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Evaluation of Early Parental Intervention Pilot Projects

February 2010

**Final report submitted to the
Welsh Assembly Government by
Swansea University, the University of Salford
and ARCS (UK) Limited**

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EXECUTIVE SUMMARY

INTRODUCTION

The Early Parental Intervention Pilot (EPIP) programme aimed to:

- Reduce the impact of substance misuse on parenting capacity;
- Enable substance misusing adults to develop positive and effective parenting skills; and
- Encourage parents to develop greater self-determination.

The Welsh Assembly Government commissioned five pilot projects in April 2007 across five locations throughout Wales:

- Barnardo's Cymru, Flintshire;
- Jigsaw, GCADM¹, Newport;
- Drugaid, Merthyr Tydfil;
- Drugaid, Blaenau Gwent; and
- Early Parental Intervention Project, Bridgend.

EVALUATION DESIGN

In February 2008, an evaluation was commissioned to examine the effectiveness of the range of 'models' of working employed in the pilot projects. Its objectives were to:

- Identify the most effective² models to deliver early preventive services to substance misusing parents.
- Identify the preconditions for effective implementation of the models, and the contexts in which specific models are appropriate.
- Assess the impact of the projects as a whole, including links with, and impacts on, other organisations.
- Add to the body of knowledge on effective evaluation of community-based schemes, and to make recommendations for more effective evaluation of such projects in future.

In brief, the work undertaken for the evaluation comprised:

- A review of research and policy literature;
- Analysis of local documentation and data;
- 22 in-depth project staff interviews;
- 20 external agency representative interviews and online survey;
- In-depth interviews with 28 parents and 10 children;
- Case-file review³; and
- Interviews with national experts.

¹ Gwent Council for Alcohol and Drug Misuse.

² In this instance, 'most effective' is to be understood in terms of appropriate parenting behaviour, and above all, in terms of positive outcomes for the children of substance misusing parents.

³ Completed for all new clients August - October 2008: 49 case-files.

EPIP PROJECT DESIGN AND PATTERNS OF WORK

The EPIP pilot projects were all designed and developed in different ways. Key elements of initial project design can be summarized as follows:

	Drugaid	Jigsaw, Newport	Families Matter, Flintshire	Bridgend EPIP
Substance Misuse 'location'	✓	✓		
Children's Services 'location'			✓	✓
Worked with parents only	✓	✓		
Worked with the whole family			✓	✓
Time limited intervention			✓	✓
Open-ended engagement	✓	✓		
Immediate parenting focus		✓	✓	✓
Initial substance misuse focus	✓		✓	✓
One-to-one delivery	✓	✓	✓	✓
Offered group-work	✓	✓	✓	

The EPIP projects were true 'pilots' – staff found generic parenting programmes to be inappropriate for their client group and had to modify such approaches in order to engage with and meet the support needs of substance misusing parents.

The EPIP teams benefited from highly committed staff with strong communication and motivational skills who were able to engage a very challenging client group. The sensitivity of this work required the building of trusting client-worker relationships which limited opportunities for group-work. Tailoring support to client needs and capabilities on an ongoing basis enabled the projects to identify, build and maintain client motivation to change.

PROCESS FINDINGS

The differences in project design are evident in the varying patterns of work delivered over time by each of the projects. Variations in referrals, client engagement, intervention 'dosage' and completion rates can be summarized as follows:

	Drugaid⁴	Jigsaw⁵	Families Matter⁶	Bridgend EPIP⁷
<i>Referrals</i>	117 adults ⁸	171 workshop participants; 146–199 clients ⁹	59 adults plus 81 children	25 parents and 38 children ¹⁰
<i>Key referral information</i>	50% Self ¹¹ 9% Social Services	19% Self 20% Social Services	24% Self 29% Social Services	WGCADM 6 On Track 5 Self 1
<i>Service take-up</i>	68 clients (58%)	105 - 143 clients (72%)	59 adults plus 81 children (100%)	25 parents and 38 children (100%)
<i>% receiving > 10 contacts¹²</i>	3%	No comparable data	97%	Not comparable
<i>Average no. contacts</i>	7 contacts (range: 1-84)	5 contacts (range: 1-24)	Not recorded	21 hours (1-44 hours)
<i>Completion</i>	2% ¹³	15%	75% adults 81% children	100%

Process findings for each individual project can be summarised as follows:

Drugaid

- Mainly substance misuse and harm reduction intervention delivery, with parenting addressed only if the client was happy to work on this.
- Service delivered to a large proportion of existing treatment clients (internal referrals from within Drugaid).
- Project workers felt that this model of delivery resulted in parenting being insufficiently addressed.

Jigsaw

- In order to maximise engagement, a range of interventions was delivered: one-to-one sessions, group-work, courses, workshops and telephone support.
- This breadth of 'audience' coverage maximized the project's potential to deliver preventative work, but meant that interventions were less targeted on current problematic substance misusers.
- Low threshold access to services was achieved. The project manager would have liked to be able to undertake follow-up work with non-attenders.

⁴ July 2007 – June 2009

⁵ October 2007 – August 2009

⁶ July 2007 – July 2009

⁷ November 2007 – July 2008.

⁸ The vast majority of whom (n=91; 78%) were engaged in the Merthyr Tydfil project. Only 64% of this group described themselves as parents.

⁹ The Jigsaw project adopted a new client record-keeping system partway through the project's existence and it is not possible to identify whether the first database duplicates records for individuals also contained in the second database (ie: whether some existing clients returned to the project). If all initial clients returned to the project, then Jigsaw worked with 146 individuals, if none of them did, then it worked with 199.

¹⁰ 20 families.

¹¹ Drugaid clients

¹² Percentage of those referred into the projects.

¹³ 2% of clients were recorded as completing the intervention, another 16% 'agreed to end the support'.

Families Matter

- This EPIP project offered a range of interventions, including: CBT, motivational techniques and bespoke parenting support - mostly delivered on a 1:1 basis, but with some group-work.
- The project took a 'whole family focus', providing direct support for children. Initially the project accepted complex case referrals (largely from Social Services) but later clarified the target group as not including 'chaotic families'.
- The project manager reported that more potential clients exist in the community who would benefit from the EPIP service.

Bridgend EPIP

- Like Families Matter, Bridgend EPIP was based on the Option 2¹⁴ model and developed holistic support to improve family functioning, self-esteem, confidence and communication. Family-focused solution therapy and direct support for children were provided.
- The project found that its initial targeting criteria - which excluded Social Services clients - were too restrictive. Its drop-in service was not successful.
- The project was reported to have worked well with some clients who did not initially recognize a support need. The project manager reported that more potential clients exist in the community who would benefit from the EPIP service.

IMPACT FINDINGS

EPIP project staff reported that the implementation of the programme helped to increase both strategic and operational awareness of the '*hidden harm agenda*'; increased practitioner knowledge about substance misuse and health and also impacted positively upon the work of Social Services. In terms of the different impacts that each model of working had:

Model 1: Low intensity, primary substance misuse focus (Drugaid)

Whilst model 1 provided clients with an opportunity to improve their communication skills with their child(ren), there was little direct focus on family functioning. With no project contact with the children, there was no evidence of any positive impact upon child welfare (indeed, the project made some referrals into Social Services). This treatment service approach paid most direct attention to substance misuse – but did not record data to evidence any impact upon client alcohol/drug misuse.

Model 2: Low intensity, primary focus on parenting (Jigsaw)

Model 2 also helped clients to improve parent-child communication and strengthen their relationships. In a small number of cases progress was made towards reuniting some families where the children had been taken into Local Authority Care. However, the project did not work directly with the children and so had no evidence of the impact of its work upon child welfare. In the main,

¹⁴ Option 2 is a service operating in Cardiff and the Vale of Glamorgan that works with families with substance misusing parents whose children are at risk of harm. It seeks to reduce the need for children to enter public care.

parental substance misuse was dealt with in partnership with local specialist substance misuse services.

Models 3 and 4: Medium and high intensity, dual focus (Families Matter and Bridgend EPIP)

Developing family functioning was a priority for both these models and several families were kept united as a result of their work. These models placed great emphasis on building positive parental attitudes, abilities, consistency of discipline and reducing potential for conflict. The intensive level at which these models worked allowed them to address deep, chronic family problems. Multi-faceted improvements in family life were reported, in relation to: parent coping skills, interaction with children and family routines / structures.

Children working with the projects who were interviewed for the evaluation reported how structured support impacted positively on family 'normality' and their feelings of social inclusion. Increased confidence, accompanied by a reduction in caring responsibilities enabled the children to focus on their own interests and self-development. Improvements in family stability improved child assertiveness, social inclusion and academic integration – with reductions in levels of bullying experienced. The projects were also in a good position to deliver substance misuse advice and information to young people at risk of misusing substances.

As well as focusing on parenting issues, these two models of working also placed an immediate, direct focus on parental substance misuse. Commonly working in partnership with specialist substance misuse services, these models supplemented typical treatment services, by providing whole family support during (1) parental reduction in/abstinence from substance misuse; and (2) preparation for detox/rehab. The intensity of these delivery models allowed the project staff to take an assertive case management approach to their work – coordinating multiple agency inputs which could result in greater client engagement in (and impact from) other services.

CONCLUSIONS

EPIP programme effectiveness

Holistic approaches to parental substance misuse are crucial – incorporating interventions in relation to substance misuse and: practical assistance, social integration, intra-familial communication, the structure/stability of family life and parental attitudes towards children.

Successful implementation conditions

Pre-existing service infrastructure, referral pathways and joint working arrangements all mould the development of new services. Successful implementation of new projects requires project resources to be available for (1) direct service provision; (2) developing inter-agency working and information sharing; and (3) strategic networking. Action may be required to counterbalance any limitations in service access imposed by existing service frameworks/referral routes.

