



# M<sup>→</sup>PACT®

Moving Parents And Children Together

**Evaluation report, 2006-2018**

# A

Action on Addiction



A more cohesive family (girl aged 12)

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## Acknowledgements

This report was written in December 2018 by Lorna Templeton, an independent research consultant. Lorna has conducted research about addiction and families for over 20 years, and has been involved in the evaluation of M-PACT since the programme began in 2006.

Grateful thanks go to all the funders who have supported the evaluation of M-PACT since 2006, as well as the practitioners who have been engaged in this evaluation, the participants who have contributed valuable data on their experiences of M-PACT, and the leadership team, managers and staff of Action on Addiction for their commitment to, and support of, the evaluation of M-PACT over the course of the past 12 years.

For further details about M-PACT, please contact [M-PACT@actiononaddiction.org.uk](mailto:M-PACT@actiononaddiction.org.uk)



# Executive Summary

"When I was little I thought no-one had been through the same stuff I had been through...I went to M-PACT...[and now]... I don't feel alone."

(Young M-PACT participant)

## Development

The Moving Parents and Children Together Programme (M-PACT) was developed by Action on Addiction in response to the 2003 Hidden Harm report. The report focused on how parental substance misuse can affect children and called for increased workforce capacity to be trained in the delivery of evidence-based interventions.

M-PACT is a whole family, multi-family, structured brief intervention. Using psychosocial, educational and systematic approaches, which put children at their heart, M-PACT aims to improve the wellbeing of children and families affected by parental substance misuse.

## Impact

Families engage well with the M-PACT programme, which can facilitate individual and family change in a range of areas including coping, understanding addiction, family functioning and family cohesion.

There is evidence that M-PACT targets some of the individual and familial protective factors which are known to build resilience in families affected by difficulties such as parental substance misuse.

Many of the families who have participated in M-PACT have been living with substance use problems for many years. In addition to suffering the effects of addiction, many of the families had also experienced other difficulties such as offending, violence, abuse and/or mental health difficulties. It is therefore noteworthy that this relatively brief intervention was able to produce significantly positive changes for many families, even those with multiple and complex needs.

## Delivery

The M-PACT programme is delivered under licence by facilitators who are trained by experts from Action on Addiction. The training is accredited by the University of Bath.

M-PACT brings together a small number of families who work together over 10 sessions.

The first M-PACT programme was delivered in 2006. Up until December 2018, 446 practitioners have been trained. M-PACT programmes have been delivered to over 2,500 individual participants representing 700 families in around 50 locations across the UK, including at community, prison and school-based sites.

The completion rate for M-PACT is 80%.

## Learning

M-PACT remains as relevant now as it was when the programme was first introduced in 2006, it has contemporary relevance in light of increased attention around the issues of addiction and the family from a policy perspective, which includes the work of the All-Party Parliamentary Group on Children of Alcoholics, which has done much to raise awareness of these issues with politicians and policy professionals.

M-PACT can facilitate wide-ranging positive changes for families, which is significant given the complexity and longstanding nature of the problems of many participating families.

A review of M-PACT has been undertaken by Action on Addiction, and the views of licensees, practitioners and families have informed the development of a revised M-PACT model which aims to be affordable, flexible and responsive to the needs of a diverse range of families, and to build family resilience.

"It feels like we're a proper family now."

(mother)

# About M-PACT

## Aim and structure of the report

This report summarises the learning from the first 12 years of Action on Addiction's Moving Parents and Children Together programme (M-PACT), 2006-2018.

There are three sections to the report.

1. An overview of the context which led to the development of the M-PACT programme, a brief description of the programme, a chronology of the programme, and a summary of its achievements to date.
2. A summary of the main findings from the independent evaluations that have supported the delivery of M-PACT since its inception; supported by the data which Action on Addiction collects from families and practitioners.
3. A discussion of the findings as well as the lessons which are being taken forward in support of the continued delivery of M-PACT.

## M-PACT in context

In 2003, the Advisory Council on the Misuse of Drugs published its Hidden Harm report<sup>2</sup>. The report was a call to action for more to be done to meet the needs of the children of drug users. The report contained 48 recommendations including building workforce capacity to meet the needs of children affected by parental substance misuse and developing more evidence-based interventions relating to this issue.

