

Moving Parents and Children Together (M-PACT): The Evaluation of the Second Phase of the Pilot





Contents

Executive Summary	p.5
Introduction	p.6
Aims	p.7
Methodology	p.7
Results	p.9
Sample	p.9
Qualitative data analysis	p.11
Quantitative data analysis	p.26
Discussion	p.30
Summary and discussion points	p.30
Recommendations	p.35
Conclusion	p.36
References	p.37
Appendix One	p.38

Appendix One - A report of a project to pilot a programme to support the children of substance misusing parents by Cinzia Altobelli, Leader of Therapeutic Services

Acknowledgements

This evaluation was undertaken by the Mental Health Research & Development Unit (MHRDU), a joint unit between the University of Bath and the Avon & Wiltshire Mental Health Partnership NHS Trust (AWP). The evaluation received both University of Bath Research Ethics Committee and AWP R&D approval.

The HeadleyTrust, Clouds and Action on Addiction funded this second pilot programme and its evaluation. We extend our thanks to Nick Barton (Joint Chief Executive of Addiction) and Wiltshire Adult and Community Services, for their support of the project. We would like to extend grateful thanks to Zara McQueen, Cinzia Altobelli, Kate Dalton, Cat Payne, Elspeth Ridley and Sheila Thomas for their enthusiasm and support with data collection for this evaluation. We would also like to thank Asa Viles for his important contribution to data analysis, and Paul Toner for his much appreciated assistance with data collection. Thanks go to Richard Velleman for his support and advice on writing this report, and to Karol Kumpfer (evaluation lead on the Strengthening Families Programme) for allowing us to use the measures she developed. Finally, we would particularly like to thank the young people and parents who agreed to participate in the evaluation, and who provided such valuable data.

The artwork on the front cover of this final report, and the Programme Lead's report (Appendix One) is from work done by the children during the M-PACT sessions, and we are grateful for permission to replicate it here.

When this second M-PACT programme started, Families Plus was a division of the charity, Clouds. On April 2nd Clouds merged with The Chemical Dependency Centre and Action on Addiction to form an entirely new charity although it has taken the name Action on Addiction. Families Plus is now part of Action on Addiction but there has been no material change to Families Plus, which continues as it was before the merger. Nick Barton, formerly Chief Executive of Clouds is now Joint Chief Executive of Action on Addiction. Zara McQueen is Head of Service, Families Plus. Cinzia Altobelli is Leader of Therapeutic Services.

When referring to matters such as plans, decisions, activities and events that pre-date merger, this report will refer to Clouds. When referring to matters that are subsequent to merger, the report will refer to Action on Addiction.

This report was authored by:

Sarah Boon (nee Zohhadi)	Researcher, MHRDU
Lorna Templeton	Research Manager, MHRDU and Alcohol, Drugs and the Family Research Programme

For further information please contact:

Nick Barton:	Nick.Barton@actiononaddiction.org.uk
Zara McQueen:	Zara.McQueen@actiononaddiction.org.uk
Lorna Templeton:	L.Templeton@bath.ac.uk

Executive Summary

Families can be severely affected by the substance misuse (alcohol or drugs) of a relative. There can be a particularly negative impact within the family, with family life, routines, relationships, parenting and communication disrupted. This can make it hard for families to work together to overcome the problems that they are facing; children can have a particularly hard time, losing confidence and self-esteem and finding it hard to trust others. There are not enough services in place to meet the huge numbers of children and families who are affected by substance misuse.

There is evidence that supporting family members affected by the substance misuse of a relative can have positive outcomes for all in the family; yet there are few examples of services that work with parents (both misusing and non-misusing) and children / young people together. The Strengthening Families Programme in the USA found that working in a more holistic way to address family difficulties brought benefits to parents and children. In 2005, Clouds developed a programme based on the Strengthening Families programme but with a focus on substance misuse – PACT (Parents and Children Together). The first pilot of the PACT programme demonstrated the benefits of working in this way; however, the programme was piloted with three families only. In 2007 Clouds commissioned the MHRDU to evaluate the second phase of the pilot programme – M-PACT (Moving Parents and Children Together).

M-PACT worked towards a number of key outcomes closely linked to the core outcomes of Every Child Matters, particularly *keeping children safe*. The primary aim of the evaluation was to assess the benefits (and outcomes) of the programme for young people and parents affected by the substance misuse of a parent. A before and after mixed methodology design was employed where quantitative data were collected at baseline (the first M-PACT session), at the end of the programme (9 weeks later) and approximately a month later. Qualitative data were collected in the month following the pilot programme through individual face-to-face (or telephone) interviews, where participants were asked about their experiences of the programme, and to explore any change they had experienced as a result of attending. Additional qualitative data were collected via a focus group with the M-PACT workers and family profiles provided by the M-PACT team.

Five families engaged with the programme. Quantitative data were collected from 11 family members, and qualitative data were collected from 10 family members. The number of families engaging with the pilot was relatively small in terms of samples usually used for quantitative analysis. Whilst this did not impact upon analysis of the qualitative data, the scope and power of quantitative analysis was limited.

Analysis of the qualitative data revealed that M-PACT largely met its aims. Families experienced an increase in overall well-being, demonstrated through improved communication and relationships, better understanding of each other's perspectives, increased self-esteem, greater awareness of safety and increased likelihood of accessing help outside the home

In terms of the operationalisation of M-PACT, family members reported feeling well supported by the workers and happy with the content of the programme. The venue, the age range of young people, and the mix of misusing and non-misusing parents were highlighted as positive aspects of the programme. The majority of participants reported that they would have liked more sessions, and a more formal and permanent aftercare arrangement – for example a family support group once or twice a month. A number of participants reflected a fear of slipping back into old patterns, perhaps demonstrating that they lacked confidence in themselves to keep going without support from M-PACT.

The evaluation of the M-PACT programme has provided more evidence to suggest the benefit of programmes such as this to young people, parents and families as a whole. The young people and adults involved in this programme clearly appreciated the opportunity to take part, they made important changes and had benefited on an individual as well as a family level. It is clear that M-PACT is extremely useful, but rarely enough for the majority of families. M-PACT 'kick-starts' a process of change, giving families the space to reflect on their lives, and equipping them with some strategies to begin to cope better.

Introduction

The impact of alcohol and drugs on the family

Families can be severely affected by the substance misuse (alcohol or drugs) of a relative (Orford et al., 2005; Templeton et al., 2006). There can be a particularly negative impact within the family, with family life, routines, relationships, parenting and communication disrupted. This can make it hard for families to work together to overcome the problems that they are facing. Children can have a particularly hard time, losing confidence and self-esteem and finding it hard to trust others (Gorin, 2004), and have their needs particularly neglected through service provision to this population group. However there is also growing evidence that some family members, including children, can demonstrate resilience to the problems that they are facing (Velleman & Templeton, 2006). There is evidence that supporting those family members affected by the substance misuse of a relative can have positive outcomes for all in the family (Copello, Velleman & Templeton, 2005); yet there are few examples of services that work with parents and children / young people together.

The Strengthening Families Programme is a US based community prevention programme (Ashton, 2004). Developed primarily as a drug and alcohol problems prevention programme, it combines family and child focused approaches and has been successfully evaluated and replicated in a number of settings and with different groups (urban and rural populations, 6 to 14 year old children, and a range of socio-cultural groups), as well as being subsequently extended to meet the needs of families affected by other problems. The programme focuses on the development of protective factors and the reduction of risk factors. Key components include: improving parent-child communication, developing a nurturing parenting style and the development of positive goals for the future for the children. Evaluations of the programme have found significant effects, including on the “*educational skills of parents, self-efficacy of the parents, social skills in the children, and improvements in family relations*” (Cuijpers, 2005). The programme has demonstrated that working in a more holistic way to address family difficulties, including substance misuse, brings benefits to parents, children and families. The PACT (Zohhadi, Templeton & Velleman, 2006) and M-PACT programmes were developed as the first adaptations of the approach in the UK. Influenced strongly by the Strengthening Families model, the programmes also reflect key policy objectives in this area (ACMD, 2003; Cabinet Office, 2007; DfES, 2004; Department of Health, 2007).

Moving Parents and Children Together

Moving Parents and Children Together (M-PACT) is an intervention designed to help children aged 10-17, whose parents have drug and/or alcohol problems. Children, young people and parents from different families are invited to meet together in a friendly, safe place, where a team of four facilitators works collaboratively with the children and parents. Help is provided to understand the impact of substance misuse, to identify family strengths, and to explore practical ways to build on strengths to improve communication, relationships between family members and the home environment. The programme aims to achieve many of the objectives of the government’s Every Child Matters agenda, with an emphasis on safety.

The programme consists of 9 consecutive weekly meetings lasting two and a half hours, during which children and parents meet both in separate groups with two facilitators each and all together with all four facilitators present. A follow-up meeting takes place four months later.

Aims of the Evaluation

The primary aim of the evaluation was to assess the benefits (and outcomes) of the programme for young people and parents affected by the substance misuse of a parent.

The objectives to achieve this aim were to assess to what extent the programme:

- ⇒ Enabled positive family communication.
- ⇒ Enabled education, and encouraged safety for young people and parents around addiction.
- ⇒ Enabled young people and parents to access appropriate support.
- ⇒ Improved family environment and relationships.
- ⇒ Promoted self-esteem in the young people.
- ⇒ Promoted resilience in the young people.

Methodology

Research Design

A mixed methodology before and after study was undertaken. **Quantitative data** were collected from the young people and parents who attended M-PACT via questionnaires at baseline, at the end of the intervention (the duration of which was nine weeks) and approximately one month after the intervention had ended. **Qualitative data** were collected via individual face-to-face (or telephone) interviews with the young people and parents in the month following the end of the intervention. **Qualitative data** were also collected via a focus group / interviews with all the professionals involved in the delivery and overseeing of the project at the end of the study.

Measures

An instrument previously used to evaluate the Strengthening Families Programme in the US (Kumpfer SFP/CF Evaluation Instrument, 2002) was used for quantitative data collection. The instrument includes elements to capture data about:

- 1) Substance use,
- 2) Parenting competencies,
- 3) Family strengths and resilience (organisation, conflict, cohesion, communication),
- 4) Children's mental and behavioural status (overt and covert aggression, concentration problems, depression, conduct disorders, social competencies) and
- 5) Healthy behaviours.

The research team devised two interview schedules for the qualitative data collection: one for use with adult participants, the other for use with young people. Interviews were structured around three key areas – **family members' experiences** of M-PACT, the **benefits** of M-PACT – particularly **change for the families**, and issues relating to **the operationalisation of M-PACT**.

