

Evaluation of the Holding Families East Lancashire (*Pilot*) Project

FINAL REPORT



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Michael Murphy, Marian Foley, Tony Long, P Yates, C Murphy, J Halligan, P Doherty

Acknowledgement

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THE RESEARCH TEAM

CYP@Salford

The evaluation was undertaken by a team with wide expertise and experience of both practice and research in health and social care with children, young people and families. All members of the research team had current CRB clearance.

Michael Murphy is Senior Lecturer in Social Work. A qualified social worker and counsellor, he has wide experience in dealing with substance misuse, looked after children, chaotic families, and safeguarding children, and has published widely in these areas. He acts as a training consultant to several training organisations, is Chair of Bolton Substance Misuse Research Group, and was an executive member of PIAT.

Dr Tony Long is Professor of Child and Family Health and leads on research with children and families in the College of Health & Social Care. His personal research programmes are in evaluation of services for children and families, safeguarding children, parental coping, and clinical research on the outcomes of treatment for children.

Research With Children and Families

CYP@Salford.ac.uk



This research group includes child health nurses, social workers, midwives, public health nurses & other health and social care professionals whose focus is on children & families

www.nursing.salford.ac.uk/research/childrenandyoungpeople

Section 1

INTRODUCTION AND CONTEXT OF THE EVALUATION

Introduction

Holding Families offers a whole-family treatment service to families with parents with substance problems, with a strong desire to engage in work concurrently with parents and with their children in the hope that:-

- a) the project would be helpful to parents in engaging with substance treatment
- b) the project would be helpful to parents in their parenting task
- c) the project would offer direct, supportive services to children, in the hope of increasing their resilience to childhood adversity
- d) the project would encourage closer, more understanding relationships between parents and children
- e) the project would energise the interagency system to engage more fully with the involved families.

The original pilot project was seen to create significant opportunities for change in the initial group of families (Murphy et al, 2008), so the project became an ongoing service in Bury in 2008 and was also initiated in East Lancashire as a pilot project in 2009 and in Rochdale in 2010.

What follows is an evaluation of the experiences of parents, children and referring workers from the first group of East Lancashire families.

Context of the Evaluation

There was a standard pathway for families through the service. Once a referral had been made to the service, the project leader would go out with the referring practitioner to speak to the family about the service. Once the family had agreed to participate in the service a family meeting would take place in which all members of the family would discuss the current difficulties facing the family and what they wanted to change in their family life.

Then the parents would be invited to participate in the parents group and the children would be invited to participate in the individual children's work. The parents group work focused on the impact of drug and alcohol use on the children. Parents were encouraged to be both supportive and challenging of each other in this environment.

The children were supported by their children's workers to have a 'voice' within the family and to have input into the family meeting about their experiences.

The final family meeting would review the progress against the family's original aims. In the family meeting the Early Break assessment wheel was used to help the family to score themselves, using their own scoring and judgment in areas including health, alcohol, drug use, home environment and support networks. This process also enabled families to review their own outcomes and progress throughout their time in the Holding Families project.

Section 2

EVALUATION METHOD

Research Questions

To what degree has the Holding Families Project met its objectives in its post-project phase?

- 1 Do parents and children exiting the project perceive a positive or negative impact on their lives?
- 2 What do referring and involved practitioners see as the strengths and weaknesses of the service?
- 3 Does the service help parents to engage and remain within substance treatment?
- 4 Does the service lead to improvements in relationships between parents and children?

Data Collection

The data offered in this report was gained through semi-structured interviews with children, parents and practitioners, which were recorded, transcribed and structured thematically.

This evaluation did not seek solely to offer facts about the families which used the service. Rather, it sought to capture the experiences of those initial users (parents and children) and the practitioners who referred them into the service.

Within the report, (P) indicates a comment from an involved parent; (CYP) indicates a comment from an involved child or young person and (RP) indicates a comment from a referring practitioner who was involved with the family.

Sample:

The first group of families in East Lancashire Holding Families

The group work element began in East Lancashire on 22nd October 2009 with two practitioners facilitating the parents group at Tay St Children's Centre in Burnley. The group work element finished on 11th February 2010. There were 19 parents in the East Lancashire group (from 15 families). Sixteen parents attended the group fortnightly (4 males and 12 females). Three parents were worked with outside the model due to work or health commitments. Of the parents in the group, 8 used mainly alcohol and 11 used mainly heroin, although all were prescribed substitute opiates.

Within the Holding Families model, the children and young people of the families are worked with separately, engaged by named child care staff. There were 25 children and young people concerned with this group: 9 male and 16 female. Of these, 2 were newborn babies, 3 were babies or toddlers, 13 were at primary school, and 7 attended secondary school. The children had 4 older adult siblings.

Only one family dropped out of the process, which in itself may be seen as significant.

Ethical Issues

The project did not fall within the remit of NHS research ethics approval, but approval was secured from the University of Salford Research Ethics Panel. The usual ethical standards relating to research with vulnerable populations and the use of potentially sensitive data were pursued by the project team. In particular, data was stored securely, with access restricted to members of the project team. Participation in the project was entirely voluntary.