In response to the Hidden Harm report, national addictions charity, Action on Addiction, developed the M-PACT programme in 2006 and, over the course of the ensuing years, has always taken care to ensure that M-PACT remains relevant to: increasing concerns about how many children are affected by parental alcohol or drug misuse<sup>1,17</sup>; research about how children and families are affected by it<sup>1,8,11</sup>; a growing understanding about the role of protective factors and resilience in supporting children affected by parental substance misuse<sup>21-22</sup>; and numerous UK policy initiatives including recent work by the Alcohol and Families Alliance<sup>3</sup> and the All-Party Parliamentary Group on Children of Alcoholics<sup>4</sup> and its Manifesto for the Children of Alcoholics.

Almost 15 years on, M-PACT remains as relevant today as it was in 2003 when the Hidden Harm report was published. M-PACT is one of the longest standing interventions focused on parental substance misuse in the UK, and its whole family, multi-family, strengths based approach, with children at its heart, continues to be unique and innovative.

# What is the M-PACT programme?

M-PACT is a structured, psychosocial, educational, whole family intervention. Its development was informed by a number of theoretical approaches and evaluated interventions, which included systemic family work<sup>7</sup>, attachment theory<sup>6</sup>, the trans-theoretical cycle of change<sup>16</sup>, and the 'strengthening families' approach<sup>F1</sup>.

At M-PACT's core lies the importance of recognising the often overlooked voices and experiences of children, M-PACT has a number of objectives linked to improving the wellbeing of children and families affected by parental substance misuse. For most families M-PACT offers the opportunity for change that is unlikely to happen without external help.

M-PACT programme objectives and core sessions	
M-PACT objectives	Core M-PACT sessions
<ul style="list-style-type: none"><li>To educate and raise awareness about substance misuse and its impact on children and families</li><li>To interrupt repeating patterns of harmful behaviour and reduce risks associated with them through a focus on coping strategies</li><li>To explore individual and family beliefs and values, and improve communication within the family</li><li>To strengthen protective and resilience factors including self-esteem</li><li>To identify additional needs of family members and signpost to further help</li></ul>	<ol style="list-style-type: none"><li>1. Introductions</li><li>2. Making sense of addiction (part 1)</li><li>3. Making sense of addiction (part 2)</li><li>4. My family</li><li>5. Communicating with the people you care about</li><li>6. Feelings and beliefs about self</li><li>7. Family survival kit</li><li>8. Endings</li></ol>