Procedure

Baseline Questionnaires

The staff at Families Plus (the family service at Action on Addiction) sent out information sheets and consent forms to all the parents and young people who were due to attend M-PACT prior to their first session in order that they be informed of the research aspects of the programme. Two researchers attended the first session to provide further explanation of the research, and an opportunity for questions. Consent was then obtained from all the family members present. The researchers then distributed baseline questionnaires to each parent and young person. One researcher spent time with the adults in the group, assisting them with the completion of the questionnaire when requested, whilst the other research offered similar guidance to the young people. The researchers checked each questionnaire on completion for any missing answers. Where there were missing answers, researchers discussed this with the family member and gave them the opportunity (if they wanted it) to complete every question. Quantitative data were entered into an SPSS (Statistical Package for the Social Sciences) database.

Follow-up Questionnaires

At the final M-PACT session, researchers once again distributed questionnaires to each parent and young person; assisting when necessary. Again the questionnaires were checked on completion for missing answers. Data were entered into the SPSS database. Parents and young people were reminded about the qualitative aspect of the evaluation, and informal consent obtained for the researchers to make contact.

Second Follow-up Questionnaires

Researchers distributed the second follow-up questionnaires at the follow-up interviews. Where follow-up interviews were conducted by telephone, questionnaires were sent to participants along with a freepost envelope, and asked to return the completed questionnaire within a week.

Qualitative Interviews

One of two researchers interviewed participants at Clouds House or at their homes. The researchers made detailed notes during the interviews. Interviews were then written up into 'Interview Reports', using direct quotes and summary statements/reflective comments written by the researcher.

Focus Group

A focus group was attended by the professionals involved in the development and delivery of the programme (see below for details of those attending). The meeting was digitally-recorded and

transcribed. A telephone interview was conducted with one professional who was unable to attend the focus group. Detailed notes were taken and an interview report written.

Analysis

Quantitative data collected at baseline and both follow-ups were entered into SPSS and analysed using descriptive statistics. Qualitative data (collected via interviews and the focus group) were analysed thematically using the principles of grounded theory and IPA (interpretive phenomenological analysis) by three researchers in order to triangulate the findings.

Results

Sample

Six families were assessed for the programme, but one family failed to attend the first session and subsequently dropped out. It was difficult for the M-PACT team to get clarity from the family about why they chose not to attend, however their sense is that the parent's substance misuse blocked engagement. Five families therefore engaged with the PACT pilot programme: 6 parents (including 4 substance misusers, 1 of whom is in recovery) and 7 young people.

- The young people were aged between 12 and 17
- The parents were aged between 37 and 59
- Substance misuse had been a problem for the families for between 6 and 30 years

Family Profiles (see Figure One below for more details on each family)

Family A: A parent and two children
Family B: A parent and two children
Family C: A parent and one child
Family D: A step-parent and step-child
Family E: Two parents and their child

Full sets of quantitative (baseline and *both* follow-up questionnaires) were collected from 10 participants (2 using parents, 2 non-using parents and 6 young people), and partial sets (a baseline and *one* follow up questionnaire) from 2 others (a parent in recovered and their child) as they did not attend the final M-PACT session. For one parent it was only possible to collect baseline quantitative data as they dropped out of both the programme and the evaluation after the 1st session.

Qualitative data were collected from 10 participants. One young person who completed the programme and a (substance misusing) parent who dropped out of the programme did not wish to be interviewed. It was not possible to interview another parent who dropped out following relapse.

Figure One – Family Profiles

Family A

A 40 year-old with two children aged 16 and 12. The non-attending parent has been a substance misuser for many years with a history of self-harm and attempted suicide, at one time leaving the children a goodbye letter. At the time of M-PACT this parent was in secondary treatment following successful completion of primary treatment in Clouds. The non-misusing parent and the children had engaged previously with Families Plus and received counselling before the substance misusing parent went into treatment. During the M-PACT Programme the non-misusing attended our Family Programme; and also engaged with the Carer Support Groups. Due to work commitments, the non-misusing parent has often been away from home, but once aware of the scale of his spouse's substance misuse, was able to work nearer home to keep the family going.

Family B

A 55 year-old with two children aged 17 and 15. The children had only recently learned that their other parent has a heroin and cocaine addiction. This parent is in denial about this and for the past seven years has not lived with the family, but returns occasionally to visit the children. The non-misusing parent has asked that the substance misuser does not stay at the family home when coming to visit the children as the parent is difficult to be around and has upset the children by telling them that the substance misuse does not do any harm. The children feel their parent has become more distant since they have been aware of the drug problem. The family has been put through serious emotional and financial hardship as a result of the substance misuser's behaviour.

Family C

A 55 year-old (a substance misuser, who possibly has only a couple of years to live) with a 16 year-old child. The parent was divorced six years ago. The family is completed by two older siblings who have left home. This young person was very vulnerable, angry and isolated and was known to the police, to the social services and had stopped attending school after getting into trouble there. The young person wanted to pursue a career which would mean leaving home, but did not want to leave the parent whom the young person felt needed looking after. The parent seemed quick to blame the substance misuse on the young person's behaviour, which had at times been violent, and hoped that the programme would address the young person's problematic behaviour.

Family D

A 40 year-old parent in recovery with a step-child, aged 17. (The family is completed by the biological parent, also in recovery, and a younger brother, 15, neither of whom the young person wanted to attend). The young person's other biological parent is also a substance misuser and the young person has little contact with this parent. The parents were going through the process of divorce. The step-parent has a history of psychiatric problems and several suicide attempts; the step-parent is a member of the 12 Step Fellowship and was struggling to help the young person through the current divorce

situation and to repair the damage that the young person has suffered previously. The young person had a stronger relationship with the step-parent than with either biological parent. The young person suffered sexual abuse at the age of 11 and had concerns about their own alcohol and cannabis consumption, using these to manage difficult feelings.

Family E

Parents aged 38 and 39, both on methadone scripts and using heroin on top of this; their child is 12 years old. The father has been using since the age of 14, has been through several detox programmes and attempted treatment twice he reported no history of self harm or depression. The mother reported that she has been using heroin for five years and has suffered from depression. Both see a drug worker once a month, but do not get on with this person. They are having no other support. Their child reports being depressed during the winter months and due to the parents' continued use of drugs. The young person reported drinking beer when feeling low. The young person had been referred to the local CAMHS Team and was on the waiting list for an assessment, but no appointment was forthcoming during the time of the programme. There was a lack of understanding from these parents about how their drug using was impacting their child.

Qualitative Data Analysis

Analysis was undertaken by two researchers and a research assistant. Emerging themes were influenced by: a) the research team's knowledge of the subject matter [offset by the involvement of the research assistant, newer to the field], b) the previous evaluation of PACT and c) the structure of interview schedule which meant that data fell quite easily into core categories/themes. The interviews with parents and young people yielded rich and useful data. The researchers were struck by the power of the data, especially from the young people, who spoke powerfully and articulately about their situations, M-PACT and how it had helped, speaking with a maturity and level of insight that seemed beyond their years.

In the following section, the themes identified from the analysis of the data are presented first in a summary box, and then through detailed descriptions, illustrated with examples taken from the researcher's interview reports. All illustrations are presented in the text as an indentation, and are sometimes in a participant's own words and sometimes in the form of a summary statement by the researcher, or a combination of the two. In presenting the data the research team have had to use caution when using quotes or extracts from interview reports to avoid identification. For this reason quotes have been de-gendered.

Figure Two – Summary of key themes from qualitative analysis

- Before M-PACT
 - Family life characterised by arguments, disruption and little support
 - Mixed but hopeful expectations of M-PACT
- Change – how M-PACT helped
 - Improved communication
 - A new understanding of each other
 - Understanding Addiction
 - Safer family environment
 - Opening up
- What facilitated change?
 - Working for, and as part of, the family ‘team’
 - Connecting as a group
 - Being realistic about what change could be achieved
 - Relaxed, homely location
- What are we going to do now?
 - Concerns about maintaining change without support from the programme
- What was missing, what was wrong?
 - Families wanted longer sessions – more time for socialising
 - There were tensions around confidentiality
 - Families wanted some long-term support – a family support group
- The value of M-PACT
 - The families clearly valued the programme and were incredibly positive about their experience of it
- Workers’ reflections
 - Emotionally challenging
 - Lack of referrals despite obvious need for the service
 - Challenges of confidentiality and child protection
 - A sense that they want to do more, but what is realistic?
 - An incredibly positive and rewarding experience

Before M-PACT

Interviews began with participants recounting their situations before M-PACT, what led to their decision to engage with the programme, and what their expectations were of it. The data revealed a group of families and individuals who had lost their way. The families (particularly the young people) were lacking support (and understanding, and were living with a lot of arguments and disruption. There was a sense that the families had been holding a lot, harbouring difficult secrets with little support or outlet.

The families tended to have mixed but hopeful expectations of M-PACT. For the young people there was a sense of not knowing what to expect, they generally knew less about M-PACT (some had been ‘told’ to go) and so were less able to articulate what they wanted to get from it, meaning some uncertainty and ambivalence: *“I thought it would be boring, full of old people talking...not much else.”* One young person who had received support from other services in the past described their scepticism:

"I didn't expect anything. I thought it would be bollocks. I didn't want to do it at all at first. I was a bit sceptical about it all. I didn't want to be around my dad. I was scared. I didn't want to cry, I didn't want to open up. I prefer keeping things to myself. I don't like other people to know how I'm feeling."

Another young person was more hopeful, saying they wanted *"....to get answers for why it all happened, and what could help me understand more."*

Parents talked about wanting support and understanding; there was quite an emphasis on getting help for the children, but they also wanted support for themselves, and the whole family. One parent explained what they were hoping for:

"I felt there were some obvious barriers between all of us that addiction had created...I wanted us to be able to sit down and talk to each other. I felt particularly concerned about [child]. [They] were beginning to do exactly what [substance misusing parent] does and not deal with painful things, just lock them away inside, not communicate about them."

On the part of the misusing parents, there was some apprehension. One parent described feeling concerned the programme would be like other treatment they had experienced: *"expected that the programme would be like an NA meeting, 'more along the lines of 'you are here to give up drugs and alcohol, here's how to do it.'"*

Once the sessions began, the families very quickly seemed to sense that the programme would be helpful to them. One young person commented, *"....every time we went there it got better."* In most cases, participants talked of how the programme 'exceeded' their expectations. One young person who had initially been sceptical about the programme described their sense right from the beginning that the programme was something positive to be involved with:

"I liked it from the first session. I felt comfortable, I was excited about it, I looked forward to the next session, I wanted to see what would happen.....I looked forward to the sessions all week, it was the highlight of my week."