Maximising model effectiveness

- The delivery of parenting support for substance misusers requires new ways of working as generic parenting programmes are inappropriate for this client group. Not only is in-depth training required for project staff, but awareness raising for referrers and other stakeholders is also needed to improve general understanding of *hidden harm*.
- Intensive support facilitates multi-faceted improvements in family life and provides opportunities for identifying and building client motivation to change. Time-limited interventions are not appropriate for some of this client-group who need long-term (possibly permanent) support.
- Focusing on improving parent-child communication and helping parents to re-establish boundaries reduces the risks associated with family conflict and negative emotions.
- Direct work with children is required to measure the baseline child welfare position and the impact of interventions (which can include increased confidence, improved school attendance, greater social inclusion and a reduction in bullying).
- Locating services within generic parenting / children's services can encourage a wide range of parents to recognise the impact of substance misuse upon their children and help to improve family functioning. Overlaps between the work of Social Services and early intervention parenting services provide fruitful opportunities for community-based parenting support.

Potential model for delivery

In contrast to generic parenting support, interventions that seek to improve the welfare of children of substance misusers need to consider the level of parent substance misuse as one key determinant of the type of support to be offered. Where parents are chaotic substance misusers, the individual support needs of each child must also be assessed and responded to. This approach can be summarized as follows:

Project entry point (determined by parental substance misuse)	Type of intervention		
	Parent-only intervention	Whole family intervention	Child-only intervention
1. Low level/early development of substance misuse		Awareness raising, family functioning support and harm minimisation	
2. Chaotic/dependent substance misuse	Intensive substance misuse interventions	Crisis management	Separate child (carer) support
3. Reducing/stabilising substance misuse		Holistic support focusing on family functioning	
4. Abstinence		Ongoing abstinence support	

POLICY IMPLICATIONS

The EPIP pilot programme provided valued services to a sizeable number of families in need of intensive support. However, although the welfare needs of children of substance misusing parents are substantial, to date, none of the EPIP projects have managed to gain funding post-October 2009. Neither Community Safety Partnership nor Children and Young People Partnership involvement at the bid-writing stages of the EPIP pilots were sufficient to attract ongoing funding. It may be advisable to undertake more in-depth reviews of local strategic/service delivery capabilities for supporting pilots prior to commissioning them in the future.

This evaluation has raised the following issues in terms of implementing services to address *hidden harm*:

- There is a huge knowledge gap in terms of child welfare within substance misusing families and a substantial need for substance misuse training to specifically address the *Hidden Harm* agenda.
- There is a clear need for data collection guidance and support.
- Treatment services attract a minority of substance misusers and are not a sufficient route for delivering the *Hidden Harm* agenda.
- Tailored holistic support for families can achieve positive outcomes for families in a relatively short period – but commonly problems are multiple and chronic, requiring medium-to-long-term intervention.
- There is no equivalent specialist support for substance misusing families in these five sites - without EPIP, families will be referred into Social Services.
- Parenting support that does not work directly with children runs the risk of continuing to ignore children's support needs.

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1. Introduction

As part of the Welsh Assembly Government's policy objective of reducing harm caused to children by parental substance misuse, in April 2007, five pilot projects were commissioned. These two-year pilot projects formed the Early Parental Intervention Pilot (EPIP) programme, and were established in five locations across Wales:

- Drugaid, Merthyr Tydfil;
- Barnardo's Cymru, Flintshire;
- Gwent Council on Alcohol and Drug Misuse (Jigsaw), Newport;
- Drugaid, Blaenau Gwent; and
- Early Parental Intervention Project, Bridgend.

Each pilot project aimed to:

- Reduce the impact of substance misuse on parenting capacity;
- Enable substance misusing adults to develop positive and effective parenting skills; and
- Encourage parents to develop greater self-determination.

In February 2008, the Welsh Assembly Government commissioned Swansea University, the University of Salford, and ARCS (UK) Limited to undertake an evaluation of the EPIP programme. The evaluation was conducted during the period from February 2008 to October 2009.

2. Research design and implementation

The EPIP evaluation comprised a wide-ranging programme of work. In brief, the evaluation focused upon two main elements: a process evaluation, examining project design, delivery and implementation; and an outcome evaluation that focused on describing and measuring project impact on parents and their children. In order to deliver both these elements of the evaluation, a range of data-collection methods were used¹⁵. These included:

- A review of existing research and policy literature concerning interventions focusing on drug-using parents.
- Analysis of local project documentation and existing data¹⁶.
- Interviews with project staff and management at the five project sites¹⁷.

¹⁵ Analysis of all quantitative data provided to the research team by projects was analysed using SPSS. The qualitative data-analysis was undertaken using NVIVO.

¹⁶ It was originally envisaged that the research team would be able to access available project data relating to impact and outcome effectiveness measures. However, the evaluation was commissioned 10 months into the 24 month pilot of EPIP. By this point, the projects had all designed and implemented their own monitoring systems – largely focused on capturing referral, client engagement and intervention delivery information. For some sites, despite the research team designing a bespoke database to enhance projects' existing data recording practice, the data were either not entered, or not complete enough to support robust quantitative outcome analysis. Thus, whilst the project databases were able to usefully inform the process evaluation, with the exception of some key quantitative impact data, the outcome evaluation had essentially to rely upon qualitative evidence.

¹⁷ Number of staff interviewed at each project: Bridgend=8 (1 of which a follow-up); Flintshire=4; Newport=5 (1 of which a follow-up); Merthyr Tydfil=3 (1 of which a follow-up); and Blaenau Gwent=2. Total number of project staff interviewed=22.

- Interviews with representatives from a wide range of external agencies (that either referred directly to the projects and/or had a working knowledge of the projects)¹⁸.
- A web-survey¹⁹ for those external agencies representatives that were not able to be interviewed²⁰.
- Interviews with a sample of parents and children²¹ across the project sites²².
- A review of a purposive sample of case-files²³.
- Interviews with regional and national experts in this field of work.

3. Background literature²⁴

While parental substance use is not synonymous with family dysfunction (Barnard & McKeganey, 2004), it is estimated that in Wales alone up to 64,000 children are adversely affected by parental alcohol problems²⁵ (National Public Health Service for Wales, 2006) and 17,500 children are living in families adversely affected by parental drug misuse²⁶ (ACMD, 2003). With many substance misusers having experienced poor childhoods themselves and facing substantial psychological (Howe, 2005) and socio-economic problems (Goodman, 2007), it is little wonder that their children may experience poor parenting (Cleaver *et al.*, 1999), live in stressful environments, and face

¹⁸ Number of agency representatives interviewed regarding each project: Bridgend=5 (Community Drug and Alcohol Team, Children and Young Persons Partnership, The Wallich, Substance Misuse Action Team, Valleys 2 Coast Housing); Flintshire=5 (Social Services, Youth Justice Service, Genesis Project, Young Persons Drug and Alcohol Team, Community Drug and Alcohol Team); Newport=5 (Social Services, Gwent Specialist Substance Misuse Service, Fusion, Kaleidoscope, Newport City Council); and Merthyr Tydfil=5 (Merthyr Tydfil County Borough Council - Parenting Unit, Merthyr Tydfil County Borough Council - Intake Team, Social Services, Local Safeguarding Children Board, Police). Total number of agency representatives interviewed=20. The difficulties faced by the Blaenau Gwent project in delivering the EPIP work prevented the research team from being able to interview any agency representatives.

¹⁹ The web-survey was based on the interview schedule used with external agency representatives.

²⁰ Number of agency representatives that completed the web-survey: Bridgend=2 (Communities First, Police); Flintshire=7 (Local Safeguarding Children's Board, Community Drug and Alcohol Team, Community Drug and Alcohol Team – Midwifery, Nacro, CAHMS, Citizens Advice Bureau, Family Group Conferencing); Newport=4 (Drug Alcohol and Family Support x2, Kaleidoscope, Probation); and Merthyr Tydfil=4 (Social Services, GOFAL Cymru, Community Drug and Alcohol Team, Genesis Project). Total number of agency representatives that completed web-survey=17. Again, the difficulties faced by the Blaenau Gwent project in delivering the EPIP work prevented the research team from being able to undertake this strand of the evaluation with this project.

²¹ Children were only interviewed at those projects where the EPIP project workers had direct contact with them – all were children of parents who were interviewed.

²² Number of parents and children interviewed: Bridgend=10 (8 parents, 2 children); Flintshire=13 (7 parents, 6 children); Newport=10 (8 parents, 2 children); and Merthyr Tydfil=5 (5 parents). Total number of parents and children interviewed=38. Again, the difficulties faced by the Blaenau Gwent project in delivering the EPIP work prevented the research team from being able to undertake this strand of the evaluation with this project.

²³ By supplementing the in-depth qualitative interview material elicited from the (relatively small sample of) interviews with project participants, this strand of work aimed to ensure that the evaluation accurately reflected the full range and extent of the work that the projects carried out. The number of case-files reviewed at each site represents the complete sample of new clients taken on by each project for the period August to October 2008. Number of case-files reviewed: Bridgend=1 (1 parent); Flintshire=15 (7 parents, 8 children); Newport=27 (27 parents); and Merthyr Tydfil=6 (6 parents). Total number of parents and children interviewed=49. Despite repeated attempts to make arrangements to conduct a case-file review for the Blaenau Gwent EPIP project, researchers were not able to get access to the office to undertake this work.

²⁴ The original intention for this strand of the evaluation was to present findings from existing comprehensive or systematic reviews, rather than *conducting* a review from scratch. However, few systematic reviews have been undertaken on interventions for parental substance misuse and so the research team have had to draw directly from the individual evaluations and reports.

²⁵ The Government's *Alcohol Harm Reduction Strategy* estimated that there were between 780,000 and 1.3 million children in the UK adversely affected by parental alcohol problems (Strategy Unit, 2004).

²⁶ *Hidden Harm: Responding to the Needs of Problem Drug Users* estimated that there were between 250,000 and 350,000 children in the UK living in families adversely affected by parental drug misuse (ACMD, 2003).

increased risk of physical harm (Barnard, 2006; Harbin *et al.*, 2000; Kroll & Taylor, 2003; Murphy & Harbin 2006; Taylor & Kroll, 2004; Tunnard, 2002).