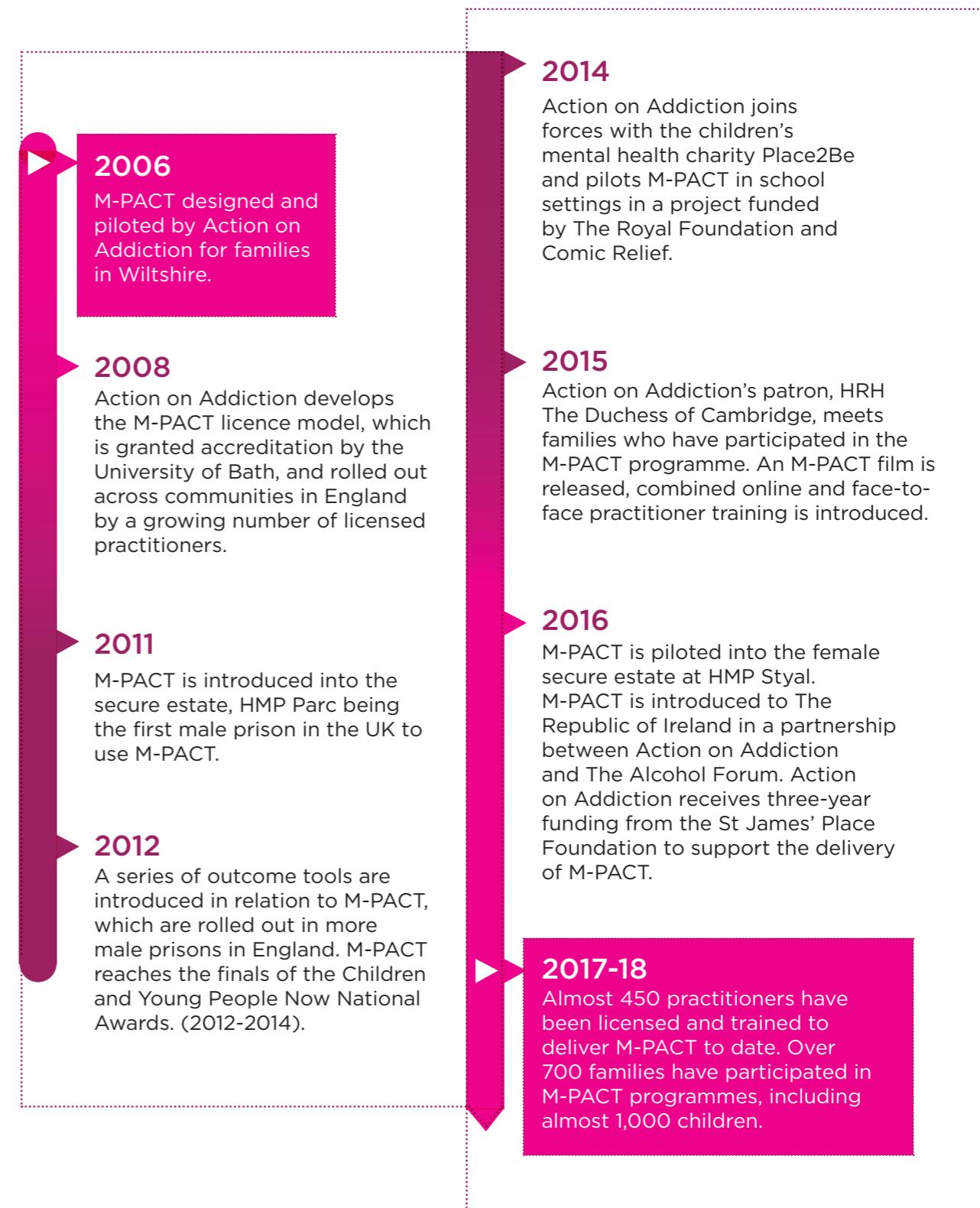
Each M-PACT programme brings together a small number of families, which usually includes at least one parent (or parenting figure) with a substance use problem, and at least one child aged between eight and 17 years. In many cases at least one other non-using adult will also participate in the programme.

An M-PACT programme consists of a family assessment followed by 10 sessions, including: eight group sessions, which combine: work with all participants together in a group; work with adults and children separately; work with individual family units; one family review session; and a reunion.

From the assessment to the reunion, an M-PACT programme will take approximately six months.

Each M-PACT programme is delivered under licence from Action on Addiction by a minimum of two trained facilitators who are trained to deliver the programme by Action on Addiction's experts. Facilitators come from a wide range of disciplines and sectors, and are supported by a range of materials as well as clinical supervision sessions led by an expert supervisor. The training is accredited by the University of Bath. In many cases delivery is also supported by support workers, volunteers and/or students who help with different aspects of delivery such as organisation, refreshments, administration and transport.

# Chronology of M-PACT, 2006-2018



<sup>F1</sup> See <https://www.strengthenfamiliesprogram.org/index.html>



# M-PACT's achievements 2006-18, in numbers<sup>F2</sup>

**446**

## 446 practitioners were trained to deliver M-PACT to date.

Practitioners came from a range of sectors and disciplines e.g. counselling, psychology, the field of drug and alcohol treatment, social care, education, prisons, and art therapy.

**47**

## There were 47 M-PACT licence sites in community locations.

The majority of sites were in community-based locations in England, other licensed sites were located in Wales, Guernsey and the Republic of Ireland.

There were five prison-based sites (four male and one female). One prison (HMP Parc) has been running M-PACT since 2011.

Four school-based sites featured in the pilot programme which was developed in conjunction with Place2Be.