Another young person who had been somewhat ambivalent about the programme made a decision to keep going to the sessions despite the fact that the using parent felt unable to make the commitment and stopped attending after the second session. This young person explained, *"....because it was fun and it was helping me."*

The parent who had been concerned that the aim of the programme was simply to stop them taking drugs found M-PACT was very different to that: *"...the programme was much more about how to cope with what you have to deal with, and to improve the family dynamic around that, rather than abstinence."*

Views of the Workers

The workers conveyed a sense that initially they had some concerns about working with such a mix of people. One worker commented that she had been worried about being faced by a room full of 'stropky teenagers'. However, it became clear quite early on that these expectations would not be born out. Whilst managing the mixed group was challenging, the workers talked about being "*amazed at the level of energy, communication and relationships that developed*". The workers described the way in which the families engaged fully with the process. Working with the young people in particular had proved to be a "*real eye-opener*" – they were very open, responsive and interested and ultimately didn't want the programme to end.

Change: how M-PACT helped

Without exception, participants felt that through M-PACT things had changed for them and for their family. Participants described change on a number of levels, which contributed to a general improvement in individual and familial well-being.

"We definitely communicate better"

A major area of change for all participants was around communication. Parents and young people described an increase in communication within the family, and a major change in *how* this occurred. Participants characterised this new communication as being open, honest, with no secrets, and how this relieved the pressure, stress and tension there had been before.

"[M-PACT] made it easier for us all to talk about it."

"I liked to be around [my using parent]...I wasn't scared....we were both comfortable with each other. Things were out in the open. We would never have talked about it if we hadn't gone to M-PACT. We had to be honest. There were no secrets at all between us."

Communication has also improved with [ex-spouse who is the substance misuser]. Previously, they would not want to 'phone home in case [family member] answered the 'phone (which meant that they rarely spoke to their daughters). Now, they will 'phone and if [they speak] then they are able to have a less hostile conversation for a few minutes.

The programme helped families identify where things were going wrong with communication, and gave them strategies to put it right. One parent explained the way in which one of the family activities had taught them a lot about themselves:

"It highlighted the fact that we need to work together more as a team. [My children] were arguing about [the exercise that we were doing] and not listening to each other. It highlighted my short-comings – I was not playing the role I should have been playing as a parent."

Being on the programme helped the families to reduce the arguing and confrontation that characterised their day-to-day lives. De-escalation was a skill gained on the programme that was clearly valued and made a difference:

*“M-PACT has taught us how to anticipate the pitfalls, how to identify patterns we get into. We can stop the arguments from happening. We’re trying to look at things from different angles now....
...We learnt how to stop arguments in their tracks....to wind back to a sensible conversation.”*

“[M-PACT] highlighted new techniques for me to use with [my children]...we sit down and talk....to the extent that I am now known as ‘hippy [parent]’, because I say things like, ‘let’s sit down, tell me how you feel about that.’”

A new understanding

Having the space to talk and listen to each other seemed to result in parents and young people gaining a new understanding of each other and of themselves. For the young people particularly, this was an opportunity to have a say, to express themselves and talk to their parents about their feelings and their needs.

“[M-PACT] made me realise that I can open up, and that it is okay to be angry and to say why you are angry. There’s a lot less hiding of feelings, we’re a lot more open than we used to be.”

It has been helpful for her children able to express themselves and understand what has been going on as a result of there being open and honest communication between them.

One parent described being taken aback by things her child said in the sessions, things they had never heard them say before, like their drug use is ‘a horrible secret’ the young person has to keep. For one family there had been discussions between the parents about how they would deal with their child saying things in the group – they decided that they did not want to tell the young person off or censor them; they wanted the young person to feel that they could be honest with others about what was going on for them.

Parents in the group spoke of the impact of hearing their children’s views, and the views of other members of the group and the workers. One parent noted: *“[M-PACT] forces you to see yourself as others see you. It makes you more self aware.”*

Understanding addiction

This new understanding of each other seemed to be reinforced by the focus of the programme on understanding addiction. For the young people in particular, hearing messages about addiction was very powerful. One young person explained:

“...I actually understand more about what [my parent] is going through now....I just know what it does to you now, I know why [they are] drinking”.

For this young person, learning about addiction meant he no longer had ‘unrealistic expectations’ of what his parent could do. This in turn reduced the anger the young person felt towards the parent, helping them to get on better. Another young person was able to use the knowledge gained to cope better, commenting:

“I can’t really change [my parent], I have to learn to live with that....getting on with my life and not letting my [my parent’s] problems affect me....I don’t want it to get me down, I’ve got a sense that I can get on with my life without letting it worry me.”

Learning more about their parents’ lifestyles had the effect of reducing the young people’s anxiety. The parents in the group also reported learning a lot about addiction themselves. One parent felt they arrived at a new understanding of their spouse’s substance misuse:

“It was eye-opening....I realised that I am taking almost the same journey as my [spouse] is. Our experiences and feelings are more similar than I thought.”

However a key focus for the parents was the impact of this learning on the young people, and importantly the young people’s ‘release’ from taking too much responsibility:

“It taught the kids you don’t have to deal with your parents’ problems; you just have to cope with them. It is not your fault and it is not your responsibility. They covered this really well; they taught them that they don’t have to try to solve the problems.”

Safer family environment

Families reported calmer, healthier family environments as a result of going to M-PACT. Interactions were described as less hostile and less stressful. The families reported spending more time together as a family - *“We’ve become much closer.”* Talking about how things had changed for their family, and how this would have an impact when the user returned from treatment, one parent explained:

“It is becoming a practiced way of doing things. It’s going to make it a lot easier for [my spouse] to integrate. There will be less confrontation and more communication.”

As individuals, M-PACT equipped the participants with techniques for keeping themselves safe. The participants all seemed to have picked up on, and found useful, the message that M-PACT was not about being able to change things fundamentally, but learning to live with things in the safest and healthiest way.

“I know how to keep myself safe and what to do to keep myself happy... ..if there is something bad going on I can step away from it and say no to bad things and keep myself happy.”

In one session each member of the group made a ‘first aid kit’. This was seen as particularly helpful for a number of participants, one young person commented:

“The first aid kit opened my eyes...it showed me what I needed, and what I don’t need in life. I learned what is important in keeping me safe and happy.”

For two parents, learning about the impact of addiction on their child, and gaining awareness of their needs and feelings encouraged them to focus more on how they needed to be as parents and as a family. Whilst they did not stop using drugs, they were able to make changes to when and where drug taking took place, in order to make life easier for their child.

One parent in the group described becoming better able to keep them self safe by withdrawing more from their [ex]-spouse and becoming less entangled in the situation. By engaging less, this person has been able to keep healthy and can therefore support their children better to come to terms with the situation.

Opening up

As highlighted above, an important part of M-PACT is giving people the space to express themselves. All the participants conveyed the sense that the sessions had provided them with *“a safe environment - you could be completely honest.”* Expression was aided through the use of creative techniques. These seemed to be really effective and a number of participants commented on how creativity had aided communication:

“[I enjoyed] being able to express feelings through creating things.....I learnt how you could say things without saying them, it helped us learn how to communicate better.”

In one session the young people had been tasked with creating 3-D models of ‘addiction’. One young person reported how powerful it had been when they all shared the meaning behind what they had made with the parents – *“It was amazing to see the parents’ faces”*. Everyone had been moved by the models. The young person said it had been *“...a really practical way of expressing feelings.”*

As time went on, the young people in particular reported feeling more able to open up, and talk about how they felt about their situations. Whilst sharing stories had been sad and distressing at times, all the participants commented on good it had been to share their stories with people who *“really understand”*.

“It was good to feel it was ok to cry, it was good to share and get it off my chest....and good to really get to know each other.”

[Young person] described not having the confidence to speak up in the first few sessions but then gradually as they heard others speak about similar situations....they got the confidence to speak up ... which is what they had aimed for when they started.

The confidence gained, particularly by the young people on the programme, seemed to help participants reach out for more help. The young people described how before the programme they had not talked to others about their situation, but some had been encouraged to talk to friends, teachers and other family members when they needed support.

Views of the Workers

The workers identified a number of key areas of change. A key outcome from the workers' perspective was that the young people had been 'given permission' to ask for help outside the home. Furthermore they had been given the space to talk and be listened to, to discover they were not alone, and that they were not responsible.

“The young people left with a sense of being separate from their parents – addiction is their parents' problem, not their problem.”

As a result it was felt the young people had achieved more self-awareness and gained a stronger self-identity.

“They all achieved more self-awareness. The young people were allowed to be themselves; to be confused, to be angry. They gained a stronger self identity.”

A major outcome for the adults in the group was increased awareness of how their behaviour impacted on their children. One worker commented on the 'shock' some of the adults conveyed as they began to take in the effect of their lifestyle on their children. Communication was identified as a major area of change for one family in particular who it was felt had, through M-PACT, experienced a "different way of being a family". In general the families developed better coping strategies and a greater awareness of how to keep themselves safe.

“They have developed an understanding that life won't be perfect, but they now have the coping skills to deal with it.”

What facilitated change?

It was often difficult for participants to articulate what specifically had made the difference to them and helped them make positive changes. In some cases recognising change was not that easy, one

participant explained: *"...I think sometimes we don't see it."* In discussion with the participants, it emerged that a number of issues had contributed.

"Doing it for the family"

There was a strong sense that working for and as part of the family 'team' was hugely important to the participants. The families described how working as a family was a positive experience, bringing them closer together, helping them understand each other and motivating them to keep moving forwards:

"We went for [our child] but it turned out to be helpful for all of us....it was a nice way to spend Saturday mornings."

"[it was helpful] to work as a family to understand what the problems are and to talk about them."

"The emphasis is usually on you and doing it for you, but this was much more focused on family, and doing it for the family."

A key benefit of working together seemed to be that the whole family were hearing the same messages about communication, safety and addiction. This helped them to take things on board as a family and to remind and help each other to put changes into practice in the home environment.

"We just all connected."

Simply being a part of the group had a significant impact on all the participants. Parents and (particularly) young people commented on how positive it had been to meet others in similar situations. One young person reported that the best thing about the programme had been: *"Meeting everyone else; finding out I'm not the only person....to feel I'm not the only person with this problem..."*

All the participants talked enthusiastically about being able to socialise with, and hear the perspectives of, a mix of people including those they might not usually mix with. The substance misusers in the group commented that having the support and friendship of non-misusers had been a new and very valuable experience for them, something they felt they lost once M-PACT ended. The non-misusers also benefited from hearing about addiction from another perspective:

'It's very difficult to understand something if you're only looking at it from one perspective. You are better able to make level-headed judgements if you have a number of perspectives to draw on.'

