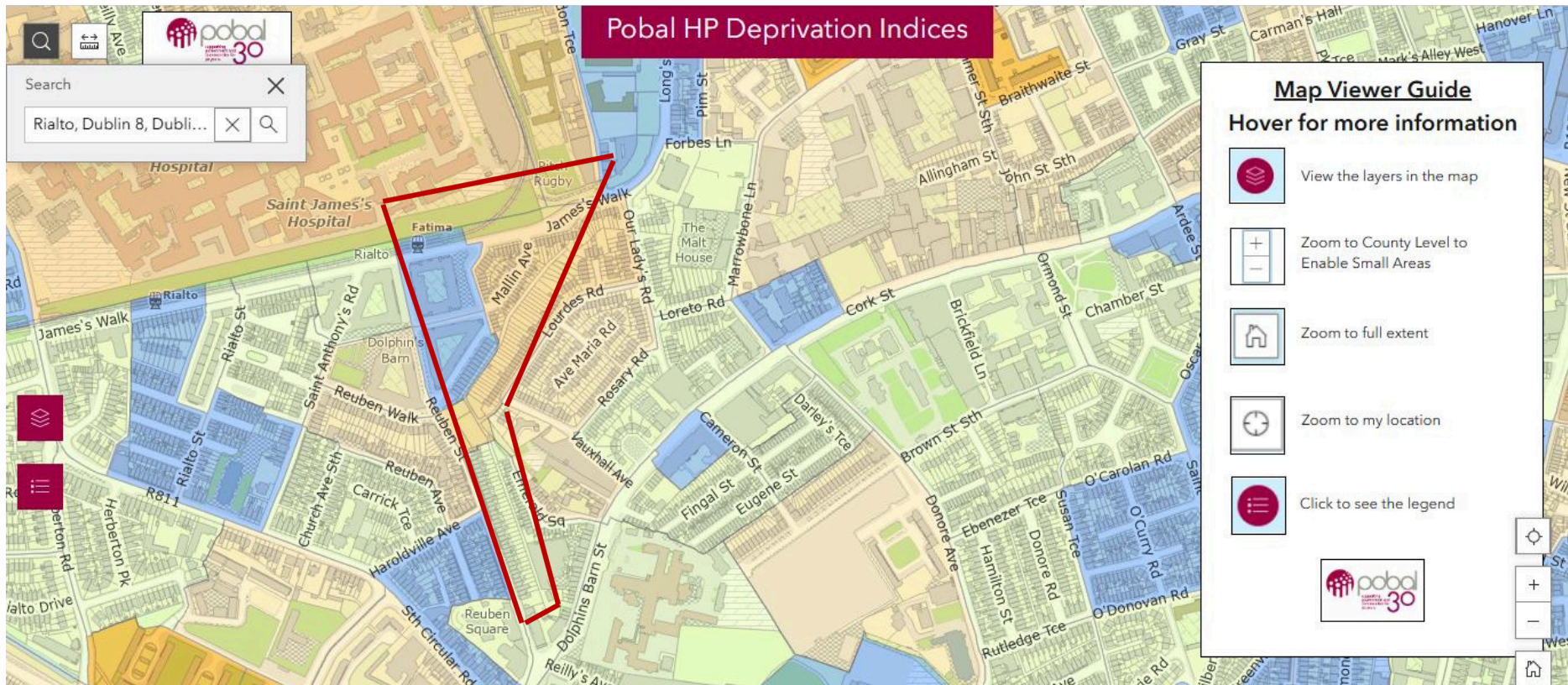


Electoral Division: Kilmainham C (i.e. Inchicore north of the Grand Canal enveloped by Suir Road on the East and Goldenbridge Industrial Estate on the west)

Total Small Areas contained in Kilmainham C ED, each containing 80-120 households:	21
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> : <ul style="list-style-type: none"> • Emmet Crescent and the area South of Thomas Davis Street West and West of St Vincent Street West See Corresponding Map	1
Small Areas designated as <i>Disadvantaged</i> : <ul style="list-style-type: none"> • Communities North of the Canal and West of Connolly Avenue • Inchicore and Buffin Court See Corresponding Map	2
Small Areas designated as <i>Marginally Below Average</i> : <ul style="list-style-type: none"> • Incorporating Emmet Court and Goldenbridge Industrial Estate • Community enveloped between Emmet Road to the North, Spa Road to the West, Thomas Davis Street West to the South and St Vincent Street West to the East See Corresponding Map	2

Electoral Division: Ushers C (i.e. comprising sections of Fatima from James' Walk in the north to Our Lady's Road in the east and southwards to Dolphin's Barn Street)