When it comes to addressing parental substance misuse, research (Velleman & Templeton 2007) suggests that as well as addressing parental substance misuse directly, work with the children of substance misusers to help them develop 'resilience' is important in both alleviating any familial problems associated with the substance misuse and decreasing the chances of children suffering prolonged or significant harm - particularly if it focuses on reducing risk factors (such as family violence, separation and inconsistent parenting) and increasing protective processes and factors (such as the maintenance of positive family rituals, and the engagement with people and activities outside of the family). Evidence (see for example, Copello & Orford, 2002; Copello *et al.*, 2005) is also beginning to emerge that interventions aimed at the family and social networks can in fact lead to positive therapeutic change, with some research showing that these type of interventions either match or have improved outcomes when compared to interventions focusing on the individual substance misuser (Copello *et al.*, 2006).

However, given the multiple problems faced by many substance misusing parents and their families, there are many different perspectives on how to define the 'success' of an intervention. It is important to consider 'distance travelled' as well as any 'final' outcomes – for both parents and children.

4. EPIP development

The decision to pilot an early intervention programme for substance misusing parents arose as a means of implementing actions recommended within the Advisory Council on the Misuse of Drugs 2003 report *Hidden Harm*. There was also contemporaneous concern within the Welsh Assembly about the increasing numbers of children referred to Social Services departments²⁷ as a consequence of parental substance misuse, and the resulting budgetary pressures on those departments. The absence of specific family services to support parents and encourage motivation to change behaviour and improve parenting capability required the development of a new response. The EPIP programme was thus funded to explore how (and how effectively) services could address the risks to the development, health, relationships and educational progress of children in families where adult substance misuse impacts upon their parenting capacity²⁸.

With no appropriate service model available, Local Authorities and their partner agencies were invited to submit proposals to pilot an early intervention service to promote child welfare. The Welsh Assembly service framework and specification described how the pilots were to place particular focus on the potential for children's short and longer-term health and social gains arising from improvements in parenting among substance misusing parents. It specified the

²⁷ To be either looked after or placed on the child protection register.

²⁸ Parenting capacity is defined as: "The ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time". This includes providing for the child's basic physical needs, ensuring their safety, "ensuring the child's emotional needs are met and giving the child a sense of being specially valued", promoting the child's intellectual development through encouragement and stimulation, demonstrating and modelling appropriate behaviour and control of emotions, and providing a sufficiently stable family environment (National Assembly for Wales: Department of Health, 2001).

desire for an early intervention approach that worked directly with adults²⁹ (rather than the child) to improve the outcomes for children. Such early intervention was to be targeted before child protection thresholds were reached - 'so that parents' concerns about the consequences of referral to social service departments are not a barrier'. There could, however, be concerns about children in the family being potentially children in need.

A total of 15 proposals were received, covering 17 of the 22 Community Safety Partnerships in Wales. Five of these proposals were selected for implementation as pilots. The key features, nature, scale and intensity of support offered by each of these pilots is described below.

4.1 Drugaid EIPs³⁰

Drugaid developed an EIP project in two sites: Blaenau Gwent³¹ and Merthyr Tydfil³². Each project consisted of two workers providing parenting support; crisis intervention; substance misuse information and education; and harm reduction to parents and carers who used substances. All workers received *Parentline Plus* training. Clients were seen weekly (or less frequently), with sessions usually lasting about an hour. There was no fixed programme of intervention or maximum length of engagement. Neither of the projects worked directly with children.

In Blaenau Gwent, the Drugaid EIP project (renamed STEPS in August 2008) had been developed from new in response to the Welsh Assembly funding. From July 2007 to June 2009, 26 individuals were referred into the STEPS project. The majority of referrals were women (19 out of 26 referrals), and the average age at referral was 30 years (ranging from 14 years to 51 years). Out of the 26 referrals: eight were self-referrals³³; five were from drug agencies; three were from criminal justice agencies; three were from social services; and seven were from other sources.

Parenting support had existed within Merthyr Tydfil Drugaid for several years prior to the EIP funding - a Family Intervention Service working with parents whose children are subject to Social Services interventions³⁴. With the EIP funding, Merthyr Tydfil Drugaid developed a specific focus on preventing children and young people from going into the care of Social Services, working alongside the continuing Family Intervention Service³⁵. Between July 2007 and June 2009, the Drugaid EIP project had 119 referrals relating to 91 individuals³⁶. Around

²⁹ The target of the service was given as adults who are responsible for parenting one or more children who are under 18 years of age at the likely time of the closure of the project's involvement with any family. This definition includes biological or birth parents, adoptive parents, other surrogate parents and grandparents in situations in which they have substantial roles and responsibilities in caring for the children concerned.

³⁰ The number of clients for STEPS (Drugaid Blaenau Gwent) was too small for a separate analysis to be undertaken. As such, while the projects are described separately, analysis of client data from the two Drugaid projects are reported together.

³¹ The project had two satellite offices, allowing it to cover the whole of Blaenau Gwent – an area with approximately a 30-mile radius.

³² The project covers the Borough of Merthyr – an area of about a 15 mile radius.

³³ This incorporates internal Drugaid referrals.

³⁴ Working in partnership with Social Services Children and the Young People Team.

³⁵ All Drugaid clients with parenting responsibility who were not involved with Social Services were referred through the EIP workers.

³⁶ Sixteen people (18 per cent) were referred twice during this time and six people (seven per cent) were referred three times.

two-thirds of referrals (65 per cent) were for men. Average age at referral was 32 years (ranging from 12 to 57 years). More than half of referrals (54 per cent) were self-referrals³⁷. Other referrals came from: drug agencies (16 referrals); criminal justice agencies (11 referrals); family, friends or employers (nine referrals); health services (seven referrals); social services (seven referrals); and five referrals came from other sources. In terms of the key characteristics of clients combined across the two Drugaid EPIP sites:

- Around three-quarters of referrals (71 per cent) were using substances on a daily basis. The most common primary substance used was alcohol (55 per cent) with another 19 per cent using heroin. Around one in five referrals used more than one substance.
- Out of 1,287 planned contacts, 72 per cent resulted in an *achieved* contact. The average number of *achieved* contacts per client was seven (varying between one and 84)³⁸.
- Overall, 37 per cent of planned interventions were counselling/motivational sessions. Another 21 per cent were telephone calls, 20 per cent were assessments, and the remainder (22 per cent) were a variety of other interventions³⁹.
- Around a third of planned contacts (31 per cent) were scheduled to take place in the client's home, with another 53 per cent scheduled for the office. The use of the office varied over the years from 73 per cent in 2007 to 40 per cent in 2009. However, much of this shift was to locations other than the client's home⁴⁰.

4.2 Jigsaw (Newport)

The Jigsaw project was created specifically in response to the EPIP funding and operated from under the Gwent Council on Alcohol and Drug Misuse (GCADM) umbrella of services⁴¹. It aimed to support parents with (past or present) substance misuse difficulties through brief interventions and harm reduction work. Jigsaw sought to maximize the parenting aspect of its support services – recognising that some clients might find the primarily 'parenting identity' of the service to have less stigma than a specialist substance misuse service⁴².

The project ran an open-ended programme and delivered a wide spectrum of interventions, including: open days; brief preventative workshops to raise awareness of parenting issues among the clients of external agencies; one-to-one telephone and face-to-face support; and more intensive work with individual parents⁴³. Not only was the content of the programme tailored according to client need, but also the intensity of work varied enormously, depending on parental support needs. Jigsaw also delivered the *Parents Together* programme

³⁷ This incorporates internal Drugaid referrals.

³⁸ Around one fifth (21 per cent) had at least 10 contacts.

³⁹ Including interventions such as: information/advice/education; life/coping skills; sending letters; parenting support; relapse prevention; care plan start/review; liaison; and advocacy.

⁴⁰ Including police stations, probation, schools, Social Services and hospitals - although the majority did not have any specific detail recorded.

⁴¹ The project covered the whole of Newport.

⁴² While initial harm reduction work was undertaken, most of Jigsaw's intensive clients were already attending substance misuse services, or if not, were signposted/referred to them when such a need was identified (e.g. Kaleidoscope for substitute prescribing).

⁴³ As the project evolved and referral pathways became more established, the project sought to concentrate more on developing its one-to-one work.

that included: cognitive behavioural therapy; motivational interviewing; non-violent communication (Marshall-Rosenberg); solution-focused therapy tools and skills; and general counselling tools. While not delivering interventions directly to children (those under 18), the project included them in some activities.

Between January 2008 and August 2009, 171 clients⁴⁴ attended 27 workshops⁴⁵. Participants had heard about the project from a variety of sources, including: a Jigsaw worker (33 per cent); a playgroup (15 per cent); a friend or family member (seven per cent); a poster (six per cent). The characteristics of workshop participants can be summarised as follows:

- Six clients attended each workshop on average (range: one to 19 clients).
- The majority of clients (92 per cent) were female.
- Typically, participants were aged 26 to 35 years (56 per cent).
- The project had considerable success in attracting participants from minority ethnic groups. Among the workshop participants, while only 54 per cent described themselves as white, over 30 per cent described themselves as Asian (the largest group of these being Pakistani at over 20 per cent)⁴⁶.

For the project's one-to-one work, due to a change in data recording practice, project activity has to be reported in two discrete periods⁴⁷. During the initial nine-month period (October 2007 to June 2008 inclusive) a total of 60 parents were supported by the project.

- The project received 80 referrals. The most common form of referral was self-referrals (36 per cent), followed by: Kaleidoscope (15 per cent); Social Services (14 per cent); probation (six per cent); GAP (six per cent); and GSSMS (five per cent).
- There were 81 initial appointments made for 53 parents. Just over half (54 per cent) of these arranged appointments were attended.
- There were 140 on-going appointments made for 31 parents. Again, around half (49 per cent) of these appointments were attended.
- There were 127 telephone support sessions and some clients were also supported in group or clinic sessions. There were nine initial and 14 follow-up clinic sessions, and 30 initial and 25 follow-up group sessions.