Section 3

Reasons for Referral

The reason for referral was perfectly clear to most parents and their referring practitioners: the referral was due to parental substance misuse, and that misuse was often associated with distinct social crises:-

(P) Due to alcoholism.

(P) Because I have drink problems and me kids got took off me... we both drink.

(P) I have had problems in the past with domestic violence and alcohol.

(P) My partner is a heroin addict and he wanted us to get some support and we was worried about the risks of drug use towards our children

(P) Because I was on drugs. I was 7 months pregnant and addicted to heroin.

Section 4

Findings

Isolation, sources of support and loss

The families which participated in the Holding Families process frequently had issues with isolation, lack of external support, family disruption and loss. Part of the aim of the process was to relieve this isolation by joining parents into a group that showed them that they were not on their own.

(P) It just made me feel better knowing that there were other people who were in the same situation, rather than go it alone by yourself. I never thought there would be other people in the same situation, and it was an eye opener.

(RP) Yes, both my families have said that the Holding Families have helped them and given them the opportunity to make new friendships and be able to share issues and experiences with people in the same situation confidently. And it has got them out of the house.

Sources of support

The seven families which responded to this question had two major sources of support; informal friends and family, and formal agency and statutory services.

(P) I've got my dad and my partner's mum. We've got friends around too.

(P) I have friends who I speak to now and again.

(P) Me mum helps me, me mums standing by me, my supporter.

Some parents were well-supported within the professional network.

(P) Well, I'm involved with CAPs [Children and Parenting Team] and social services and the child protection plan. And I also have Young Carers, ADS [Addiction Dependency Solutions] and that just about covers it. There is also some help from some mental health professionals and some cognitive behavioural therapy.

(P) Obviously, apart from Holding Families here, I go to ADS.

(P) We have meetings at school. We can go in and talk to the headmaster. He has been really helpful. You know, like, we have, like, a meeting - I think it is, like, once a month where we go into school and Sharon comes from here and the headmaster and the school nurse. They come and we just have a meeting of what's going on, you know, and to put in place, you know, further things to support the family.

Supportive families might try to manage the substance misuse to limit the impact that it has on them, but substance problems can bring a greater isolation from normally supportive extended families.

(P) We're very close to my family. My dad wouldn't know one drug from another. My mum does, but she doesn't know all about the drugs, but she knows if we're on it, she knows. And if we're on it, we don't get let into the house because she thinks we're going to nick something. And I'll tell you the truth, I have done it in the past, and I've regretted it because I've been that off me head, you know.

Disruption and loss

For others, family relationships may be disrupted, changed and ultimately severed if a supportive key family member dies, although some family members may remain supportive.

Previous research (Kearney et al, 2005; Murphy and Ingham, 2006) has indicated that for children brought up in substance misusing households there is a far greater chance of the child having experienced significant loss.

(P) My dad died about 12 or 13 years ago now. And when he died the family split apart, and with me using drugs she, mum, disowned me. When I got pregnant she couldn't be any closer to us, she was there every day, but she's kind of drifted away and washed her hands. She's remarried and they'd walk past us in the street. I mean, they can fall out with me but don't take it out on my son. The only person I have in my family is my grandma, but she will be 90 this year, but we are very close. I take my son to see her regularly, and obviously with being 90 she won't have that much time left.

Some children took too much responsibility for the events and crises that had happened in their family, often displaying anxiety that they will happen again.

(CYP) Like start again and have a new slate.

(Interviewer) What do you mean by that?

(CYP) I have only just got back in touch with my dad, so he doesn't know much about me and I don't know much about him. I don't know if I could go back because I used to be bad, and I think I've wrecked my life up a bit and I just wish I could go back and start again.

(P) My little girl used to go to school terrified that something horrible is going to happen to mummy whilst she's at school, and that shouldn't be like that.

Engagement

In child care work, substance misusing parents have traditionally been viewed as some of the most difficult to engage with (Murphy et al, 1991; Elliott and Watson, 2000; ACMD, 2003; Kroll and Taylor, 2003; Barnard, 2007). But what this and previous studies (Murphy et al, 2008) indicate is that substance misusing parents are not intrinsically resistant to services. In fact, the isolation experienced by many parents leaves them quite eager to engage with services that they see as being helpful, non-threatening and targeted at them as parents. In terms of the East Lancashire service, only one family did not engage with the service, a drop-out rate that is certainly low. What was it about the service that 'hooked' the families into the process and kept them there?

Welcome

Although some families reported that they were eager and confident on their first visit to Holding Families, the majority reported that they were full of fear and trepidation. The welcome had to be both 'right' and low key.

(P) You get talked to properly here. S talks to me like a normal person.

(P) I was glad because I was going to get the right support, but I was also a bit anxious.

(P) A bit nervous at first. I had never done anything like this sort of group work before, but as the weeks have gone on I've found I've liked coming in talking to different people.