**722**

## 722 families participated in the M-PACT programme.

### Families included:

984 children and young people  
891 adults

**80%**

## Eighty per cent of families completed the M-PACT programme.

A social return on investment analysis, applied to five M-PACT sites, found that for every £1 spent, M-PACT can save up to £6.53 in the first year after a family has completed the programme<sup>10</sup>.

# Understanding M-PACT

## Introduction to the evaluation of M-PACT

Evaluation has been an important part of M-PACT since the first programme was delivered in 2006. Evaluation has combined quantitative and qualitative methodologies (Appendix 1), and findings have been summarised in numerous reports, as well as two academic publications<sup>18-19</sup>.

## Evaluation findings

This section summarises the main evaluation findings, considering the demographics of the participants and how M-PACT helps families.

"We were all in it together so we all supported each other...I felt welcomed and didn't feel isolated or anything, I felt comfortable"

(parent)

## M-PACT participants

- In participating families there were between one and seven individuals. Just under half the families comprised two individuals, another third comprised three individuals. Other non-using adults who participated in the programme were usually the other parent or a grandparent.
- Overall, participants were more likely to be female, this being particularly the case for non-using adults. However, at prison sites (which were predominantly male) adult users were usually male. Overall, children were more equally spread between male and female, although were more likely to be female at community-based sites.
- The mean age of adult users was 38 years (range 19-56), and was lowest at prison sites. The mean age of children was 11-12 years across all sites. The mean age of non-using adults was 42 years (range 19-70), and was higher at community-based sites and lower at other sites.
- The majority of participants were White British. Both alcohol and illegal drugs featured prominently, with illegal drug use more common at prison sites. Referrals to community-based programmes came from a range of statutory and non-statutory services, whilst at school and prison sites, referrals were generated internally.

"They never used to cuddle [cuddle]...but now they just don't want to let me go...it's mad, brilliant, a brilliant feeling...it's brought us so much closer...even though I've been taken away from them [by being in prison] that connection is still there...it makes me feel 10 times better"

(father)

<sup>F2</sup>The report is based on evaluation data collected between 2006 and 2017 (see Appendix 1), and on further information collected by Action on Addiction in relation to M-PACT up to and including 2018. All numbers were correct at the time this report was finalised (December 2018).

# Understanding M-PACT

## How M-PACT helps families

### A stronger parent and child relationship (girl aged 15)



Before

We were unsure about M-PACT and whether it would help us. We were nervous about going.

After

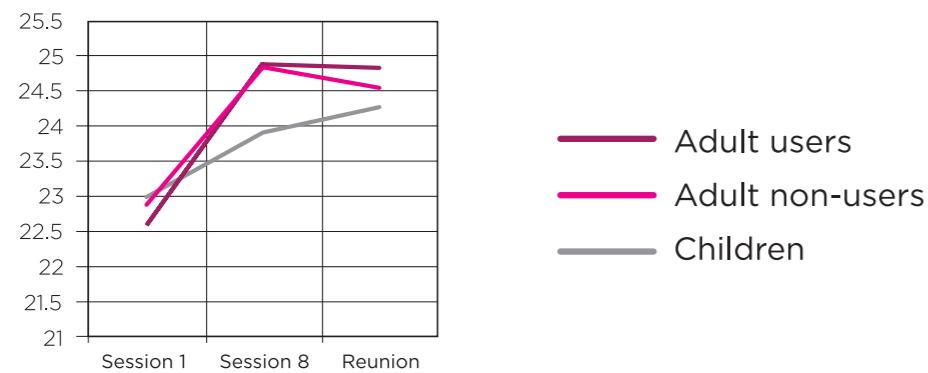
M-PACT is a good opportunity to come and talk about things. I'm glad we made the effort to come to all the sessions. I'm happy about the result that it's left. I think that my dad and I are closer now.