During the second 14-month period (July 2008 to August 2009 inclusive), the project worked on a one-to-one basis with 146 parents.

- The project received 109 new referrals. Most were for women (65 per cent), and two referrals were for a couple.
- The most common referrals routes were Social Services (30 per cent), probation (13 per cent), GAP (11 per cent) and self-referrals (nine per cent).

⁴⁴ The 171 clients had at least 417 children between them - most commonly they had two children but this varied between one and six children.

⁴⁵ Consisting of 11 different workshop types. There was also a workshop held in December 2007 where another eight clients attended (although no further details were recorded for these clients).

⁴⁶ In the 2001 Census, 95 per cent of the Newport population as a whole described themselves as white with the next largest ethnic group being Pakistani at less than two per cent. See <http://www.statistics.gov.uk/census2001/profiles/00PR-A.asp>

⁴⁷ There was a nine-month period before the project database was in place (October 2007 to June 2008 inclusive). Analysis for this period is based on anonymised paper contact summaries provided by the project and so it is not possible to check these records or match them with the database data from July 2008 onwards. It is likely that some individuals appear in both sets of data.

Overall, there were 28 different agencies referring clients, including schools and nurseries, children's services, drug and alcohol services, and groups for ethnic minorities and refugees.

- The project arranged 182 appointments for initial sessions for the 109 referrals. Overall, 78 of these referrals (72 per cent) attended an arranged appointment. This means that 43 per cent (78 out of 182) of appointments resulted in an attended session, illustrating the difficulties of working with this client group.
- There were 748 appointments made for on-going sessions for 102 clients (ranging between one and 31 appointments per client). Attendance was somewhat better for these on-going sessions with 55 per cent attendance.
- Overall, 76 clients attended at least one appointment⁴⁸.
- In addition, there were 66 sessions of telephone support for 34 clients⁴⁹.
- There were also 72 brief interventions recorded⁵⁰.

Project workers also attended and presented details of the service at network meetings and service promotion meetings on 123 occasions. There were 102 sessions of staff supervision⁵¹ and 55 training sessions given or attended.

4.3 Families Matter (Barnardo's, Flintshire)

The Families Matter project worked with adults across Flintshire who were responsible for parenting one or more children under 18 years of age. Parents were included on the programme if: their substance misuse interfered with their parenting skills; they needed the services on offer and had consented to a referral being made; and/or their children may have benefited from an improvement in their family circumstances⁵².

The Families Matter project provided a 24-week programme of intervention for whole families, that incorporated: cognitive behavioural therapy; motivational interviewing; couples and one-to-one work; family group meetings; parenting skills⁵³; and practical support. The particular mixture of group work⁵⁴ and individual work depended upon the individual's situation. Most interventions were delivered either in the project office or in outreach premises.

Between July 2007 and July 2009 the Barnardo's Families Matter project worked with 59 adult clients (44 females, 14 males and one where gender was not recorded). The age of the adult clients ranged from 20 to 63 and the vast majority were classed as 'white'. Over a quarter (n=17) of the adults were referred from Social Services; just under a quarter (n=14) were self-referrals;

⁴⁸ Each of these 76 clients attended an average of five sessions each (although this varied between one and 24 sessions).

⁴⁹ Each receiving between one and five calls.

⁵⁰ These included a variety of direct interventions for clients such as: writing letters; writing reports for case conferences or other parenting reviews; attending social services meetings; and attending court.

⁵¹ Working under supervision means that a counsellor or therapist uses the services of another counsellor or therapist to review their work with clients and their professional development. Supervision then, in this context, is a professional service considered essential for this type of work, rather than a managerial role.

⁵² Parents may be excluded from the programme if they: are experiencing a major crisis; do not consent to a referral being made; have severe mental health issues; or demonstrate risky behaviour (towards project workers).

⁵³ Some of the tools used include: Incredible Years; Escape; and some in-house designed work on domestic violence, conflict resolution, substance misuse and its impact on children.

⁵⁴ Because of the size of Flintshire, groups in the south and the north of the county were developed. Crèche facilities were provided for those who needed them.

and 17 per cent (n=10) came from the Community Drug and Alcohol Team. At the time of data collection, three-quarters (n=44) of the adult clients were closed cases; the remaining quarter (n=15) were still open cases. Analysis of the closed cases shows that although the Families Matter project intends to engage with clients for a period of 24 weeks, in reality, nearly two thirds of clients⁵⁵ were engaged with the project for between 25 weeks and a year, and more than a tenth for over a year. In terms of number of contacts with project staff, over a third⁵⁶ had more than 50 contacts during their time on the Families Matters project.

From October 2007 to June 2009 the Barnardo's Families Matter project also worked with 81 young clients (46 girls, 25 boys and 10 where gender was not recorded). The age of the young clients ranged from toddlers to 18 years old, and the vast majority were classed as 'white'. Over a quarter (n=23) of young clients were referred by the Local Authority; just under a quarter (n=18) were self-referrals; 17 per cent (n=14) came from statutory agencies; and 15% were from health services. At the time this data was collected, over four-fifths (n=66) of the young clients were closed cases; the remaining 19 per cent (n=15) were still open cases. Analysis of the closed cases shows that over two fifths⁵⁷ of young clients (42 per cent) were engaged with the project for between 25 weeks and a year, and nearly a fifth (17 per cent) for over a year. Thus, as with the parents, the Families Matter project supports young clients for a very substantial period. However, in contrast to the adult cases, the vast majority (92 per cent⁵⁸) of the young clients had less than 20 contacts from the project⁵⁹.

4.4 Bridgend EPIP

The Bridgend EPIP project was developed in response to the EPIP funding stream, and operated from April 2007⁶⁰ to the end of March 2009⁶¹. Modelled on the Option 2⁶² design, it aimed to improve overall family functioning and worked intensively with all family members⁶³. While all participation was voluntary, the project had four main referral criteria:

- Evidence of substance misuse within the family;
- Clients living in Bridgend county⁶⁴;

⁵⁵ Although there were 44 closed cases, data was available for just 36 closed cases.

⁵⁶ Of the 23 closed cases for whom data was provided.

⁵⁷ Although there were 66 closed cases, data was recorded for just 24 closed cases.

⁵⁸ For the 24 closed cases for whom data was provided.

⁵⁹ While this is less than the adult clients, many of the young people were also involved with the Barnardo's Young Carers project during their time with the Families Matter project.

⁶⁰ Although clients were not received until November 2007.

⁶¹ In order to allow all families to complete the full 24-week programme, the project took its last referrals in October 2008.

⁶² Option 2 is an evaluated and highly successful service (funded by the Welsh Assembly) that works with families with substance misusing parents whose children are at risk of harm. A particular focus of the service is reducing the need for children to come into public care. It works in Cardiff and the Vale of Glamorgan. The intervention is short (4 to 6 weeks) and intensive (workers are available 24-hours a day). Workers use a combination of Motivational Interviewing and Solution-Focused counselling styles, as well as a range of other therapeutic and practical interventions. The EPIP project manager developed the 6-week Option 2 model into a preventative 24-week programme.

⁶³ Parents, children and any extended family with parental responsibility. The entire family was required to sign up to the programme, using a formal contract.

⁶⁴ Originally the project focused on two small areas of Bridgend, but its geographical remit expanded – first to participants living within a 10-mile radius of the project, and then to the whole of Bridgend county – an area of approximately 50-mile radius.

- An existing link with health services; and
- Parents had to either live at home with their children, or care for them at home for at least part of the week.

The project accepted self-referred clients and also received referrals from: Flying Start⁶⁵, On Track⁶⁶, DIP/DRR⁶⁷, CDAT, Police, TSS (prison) and others⁶⁸. Project staff worked in client homes⁶⁹, with each family assigned a worker best suited to them. The project commenced working with families by using the Common Assessment Framework (CAF) with every member of the family (parents, children and any extended family with parental responsibility). The first four weeks of the 24-week cyclical programme involved intensive work. The project then maintained less-intensive support (commonly, bi-weekly visits) up until the end of the intervention. The project was family-centred, supportive, flexible, and goal-orientated – using a combination of practical help, psychological input⁷⁰ and the principles of Webster Stratton⁷¹ (Incredible Years). Trips for families were also undertaken, modelling play and motivating the whole family to interact positively.

Between November 2007 and July 2008, Bridgend EPIP worked with a total of 63 clients from 20 families. The clients were comprised of 25 parents (16 females and nine males) with 38 children (21 boys, 15 girls and two where gender was not recorded). Families averaged 2.1 children each⁷², with the average age of the children being nine years of age⁷³, and the average age of the parents being 32 years⁷⁴. Over the same time period, 331 interventions were recorded for 27 members of 12 families. These families averaged 28 interventions each⁷⁵. In total, over 256 hours of contact time was recorded for these 331 interventions, reflecting the intensive way the Bridgend EPIP worked with clients. Per family, this averaged 21.4 hours⁷⁶. Most interventions (80 per cent) took place in the client's home, and the vast majority of contacts were face-to-face⁷⁷. Most contacts were also planned, and these planned interventions were well attended: less than two per cent did not take place.

⁶⁵ Working with 0-3 year olds and their families.

⁶⁶ Works with 4-13 year olds and their families generally (3-13 year olds in Bridgend to support transition from Flying Start. EPIP and On Track share offices in Bridgend).

⁶⁷ The voluntary nature of the contract between the service and families led to difficulties with DRR referrals from Probation Service due to the compulsory nature of the community element of the order.

⁶⁸ To start with, because of its focus as an *early preventative* service, Bridgend EPIP did not take referrals from Social Services. However, this policy hampered the project's ability to get referrals, and so the inclusion criteria were expanded to incorporate cases where Social Services were solely giving advice to a family.

⁶⁹ In addition to this casework, drop-ins were held in a couple of areas and 'Family days' were held in a prison once a month. These included both solo interventions (one visit) and visits taking place over a period of time. Prison-based family days included giving children a range of resources to facilitate better contact with their parent in prison e.g. star charts, an 'All about me' book, and work on discipline techniques.