(P) I ended up crying. I just couldn't cope with it. I'm not very good with strange people and that, but I'm getting better now. I just panicked, but I'm not like that now. It's built my confidence.

These anxieties and uncertainties could be minimised if they had trust in the referrer, and had met and liked a member of the project team.

(P) Weren't bothered. It was somebody here from Sure Start so I trusted them that they weren't just sending me to anyone.

It was not just the families who felt nervous. Referring practitioners were also anxious and felt exposed.

(RP) Initially, at the first meeting, I did feel overwhelmed, but after that I felt at ease and comfortable.

(RP) A bit apprehensive until I knew what was expected from me. I was also excited.

Families clearly appreciated the way that they were treated by the project staff who, they felt, were friendly, honest, non-judgemental and helpful. The series of interviews with parents and children indicated that the welcoming process was particularly effective, re-assuring those participants who were acutely anxious and encouraging them to come back the following week.

(P) They are really friendly, and they made me recognise that it was a problem and an illness rather than something that I'd caused myself.

(P) They weren't judgemental at all. You do expect people to be because most professionals are very judgemental.

(P) Very, very friendly. Very open and honest. You know, not condemning or judging.

One parent felt quite overwhelmed by the first session.

(P) It was just all at once. It felt like too much all at once. I came second time and it was right.

These views were mirrored by referring practitioners.

(RP) Staff on Holding Families were extremely welcoming and were always available to offer help or advice on issues.

(RP) I felt very comfortable with the staff. They were very friendly, helpful, and explained how and what the services provide for the families.

(RP) Yes. I was always there to answer any questions and responded quickly and effectively.

The children, too, shared this perception.

(CYP) Yeah, they are always kind.

(CYP) They are really nice.

(CYP) Lovely.

(CYP) Great.

(CYP) Yeah. I think they have been very helpful and friendly.

The motivation to engage

What were the factors that led families to engage and stay with the service? A previous study (Murphy et al, 2008) found that coercion, particularly around children being received into care, was largely absent as a motivating factor for parents' participation. This study revealed a more complicated variety of motivational factors.

(P) I wanted to get it done so I could get my kids back [from care].

For others, the loss of a child who was removed from their care, or the impact of drug use on their children was a motivation to change and become involved in the Holding Families project.

(P) ...the police were called and thought I was too intoxicated to have [son], and they took him away from me. It absolutely devastated me. I thought, 'that's it, I can't let [son] do that'.

This reveals that at least one parent saw the service as a way of re-uniting herself with her children. Parents also acknowledged that the impact of substance misuse on their parenting meant that they missed out on their children growing up.

(P) I feel like I've missed out on 9 years of their life, do you know what I mean? It's like, how did I get to that point, but it happens, it's just getting on with it.

One person discussed how her initial reluctance to be referred was linked to the loss of her child combined with professional intrusiveness and coercion which were overcome when she realised the need to stop drinking.

(P) S asked me if I'd like to get involved, and at first I said "no" because I had too many people asking too many questions, and [child] wasn't there, and it was just too much hassle for me... I was just sick of everybody coming in the house and asking loads of questions. I just felt as if I didn't have a choice and I was being railroaded into it. I didn't have a choice. I had to do it. And then I thought - I could straighten things out and stop drinking.

(RP) S made the parents feel at ease – it was recognised that the parents felt that things were being done to them as they had to comply with the child protection plan.

Coercion in itself was not necessarily viewed negatively if it had positive outcomes.

(P) Because social made us and to help my children. I was wondering how my drug use was affecting my children.

Some level of threat of poor outcomes might account for the high attendance rate and low drop-out rate during the process. For others, the referral was seen as a mechanism for moving things on from being 'stuck'.

(P) The social worker told me about it, and then S came round to tell me more about what it was. I thought this was a good idea because I was stuck in a rut. I had stopped drinking but I wasn't, like, moving forward anywhere, so I think it took this to get me back on track. I'm on a better course now.

(P) Because I wanted to do something... I wanted to... I don't know how to say. And I wanted to do it because I wanted to do it.

(P) I knew what were going on, but because I've drank for twenty years it was just a normal thing in my house, and my 8 year old just couldn't understand it. She just couldn't understand what was up with me. It was always, like, "Have you been drinking?" And I was like "Oh go and make your tea, go and play, and you don't have to go to school if you don't want to." And that was normal life to my kids, and I didn't want them to go through it. I had to drink because it made me ill if I didn't. But I wanted to give up drinking so I could look after my kids."

(P) Yeah, to get my kids back. To be honest, I couldn't see that I were drinking that much, but I were, something like 15 cans a day.

The quality and personality of staff

Lambert (1992) claims that 30% of treatment outcomes are driven by the relationship between helper and helped. This part of the evaluation reveals that the project leader and her team were able to develop strong, personal relationships with all the parents and children in the group. These relationships were key motivating factors in keeping the families in service, and in focusing the adults on the desirability and possibility of future change.

(P) It was alright, when we first met S. She's great, S. She's brilliant.