- Attendance was high across the core eight sessions of M-PACT, with attrition most likely between completion of the core programme and the reunion.
- Participants were generally very positive about the M-PACT sessions, and also about the facilitators, and the timing and location of the sessions.
- Participants and facilitators talked about positive change for individuals and families.
- Many of the qualitative themes align with the quantitative findings. Statistical analysis showed that participants (across all three groups) reported improvements over time in: global family functioning (including in disrupted communication, strengths and adaptability and feelings of being overwhelmed by difficulties); the severity of the problem as they perceived it; how families thought they were managing; how families viewed the programme; and coping efficacy (as illustrated in the diagram below).

### Improved coping efficacy over time

(an increase in score indicates positive change)



- Many of the changes, most notably for family functioning and coping efficacy, were statistically significant meaning that they were unlikely to have occurred by chance, and were likely to be associated with M-PACT<sup>F3</sup>.

# Understanding M-PACT

## Views of practitioners and families

### About the programme

Families were often anxious about starting M-PACT: it sometimes took a few sessions for family members to feel comfortable and to open up.

Families and practitioners liked the whole-family approach, the structure and content of the programme and the creative activities. They also liked the combination of group work and separate work with adults and children.

Families benefitted from meeting others with similar experiences; this brought empathy, reduced isolation and produced a sense of normalisation.

Families found it hard to end M-PACT and to think about how to maintain change after the programme had ended. They often wished M-PACT could have gone on longer.

### About understanding addiction

Families and practitioners reported that talking about addiction was often difficult: families didn't always know how much to share, but it was important for parents to hear what their children had to say, and vice versa.

M-PACT brought greater understanding, about how addiction can affect all members of a family. There were also improvements in how families reported the severity of the addiction.

Children often came to realise that their parents' addiction was not their fault; parents often accepted more responsibility for their problems.

### "Everything began with M-PACT"

(family member)

### "M-PACT has made me realise what I was doing to these children,"

(mother)

### "I can't really change my parent, I have to learn to live with that...getting on with my life and not letting problems affect me"

(young person)

### About communicating differently

M-PACT was often the first opportunity families had had to talk about their difficulties, and express their feelings and emotions with one another.

There were noticeable changes in how families communicated – they were more open and honest – there were fewer arguments and less conflict.

Family members were better able to listen to what each other had to say and respect one another's views.

### About healthier, more cohesive families

Relationships within families improved and families started spending more time together. There were also improvements in how families thought they were functioning as families.

Families were better able to think about how to keep themselves safe during difficult times. There were also improvements in how families felt they were coping and managing as a family.

Families had an increased recognition of the importance of 'the family'.

Practitioners and families reported changes in other areas such as physical and mental health, school attendance, substance use, and engagement with substance use treatment.

<sup>F3</sup>To further strengthen the quantitative findings, further research incorporating some kind of control or comparison group is required.