Across the board the participants reported feeling a real bond with all the others in the group, using expressions such as "extended family" to describe the dynamic within the group. One young person felt the best thing about M-PACT had been *"Meeting new friends; grown-ups as well as kids."*

For the young people in particular, the programme gave them the opportunity to socialise without needing to keep secrets – in this way the young people were ‘validated socially’. More than this, M-PACT presented the young people with their first opportunity to get support. It was particularly powerful to hear that all the young people had been able to receive support from each other, as well as the workers and the other adults in the group. Giving and receiving support from each other was empowering for both young people and parents who all seemed to value the opportunity to learn from each other’s experiences, and to share their own

[The young person] explained how they had helped each other to understand and to cope. [The young person] felt they had all understood each other’s situations and understood how each other coped. [The young person] had found this positive - to share experiences and be validated by others.

“Every single one of them showed me something, gave me something to think about.”

“I liked seeing how I could have a positive impact on others by what I said.”

A particularly important part of M-PACT seemed to be the opportunity it provided for young people to hear other adults talking about substance misuse, and for parents to hear other people’s children talking about the impact substance misuse has on them.

It made it easier to understand. [The young person] told me that [they were] surprised to hear other people saying the same things that [the young person’s parent] had said about addiction; it made [the young person] realise that [the parent] was not just making excuses.

Interestingly the sense of belonging to the group acted as a motivator for the participants, keeping them going. A parent commented: *“The group gelled together really well....we connected....we felt a responsibility towards each other.”* Similarly a young person commented that it had been good *“to see people you care about tell their parents exactly how they feel about everything...”*

Being realistic

A key part of M-PACT was a focus on setting realistic goals, and having realistic expectations. As one parent put it, *“it gives you the tools to deal with the life you have got, rather than try to change it fundamentally.”* The M-PACT group was diverse in terms of their situations and their needs. It was important for the workers to set more individually tailored goals for them. The families seemed to appreciate this. The workers were a vital part of this process, and the families clearly felt a great deal of appreciation for their style and approach:

“Excellent, superb. Each and every one of [the workers] dealt with us superbly. They were very professional, but had an open, honest and caring manner which is important given the subject matter.”

“[they were] skilful and compassionate....I appreciated that.”

‘Location, location, location’

Although not a major issue, the families all spoke positively about the setting for M-PACT, and conveyed a sense that it had contributed positively to their experience. The setting was peaceful and friendly, young people commented: *“[It] felt like home”, “It reminded me of tranquillity and peace”*. Importantly the atmosphere enabled the families to relax, to feel at home and to enjoy their time together. The location seemed to be a physical symbol of what family life could be like. For those who had received support from services in the past, the setting for M-PACT compared favourably:

It was “very relaxed’ particularly given the fact they weren’t forced into a confined space with people they didn’t know for the three hours – they had the choice to move around the building. It was spacious and comfortable. [Young person] said ‘it didn’t feel like counselling.’

“[The] whole atmosphere had been very good, very relaxed...nice to have a ‘house’ atmosphere rather than a clinic atmosphere. It was quite comfortable.’

Views of the Workers

The workers reflected on the significance for the parents of learning about the impact of their lifestyle on their children as a motivator for change. They commented on one family in particular who ‘had not come in earnest’, but shifted from a position of ‘we are here for our son to understand *our* lifestyle’ to being visibly moved and recognising the need for change.

Working with a mixture of young people, non-misusing parents, parents in recovery and misusing parents had been a ‘difficult dynamic’ for the workers to manage. However the workers noted that the families managed remarkably well with it: *“The level of identification between the very different types of people was amazing to see”*. The workers, similarly to the families, expressed a sense that the strength from within the group had contributed to its success: *It came as a surprise to [worker] how they took hold of the process and made it their own.*

The workers commented on the fact that the younger children had been ‘brought on’ by the older ones. In one example one young person did not disclose much but opened up near to the last session and was able to get ‘very powerful, mature support’ from one of the older young people. The worker felt that for the young person in question, getting this feedback from an older peer was ‘incredibly powerful’.

The workers too picked up on the need to be realistic. For them this was related not only to what the families could achieve, but what the programme could achieve in a short space of time. The workers identified that there had been an emphasis on harm reduction and identifying what was realistic for people to achieve. The group was not homogenous and, as a result, the team found themselves having to tailor goals towards individuals to a greater extent than they had for PACT. Consequently, the expectations differed from family to family as to what could be achieved.

Finally the workers also picked up on the influence of the programme's location: *She noted the physical difference of having the sessions in Jill Cunningham House – this was positive, the 'home environment', the 'family space' really added to the programme.*

“What are we going to do now?”

Without exception, participants conveyed a sense of loss at the ending of the programme: *“[we feel] slightly abandoned”; “we feel somewhat cut adrift”; “[we feel] in limbo”; “Where are we left? We’ve got no goal to work towards.”* Despite some initial reluctance to commit to something that would last for several consecutive weekends, all the participants said that they found the structure of the programme helpful. To many of them, the sessions seemed to be a highlight of the week, something to work towards. Knowing the sessions were there acted as a prompt, keeping the families focused on the changes they were trying to make.

The families talked about wanting more – feeling that in some way M-PACT was just a taster. One parent commented, *“We’ve made a start.”*, whilst another explained how it *“feels like the beginning.”* It is clear that the families were really engaging in the process by the end of the programme. Across the board there was a sense that there was *“still more to do”*, and the majority of participants spoke of how they would have liked the programme to go on for longer:

“I was really enjoying it by the end. That’s always the way, you start to really enjoy something and connect with people just as it’s coming to an end.”

“it could have gone on longerit would have been cool to have more Saturdays because then it would have lasted longer, we could have talked more, spent more time telling everybody stuff and finding out more.”

A concern for the families seemed to be maintaining the progress made. As one parent explained, *“you go with the best intentions and you leave with the best intentions but things can slip....it would be good to have a reminder that there is a different way of doing things.”* Another parent talked about having ‘top up sessions’, commenting, *‘it would stop the option of falling back into the old habits, it would help to sustain the progress we’ve made.’*

There was particular concern from the parents' point of view about the lack of further support (or the perceived lack of support) available to the young people:

"There are a lot of things I can do as an adult, but there are few support options for children, and they need it, they've taken the brunt of this.....they had a 9 week introduction into new ideas, new skills and coping strategies, but they have nothing to follow it up, to keep these coping strategies fresh in their minds."

"[my child has] got no goal at the end of the week...nowhere to go and express things..... [they have] lost somewhere to go and it's all about [them]."

One young person commented, *"I don't know what support there is. It can't hurt to have more support though; it works out for the best. I don't know what support I could have but I would be happy to do more things like this."* In one case where a family had dropped out, the young person explained just how much the programme had impacted on their life:

"I felt so let down by my [parent]. I'm still angry about it. It was the highlight of my week and [parent] took that away from me. We were half-way through the journey of building our relationship, but now it is falling apart again."

The need for more was the focus for most of the participants when thinking about the future, however generally, all the participants conveyed a sense that things were looking brighter and that they were now on a better path.

"It was really good, really positive...we still need to improve from where we are now, but it has definitely helped from where we originally started."

"We're all a lot more aware, things are calmer. Mum and Dad are getting the help they need, and me and [my sibling] are getting the help we need. Hopefully it will be just....us back together normally without addiction."

Views of the Workers

The workers reflected on the families' desire for more sessions, and had mixed views about this. One commented, *"We did something, but there is a huge amount left to do."* The workers shared a sense that would have been nice to have more time with the families to do more, however this was balanced against a sense that *"part of this feeling is about working with addiction – it is never enough"*. Appraising the situation, one worker commented, *"At worst it is a thorough assessment and sign-posting, at best it has equipped families with the tools they need to keep themselves safe."* For the workers, this part of delivering a brief intervention had been difficult, particularly given the difficulties

the families, and particularly the young people in this group faced. As one worker explained, “*We are only walking part of the journey with these families, with some you’d like to walk further.*”

What was missing, what was wrong?

There was very little negative feedback about the programme, but families did offer some helpful and constructive ideas, largely related to wanting more during and after M-PACT [see above]:

- *Longer sessions.* Both young people and parents commented that they would have liked more time to talk, particularly in their separate groups: “*[Adult sessions were] quite hard hitting. It got very confrontational about people’s successes and failures as parents ... Personally I think we could have gone further with this. It felt limited....we barely scratched the surface. More of that would have been good.*” Interestingly a few of the parents said that whilst the adults could have done with longer sessions, they were not sure the young people could have coped with this. Most of the young people said they would have liked longer sessions, one in particular said the young people needed longer but that the parents couldn’t have handled this.
- *To have more time for socialising.* One family had enjoyed the opportunity to socialise with the others and suggested that a get-together (a barbeque or a trip to the beach), that was not an M-PACT session, would have been a positive experience and would have provided them with a different kind of interaction.: “*...during the 20 minute break it was really relaxed and we were able to talk about all sorts of things...we were able to see each other as people.*”
- *More flexibility.* One young person spoke of some instances where the young people would have benefited from some time to ‘just talk’, to share what was going on for them, rather than having to engage in the activity or discussion that had been planned for that session.
- *Pitch.* One young person reported feeling that the workers were patronising at times. The young person felt that the workers had not always picked up on the fact that the young people were ‘older than their years’ because of what they had to deal with: “*the struggles you have every day puts years on the way you think....we know these issues inside out. The workers didn’t seem to expect the kids to know as much as they did.*”
- *Tensions around Confidentiality and Child Protection.* Two adults in the group conveyed some negativity about the way in which confidentiality was presented to them. They spoke about feeling targeted and concerned that there would be involvement with social services, to the extent that they felt they needed to be careful about what they said.
- *A family support group.* As highlighted elsewhere, the families wanted more support once M-PACT had ended. The idea of a support group once or twice a month for all the families who have taken part in an M-PACT programme was suggested. Attending a group regularly would keep up

the momentum of change. One parent explained: *“It would be useful to discuss how things have been going.”*

Workers’ reflections

A number of additional issues arose for the workers that related to their experience of delivering the service. These are outlined here.

The workers found M-PACT emotionally challenging. A number of issues contributed to this. As described above, managing the mix of young people, users and non-users was difficult, but more than this, the workers spoke of the challenge of building relationships with the young people and *“having to hold and carry their anxiety and worries knowing it is a brief intervention and you can’t fix it.”* There was discussion too about the need to hold and acknowledge the parents’ pain and their needs whilst at the same time being their primarily for the young people. The workers reflected on the awareness they had of not being able to completely solve everything for these families.