(RP) The Holding Families coordinator was extremely enthusiastic and respectful of all the workers, families and their needs.

(RP) My first impressions were very positive, and S's enthusiasm was passed on to the group. I believed that the service would be extremely beneficial to families and that the partnership working was a key part in supporting the families.

(P) S's been good to me and my social worker.

The whole family approach

The perceived difference between this service and other substance treatment services is that Holding Families does not treat adult users as single, unattached people, but as parts of a family network. Partners and children are also included in the treatment process. This has the added benefit of motivating families more intensely towards change and treatment (Harris, 2010). It also has the extra advantage of driving an interagency approach to family problems.

(P) They also link in together. This program brings everyone together so they are all talking to each other. You would be surprised that the professionals don't talk to each other.

(RP) Joint working with other agencies – working really closely with drug services, other children's workers. The speed at which changes could be made and issues responded to, due to close working relationships.

More than focus on substance – a wider service

It is clear that the families who were recruited to the Holding Families service had a range of needs that were not directly attributed to their use of substance. Certainly, in terms of the parenting task, the service offered an intense input that was experienced as being powerfully supportive to them as a parent. For example, one family reported getting the best help with a child's disability, even though that child had been known to the child care system for many years.

Optimism about the future

As part of the Holding Families process, parents and children were encouraged to look beyond substance misuse, and to focus on what their ambitions were for themselves and for their families for the future. In this way the service also went beyond the 'one day at a time' approach sometimes used in other services. The Holding Families initiative successfully linked in to two adult normal human ambitions – to be good parents and to be useful, productive members of society.

(P) And I want to get back out to doing things. I want to go back to college, well not that I've been to college, but I've done courses on computers and I were very intelligent at school. And I want to start using my brain again and the skills I've got, that I know I've got hidden inside me. We want to be able to teach [son] when he comes home from school to do his homework and that.

(P) I want to help people who have had issues with drugs or alcohol.

(P) Yeah. I'd like to go out and help other families. I think because I've been through it and I'm not judgemental because I've been through it myself and I've got experience really.

(P) Yeah. Going through what I've gone through has made me... when I get out of it... it makes me feel like I want to put something back in. So I'd like to do voluntary work either on a drugs... because... talking to people on the street would they rather go to somebody for help who has used the drug and been through it and had come out the other side and is doing well.

(P) I want to be a social worker and carry on with education.

Motivation/challenge to change

As well as offering an intensely supportive environment to children and parents, the service was also very challenging, particularly around the impact of substance misuse on children. This was noted by the referring practitioners, who discovered that family meetings were a good place for children to be very honest with their parents about the impact of substance misuse on them. The children were able to have input into the meeting and were encouraged to have a 'voice' - and parents listened to their children.

(RP) Having whole Family meetings where children were able to be open and honest was very interesting and helpful for families.

(RP) Being upfront with the young people about their parents' substance misuse, and getting the facts and honest answers. Previously, at Young Carers with younger children we had skirted around it. However, the Holding Families approach was an eye-opener to what the young people actually knew about their parents' misuse.

(RP) For me, the Holding Families family meeting was the most powerful part of this. I had undertaken a substantial amount of work to enable the [child] to identify and be able to partake in this. We had explored safety options and she felt reassured that I would take over if she touched my arm. This enabled her to feel supported enough to be guided to share how her life felt for her, the responsibilities she has for her siblings, and the effect alcohol especially had on their parenting and her. This had a massive impact on the parents, and I feel this has been instrumental in them making the progress they have.

This issue of being challenged to change by their children's experience was echoed by several parents.

(P) I think we're all in a bit of, you know, how much impact it has on your kids until you come here and you sit and think. You know you're discussing these scenarios and you think, oh God, I'd never do that, and some of them were really horrendous. But some of them you think, oh, I have done that, that's it, you know, so, yeah.

(P) Drug use was having an effect on our son. Because he's got delayed development.... It's been a good thing in that we're more aware and our habit is decreased a hell of a lot.

(P) My partner is a heroin addict and he wanted us to get some support, and we was worried about the risks of drug use towards our children.

Outcomes and Change

This section examines what the participants had to say about the outcomes of their participation, and how far they were able to make the changes that they had hoped for. In terms of substance use, parenting and family life change is never simple and is always a complex process. Some of the substance problems were very long standing, indeed. Some of the parents had been in treatment a number of years and had several attempts at detoxification and rehabilitation without success.

(P) I was always drinking. I don't know, I've been drinking since I were 9. Through high school I were drinking, and I was just drinking more and more.

The factors contributing to substance misuse, and the functions of substance use itself could also be complex for the individual parent as a user:

(P) Alcohol was helping with the problems. I have suffered from abuse when I was a child, and I have ended up with partners what have been abusive.

What parents found most useful

Parents' responses to the project were notably positive. They valued the opportunity to talk to other people like them, allowing them to be honest about the level of their alcohol and drug use.

(P) Some of the workshops we've done and, you know, being able to talk openly and honestly because you're all in the same boat.