⁷⁰ E.g. Solution-focused therapy techniques, Cognitive Behavioural Therapy, motivational interviewing, and counselling.

⁷¹ Webster Stratton is a programme that is endorsed by the Welsh Assembly, but is thought by the EPIP projects to not completely meet the needs of substance misusing parents. It is perceived: to contain too much written work; to be too American and middle-class; to be difficult to deliver and work with; and to be too structured – requiring a programme of intervention (rather than any short workshops that can be delivered as a stand-alone intervention, or used to engage families in longer-term work). Bridgend EPIP adapted its design and offered it to appropriate parents (e.g. Parc prison inmates and Drug Intervention Programme clients).

⁷² The number ranged between one and five children.

⁷³ Age of children ranged from two years to 23 years.

⁷⁴ Parental age ranged from 19 years to 48 years.

⁷⁵ Ranging from one to 89 interventions for individual families.

⁷⁶ Individual families ranged from just under one hour to 44 hours each.

⁷⁷ Only six per cent of contacts were telephone calls.

4.5 Summary

These project descriptions reveal the vast differences between the different EPIP projects – specifically in terms of their approaches to accessing and working with clients. While this enormous variation in project design makes it difficult to interpret the overall ‘success’ of the EPIP programme in quantitative terms, it does enable the evaluation to make comparisons between the different approaches and methods of intervention used, and to explore the benefits and/or weaknesses of each. It is to such comparative analysis that this report now turns.

5. Models of intervention

The main purpose of this research is to evaluate the effectiveness⁷⁸ of the range of models of intervention employed by the EPIP projects and to identify both the preconditions for their effective implementation and the particular contexts within which specific models are effective. From the widely varying EPIP projects, four models of intervention with substance misusing parents are identifiable.

- Model 1: Low intensity, primary focus on substance misuse.⁷⁹
- Model 2: Low intensity, primary focus on parenting.⁸⁰
- Model 3: Medium intensity, dual focus on substance misuse *and* parenting.⁸¹
- Model 4: High intensity, dual focus on substance misuse *and* parenting.⁸²

The remainder of this report will be structured around these four models of intervention, enabling direct comparisons to be made between the varying models, and more importantly, maximising the applicability of the research findings to the wider field of what works⁸³ with substance misusing parents. After a description of each model of intervention, the key process and impact findings will be discussed in turn (with the EPIP projects being used to exemplify each of the four models).

5.1 Model 1: Low intensity - substance misuse

Projects adopting this model of intervention closely resemble traditional Tier 3⁸⁴ substance misuse treatment services. Tier 3 services incorporate a range of approaches - primarily informed by client support need⁸⁵ - that aim to enable adults to minimise harm to themselves and work towards reducing the

⁷⁸ In terms of appropriate parenting behaviour and positive outcomes for children.

⁷⁹ E.g. the two Drugaid EIPs.

⁸⁰ E.g. the Jigsaw project.

⁸¹ E.g. the Barnardo's Families Matter project.

⁸² E.g. the Bridgend EPIP

⁸³ In terms of different models of intervention.

⁸⁴ "This is drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan". NTA website.

⁸⁵ Typically substance misuse services deal with the client as an individual only, not involving family members.

consumption of drugs and/or alcohol⁸⁶. While workers are trained to incorporate parenting support informally through their client work, the extent to which parenting issues are directly addressed within services of this type is dependent upon client recognition of the impact of their substance misuse upon child welfare. Added to this, although links are commonly sought with social support services, traditionally there have been poor working relationships between substance misuse treatment services and Social Services - with the former concerned that substance misusing parents' fears of Social Services interventions make them reluctant to seek help, and the latter criticising substance misuse services for not considering children's needs sufficiently.

5.2 Model 2: Low intensity - parenting

Projects adopting this model of intervention are closely aligned to generic parenting support services, but delivered by workers who also have knowledge of the specific issues that arise for substance misusers. Projects of this type aim to: engage a broad range of parents⁸⁷ with support needs and assist them in developing more effective parenting skills; and raise parental awareness of the impact of any substance misuse upon family functioning⁸⁸. The speed and depth to which client substance misuse is explicitly addressed depends largely on individual client awareness of, and willingness to acknowledge, the impact of their substance misuse upon family functioning⁸⁹. Where appropriate, projects of this type will seek to encourage and support the accessing of specialist substance misuse services.

5.3 Model 3: Medium intensity - dual focus

Projects adopting this model of intervention work on the premise that both substance misuse *and* parenting must be addressed explicitly from the start of client engagement. The aim is to reduce parental substance misuse (partly through increasing client engagement with substance misuse treatment services and other required support services), and ensure improved family functioning and the development of a safer home environment for children. With the client group that these projects target being substance misusing parents with an identified need for support to improve their family functioning⁹⁰, more intensive and targeted support can be delivered immediately, and the issue of substance misuse can be addressed from the offset. Projects of this type seek to deliver a substantial level of holistic support to clients, often including practical help, emotional help and advocacy. The achievement of short-term goals is used to

⁸⁶ While there is unlikely to be any time limit for client engagement, substance misuse treatment services commonly seek to work with clients for at least 12 weeks. However, with participation often being voluntary, many clients may not even realise that this is a service objective.

⁸⁷ Projects adopting this model of intervention often aim to maximise the numbers of parents they can reach by adopting relatively broad definitions of 'early intervention' and 'substance misuse'. By doing so, those most in need of intervention and more intensive support can be identified rather than excluded.

⁸⁸ For the majority of clients, who 'dip in and out' of these projects as their parenting support needs dictate, there will be no formal exit strategy – often just an 'open door' policy. For those clients who receive the more substantive interventions, however, and in particular those who participate in the *Parents Together* programme, there will be a defined end date and an individualised exit plan.

⁸⁹ By having a primary parenting focus, projects of this type may initially attract a broader range of clients than more targeted interventions. However, as a result of doing so, projects may be less direct in addressing substance misuse – even among those parents who recognise that their substance misuse is affecting family life.

⁹⁰ Projects adopting this model of intervention do work with children, sometimes through family-based work, but often through child-focused work delivered by a specialist worker.

encourage parent engagement with the programme. However, crucial to this model of working is the need to balance close, trusting relationships between clients and workers with a regular focus on the programme end date and exit-strategy planning, so as not to create client dependency on any fixed short-term support mechanisms⁹¹.

5.4 Model 4: High intensity - dual focus

Projects adopting this model of intervention provide highly intensive support to improve overall family functioning. Projects operate on the premise that both substance misuse *and* parenting must be addressed explicitly from the start. With the client group for this model of working already clearly identified as substance misusing parents⁹² who recognise that they need support to improve their family functioning, more intensive and targeted support can be delivered immediately and the issue of substance misuse can be addressed from the outset. Projects of this type work with the whole family (including children) throughout the intervention period, and address the holistic support needs of parents, children and (where appropriate,) the extended family. With such a substantial level of support provided, often over an extended period of time, projects of this type – working closely with other support and treatment services – need to develop clear individualised exit plans.

6. Process findings

6.1 Identifying and accessing the client group

Due to low funding and few staff, the ***low intensity substance misuse project*** was mainly restricted to accessing those individuals already engaged with the project's 'parent' substance misuse service. However, as a result of this, clients accessing the project tended to be seeking substance misuse treatment, rather than parenting support⁹³. In contrast, the ***low intensity parenting project*** focused on providing parenting workshops as a means of identifying and accessing substance misusers to whom more intensive support could subsequently be offered⁹⁴. For the ***medium intensity dual focus project***, uncertainty about the 'level' of client that they should work with led to them initially accepting referrals that were too complex – both in terms of their substance misuse and their broader support needs⁹⁵. As time went on, however, and the project developed a clearer picture of the client group it should be

⁹¹ Although anticipating some early client exit, projects adopting this model of intervention usually deliver a clear, time-limited programme and works towards engaging parents for that whole period. Clients are aware of the programme end date, and projects – working closely with other support and treatment services - develop individualised exit plans.

⁹² With the location of these type of projects often distanced from substance misuse treatment services, projects are often able to access families with substantial support and substance misuse needs who would otherwise not come to the attention of traditional substance misuse services.

⁹³ There was some resistance to discussing parenting capacity and support needs – with parents concerned that Social Services might be involved. While reassuring parents that this was not the case, the project had then been perhaps overly cautious in addressing parenting issues (with workers only gradually building elements of more formal parenting support into their casework).

⁹⁴ The project put a lot of work into formal and informal networking. As a result, their service was perceived as a social group where parents could just drop in – providing low-threshold access to parenting support.

⁹⁵ Such families were commonly very involved with Social Services and leading highly chaotic lives that placed them outside common interpretations of 'early intervention'. The degree of support required by these clients took much longer than was originally intended.

working with, it implemented stricter targeting processes - partly through the use of more clearly defined referral criteria, as well as project staff liaising with referrers to gather more details about each individual case⁹⁶. The **high intensity dual focus project** commenced by accepting referrals only from substance misuse agencies, and excluded anyone with Social Services involvement⁹⁷. However, by excluding anyone involved with Social Services, the families that were referred were often not ready to address their substance misuse - denying the impact that it was having upon the rest of their family⁹⁸. As a result, the project⁹⁹ was forced to subsequently alter its target group to include those with *early* Social Services involvement¹⁰⁰.

Certain referrals were not accepted by the projects. For the **low intensity substance misuse project**, some police referrals were refused due to the police not gaining consent from the potential client as to whether or not they wanted to be referred, and the project staff feeling concerned that these individuals would be unlikely to engage without self-motivation. Similarly, the **medium intensity dual focus project**, would not accept referrals without that client's consent – arguing that if referrals were accepted and the client was not actually ready to engage with support, it could be more damaging than no intervention at all¹⁰¹. Both projects felt it was more appropriate to just make these referrals aware of the project and encourage them to approach the project at a time when they felt motivated to change (see Wright & Liddle, 2009).