One worker particularly spoke of the concern she felt about the young people going back home with their parents after having expressed themselves in the group. Similarly another worker talked of the challenge of seeing the young people interacting with their parents, and the difficult family dynamics, and being aware they were only witnessing a small part of this, and wanting to change it. One worker commented on the question of identifying signs of resilience and signs of neglect – *“Is the fact that a young person can cook a neglect issue, or is the fact that [young person] cooks, and gets a lot of self esteem from doing so, a resilience issue?”*

The workers had been aware throughout the programme of the need to manage their emotional response to the families, and in some cases, to manage their judgements – to ‘professionalise’ themselves in the face of the distressing situations the young people were in. The workers spoke of the importance of supervision and peer support. It was clear to the researchers that this had been a journey for the workers too, that they had been open to and reflective of the process. Despite finding it personally challenging at times, the team had supported each other to deliver the programme with quality, professionalism and integrity.

A difficulty for the programme had been the lack of referrals the team received, despite having done a lot of awareness-raising in the months leading up to it. The team reflected on the challenge of keeping a programme like this in ‘busy professional minds’, particularly when the reality is, many of these professionals are less focused on the bigger, family picture. There were mixed views about the size of the group, but there was acknowledgement that the adult group certainly had felt small, particularly when two parents dropped out.

The workers commented on how M-PACT had been different to PACT. They felt they had learned a great deal from the first pilot – particularly about the need to be flexible. Due to the mix of people and

the age of the young people the programme had necessarily changed and evolved, however it remained true to its fundamental aims. The group had worked with the same issues, but the team felt better able to adapt them according to the response from the families.

Thinking about future programmes, key considerations for the team are child protection, options for longer term support and rolling the programme out more widely. The team commented on the current lack of options for onward referral, and this is something they would like to investigate further. One worker highlighted the fact that as yet, they have not needed to make a child protection referral; however it seems almost inevitable that they will have to at one point and this will need to be managed. The team are keen for the programme should be rolled out more widely in order to reach more families who need this kind of support. Finally, the workers spoke of how positive the experience of M-PACT had been:

“I really thoroughly enjoyed it. It was a really pleasant surprise. It takes a lot of commitment; it’s quite exhausting but very rewarding.”

“It was a privilege going in week after week and seeing the good it is doing.”

Quantitative Data Analysis

Quantitative data analysis was limited due to the size of the sample. With only 10 complete sets of data it was not possible to conduct any statistical analysis. The small number in each group (young people and parents) meant that results could be skewed by a single response. The findings, although illustrative of what positive change might be possible through such an approach, and thus supporting the key themes to emerge from the qualitative data, need to be interpreted with caution.

Support

All the young people reported having someone to turn to at baseline and also at the second follow-up, although two young people at the first follow-up said they did not have any one to turn to. In most cases the support was provided by family members, with the non-misusing parent cited frequently. Friends were also a source of support. At the second follow-up one young person mentioned their school counsellor as a source of support. All the parents reported having someone to turn to at baseline and subsequent follow-ups. Again in most cases the support was provided by family members and friends.

Substance Misuse

The young people and parents reported that generally the parents’ substance misuse improved between baseline and follow-up.

Comparison of baseline and follow-up scores on a range of dimensions

Changes between baseline and follow-up were very small across the board, and none were significant. The comparison revealed mixed findings, some suggesting life had improved for the families, and others suggesting it had got worse. Interestingly, a comparison between retrospective baseline scores and the follow-up indicated very slight changes, but all in the hoped for direction, that is, the changes were indicative of improvements in the families' lives. It is noteworthy that retrospective baseline scores tended to be 'worse' than the initial baseline scores. This might be indicative of the fact that M-PACT helped the families to evaluate their lives more realistically than they had been able to before.

Change for young people – comparison between retrospective baseline and follow-up¹

- Improved communication with parents
- Increase in helping behaviours (prosocial behaviour)
- Reduction in family confrontation
- Reduction in depressive symptoms
- Reduced use of (all types of) drugs by parents

There were no observable changes on the following dimensions:

- Parental support
- Parental discipline
- Family organisation (family meetings)
- Parental communication about substance misuse
- Parent criminal behaviour
- School grades and behaviour
- Young person's use of tobacco and alcohol
- Overt and covert aggression
- Young person's communication

Change for parents – comparison between retrospective baseline and follow-up²

- Improved positive parenting
- Increased family organisation and cohesion
- Improved family communication
- Increased parental efficacy
- Improved overall family strengths and resilience
- Increased sociability
- Reduction in family conflict
- Reduction in alcohol and drug use in the family

¹ Results are included here where a subscale score changed by at least 0.25

² Results are included here where a subscale score changed by at least 0.25

- Reduction in parental drug and alcohol use in the past 30 days
- Reduced overt and covert aggression in the young people
- A decrease in signs of depression in the young people
- A decrease in the young people's impulsivity
- Reduced concentration in the young people

There were no observable changes on the following dimensions:

- Parental involvement
- Parental supervision
- Young person's criminal behaviour

Links between the young people's results and the parent's results

There are indications that the young people and parents shared the same perspective on improved communication, reduced parental drug use, reduced confrontation and for the young people, a reduction in depressive symptoms and an increase in prosocial behaviour.

Links between the qualitative and quantitative results

There are a number of links between what the quantitative data analysis shows us and some of the key themes in the qualitative data. For example, the young people rated the following statements as more like them after the M-PACT programme:

- I am good at saying how I feel
- My family values the contribution that I make.
- I know what alcohol, tobacco and other drugs can do to a person's life.
- I have a strong relationship with my parents
- I share my thoughts and feelings with my parents

And the following statements as less like them after the M-PACT programme:

- We fight a lot in our family
- I fight with my parents
- I feel sad or depressed
- I feel lonely
- I feel anxious in groups
- I feel in danger
- I get angry

The adults rated the following statements as more like them after the M-PACT programme:

- We talk as a family about issues and problems, or we hold family meetings
- I spend quality time with my child

- My child deals with stress by using good coping skills
- My child talks with me about his/her feelings
- My child knows how to get help or seek information
- I am good at understanding feelings
- I am good at having more control over my life.
- I am good at communicating with my child(ren)
- I am good at knowing how to find and ask for help when I need it.

And the following statements as less like them after the M-PACT programme:

- I yell or shout when my child misbehaves
- We fight a lot in our family
- I use alcohol or drugs around my child

These findings again indicate the families experience positive changes in terms of communication, understanding each other's perspectives, keeping themselves safe, seeking help outside the home and understanding the impact of substance misuse on the family.

It is important to point out that in all cases with the quantitative data, change was very slight. Here we have highlighted the positive changes observed in the quantitative data as they closely match the messages to emerge from the qualitative data. In some cases the changes observed in the quantitative data were negative (although again these changes were very slight, and again largely inconclusive), however these statements were not backed up by the qualitative data and have therefore not been included here.

Discussion

Summary of the results

Data were collected from all of the five families who engaged with the programme, and from a focus group with the professionals involved with the development and delivery of the programme. The qualitative data revealed that families experienced an increase in overall well-being, demonstrated by improved communication and relationships, better understanding of each other's perspectives, increased self-esteem, greater awareness of safety and increased likelihood of accessing help outside the home. Quantitative data were mixed and to a large degree inconclusive given the small sample. However, there were indications in support of the qualitative data that communication and relationships within the families had improved. Together, the qualitative and quantitative data provided evidence to suggest the aims of the pilot were largely met. This is particularly true of the aims relating to communication, education, safety and relationships, as outlined below.

1. **Enable positive family communication.** There is strong evidence in the qualitative data and some evidence in the quantitative data that communication was a key area of improvement for each of the families.
2. **Enable education, and encourage safety for young people and parents around addiction.** Young people and adults referred both to their increased understanding about addiction and their increased awareness of how to keep themselves safe in the interview data and the questionnaire data.
3. **Enable young people and parents to access appropriate support.** Accessing further support was a key feature of the M-PACT programme, particularly in the final few sessions. In addition to this, each family had a review session a month after the programme ended, where options for ongoing support were considered. The review sessions took place after the follow-up interviews were conducted and therefore there were less data on this issue. However, the majority of participants expressed a sense that they now had a greater awareness of the support available to them, and were more likely to access this support, although this was not true for all. The young people spoke of support in relation to informal support – i.e. talking to friends, teachers, other relatives - and some of the parents expressed concern about the lack of further formal support available to the young people.
4. **Improve family environment and relationships.** There was a strong sense in the qualitative data and some evidence in the quantitative data that relationships between the family members had improved, and as a result, the family environment was calmer, healthier and safer.
5. **Promote self-esteem in the young people.** Though not always asserted directly, the qualitative data reflected a sense that by giving the young people space to talk, and ensuring they were listened to, the programme impacted positively on the young people's self esteem. [For the parents, focusing on strengths as well as difficulties, and seeing positive results of the techniques they were learning, seemed to raise confidence and self-esteem, particularly in relation to parenting skills.]

6. **Promote resilience in the young people.** A key focus and, from the families' point of view, a valued aspect of the programme was an emphasis on safety – particularly demonstrated in the 'First Aid Box' exercise. Qualitative data again demonstrated that messages about safety and resilience had been picked up on by the young people, and taken on board. The parents' quantitative data indicated some improvements in overall family strengths and resilience. The young people emerged from M-PACT with an understanding about the need to keep themselves safe, and the increased confidence to do so. From the workers' point of view, key outcomes were that the young people had taken on board a sense that they could separate themselves from their parents' situations, and a sense of 'future'.

Discussion points

The following section outlines some of the key points for discussion to arise from this work. The points relate to the *impact* of the programme, the *challenges* for the programme, and the *evaluation*.

Impact

The provision of a service like M-PACT continues to be an exception rather than the norm. Services for the children of substance misusers, and for whole families affected by addiction, remain scarce. This compounds the fact that family members (including young people) often have nowhere to turn to outside their own families, due to the shame and stigma associated with substance misuse and/ or a fear of intervention by family support agencies. M-PACT, as PACT did before it, goes some way towards filling this gap – it provides a safe space for families to go to talk frankly about their problems and identify healthy coping strategies. The current evaluation (particularly through the richness of the qualitative data) has shown, once again, how valued this type of support is to the young people (and the families) who access it.

Data collected for this evaluation adds further evidence to the wider debate about the provision of support to children and families in difficult circumstances. Once more a key finding for the evaluation was that the young people and parents who engaged with M-PACT were suffering due to the disruption that substance misuse in the family can cause. This supports the assertions of both the Hidden Harm report (ACMD, 2003) and Turning Point's 'Bottling It Up' report (2006) that there are often very real and damaging impacts of parental substance misuse on young people and families. Despite the fact that M-PACT is a brief intervention, it was able to make a real difference to these families, raising their awareness of the impact of substance misuse, and equipping them with strategies for coping better with the reality of their worlds.