(P) In the groups, you know, like talking about stuff, you know, hearing other people's, you know, like version of events and what they're going through. It helps you realise that you're not alone.

Change in substance use and engagement in substance treatment

For referring practitioners, the entry and retention into substance treatment was one of the outcomes sought from the project.

(RP) Extra support for mum around remaining alcohol-free.

(RP) Cannabis use – family had made steps to cease.

(RP) Significantly reduce alcohol consumption.

(RP) Began to recognise that they could not hide the affects of substance misuse from the children.

(RP) Mum needed to stop drinking to make things more stable at home.

The project helped some parents back into treatment, even though their previous experiences might not have been positive. A number of the parents completed stabilisation or detoxification in both in-patient and community-based settings.

(P) But it was S that, you know, sat me down and made me think about it and go about it in a different way. If it wasn't for S, I wouldn't have gone to CDT. I'd had a bad experience.

(P) When I joined I was eight months sober and I had a slip whilst I was on the course. It wasn't a major slip, but obviously the consequences of drink are trouble, and it didn't go down very well. But everyone here supported me and helped me to go back to ADS everyday so I'm a lot better now. The key workers also helped me because you can't do it by yourself.

(P) It's been a good thing in that we're more aware and our habit is decreased a hell of a lot. We were using every day. This week we've increased our methadone and this week we've only used twice. I know I feel a lot better.

As far as the referring practitioners were concerned, some families had made significant changes in this area. Relationships in families were better; school attendance improved in many cases, and both parents and children who were signposted were engaging well with other services.

(RP) The young person is hoping to see mum in the future: depends on if mum stops drinking.

(RP) Dad has stopped drinking.

(RP) Mum is attending ADS.

(RP) Yes definitely – couldn't have wished for anything more positive. Mum is now in residential rehab, and the tenancy has been ended and the son is living with his dad.

(P) They were all really helpful and they helped me get to Prestwich de-tox unit.

(P) In terms of helping me with drinking and the support around us, yeah, they have been helpful with that.

(RP) Parents have felt supported with the group members of the project. This has developed them on an individual basis, too, as well as a couple. With linking in with core group, changes have been affected as and when necessary. The family has much impact on them and helped them to commence/commit to engage and need to reduce their alcohol intake.

Direct work with children

The children who were part of the project showed a positive response to the 'treats' that the project brought. Although some of the activities were quite routine, they were of great importance to the resilience of the young users of the project.

(CYP) We went out on pamper days and stuff like that. It's good. We went out on trips, and I worked with T, and we go out for meals and stuff. She takes me out for my dinner and stuff. I enjoy it.

(CYP) Taking everybody out to bowling and the cinema.

(CYP) They let me do paintings and music.

(CYP) I've been in this car where they have seats in the boot. I've only been in it once.

(CYP) Robin Wood and when we went to the zoo. And when we did the circus skills.

(CYP) Coming here and having fun.

(RP) I feel the activities provided for the children were good because it gave the individual child an opportunity to meet with other children in the same situation.

(P) The socials taking care of that side. They want to find out what's going on in their minds, and obviously with me being an alcoholic what abuse has happened to them mentally, so they sort it out.

The child-centred activity gave the children strong messages that they were important to the project.

Improving and building relationships between parents and their children

One consistent issue that research points out (Kroll and Taylor, 2003; Barnard, 2005) is that parental substance misuse distances parents in their relationship with their children. One of the main changes that people wanted from the project was to repair their relationships with their children, make them closer, and get their children back if they were in care.

(P) I wanted to talk to the kids more and that.

(P) I wanted to stop drinking all together and get my kids back.

(P) We just wanted to be more of a family because now I have a lot more contact with my other sons as well.

(RP) For mum to spend more time with children out of the house doing fun things – eg cinema trip.

(RP) Mum was estranged from the family.

(RP) Family breakdown.

The project was successful in helping some of the parents and children to achieve this change.

(CYP) That strengthening families thing helped me and my mum.

(P) I talk to the kids more, and I'm more motivated to go out, and, you know.

(P) Yeah, well, we're doing more for the kids now than what we did when they were at home.