# Learning and looking forward

## Interpretation and discussion of findings

- M-PACT has achieved a great deal in its first 12 years. It has trained almost 450 practitioners to support over 700 families in a range of locations. In so doing it has responded to the recommendations in Hidden Harm about mobilising a well-trained workforce to deliver evidence-based interventions to families affected by addiction.
- The amount of data (both quantitative and qualitative) that M-PACT has accrued over the years is considerable, as is the consistency of findings across geographical locations, delivery settings, and types of participant. Overall, the data show that families engage well with the programme, and that this can, in turn, facilitate individual and family changes in a range of areas including coping, understanding addiction, and family functioning.
- Given the length of time that many families had been living with substance use problems, many of whom were experiencing additional difficulties (e.g. offending, violence, abuse and mental health difficulties), it is noteworthy that this relatively brief intervention was able to result in significant positive changes for many families. To further explore this, future evaluation should focus on the longer-term impact of the programme<sup>17, 20</sup>.
- The positive impact of M-PACT mirrors other research which has highlighted the benefits of multi-family group treatments and whole-family interventions<sup>12, 20</sup>. Further, there is evidence that M-PACT targets some of the individual and familial protective factors which are known to build resilience in families affected by difficulties such as parental substance misuse<sup>5, 14-15, 21-22</sup>.
- This evaluation has also offered insights into the delivery of the programme itself. For example, delivery sites need to ensure that a full delivery package is in place, which includes: sufficient staff capacity and other resources to prepare for programme delivery – including the assessment and recruitment of families; full execution of the programme including debriefing after each session; and support for families after they complete M-PACT. Further, the work at HMP Parc in Wales (the prison where M-PACT is most well-established) suggests that a key reason why M-PACT is successful is the wider family-oriented culture that exists within and across the prison.
- The landscape into which M-PACT was introduced 12 years ago is in some ways different, but in some ways the same, as it is today. Since 2003, when the Hidden Harm report was published, and 2006, when M-PACT was first introduced, there has been considerably more research into and understanding about how children and families are affected by parental substance misuse and how they can best be supported. Whilst this may have led to growth in terms of the number of programmes and interventions available, their availability remains patchy, and the supporting evidence of their effectiveness is often lacking in both detail and rigour. In addition, whilst policy attention is growing in this area, for the most part, policies and initiatives still pay lip service to the needs of families, rarely providing the required level of detail as to how better to respond to the multiple and complex needs of the sort of families which have attended M-PACT programmes. Further work is needed in order to evaluate and implement a consistent and sustainable range of evidence-based interventions (including, but not only, M-PACT) for such families.
- An important finding from the evaluation of M-PACT to date has been how the programme can increase resilience by targeting a range of individual, familial and environmental factors with this cohort of families. To respond to this learning, Action on Addiction will develop an M-PACT specific, strengths-focused, outcome tool.
- As a result of the evaluation findings, and through listening to practitioners and families from across the UK, M-PACT continues to develop. Current developments include four programme options (ranging from eight to 10 core sessions plus the review and reunion), a flexible training package (which includes both blended learning and face-to-face options to suit organisational needs), an online M-PACT practitioner hub, a review of evaluation tools, and an option for aftercare sessions.

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# Appendix 1: Evaluation of M-PACT

## Evaluation methodology and data available

- Evaluation has combined quantitative and qualitative methodologies, each of which are summarised briefly below. There is variation in the amount of quantitative data available for analysis e.g. because of missing data and/or the need for matched data from participants in order to assess change over time.
- Quantitative evaluation combines standardised questionnaires (targeting global outcomes) with additional questionnaires developed by Action on Addiction's M-PACT team to ask about the programme more specifically. Following a review of outcome measures<sup>13</sup>, there was a change in the standardised measures which were used and the following standardised questionnaires have been used since May 2013: SCORE 15 (a global measure of family functioning), Coping Efficacy Scale and Coping with Being a Parent Scale. Questionnaires are completed by all participants on three occasions: Session 1, Session 8, and the reunion.
- This report is informed by quantitative data collected between May 2013 and October 2017 from 1149 M-PACT participants (from 418 families: 595 children, 321 using adults, and 182 non-using adults). Participants attended M-PACT programmes in 30 locations (primarily in England), including 23 community settings (765 participants), four prisons (115 participants from three male prisons and one female prison) and four Place2Be (school) sites (269 participants).
- This report is informed by qualitative data collected between 2006 and 2017. The data come from evaluations at approximately 12 locations, including several Action on Addiction sites across England, the Place2Be schools project, and three prisons.
- Qualitative evaluation primarily involved semi-structured individual interviews with participants and facilitators. Focus groups were used in a small number of cases. Where appropriate, children and young people completed a drawing exercise (in addition to or as an alternative to an interview) to give them choice in how they shared their views<sup>23</sup>.
- All evaluation participants gave informed consent, with formal approval obtained where required (e.g. at the prison sites). Quantitative analysis was undertaken using SPSS and included descriptive analysis and statistical tests. Qualitative analysis was thematic.
- There are strengths and limitations to the evaluation of M-PACT. The strengths include: the amount of data available; and the length of the evaluation i.e. over 10 years. Limitations include: the lack of any kind of comparison group with which to compare results; the lack of data about the longer-term impacts of M-PACT; and challenges relating to the selection of outcome measures that may best fit with the M-PACT programme.

"That was the first time we spoke about his addiction...and how it has an impact on him, myself, the family and how much we've actually gone through with it...it was very emotional that session,"

(young person)

Improved family communication (girl aged 9)



"Before we went to that group, the M-PACT (group), we never used to talk, we always used to shout at each other."

(young person)



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