In line with the philosophy promoted in Every Child Matters (2004), the programme offers support that is proactive - before crisis happens, to prevent crisis from happening - and delivers it *within* families, to the whole family. The programme enabled the families to draw on their own strengths whilst gaining new skills and awareness in relation to the challenges posed to them by substance misuse and its impact on all aspects of family life. For all of these families it was the first time they had been offered

support as a family. Working as a team, the families described a new sense of empowerment to make the changes they needed to make.

It is worth noting that the impact of the programme for the families was most noticeable in terms of family communication, education and safety around addiction and improved family environment and relationships. In terms of accessing support, there was less evidence of this, although as mentioned elsewhere, this may be in large part due to the timing of the evaluation. Similarly there was less direct evidence of increased self-esteem and resilience in the young people. It is difficult to determine whether this was a timing issue – we might need to do a longer-term follow up to address these issues – or whether these were areas where M-PACT had less success. However, it is important to bear in mind that the aims for the programme were to ‘promote’ resilience and self esteem in the young people. There is certainly evidence that the content of the programme addressed these issues. It is also the case that these concepts are quite complex, and it might be difficult for the young people to speak about them. It would be interesting to explore these aspects of the work further in future evaluations.

Challenges

There is no doubt that offering a service like this is challenging on a number of levels. The M-PACT team has found it difficult again this year to gather referrals from other agencies, despite efforts to raise awareness of the programme, and despite evidence that a service like this is very much needed. The team are unsure about why this is and what more they can do in the future to boost the number of families referred to them. In addition, it is a challenge to recruit and retain families into a programme like this. The programme requires commitment both on a practical level but also in terms of being willing to face some difficult issues and do something about them.

Related to this, there are challenges associated with addressing the impact of substance misuse on families and parenting with using parents. In their focus group and interview, the workers highlighted the tension they experienced between empathy for the parents’ situations and a need to challenge the parents about the impact of their behaviour on the children. It is clear that a great deal of skill and sensitivity is needed in order to broach issues relating to children’s safety. The M-PACT team is clear that the young people are the priority; however, they recognise the importance of not coming across as ‘blaming or accusatory’. Child protection is a particularly sensitive issue. It is credit to the workers professionalism that in the majority of cases they were successfully able to convey strong messages about safety without ‘scaring the parents away’. The workers reflected on the professional challenges they had faced when dealing with individuals or situations that they found affected them personally. Retaining respect for clients and not judging them was an important element of this work.

Another tension is that between the organisation’s desire to develop an effective *brief* intervention, and the need the families have for aftercare, and, in some cases, ongoing support. There was a sense from the families’ that they did not feel confident and certain in themselves to keep going on

their own. They conveyed a fear of slipping back into old patterns without the support they had experienced through M-PACT from other families and the workers. A particularly important issue for the adults was the lack of options for ongoing support for the young people. Delivering a brief intervention can be challenging for the workers too. They develop bonds with the families; they care about them and want to help 'solve' the problems, but are always aware that they only have a small window of opportunity to move these families on. This remains an interesting and important issue to consider, and one that has relevance to all service providers in this field. As highlighted elsewhere in the report, a useful and perhaps realistic approach might be to view such interventions as at very least a thorough assessment – something that often does not happen – and in some cases, a complete piece of work. Clearly this will be different for every family.

It is worth noting here the similarities and the differences between M-PACT and PACT. The workers reflected a sense that having delivered the programme before, the process was easier, and felt more positive, this time around. In M-PACT the team had a greater focus on Child Protection and harm minimisation than in the previous pilot. The presence of current substance misusers in the group had a significant impact on the dynamic of the group, but as mentioned elsewhere, this was seen as positive. Interestingly the aspects of M-PACT that made it more challenging than PACT were at the same time the things that made the experience so positive for all involved. So, the mix of people, particularly the presence of using parents, was seen as particularly valuable even though at times difficult to manage. However, as the workers pointed out in the focus group and interview, no two programmes could be the same. The dynamic of the group determines so much of what the programme is about, even its outcomes to an extent.

A recommendation of the last evaluation was to think about targeting harder to reach families. The mix within the group (particularly in terms of gender of the young people, and the mix of misusing and non-misusing parents) was much more pronounced for this programme. As mentioned above, there was a strong sense from both families and workers that this mix had been one of the key positive aspects of the programme. The programme is yet to engage with any BME families, and this might be a focus of any targeted recruitment in coming months.

The age of the young people who attended M-PACT was very different to PACT. The youngest young person at M-PACT was the same age as the oldest at PACT. The workers reflected on this difference in the focus group and interview, and commented that it had been quite easy to adapt the programme accordingly. The workers commented that it would be interesting to see how the programme would work in practice if the age range had been greater. This will be something to explore in future programmes.

The Evaluation

Following the evaluation of the first phase of the pilot, the research team decided to investigate the use of different measures to collect quantitative data, having felt that the measures had not been as

closely aligned to the aims of the programme as initially hoped. The team made contact with the Evaluation team for the Strengthening Families Programme in the US, and were given permission to use the measures they had developed.

Unfortunately, sample size was again too small to fully assess the 'fit' of these measures, or to allow any statistical analyses of the results. However, as suggested in the previous evaluation report, it may be possible to collect data from a series of programmes (run one after another, or simultaneously, depending on resources available etc.), building a large dataset on which to run analyses. This would allow for the use of more complex statistical tests. The use of such tests would allow us to be more confident of the results obtained – increasing the validity and strength of the conclusions made. Informal feedback from both workers and families after M-PACT suggested the measures were meaningful and relevant to the content of the M-PACT programme. Interestingly one parent commented during follow-up data collection at the final M-PACT session that now he had been through the programme, the questionnaires '*really*' made sense. The measures used appear, then, to offer a 'good fit' in terms of collecting data that match the outcomes aimed for. These measures can now be used for future evaluations in order to build a bigger dataset.

Another change to the method used for data collection for the previous evaluation was the way in which the 'evaluation component' of the programme sat within its overall structure. Feedback from the workers after the last evaluation suggested they had found it difficult and disrupting having to administer the baseline and follow up questionnaires themselves, finding it particularly difficult in the first session whilst simultaneously attempting to build rapport with the clients. In response to this feedback, members of the research team attended the first and last M-PACT sessions to collect the quantitative data.

Interestingly, the workers had mixed views regarding the new method. Whilst for two workers it was seen as an improvement – allowing them to stay separate from the evaluation process and have extra time to build rapport with the families in the first session, another two workers described feeling it was 'an intrusion', particularly when the researchers returned to the final session. One worker explained that it had been particularly difficult to deal with the researchers' presence in the final session – "...something about us not having enough space to close it". It is clear there is a balance to be played here. From the research team's perspective it is important that monitoring becomes very much a part of the programme, something the workers buy in to and feel comfortable with. There is a certain amount of inevitability that the process will cause some level of disruption, however it is important to ensure this is kept to a minimum.

A recommendation from the previous evaluation was to follow up families who choose not to engage, or who drop out of the programme. For the current evaluation attempts were made to follow up the three individuals who dropped out of the programme. An interview was conducted with one young person, and follow up quantitative data collected. However, it was not possible (for various reasons)

to arrange an interview with the young person's parent, who had dropped out following relapse. Another adult (a problem drinker) whose child continued attending after the parent dropped out declined the offer of an interview. Neither completed the questionnaire that was sent to them.

Limitations

Once again the size of the sample was a limitation for this evaluation. In terms of qualitative data, the team were able to collect sufficient and rich data to draw out themes and make interpretations. For the purposes of quantitative data, however, the sample was small and, as a result, there was limited scope for statistical analysis. The findings presented in this report have to be viewed as preliminary findings and 'indications' of trends.

There are two limitations that relate to follow-up. The first is that we were unable to follow-up all the people who dropped out of the programme. Data about why people feel unable to complete the programme would undoubtedly be of interest. It is worth pointing out that in one case it appears relapse was a major contributing factor.

The other issue relating to follow-up is the time-scale. It is beneficial to follow families up some weeks after the programme – this time lag gives them the opportunity to reflect on the programme and maintain the changes they have been able to achieve. It is useful to explore the impact of the programme beyond, but close to, its end. However, this only gives us a limited view of the longer lasting impact of the programme.

For the programme itself, a key issue remains the difficulty the team have in recruiting families to the programme. Whilst all viewed the size of the group positively, the workers noted that when two adults dropped out, the parents' group in particular felt too small.

Recommendations

M-PACT:

- Develop the information given out to other agencies and the families themselves when recruiting so that people are better informed about how the programme works and what to expect. Using case studies / quotes from families might make give the information a more 'human' voice, which might make it easier for people to engage with the M-PACT is about.
- Based on the widespread feedback from participants, adapt the programme to incorporate more time for group discussion, for example, 'top-up' sessions or a monthly 'family group'.
- Continue piloting the programme, with a particular focus on its potential with different groups and in different geographical areas in order to reach a greater number of families.

Future Evaluations:

- Continue to use the quantitative measures used in this second evaluation to build up a larger dataset of quantitative data, thus increasing the power of quantitative findings.

- Incorporate a longer follow-up period in order to assess the extent to which the families are able to maintain the changes they make on the programme, but also to explore whether families have been able to take up further support.
- Follow-up clients who dropped out of the programme for their feedback, including those who chose not to engage at all.
- It would be useful to focus on issues of self-esteem and resilience in the young people, particularly if a longer-term follow up were to be conducted.
- Interview referrers and local professionals to explore their knowledge and use of a service such as M-PACT. This should include those who do not refer/ choose not to refer.

Conclusion

The evaluation of M-PACT, the second pilot programme, has provided further evidence to suggest the benefit of programmes such as this to young people, parents and families as a whole. It is important to bear in mind that M-PACT is a 9 week programme. Expectations of what it might be able to achieve need to be realistic in line with this. However, it is clear that M-PACT is able to make a real difference in a short space of time. Families are encouraged to hear each other out and to become more aware of the impact of their communication and behaviour on each other. M-PACT 'kick-starts' a process of change, giving families the space to reflect on their lives, and equipping them with some basic yet important strategies for considering their individual and familial safety, coping better and improving the general family environment in which the substance misuse is taking place.