- (P) Yeah. Changes in the way I am with the children, especially the way I am with the older children. Changes in the way I am in general. It's completely changed me as a person. It's given me a lot more confidence. And that helps, confidence around the children.
- (RP) She has also started going out places with the children. The children are really happy with the changes mum has made and are really glad she is no longer drinking.
- (RP) Feedback from young person would indicate that communication and the relationship with her mum have improved. They are able to talk without shouting as much.
- (CYP) To keep families together and to make them have more fun, and the people to ask the children if there is anything up and they can sort that out.
- (CYP) Yeah she's give me stuff to play with.
- (CYP) Yes. My mum's less lonely and comes out more.
- (CYP) Because she's getting out of the house more to do meetings and afterwards she says that it's helped a bit.
- (CYP) Yeah, because she doesn't get out enough and she doesn't drink. I think she needs to get out of the house more and enjoy herself. She doesn't go out like and she has a drink in the house like every two weeks.
- (CYP) Yeah. I think it has helped my mum because she's struggling and she keeps getting ill and that.
- (CYP) When you go out on activities and when it helps families be together. Because it helps them because our mums and dads can tell them things and that can help them. and I think it is a strong project.
- (P) It definitely was affecting my parenting skills, definitely. It's improved now that I've give up drinking. It took a while, got a routine. My 8 year old really struggled, she was like, well, mum's better now, why she does she have her down days. I'm explaining to the kids that some days are good, some days are bad. It's give the kids awareness about alcohol really.
- (P) And she's happy with that now, where before she'd try trashing the house because it's the only way to get my attention. She's not as bad now. She still has her moments, but she is an 8 year old, and I'm finding it easier to cope now. It's definitely helped because I wouldn't talk to the kids and they wouldn't talk to me. So if they were stressed out with anything they got tempered. They couldn't sit down and talk where now they do sit down and talk. I feel like I've missed out on 9 years of their life, do you know what I mean? It's like, how did I get to that point, but it happens, it's just getting on with it. I think I've got a bit more focus now.
- (P) I was drinking from when I was getting up to when I was going to bed and I was finding it hard looking after my three girls as well, so obviously they got affected from it.
- (P) Summing it up, you know, do you know, like, we were taking the drug and because of the drug we were taking it was like we lost some of our get up and go together as a family. Working with Holding Families, it's like giving us that back, showing us, showed us that it's not a drag and it can be fun as well as all the other things.
- (P) Yeah, I wanted to talk to the kids more and that.
- (P) I wanted to stop drinking all together and get my kids back. I want to stop drinking all together because I think I've had too much over the years to last me a lifetime.
- (P) I wanted to do more with the kids because we never really did anything because we were too busy drinking. My eldest looked after the two little ones. Just to be a, I wouldn't say a better mum, but just listen to my girls more. You know, just sit down and talk to them, that's what they've been missing. In my drinking I wasn't paying attention, they just did what they want. I talk to the kids more and I'm more motivated to go out and, you know.

(P) Yeah all of the changes. Like I said, if it weren't for Holding Families I don't think I'd be sat here now, you know. Well, obviously I wouldn't be sat here now, but you know like. You know you'd get up in the morning and it's got to that point where you're thinking - another day of you know. You'd go out to score, taking the drug, taking the kids to school, coming home and taking the drug and then minging out, waking up and going to fetch the kids and giving them their tea. You know it was not having time with the kids, it was bad.

(CYP) Yeah. It's just really helped my mum, like. It has made her more happier.

(CYP) They have helped my mum, really. They got her into detox and stuff like that. And now my mum and dad are working as well now. And we have got a new baby as well and a new house.

(CYP) The strengthening families because me and my mum get on better.

(RP) Yes, mum has become really involved with the group work and is also going to attend the service user group. She has gained in confidence and made new friends. Mum's back at work.

(CYP) Better for me and my mum. We were arguing, but we are arguing a lot less after that.

This change in relationships between parents and children is only partly a result of changes in substance use. It is clear that engagement in the Holding families process gave parents far more understanding of their children's family experience and more desire to improve that experience. This is perhaps the most significant achievement of the service.

Practice Benefits

One unplanned side effect of practitioners' involvement in the Holding Families process was an increase in practice confidence in working with children, parents and the interagency system.

(RP) The opportunity to work with other agencies has been fantastic – the close links I have made are definitely something I want to continue and maintain. Holding Families has shown me just how well things can work for the families, when all the services are joined up.

(RP) To be more open with young people.

(RP) More experience of working with alcohol and drug services.

(RP) New resources to work with young people.

(RP) I felt it was good working with other agencies and I have learnt new skills. It has made me more confident in meetings.

(RP) Great partnership working, new links with agencies, and advice.

(RP) It's always good and useful to network with other agencies so that they can see how we work and vice versa. It has helped me to reflect much more on the way that I work with clients, in particular using client centred approach.

(RP) I feel my wide and varied experience has helped me to implement the Holding Families work with children. The workbook is very similar to the work that I would have covered as part of the child protection plan anyway. A lot of exploration work had been done with the eldest child who was nine years old to find out what life had been like for her and her siblings; and with support she has been able to express this well within her sessions.

(RP) What was really powerful was the Holding Families family meeting. I had given her lots of preparation for the meeting and we'd talked about it. The parents knew we were going to tell them what it felt like to be in her and how she found life at home. We had looked at the changes in parents' pre and post alcoholic consumption.

(RP) This has been shared with my service manager as part of Hidden Harm and we feel this technique should be used when appropriate with any family with a child in need or in need of protection.

(RP) I have much experience of and always promote multi-agency working.

(RP) I feel the benefit with the Holding Families method is that the children's sessions and parents' sessions are running at the same time, and the momentum of this has had maximum impact.

(RP) Yes, all agencies definitely need to have a more joined-up approach and work with the whole family.

(RP) It has made all young carers workers to be more open and honest and direct with families, especially if there are difficult topics to talk about.