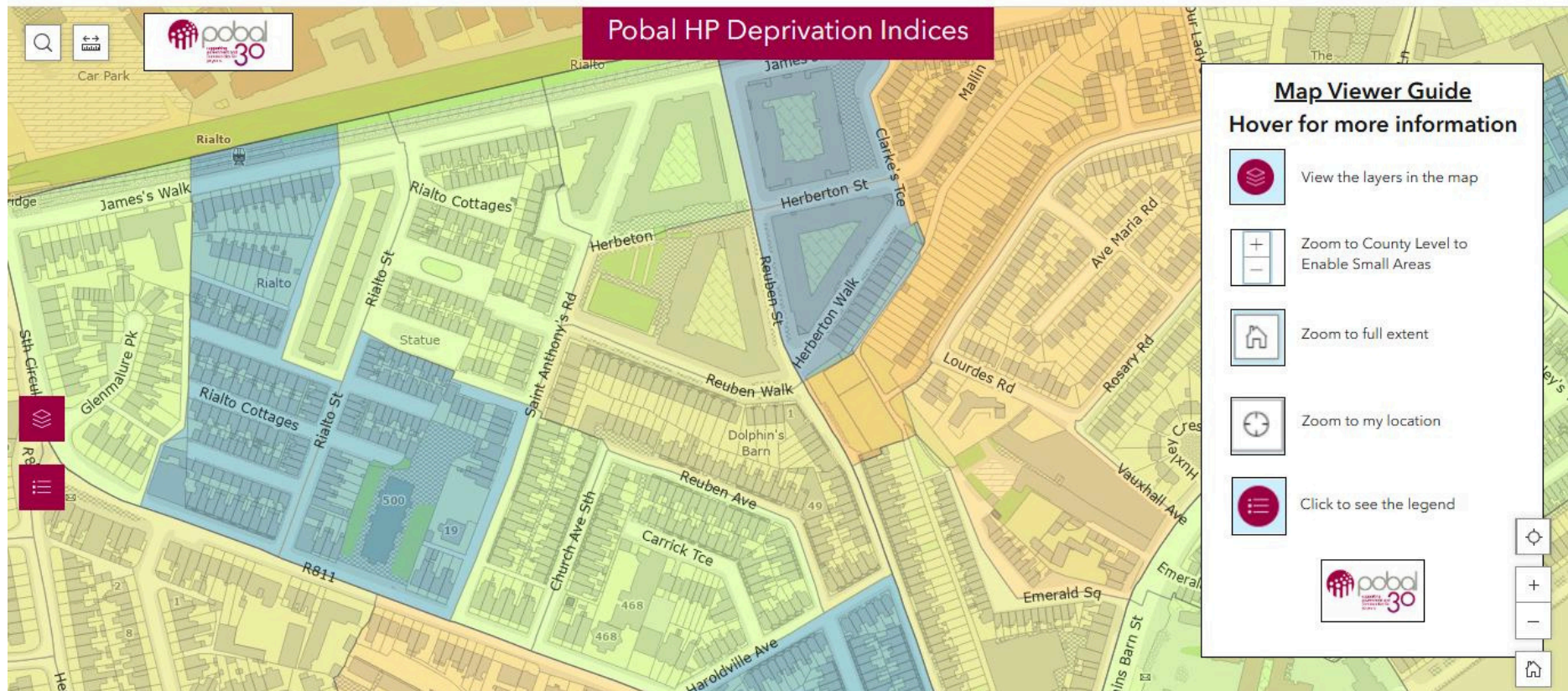
Total Small Areas contained in Ushers C ED, each containing 80-120 households:	19
Total Small Areas included in this study (that is small areas of Ushers C integrated into the Canal Communities)	4
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> :	0
Small Areas designated as <i>Disadvantaged</i> :	1
Small Areas designated as <i>Marginally Below Average</i> :	0
See Corresponding Map	



Electoral Division: Ushers D (i.e. Rialto, north of the South Circular Road)

Total Small Areas contained in Ushers D ED, each containing 80-120 households:	12
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> :	0
Small Areas designated as <i>Disadvantaged</i> :	0
Small Areas designated as <i>Marginally Below Average</i> :	2
<ul style="list-style-type: none"> Two Small Areas comprising Dolphin's Barn 	
See Corresponding Map	

Marginally Below Average: Two Small Areas within Ushers D Electoral Division (i.e. Dolphin's Barn)



Electoral Division: Ushers E (i.e. Dolphin House and the sections of Rialto located alongside the Canal)

Total Small Areas contained in Ushers E ED, each containing 80-120 households:	9
Small Areas designated as <i>Extremely Disadvantaged</i> :	0
Small Areas designated as <i>Very Disadvantaged</i> : <ul style="list-style-type: none"> Two small areas encompassing the Dolphin House Community situated alongside the Canal 	2
Small Areas designated as <i>Disadvantaged</i> :	0
Small Areas designated as <i>Marginally Below Average</i> : <ul style="list-style-type: none"> Two Small Areas comprising Herberton Park and a Small Area comprising Dolphin House south of the South Circular Road <p>See Corresponding Map</p>	2

Very Disadvantaged and Marginally Below Average: Four Small Areas within Ushers e Electoral Division (i.e. Dolphin House)