References

1. Advisory Council on the Misuse of Drugs [ACMD] (2003). Hidden Harm: Responding to the needs of children of problem drug users. The report of an Inquiry by the Advisory Council on the Misuse of Drugs.
2. Ashton M (2004). Doing it Together Strengthens Families and helps prevent substance use. Drug and Alcohol Findings 2004, 10; 16-21.
3. Cabinet Office: Social Exclusion Task Force (2007). Families at Risk Review. London: Cabinet Office.
4. Copello A, Velleman R & Templeton L (2005). Family interventions in the treatment of alcohol and drug problems. Drug & Alcohol Review 24(4); 369-385.
5. Cuijpers P (2005) Prevention Programs for children of problem drinkers: a review. Drugs: education, prevention and policy, 12, (6); 465–475
6. Department of Health, Home Office, Department for Education and Skills and Department for Culture, Media and Sport (2007). Safe. Sensible. Social. The next steps in the National Alcohol Strategy. London; HM Government.
7. Every Child Matters: Change for Children (2004). HM Government. Available online at www.everychildmatters.gov.uk
8. Gorin S (2004). Understanding what children say. Children's experiences of domestic violence, parental substance misuse and parental health problems. London; National Children's Bureau.
9. Orford J, Natera G, Copello A, Atkinson C, Tiburcio M, Velleman R, Crundall I, Mora J, Templeton L & Walley G (2005). Coping with Alcohol and Drug Problems: The Experiences of Family Members in Three Contrasting Cultures. London; Taylor and Francis.
10. Templeton L, Zohhadi S, Galvani S & Velleman R (2006). "Looking Beyond Risk": Parental Substance Misuse, A Scoping Study. Final report to the Scottish Executive, Substance Misuse Research Team.
11. Velleman R & Templeton L (2006). Reaching Out – Promoting Resilience in the children substance misusers. In Harbin F & Murphy M (Eds) Secret Lives: growing with substance. Working with children and young people affected by familial substance misuse. Chapter 2; 12-28. Lyme Regis; Russell House.
12. Zohhadi S, Templeton L & Velleman R (2006). Parents and Children Together (PACT): Evaluation of the Pilot. Final report: MHRDU, Bath.

MOVING PARENTS AND CHILDREN TOGETHER (M-PACT)

*A report of a project to pilot a programme to support the
children of substance misusing parents*



Cinzia Altobelli
Leader of Therapeutic Services
September 2007

ACKNOWLEDGEMENTS

I would like to thank everyone who has made this programme happen, in particular our funders. Nick Barton, Joint Chief Executive at Action on Addiction, whose tireless commitment and belief in this programme has made funding possible. The families who took part, without whom the programme wouldn't have been possible. The research team at the MHRDU (University of Bath and Avon & Wiltshire Mental Health Partnership NHS Trust). Head of Families Plus, Zara McQueen, and the rest of the clinical team for their enthusiasm and professionalism in carrying out a challenging task and finally Patricia Pidgeon who supervised the work.

INTRODUCTION

Moving Parents and Children Together (M-PACT) March 2007 followed the Parents and Children Together Project undertaken in March 2006. The Families Plus Team at Action on Addiction (formerly Clouds) undertook this programme with MHRDU (University of Bath and the Avon & Wiltshire Mental Health Partnership NHS Trust). MHRDU evaluated the PACT (Part 1) pilot programme in 2006 and has recently completed the M-PACT 2007 evaluation.

M-PACT PROGRAMME AIMS

At its simplest, the M-PACT programme allows children who may feel they have been overlooked, to know that they have not been forgotten, that someone recognises what they have to cope with in their daily lives and that, if necessary, they can ask for help, from outside the family. It is aimed primarily at supporting young people aged 10-17 whose parents misuse drugs and/or alcohol, and to raise parents' awareness about the impact their misuse has on the whole family.

By supporting these children within the context of the parental relationship, M-PACT takes a 'whole family approach' aiming to avert the additional damage that can be caused by the break-up of the family unit. It offers the opportunity of a change that is unlikely without external help.

Other aims of the programme include:

- To reduce the negative impact of substance misuse on children and the family as a whole.
- To interrupt repeating patterns of harmful behaviour and reduce risks.
- To increase the range of coping strategies.
- To improve communication within the family.
- To strengthen protective and resilience factors.
- To identify additional needs of both parents and children and guide them towards further help.

THE M-PACT PROGRAMME: WHAT GOES ON AND HOW IT WORKS

Children, young people and parents from different families are invited to work together in a friendly setting, where a team of four highly skilled professional facilitators helps them to find ways to achieve improvements in family life that will not only directly benefit the children but also the family as a whole. This dynamic programme is primarily aimed at children and young people between 10 and 17 (though we are flexible about this if appropriate). Subject to assessment of their ability to participate safely and meaningfully, parents whose addiction is active may attend, as may non-using parents who are or have been involved with addicted spouses or partners.

The core programme consists of 8 consecutive weekly meetings lasting two and a half hours, during which children and parents work both separately and together. The meetings are planned and structured but the participants, including the children, help to decide what focus the programme should take each week. The programme is preceded by a separate assessment meeting with each participating family. A tenth meeting is also held separately with each family after the programme, in order to review their progress and put together a continuing care plan.

The programme promotes positive communication, focuses on family strengths, explores roles, responsibilities and emotional issues, identifies and reinforces positive behaviour and provides a "tool box" of coping strategies for each family to draw on.

This report aims to give an overview of the programme, together with the team's reflections on the process and some future recommendations. The research findings have been very encouraging so far.

THE CONTEXT

The Home Office, in conjunction with the Advisory Council on Misuse of Drugs, published the Hidden Harm Report in 2003. The report estimated that up to 350,000 children were living with parents who were misusing drugs (figures for parents abusing alcohol were not available). The report stated that:

- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- The voices of the children of problem drug users should be heard and listened to.
- Work is required to develop the means to enable children of problem drug users to express their thoughts and feelings about their circumstances safely.
- By working together, services can take many practical steps to protect and improve the health and wealth being of affected children.

M-PACT has been developed with these findings in mind and in line with the national policy framework of Every Child Matters (2004).

AIMS & OBJECTIVES FOR M-PACT

In designing the programme we held in mind the five key outcomes of the Every Child Matters Policy:

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well-being

GUIDING PRINCIPLES FOR MANAGING THE M-PACT PROGRAMME

The team felt strongly that the guiding principles of the programme should reflect a "client-centred" attitude. This meant we had to:

- Be flexible and responsive to identified needs (initially at assessment, and then later on, depending on what emerged, session by session), yet maintain a solid structure and good boundaries to ensure and model a containing environment.
- Be as inclusive as possible in terms of the programme being available to families from different localities, different cultural and socio-economic backgrounds, different age groups and different stages of readiness to engage (some of the parents were in recovery from their substance misuse, some still actively using, others were partners of substance misusers).
- Provide a non judgemental, empathic and safe environment.
- Help parents and young people individually and as a family unit to identify and build on their strengths rather than focusing on the negative aspects of family life.
- Instil the hope that change is possible, and promote an attitude of 'can do'.
- Make the programme educational but also fun.

The intentional use of the therapeutic relationship and systemic thinking is central to our model, together with the belief that everyone has the capacity to change. This is further informed by current research on the experiences of family members coping with alcohol and drug problems.

THE TEAM

The M-PACT team consisted of 4 facilitators, all members of staff at Action on Addiction - Families Plus, and an additional volunteer facilitator. Their wide experience ensured a multidisciplinary input with their skills ranging from counselling, psychotherapy, nursing and social work but all currently working in the field of substance misuse. The team worked cohesively providing different areas of expertise and all members felt equally passionate and committed to the programme. This was reflected in the ease with which we were able to form good working alliances with families early on. The volunteer facilitator worked mainly with the young people and their facilitators although she was flexible in lending a hand whenever was needed.

SELECTION CRITERIA, REFERRALS & ASSESSMENT PROCESS

We welcomed referrals from local statutory and voluntary organizations, as well as self referrals. Despite much networking by the team, and interest on the part of all relevant agencies, there was a disappointing response in the number of referrals. This partly reflects the difficulty in engaging families affected by substance misuse, and in particular where addiction is still active. A similar difficulty has been mirrored in reaching statutory agencies and to engage them in this process too.

The programme is for any family where one or both parents are substance misusers.

Non-user parents and their children can attend even if the parent experiencing problems with drug and/or alcohol is unable or unwilling to attend.

Our criteria for acceptance of families onto the programme are:

- The parent who is the substance misuser either should be currently in recovery or engaged in a harm reduction programme.
- The other parent is a partner or ex-partner of the substance misuser.
- The substance misuse might involve alcohol or drugs or both.
- Some motivation to change, even if minimal, is essential.
- Anyone attending the programme must be free of all mood altering substances (except for prescribed medication) at attendance in order to gain maximum benefit and to ensure a safe environment.
- Young People must be aged 10-17 though we may consider children outside the age group if suitable for the programme.

After an initial referral, families were invited to attend a full assessment session where they could learn about the programme in more detail and ask questions.

In order to engage families that were difficult to reach, the team agreed to make home visits where necessary. On reflection, although this seemed a good way to engage families in their own environment, it did not give a true indication of their level of motivation and readiness to change. One of the families we visited at home was quite ambivalent and, although they initially agreed to take part in the programme, did not attend. It is difficult to establish whether they agreed to an initial visit because they felt under pressure from Social Services and therefore were not ready to engage.

All the assessments were carried out by facilitators of the M-PACT programme. This process allowed the team of facilitators to establish an initial connection with the families and also to have a sense of the family dynamics, problem areas, and their readiness to engage. Furthermore, it provided the opportunity to discuss any relevant history, background, mental health problems and to assess any potential risk and/or concerns around child protection issues. Current or past support/involvement with other agencies was also discussed. Confidentiality and its limitations were explained.

The team found carrying out assessments with families, where one or both of the parents were still actively using, quite a challenge. Parents who were still using substances were initially reluctant to participate in the programme. There seemed to be considerable mistrust and anxiety, especially around potential emerging child protection issues alongside shame about poor parenting. Two parents who were still actively using initially saw the programme as a way for their son to accept their

drug use as a life-style choice. It was vital for us as a team to meet the families at the stage they were at in a supportive way. This was at times most challenging.

CONFIDENTIALITY & CHILD PROTECTION CONSIDERATIONS

Child protection considerations and 'duty of care' are very high on our agenda as working with parental substance misuse often raises concerns about the emotional and physical wellbeing of young people in the family. We stated our position on confidentiality and its limitations very clearly at the initial assessment interview when we explained confidentiality and its limitations, and again, at the initial M-PACT session.

In doing so the families were given a written statement about confidentiality and the circumstances where, if concerned about someone's safety, we may have to disclose information. It was a requirement of the programme that families signed a consent form. They were invited to ask questions or to express any possible concerns before agreeing to sign the form.

THE FAMILIES' PROFILES (see the evaluation report)

Five families engaged with the M-PACT second pilot project:

Family A	A father (A1) and two sons (YP1 and YP2)
Family B	A mother (A2) and two daughters (YP3 and (YP4)
Family C	A mother – an alcoholic - (A3) and her son (YP5)
Family D	A stepfather – in recovery – (A4) and his stepdaughter (YP6)
Family E	A mother and father – both drug users – (A5 and A6) and their son (YP7)

THE PROGRAMME: SESSIONS AND MAIN THEMES

The programme consists of an introductory session, 8 consecutive 2 ½ hour sessions, a 10th follow up session and a reunion 12 weeks later. It is designed to give both adults and young people enough space to work separately and together, as a large group and as separate family units, depending on the focus and theme of the session. We review this constantly as it is often necessary to respond to what emerges session by session. In doing so the team is able to offer flexibility whilst providing structure and maintaining boundaries.