(RP) It has opened up many opportunities to work effectively with other agencies and made it easier to approach them.

Section 5

Suggestions for service improvement

For referring practitioners it seemed to be particularly important to make sure that the project survived and was extended.

(RP) Mainstream funding to make it more secure.

(RP) For the project to run continually in Burnley, Pendle and Rossendale with a full-time coordinator.

(RP) Substantial funding.

(RP) More families.

(RP) Making it a sustainable project with continuous funding to carry on making a difference to families.

For some referring practitioners the amount of paperwork was also a disadvantage.

(RP) Possibly less paperwork.

(RP) Reduction of paperwork – in terms of children's social care, my opinion is that I found it difficult to complete the paperwork and found this a duplication because of the record-keeping we have to do.

Parents were concerned about the ongoing support that they could receive after the project had finished.

(P) No, I don't think so. Just more input, longer courses or weekly courses. People getting together more and giving support and that.

They were also concerned about physical issues including longer inputs, transport and more groups. One parent commented on the need to include more effectively partners who are not users. For children, the concern was mainly concerned with their anxiety about losing the support that they and their parent had been receiving.

Section 6

Key Messages

Theme 1 - Intensive work with Children and Young People

It is clear that the children's workers were highly successful in forming partnerships with children and young people during the children's work. The provision of intensive intervention with children was very much valued by the children themselves. This provision challenged, in an effective way, the isolation that some children were experiencing.

It is also interesting to note that the children's work (sometimes undertaken in the home) was equally appreciated by their parents and seems to have stimulated a renewed child focus in the family.

It is important that real permission be received from each child and their carer so that the child may truly participate in the process.

Option 1 That the same type of intensive individual work is maintained.

Option 2 That the same type of individual work is maintained, but the option of group work is also offered to the children.

Option 3 That individual work with children, at some stage in the process more formally includes their parent(s).

Option 4 That some kind of alternative support is provided to children at the end of the process.

Theme 2 - Parent Work

The input to parents through group (and individual) work was valued by parents. It is also clear that effective partnerships were also formed between the group practitioners and the parents in the group. These partnerships were all the more remarkable because parents who misuse substances are notoriously difficult to engage with.

Most challenging and useful were the inputs that revealed the impact of substance misuse on parenting and the child's direct experience of parental substance problems. All parents who participated reported that this part of the work had an immediate and personal resonance with them. This resonance led to change in their substance use and response to their children. This resulted in parents attempting to control or reduce their use of substance and to try to re-establish better parenting routines and availability.

This parent and child work, as well as breaking down some of the isolation between parent, child and the outside world, also broke down some of the internal isolation between family members within the family. The combination of parents and children work seemed to make a difference to how available parents were to their children. These interventions also seem to encourage much more honest communication between parents and children. This led children to feel more in touch with their parent and the parent to feel more in touch with the child.

The three aspects of the work that require future attention are getting and keeping the parent there, resourcing the groups, and ensuring that communication is kept open between all practitioners involved in the process.

Option 1 That the current group work programme remains unchanged.

Option 2 That the programme is lengthened.

Option 3 That a follow-up group is established to offer support to parents at the end of the process.

Theme 3 - The continuum of partnership

This project has again raised the issue of the different levels of partnership work required in whole family treatment systems. This concerns the partnerships between practitioners, children and parents, but also between practitioners from different practice perspectives who were working on the same project and those working outside the project.

Such complex partnerships demand thought and investment. Children and parents from substance misusing households can be isolated, mistrustful and have remarkably low opinions of their worth. To form partnerships that break into that isolation will always demand time and skill. In the same way, to develop partnerships within new projects at the same time as keeping other involved practitioners on board, will be demanding of time, energy and creativity.

The experience of partnership between child care and substance practitioners, and between the statutory and voluntary sector, was highly praised by the practitioners involved in the project. However, there is a clear need for those practitioners inside the project to spend more time communicating with each other and with the practitioners who retain roles with the children and families outside the project. There is a vital need to make sure that the lines of communication between children's workers and adult workers within the project are developed. Moreover efforts must be made to ensure that referring practitioners remain in touch and in cooperation with the project practitioners.

Option 1 That current partnership arrangements remain unchanged.

Option 2 That extra resources are utilised to provide a coordinating service.

Option 3 That extra resources are given to all contributing services to underpin their commitment to the service.