6.2 Engaging and working with the client group

The **low intensity substance misuse project** conducted both triage and a full needs assessment within 10 days of referral¹⁰². Following this, a care package and action plan was produced¹⁰³. At the first one-to-one meeting with clients, the **low intensity parenting project** conducted an initial assessment and informed clients about the range of support that could be offered¹⁰⁴. At this first meeting, follow-on appointments and/or on-going one-to-one sessions were offered. The **medium intensity dual focus project** commenced its intervention with an initial half-hour visit to explain the project and its voluntary nature, and then, if the client was happy to proceed, another appointment was made for a complete assessment. In a similar way, the **high intensity dual focus project** normally began client contact with a phone call from the project manager outlining what the project offered. If the client wished to proceed, this was then followed-up with a home visit. At this first meeting, ground rules for behaviour and ways of working with the project were established and formally agreed through the signing of contracts.

⁹⁶ This early contact allowed the project to ensure that potential clients were appropriate.

⁹⁷ This, combined with the fact that the project was also limited to a fairly small geographical area, meant that in its early stages the project only received a very small number of referrals.

⁹⁸ By the time parents recognised that they needed help, they were quite often involved with Social Services – making them beyond the initial remit for the project.

⁹⁹ Which sought to stick most rigidly to the Welsh Assembly remit for the EPIP projects: by seeking to prevent a build-up of problems that would result in referral into higher tier services.

¹⁰⁰ As well as to cover a larger geographical area.

¹⁰¹ This project described how, in their experience, it had been Social Services that had placed pressure on parents to engage with parenting support – under threat that their children may be removed from home.

¹⁰² As is usual practice for drug treatment, a risk assessment was also undertaken.

¹⁰³ The project used a 'community reinforcement approach' - taking societal and environmental factors into account in developing the client's programme.

¹⁰⁴ If clients failed to attend their first appointment, the project wrote to them to make a new appointment. If no response was gained after writing to them three times, communication was stopped.

None of the existing parenting resources available to the EPIP projects addressed substance misuse or its prevention. As a result, the projects often had difficulty finding a programme that best suited their needs (and the anticipated needs of their prospective client group). This resulted in projects either failing to fully meet the aims of EPIP, or adapting existing programmes to the aims of EPIP¹⁰⁵. For example, the **low intensity substance misuse project** found that the *Parentline Plus* training that its staff had received was difficult to apply with clients. As a result, the type of intervention that they ultimately provided was almost exclusively based around substance misuse and harm reduction, with any parenting work tending to be delivered on a reactive basis¹⁰⁶. In contrast, the **low intensity parenting project** chose the existing *Parents Together* curriculum to provide the project's core programme – partly due to its potential to be delivered flexibly, according to the support needs of each client. Both the **medium intensity** and **high intensity dual focus projects** used variations of the existing Option 2¹⁰⁷ programme. While the **medium intensity project** supplemented this by also providing bespoke parenting support that had been specifically designed by the project, the **high intensity project** also used family-focused solution therapy, with a goal attainment scale used to assess 'project success'.

6.3 Partnership/inter-agency working

The differing local service provision and multi-agency arrangements in each EPIP project site influenced not only potential referral sources, but also led to diverging opportunities for partnership working for each project. For example, although the **low intensity substance misuse project** had been developed under the umbrella of a drug misuse charity that already operated in Wales, the local service and strategic infrastructure differed greatly between the two project sites. In Blaenau Gwent, for instance, while there were existing parenting services, there was a shortage of substance misuse agencies. As such, the project's initial focus centred on building referral pathways and establishing joint working protocols. In Merthyr Tydfil, however, with referral pathways were already in existence, establishing the project within the existing network of agencies was much easier. For the **low intensity parenting project**, the fact that the project had close working relationships with the other organisations that also came under the GCADM umbrella (including Fusion, GAP and DAFS) – added to the fact that the project shared the same building with a number of these organisations – made it easier for the project to link into existing structures soon after its inception. Nonetheless, the project still had to work hard to embed itself into the local structures and was involved in widespread networking, regularly delivering presentations about the project and the services it offered¹⁰⁸.

The **medium intensity dual focus project** manager placed a great deal of emphasis upon networking and developing external links, and even set-up two groups from within the local Substance Misuse Action Team (SMAT): one

¹⁰⁵ Many of these adaptations involved anticipating less long-term engagement in a programme and increasing the ease with which the material could be accessed.

¹⁰⁶ For some clients, this included being referred onto external parenting courses.

¹⁰⁷ See Description of Option 2 in section 4.4

¹⁰⁸ The widespread networking resulted in positive engagement with services that previously had not engaged in multi-agency work.

strategic and the other operational. These, along with other pre-existing substance misuse forums, provided the project with several opportunities to keep external organisations informed about the project and helped to establish multi-agency 'buy-in' from early on¹⁰⁹. However, in spite of the project manager's best efforts, the **high intensity dual focus project** faced severe difficulties in developing inter-agency working relationships. In particular, due to tension over competition for resources, existing substance misuse services in the area were initially reluctant to make referrals to the project¹¹⁰. Overcoming these tensions and building successful partnerships with these services was identified by the project as one of the biggest challenges that it had faced¹¹¹.

6.4 Summary

As highlighted in the preceding sections, a wide variety of approaches were adopted by the EPIP projects in their efforts to engage with substance misusing parents – with each project's approach being governed by a range of area-specific factors, such as existing service provision and strategic infrastructures. Nonetheless, despite the specific 'local' challenges that each project had to overcome, a number of key generic lessons in relation to the processes involved in developing and delivering projects that work with substance misusing parents can be identified.

- The demanding nature of working with substance misusing parents, combined with the need for an in-depth understanding of both parenting and substance misuse issues, meant that intensive training was required for project staff. This imposed substantial time constraints on project development and delivery (e.g. two of the EPIP projects only commenced taking on clients six months after the funding started). Although a lengthy 'lead-in' time is not uncommon for projects working in this complex field, the consequent reduction in the 'window of engagement' needs to be taken into account by commissioners when deciding funding timescales.
- Added to this, the specific length of a project's intervention (which in the case of one of the EPIP project was six months) can result in a project ceasing to take on new clients some time before the end of the funding period. Thus further shortening the 'window of engagement'¹¹². Again this needs to be taken into account by commissioners when deciding upon actual 'intervention delivery time'.
- A substantial amount of time and energy needs to be spent developing and sustaining inter-agency working relationships. While the degree to which projects have to build new professional links can vary across sites (with some projects needing to start from scratch while others can tap into an existing infrastructures), the development and maintenance of good quality inter-

¹⁰⁹ This project also produced a six-monthly newsletter to keep external agencies updated about its work and development.

¹¹⁰ The project's difficulties were also compounded by the fact that, by sticking closely to the EPIP criteria set by the Welsh Assembly commissioners, the project did not seek to work with clients already involved with Social Services. As a result, Social Services were relatively disinterested in the early development of the project. Added to this, the project started with a relatively small geographical boundary that restricted its potential to work with other agencies.

¹¹¹ Over time successful partnerships were established with agencies such as CDAT and WGCADA

¹¹² For the EPIP project that delivered a six-month intervention, lack of alternative funding possibilities for when the two-year EPIP funding ended, caused them to cease taking on new clients six months before the end of the EPIP funding. When combined with the project's lengthy lead-in time, this resulted in an actual 'window of engagement' of just over 12 months.

agency relationships requires a considerable amount of networking, giving of presentations and partnership working. All this work takes time and a substantial level of resources. This means, though, that less well-funded projects will struggle to develop the kind of inter-agency working relationships essential for effective service delivery with this client group.

- Many project workers in this field state that their work is most beneficial for parents who are motivated to change. Conversely, unsuccessful client engagement is perceived as being linked to a client's unwillingness to change at that particular point in time. As such, projects need to be rooted in an understanding of the dynamic and complex nature of engagement itself, and of its facilitation among clients in this particular group. As expected, projects that deliver a more intensive intervention are in a much better position to identify, build and maintain client motivation to change – ultimately giving the projects greater potential to deliver sustainable change.

7. Impact findings

The following section examines how the EPIP programme impacted upon families, focusing on: family functioning/dynamics; parenting skills/abilities; child welfare; substance misuse; other client benefits; and benefits for the wider community¹¹³.

7.1 Family functioning/dynamics

7.1.1 Keeping the family together

Perhaps the most basic evidence of EPIP project success would be that the children in a family had not been taken into the care of the Local Authority or elsewhere. As would be expected, the degree to which a project was able to impact upon this depended largely on a project's intensity of delivery and whether or not it had an explicit focus on family functioning and dynamics. For example, as one mother who had been engaged with the **high intensity dual focus project** stated, if not for the project, her children would have been "living here, there and everywhere". The following quotation from an external agency worker who worked with the **medium intensity dual focus project** is also illustrative of the impact that the project had in enabling families to stay together.

They've certainly managed ... to reduce the number of young people ... been taken into care. Which is one of the huge aims, [to ensure] that the family stays united as a family.

(External agency, medium intensity dual focus project)

Although there was less emphatic testimony suggesting that either of the low intensity projects had achieved this¹¹⁴, workers from the **low intensity parenting project** were also able to highlight cases where they had made an impact on helping families to stay united. For example, as one worker noted:

¹¹³ This section largely reports findings from the qualitative interviews with EPIP staff and clients. Where possible, quantitative data are used to supplement these findings – but among the EPIP pilots, only the Families Matter project systematically recorded impact data.

¹¹⁴ In particular, the low intensity substance misuse project.

She [the mother] had been through a detox and they'd released her, and there had been some difficulty about her children [still] being in care. [However], through the work we've been doing [with her] she has been able to engage in supervised visits, and ... the court have actually been looking at the possibility of unsupervised visits.

(Project worker, low intensity parenting project)

However, it is important to remember that as with any examination of behavioural change and complex chains of multiple agency inputs into family dynamics, it is not possible to accurately attribute specific impacts to any one agency/intervention.