SESSION 1: Introductions and Research Data Collection

The team felt it was important to keep the research data collection separate from the therapeutic sessions. It was for this reason that the process of filling the questionnaires was carried out by the MHRDU evaluation team, allowing the families to feel free to express their views with somebody completely independent of the programme's therapeutic content. The rest of the session was used for people to meet each other and begin to feel more comfortable.

SESSION 2: Programme Overview, Confidentiality and Group Rules.

It was immediately apparent that the young people were very much more articulate and forthcoming in expressing their feelings and discussing their experiences than their parents. When exploring hopes and fears about the programme, the main fears for the adults were around being out of their comfort zone, with anxiety about hearing and facing difficult truths. The hopes were about, friendship with others who had an understanding. Some of the words used by the young people to describe addiction were much more emotive i.e: "**broken, trauma, sorrow, betrayal...**" than the adults': "**controlling, expensive, selfish**" which seemed more descriptive and restrained.

SESSION 3: Making Sense of Addiction (Part 1)

One of the adults failed to return for this session, although her son attended on his own. He seemed somewhat embarrassed yet relieved by his mother's absence and later explained that she wasn't able to cope and would not return. He nevertheless continued to attend on his own.

The aim of this session was primarily to allow the safe expression of feelings around addiction and to explore individual meaning as well as sharing experiences. In order to keep this safe, the focus was kept on addiction as an entity in itself as opposed to any individual misuser in the family.

The young people very much took the lead in how they wanted to present their feelings and thoughts about addiction to the adults. There were some very powerful messages conveyed in the room and a sense that, perhaps for the first time, families had begun to talk openly and meaningfully about substance misuse and its impact. A particular representation of addiction was quite poignant: a stick covered by some fluffy pink material that was accompanied by the explanation: "It looks all fluffy and soft from the outside but as you unravel it is a hard stick".

SESSION 4: Making Sense of Addiction (Part 2)

A week later we continued focusing on addiction, exploring factual information and breaking down myths. We engaged the whole group in games designed to educate and challenge as well as to stimulate discussion. The whole group appeared fully engaged in the exercise, and discussion about addiction 'choice' and 'responsibility' were some of the main themes. This was an opportunity to convey the message that young people aren't responsible for their parents' addiction, that they didn't cause it, and they couldn't cure and/or control it. These were powerful messages and provoked much debate and some mixed feelings: a sense of relief from the young people and some bewilderment from the adults.

SESSION 5: My Family

One family (stepfather and daughter) did not attend this session. The group seemed unsurprised by their absence. The stepfather had relapsed. The focus of the session was on the families and relationships. This exercise proved very challenging for most families as it highlighted difficulties in working as a team and being able to share equally their experience as individuals within the context of the family. For some members of the families it was hard to feel heard and the facilitators had to play a very active role to promote a fair and equal interaction within the families. One of the young people commented that he found the exercise: "An eye opener".

SESSION 6: Communicating With Those We Care About

The focus of this session was about how families communicate and to explore more effective ways of doing this. They worked separately and together to achieve this. The adults were also encouraged to reflect what was appropriate and inappropriate to communicate. The young people really took this process on by creating a fictitious family and used drama to present examples of poor and good communication. The process was very alive and fun, leading to a productive discussion. They were able to identify how easy it was for families to get stuck in the same dynamic and explored what could be improved in the way their families communicated.

SESSION 7: How Do You Feel about Yourself?

This session focused on self esteem. The families worked as a large group and also separately. An example of resilience (or cognitive dissonance?) was illustrated by one of the young people who identified 'being odd' (a negative label given to him as a result of having parents who were misusers) as a positive thing. The other young people rationalised this as "It is ok and somewhat cool to be different".

Everyone was also asked to validate positive aspects of each other, first within their families and then as members of the large group. The families seemed reluctant to leave at the end of the session and one of the young people said that it would be important to maintain contact with other members of the group once the programme ended.

SESSION 8: Taking Care of Yourself

This session aimed at creating individual and family "tool boxes" to plan for good and bad times. We wanted this session to be very practical, a resource kit that individuals/families could access at difficult times. It was especially important to have individual plans as well as family ones, so the young people

and the adults worked separately at first, then in family units. Everyone was encouraged to take responsibility for their own wellbeing and to find people/resources offering support for when help was needed.

Some of the adults found it difficult to focus on the task and seemed stuck in a 'helpless' role, others acknowledged confusion and anger at being an inadequate role model, not having experienced parenting that was nurturing enough themselves. In particular we had to challenge the notion that it was 'ok' for two parents to use their drugs in the living room whilst their son was at home and confined in his bedroom. It was a very empowering experience for the young person to have supportive adults willing to advocate for his needs and to help him negotiate what was appropriate. We strived at all times to retain an empathic but firm attitude, modelling boundaries yet showing a nurturing parenting role model.

SESSION 9: Endings

The first part of the session started with the evaluation questionnaires administered by the researchers from MHRDU.

The second part of the session focused on reviewing the whole programme. This is a summary of what the families found helpful, and worked well:

- 'Sharing with others with similar issues'
- 'Learning to communicate without conflict'
- 'Feeling heard and understood' working in separate groups then discussing the results together.
- 'Constructing first aid tool boxes'
- 'Learning positive communication'.

There was a general consensus that they had learnt 'to express themselves better', 'to ask for help when needed' and that they would have liked the group to continue.

Each family was invited for a final meeting to discuss their future needs.

We spent some time looking at and exploring endings. We closed the session by presenting the young people with gift vouchers (an incentive for them to complete the programme) and certificate of attendance for all.

A date for the M-PACT reunion was arranged for September.

SESSION 10: Review & Care Plan

We arranged to see each family shortly after the end of M-PACT to plan for their future needs in more detail.

Family A: agreed that more family work including their mother, who was in recovery and had not been part of the programme, would be helpful.

Family B: agreed that each member of the family would benefit from individual counselling (the young people would access this through their college)

Family C: liaised and set up a meeting with the young person, who had attended the programme on his own, together with his Youth Offending worker to discuss his needs and what to plan for the future.

Family E: referred to their local CAHMS team for some family therapy.

THE REUNION

All but one member of the original group attended the reunion meeting which took place 12 weeks after the end of the programme. The young person who did not attend had been invited to go camping.

All the families commented 'they were excited to be back for the reunion and had been looking forward to catching up with each other'. The families worked together at first and then continued the discussion in separate groups. All the families appeared to have made progress. Although there were still ongoing issues that needed addressing, they appeared more able to discuss these openly. One family reported having had a really difficult holiday with relatives and how, despite everything, they had been able to 'stick together' as a family for the first time.

Some of the themes emerging were, again, around issues of 'responsibility' around addiction. Parents who were still misusing felt some frustration at their son's belief that he should be able to help them to stop using.

One of the young people stated that: "The person addicted needs to cure it themselves with professional help, I can offer support".

A safety issue was raised in the young people's group and this dominated much of the general discussion in the larger group. Both young people and facilitators expressed their concern. Parents' notion of what was regarded 'safe' was challenged and guidelines to ensure safety were discussed openly by the whole group.

Another young person was able to express his anger toward a parent who has recently completed treatment, and acknowledged the need to work at the relationship. The other parent was very supportive of him.

Information about a young people's website was given. All the families expressed the desire to have more meetings.

THE TEAM'S EXPERIENCE

This has been an incredibly rewarding and challenging programme. There was unanimous consensus amongst the families that they had benefited from M-PACT and that they would have liked it to continue.

As a team we felt that the level of engagement of the families surpassed our expectations and this has been validated by the preliminary research findings reported by the MHRDU.

At the end of the programme we felt that the families had achieved a better way of communicating with each other, they had an increased awareness of how addiction impacted them all, and they were more positive about managing possible difficult times.

The programme identified a lack of services providing ongoing support for families impacted by drug and alcohol problems and highlighted their social isolation.

PACT VERSUS M-PACT: LESSONS LEARNED

Some of the differences between PACT and M-PACT (Pilot 1 and Pilot 2) are summarised below:

- We extended the programme to families whose members may be still using and therefore possibly difficult to engage.

The programme was open to family members who were either in recovery or just affected by somebody else's misuse in their family. Anyone attending the programme had to be 'clean' enough when attending to be able to engage with the sessions (this was stated very clearly at the assessment). Our initial apprehension about how such diversity would work was soon dispelled by the families' genuine desire to work together, to share experiences and to understand where each other came from. Nevertheless the parents were initially less forthcoming than the young people and with some degree of mistrust. Once trust was established they relaxed and were able to engage in the work ahead.

Although all the facilitators maintained a non-judgemental empathic attitude, this was, at times, severely tested when working with parents who were still currently using. Retaining such an attitude was paramount in ensuring the families felt accepted and engaged positively the programme.

- The young people's age group was extended up to 17 years. Although we acknowledged developmental differences, and considered how this would impact on the work of the group, we kept the age limits more flexible than before.

The young people we worked with on this programme were considerably older than the previous group. They engaged in the process very quickly and they were extremely articulate in expressing their views and feelings. They also felt safe enough to take over the process and to use their creativity to explore difficult topics. This was very different from the previous programme with a younger age group where we had to be much more proactive and adapt sessions to a shorter attention span.

- We extended the sessions to include a follow-up to draw up specific care plans.

This really helped families in identifying and planning for what they needed next both individually and as a family.

- We kept the collection of research data as a separate session from the 'core' sessions.

This allowed the families to give unbiased feedback and the freedom to express themselves about their experience with people completely separate from the team.

- The team of professionals, though from multidisciplinary background, all work for Action on Addiction (formerly Clouds).

This provided cohesiveness, as they not only had common aims and goals but also real enthusiasm, a sense of ownership and commitment to the programme. This, in turn, greatly contributed to creating cohesiveness and a sense of belonging in the families.

Furthermore, it confirmed that having a mutually supportive, attuned team can maximize the benefits of the programme further.

FUTURE AIMS

We are very keen to run other programmes working with greater numbers of families from more diverse ethnic, social, religious and cultural backgrounds and in different settings. A large percentage of children are in care following their parents' substance misuse and many offenders are in prison as a result of a substance misuse problem. M-PACT could be a valuable preventative tool supporting families at risk because of substance misuse and its consequences. Furthermore, it is our aim to develop training programmes so that other professionals can engage families impacted by substance misuse, thereby reaching out to more children in need.