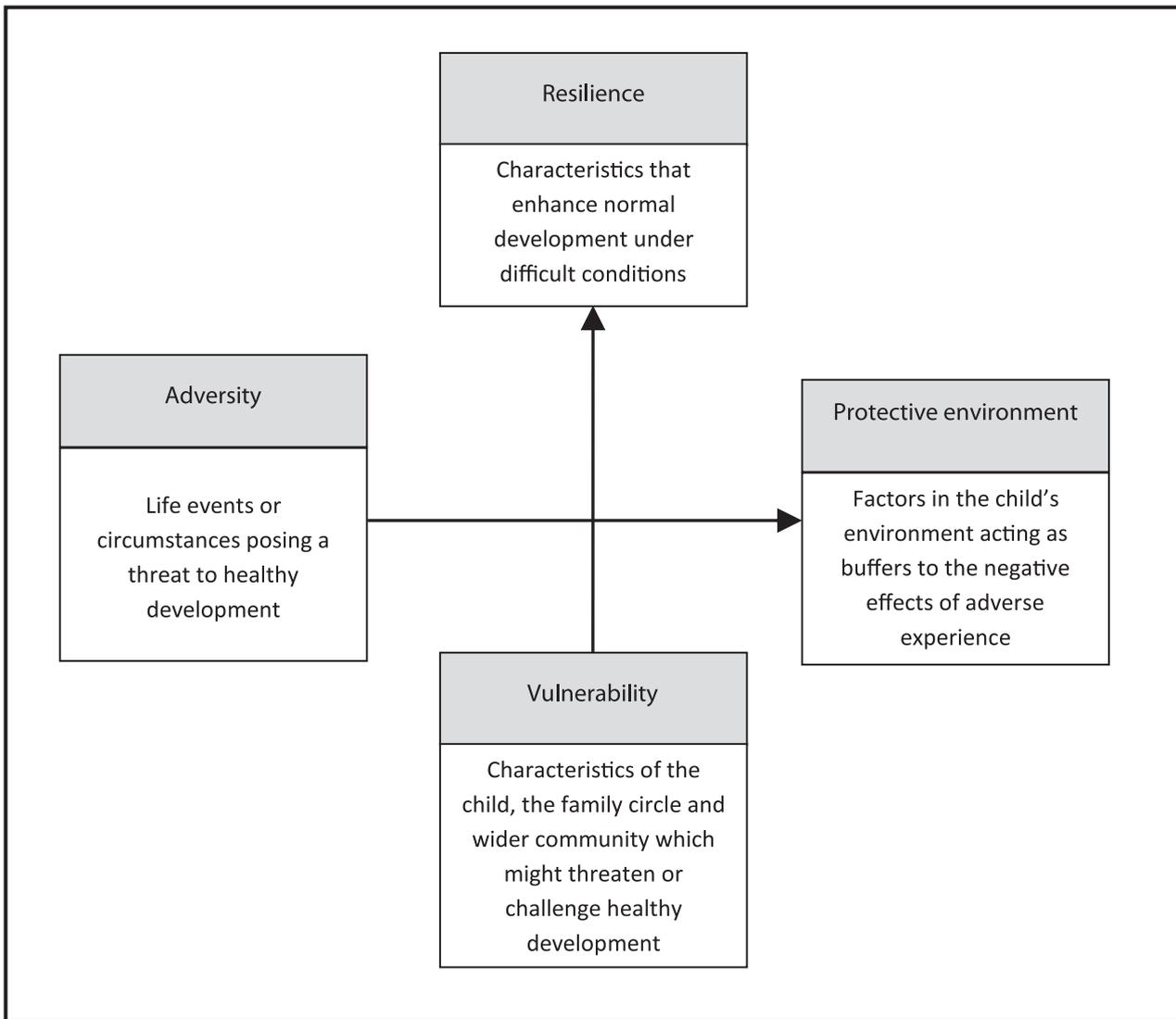
Option 4 That consideration be given to appoint one coordinating practitioner to have responsibility for all the work done with each family.

It is clear that the parents and children who joined the Holding Families service were intensely vulnerable in many areas of their lives, but the process assisted them in terms of the resilience matrix (Figure 1), moving in a positive direction from vulnerability and towards resilience. The predictability of the journey, the speed at which they moved and the subsequent impact on the wellbeing of the children would certainly have varied significantly between families.

It is also important to note that treatment lapse and family crisis could also result in negative as well as positive movement.

If the pilot project was largely successful in its original aims, the current challenge to the service is how well that initial achievement can be rolled out into the wider system at a time of significant organisational disruption and uncertainty.

Fig 1 Resilience Matrix, Gilligan, (2000)



Section 7

Conclusions

It is clear from the reported experiences of parents, children and referring practitioners in East Lancashire that the pilot group of families experienced a service that was intensely personal, supportive and challenging.

Family change around substance misuse and child care issues is always complex and multi-dimensional. However, the majority of children, parents and referring practitioners reported that the Holding families service had successfully...

- engaged with them;
- made a difference to how parents understood the impact of their substance use on their children;
- encouraged entry into, or continuation of, treatment;
- made a positive difference to the way in which parents and children interacted;
- made most adults and children more positive about the future;
- engaged the interagency system in being more proactive in the approach to particular families.

This multi-agency, multi-disciplinary model has demonstrated effectiveness both in cost and in streamlining and pulling together services and practitioners. The children's workers enjoyed working in this way and were excited and energised by the opportunity to work, train and gain new skills in the substance misuse field, whilst still having the support of their own organisation and management systems.

Section 8

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Young People's Drug & Alcohol Service



University of Salford
A Greater Manchester University
CYP@Salford.ac.uk