7.1.2 Recovery from crisis

Both parents and young people described the general positive change in atmosphere in the family since participating in the EPIP pilots – although, again, this was more of a feature with the **medium intensity** and **high intensity dual focus projects**. As well as demonstrating this, the quotations below also highlight the multi-faceted way in which family situations improved.

They [my children] tell me that I'm not bad like I used to be. ... I'm calmer, happier, bubbly. I do more things with them. Everything has changed for the better. I mean it's not perfect by a long way but it's still changed so much more for the better.

(Parent, high intensity dual focus project)

Since we came on to the project I've felt like everything is getting better. ... I feel like the project has helped me family a lot in loads of ways.

(Young person, medium intensity dual focus project)

Fundamental to this general positive change was a sense that involvement with an EPIP project was moving the family out of a period of crisis and back towards normality. This sense of returning to 'normal' was expressed by both professionals and family members - although, again, more in relation to the **medium intensity** and **high intensity dual focus projects**.

It was more like a normal family, [with] the parents doing their job, all more positive. When I'd gone into that property prior to EPIP working [with the family] the place was an absolute disaster area. [However], within like a few weeks of EPIP there was bedding on the beds, the kids were more approachable, they were playing out.

(External agency, high intensity dual focus project)

I'm starting to do more in the house and getting back to normal.

(Parent, medium intensity dual focus project)

However, it was the young people who best expressed the real impact to them of this 'normality'.

It's just nice ... to [be able to] bring a friend home ... and the music's going and me mum's in the back garden painting and doing normal

things. You know, I'm not coming home to a crashed out drunk on the sofa.

(Young person, medium intensity dual focus project)

7.1.3 A family togetherness and structure

While all parties described how families could be brought closer together through involvement with the projects, such reports from parents and young people were more apparent from the **medium intensity** and high **intensity dual focus projects**. Central to being, as one young person involved with the **medium intensity project** described it, "together more as a family", was an increase in activities where family members operated collectively, and a sense of more structured and stable family routines.

Before, we never used to listen to them [the children]. They'd come home from school and they'd be babbling ... and we'd be like 'yeah, yeah, yeah, go play and we'd go in our bedroom [to take heroin]'. But now it's like we bring them home from school. ... I'll sit by the table while they're eating their food and they'll be chirping away, telling me everything ... and I'll be listening to them.

(Parent, high intensity dual focus project)

As would be expected, these kind of positive transformations were not lost on the children involved. As the young person quoted below noted:

[Before EPIP] we didn't sit down for dinner and things like that, but now it's brilliant. I love it now. ... [Before] she [mum] would cook at stupid hours because she was drunk, and so I wouldn't come in to eat. ... [Now] she doesn't get drunk and we have a set dinner time and we have set times to come in as well and it's better.

(Young person, medium intensity dual focus project)

7.1.4 Improved communication and strengthened relationships

Alongside the improved functioning of the family as a whole, all the EPIP models were able to impact positively on individual parent/child relationships within the family (although, in the **low intensity projects**, this was mainly emphasised by the project workers rather than parents). Central to this improvement in relationships seemed to be improving communication skills between parents and children.

I think that was one of the best things that came out of it [the project], where we can all sit down and talk to each other and explain how we feel to each other. ... That was a good thing.

(Parent, high intensity dual focus project)

There were also examples of where improvements in relations *between* the children in the family had been facilitated (although this only came from those involved in the **high intensity dual focus project**).

And one of the goals of [my son] was getting on better with [his sibling]. And you could see the difference after she [the project worker] had worked with him a little bit. ... They've come on leaps and bounds.

(Parent, high intensity dual focus project)

7.1.6 The provision of practical support

As the following parent identified, the impact of the projects extended beyond improving family relationships - to more practical elements of family life. Indeed, the strong focus on practical issues that the EPIP projects all had (such as support in paying bills and managing household finances) seemed key, not only to strengthening client engagement with the projects, but also in facilitating improvements in parenting behaviour and family life.

I'd say them [the project workers] taking me back to all my appointments really [was helpful]. Because if I didn't go to housing and all that, I wouldn't be living here now, I'd be living in a hostel or something like that with the kids.

(Parent, high intensity dual focus project)

We got debt sorted out. We got the little boy back in school. We got a uniform grant sorted out for him because he had no uniform. We got the daughter to the dentist because her dental health was poor. ... We got her back into the comprehensive. ... We've got him [the father] to access the GP so he's had treatment. The house is now light and bright and airy. Things are happier. They [the family] are functioning. He's budgeting. He goes shopping.

(Project worker, high intensity dual focus project)

7.1.7 Addressing the family context of substance misuse

However, as the external agency representative quoted below noted (this time in relation to the **medium intensity dual focus project**), even with a holistic approach, it is explicitly addressing the substance misuse that is the key to ensuring that the parent is capable of dealing with family responsibilities.

If mum is ... not depending on alcohol, ... she's then far more capable to deal with any issues that may arise within the family.

(External agency, medium intensity dual focus project)

This would suggest that without placing substance misuse as central to the project's work, other wider improvements in family functioning cannot be made. Certainly, project workers within the **medium intensity** and **high intensity dual focus projects** similarly implied that notwithstanding their holistic approach, the key to any wider impacts and improvements was pro-actively dealing with the substance misuse¹¹⁵.

In terms of outcomes for the children, people who are abstinent or in a good state of recovery will move the family function on, and therefore improve children's outcomes, far quicker than those who are still in chaos.

(Project worker, high intensity dual focus project)

Of course, if addressing the substance misuse is key to improving family functioning, it would imply that addressing this issue as quickly as possible

¹¹⁵ As such, workers at the low intensity substance misuse project were able to argue that their work opened the door to improvements in family life, even if they did not address parenting issues directly themselves.

would be beneficial. As such, particular benefit may be drawn from the **medium intensity** and **high intensity dual focus projects**, whose ability to address substance misuse issues quickly should enable an early focus on more family and child-centred outcomes.

7.2 Parenting skills/abilities

7.2.1 Changing attitudes towards children and parenting

Perhaps one of the critical ingredients in terms of project impact upon child welfare is the positive change in parents' attitudes towards their children – resulting in the parents adopting appropriate roles and responsibilities. This may be fundamental to any other changes in parenting relations and abilities. While there was evidence of changes to parental attitudes from those involved with all of the projects, it was stressed particularly by the family members in the **high intensity** and **medium intensity dual focus projects**¹¹⁶.

At the most basic level, the improvement in attitude was simply parents taking more of an interest in their children. For parents whose lives and relationships had been distracted or dominated by substance misuse, this could be an important step for both them and their children. Alongside parents taking more of an interest in their children was the progression to a more positive attitude towards their child. It may be that the child was previously seen as just another problem for a life in crisis, a negative burden, or an inconvenient barrier to substance use. However, as the following quotation from a parent highlights, the projects could turn this attitude around.

And through [the EPIP workers] helping me and [my oldest daughter], it has helped me see her more as my daughter and a child, as opposed to this human being that was constantly getting on my nerves.

(Parent, high intensity dual focus project)

Closely allied to this change in the parents' attitude to their children - moving from a problem to a priority - was the change in attitude towards parenting as a role and its associated responsibilities. The relationship between the two is illustrated by the following quotation, that describes how a mother's previous "resentment towards the kids" went alongside her lack of engagement with them and a restricted view of parenting.

I'm not sure how it happened, but I just found myself on the drink and just not having any communication [with my children]. And I thought the pure fact that they had clean clothes and food in their bellies was me being a good mum. But [since I've been with the project] I've learnt there's more to being a mother.

(Parent, high intensity dual focus project)

Poignantly, parents' shift in attitude towards their children and towards their parental responsibilities was not lost on the young people themselves.

She [mum] has had so much help off the people here [at the project] that she's like ... she knows that ... we need her more now.

¹¹⁶ It was noted only by the project workers in the low intensity projects.

(Young person, medium intensity dual focus project)

7.2.2 Improved ability to parent

In addition to changing parents attitudes to their children and their parenting per se, the impact of the EPIP pilots could be seen in parents becoming increasingly involved with their children, and starting to take on the parenting role more. However, before the parents could do the day-to-day tasks involved in parenting, many had to start, as one parent involved with the **high intensity dual focus project** described it, "learning to be around" their children. The quotation below describes powerfully the practical and emotional change that this process entails, with the parent quoted having to shift from focusing on himself and his "drug world" to focusing on his children.

I take on more of a role now than I ever have done. I'm there for them 24/7 now because I've shut myself off from the drug world. [And] yeah, I want to be there [for them] all of the time. ... It's like I've swapped my addiction for drugs with my kids because I've missed so much [of them] and I don't want to miss any more.

(Parent, medium intensity dual focus project)

The change in attitudes and increased adoption of the parenting role was translated into an increased ability to undertake parenting roles. Those involved with all types of projects noted the difference in parents undertaking day-to-day tasks for their children. As one parent involved with the **high intensity dual focus project** noted:

I think the kids can see that ... mummy and daddy's getting up, they're giving us breakfast, they're making sure that we're tidy going to school and doing our hair and all that. Before that, we couldn't be bothered, well ... we just couldn't.

(Parent, high intensity dual focus project)

Importantly, parents noted not only a change in tasks that they were doing for their children, but also in activities they were doing *with* their children. They were now more likely to sit down with them and engage with them as part of their parenting¹¹⁷. All parties involved in the projects also noted an increase in activities involving parents taking the children out and about more - something which seemed to be a particularly notable inferred measure of an improvement in parenting¹¹⁸.

Over the [school] holidays, ... I took them down [into town]. We went ... swimming. We went and had lunch. We went up to my sisters to visit, and lots of little things which [in the past] we wouldn't generally do. ... So it [the project] has given me that little bit of a push to realise that I can do this.

(Parent, high intensity dual focus project)

Again, the shift in the parents getting more involved in parenting tasks and doing things with the kids, was certainly recognised by the children involved.

¹¹⁷ As noted in the section on Family Functioning, this might result in more activities undertaken together, such as mealtimes together or just helping their child with their homework.

¹¹⁸ Perhaps because it signified an increased confidence in parenting abilities, in public, for intensive periods.

Even though she still gets, shouting and stuff, she's not as mean, like, [she] takes us out more and does more stuff with us ... [which is] a good thing, it's real happy.

(Young person, medium intensity dual focus project)

7.2.3 Improved discipline

In addition to the projects impacting upon parents' attitudes to their children, parenting roles and increased involvement with their children, there was also evidence of changes in the nature of parent/child interactions. This reveals how, through addressing parenting, the projects started to impact more directly on the children¹¹⁹. Perhaps, the most evident way that improvements in parent/child relationships impact upon the children is in terms of the disciplinary regime. As the following **high intensity dual focus project** manager noted, parents who had engaged with EPIP were better able to focus on disciplining the child (rather than controlling themselves), with disciplinary situations focused on their child's needs rather than their own emotional needs.

When they [the family] have done trips with us, they've been observed correcting the children in an appropriate way without going off and having a little tantrum themselves.

(Project manager, high intensity dual focus project)

All the EPIP projects sought to support parents in instituting a more consistent disciplinary 'regime' - with rules and boundaries set for their children. In the projects focused on parenting, this might have been as a result of work specifically addressing family relations and parenting skills, but even work focused solely on reducing substance misuse could enable parents to uphold such consistency.

We've [now] got loads of rules and they know what they can and can't do. Before they [the children] would be like "Well if I ask her again, because she's had a drink she'll say yeah". ... But now "no" is "no", ... the boundaries stay.

(Parent, low intensity substance misuse project)

7.2.4 Avoiding conflict

Closely associated with discipline, and particularly managing misbehaviour, was how parents learned to cope with situations of conflict between themselves and their children. At the most basic level, seen in all projects, this entailed the parent managing their emotions better, not getting angry so easily and not reacting in negative ways to misbehaviour. There was widespread reporting from both parents and children that parents were better able to cope emotionally with pressure demands in parenting situations. For example, as one young person commented about his mother:

Well she's not like as snappy anymore.

(Young person, high intensity dual focus project)

¹¹⁹ This is explored more later in the section on Impacts on Children/Child Welfare.

It should not be forgotten that changing parenting approaches may not just be a case of countering negative parent/child relationships that developed during the time when the parent was misusing substances. Projects may also have to deal with culturally or historically ingrained negative behaviour. As this parent engaged with the **high intensity dual focus project** describes, it was not just a case of making changes to her behaviour but also breaking inter-generational patterns of negative parenting.

I've learnt to sit back and analyse and think, "Hang on a minute now, what's the best way around this?" ... rather than screaming and shouting, like my mum would have done.

(Parent, high intensity dual focus project)

Of course, less conflict, more control of parental emotion, and more appropriate responses, also means that the children are less at risk physically from any escalation. As the parent below noted:

[The worker] does help me a lot, ... stopping me from lashing out. And like if when [my son's] grizzling, she goes "as long as he's somewhere safe, just go out and have a fag, calm yourself down and then go back, don't try and do it when you're stressed". So, for me, I think it's mainly ... to keep me at the level I need to be ... [where] I don't take my anger out on [him].

(Parent, low intensity parenting project)

7.2.5 Improved communication

With older children, the key to avoiding conflict, and improved parent/child relations more generally seemed to be progress in communication. Indeed, helping parents speak with their children seemed to be an area where all the projects focused to some extent, and where improvements were shown across the board.

Touch wood, it's going really well, we're communicating better and we're talking better. She [my daughter] comes in from school and we talk more and ... it's just going really, really good.

(Parent, low intensity substance misuse project)

As the above quotation implies, being able to communicate with the child means, in effect, improved engagement in the parent/child relationship. And along with increased engagement and interaction comes increased empathy and understanding of their child's point of view and situation.

It's just sitting down and listening to the children, how they feel, especially my daughter who's going through hormonal hell. It's just taking the time to sit - don't argue with her, don't confront her - just talk to her on a level. It seems to be working. ... Instead of shouting at her, ... it's more calm talking, no confrontation and asking rather than telling, and it's just trying to come to an agreement.

(Parent, low intensity parenting project)

7.2.6 Improved parent-child warmth

Perhaps it is not surprising that with increased interest in their children, increased communication, less conflict and more enjoyment, there would be evidence of improved warmth between parents and children (and other family members). It should be noted that although improvements in parent/child relationships were generally identified by all of the projects, discussions of *warmth* and similar emotional bonding in particular were strongest and most usually discussed from those involved with the **medium intensity** and **high intensity dual focus projects**. And once again, this was a difference recognised and felt strongly by the children themselves.

[Since] she [mum] has been on the project ... she's become a different person, a nicer person, like someone you'd like to be with and that. ... It's just like she'll come up to us and randomly just give us a hug and kiss and say that she loves us. [Young person is overcome by emotion and starts crying] Before she was on the project I don't actually recall her doing that.

(Young person, medium intensity dual focus project)

7.3 Impact on children/child welfare

7.3.1 General happiness and confidence

As the previous sections have suggested, young people in families from all the projects were generally positive about their outcomes¹²⁰. Parents commonly described how their children were "a lot happier" since they (the parents) had become involved with the projects. Added to this, with a parent getting help addressing their substance misuse problems, children were then able to focus more on themselves, knowing with increased confidence, that their parent would be alright in the meantime.

She [my daughter now] feels more happier, and she can go out ... not worrying about what's going on in the house, and are we drinking and how much are we drinking, are we going to be drunk. So it's changed a lot.

(Parent, low intensity substance misuse project)

Children were happier because they were relieved of some of the responsibility for their parents. Irrespective of whether this was because the parents were now able to take that responsibility on themselves, or because the projects were taking some of the responsibility, it was not simply left to the children to act as carer. As a young person involved with the **medium intensity dual focus project** noted:

I just felt a relief that someone was there to help, ... someone knew what was happening, ... there was someone there that was just caring and helping and just on your side. ... It was just good.

(Young person, medium intensity dual focus project)

¹²⁰ Interviews with children and young people could only be undertaken with children from (1) the Families Matter project and (2) Bridgend EPIP as these were the only pilots that worked directly with them.

7.3.2 Children's attitudes and behaviour

More specific than general happiness, both professionals and parents across all the projects discussed improvements in children's behaviour. It may be, as the following parental assessment suggests, that behaviour improved simply because the increased engagement from parents meant that the children did not need to misbehave in order to gain attention – no matter how negative.

They [the children] don't try and get my attention as much as they did before, because obviously they've got my attention all the time now, and they know that they haven't got to fight to say "We'll go there and do this and do that". They can just come up now and talk and we have tidy conversations. And just sit down and just colour and stuff whereas before it would be fighting to make us [my partner and I] talk to them.

(Parent, low intensity substance misuse project)

Indeed, both the **medium intensity** and **high intensity dual focus projects** directly involved the young people and focused on family functioning, enabling those pilots to address this issue directly. The young people were deliberately taught the lesson that they should no longer have to misbehave in order to gain attention – instead they could now make the positive choice to behave differently.

I think [the project worker] ... has talked to him [my son] to say, "Well, you can be different, you don't have to act like that".

(Parent, high intensity dual focus project)

7.3.3 Social inclusion and educational outcomes

All parties involved across all the projects discussed tangible and more practical benefits for the children of those involved with the projects. In addition to improvements in everyday activities (e.g. like being woken on time in the morning, having meals cooked, being clothed, having toys etc.), it seemed that the children were increasingly receiving the attention from their parents that allowed full childhood integration and social inclusion. The area most often discussed by professionals as evidence of 'normalised inclusion' was academic integration. Interestingly, while this was hardly mentioned by parents and children themselves - who focused much more on family functioning and interaction – it was a key outcome priority for the projects themselves (although perhaps less so for the **low intensity substance misuse project**).

I know it probably sounds minute to other people but getting children to school regularly. We've gone from children having 47% attendance to going up to 75% plus.

(Project worker, medium intensity dual focus project)

The children are actually going to school, arriving smiley, happy, and ready to learn. The teachers can now do their job.

(Project manager, high intensity dual focus project)

For the professionals, school attendance and achievement was an important measure of a project's impact on family functioning. As the **high intensity dual**

focus project manager implies below, such activity demonstrates that the parent is organised enough to support the child, to organise their day, to function financially and to engage more widely.

The attendance at school, the punctuality at school, the taking part in school trips. Because they're so chaotic, you know, the parents, without meaning to, would miss payment for photographs, payment for this, payment for that. And because they've got a worker saying "Come on it's time that the school had this now", ... the impact on the children, in school life, has been terrific.

(Project manager, high intensity dual focus project)

However, all the projects, and the external agencies they worked with, were realistic in their expectations. They realised that, in the short term at least, they would not expect to see substantial educational or other measurable outcomes for children.

Trying to measure the effectiveness [of the project] is a longer-term piece of work, isn't it? You because might not know what impact it had on one child's upbringing for several years.

(External agency, high intensity dual focus project)

Nonetheless, for a large proportion of children, it was achievement enough to know that the improvements to their parents' situation, combined with increased attention and engagement with them, meant that they were safer at home than they had been, and consequently more likely to thrive in the long-term.

It might not be the most dynamic impact , ... you might not see people achieving degrees. ... [But] what you might see is children who are not afraid to go home anymore or be able to have their say when they are at home.

(Project worker, high intensity dual focus project)

7.4 Substance misuse

Out of the four models of working with substance misusing parents identified at the start of this section, the **low intensity substance misuse project** paid most direct attention to reducing the consumption of substances¹²¹, with the other three models of working aimed to support parents in partnership with existing specialist substance misuse treatment services. With most parents simultaneously receiving interventions from the EPIP projects and treatment services, it proved difficult for the evaluation to attribute any change in parental substance misuse specifically to the EPIP projects. Nevertheless, the additional impact that the projects made was clear. For example, even where parents were engaged with treatment services prior to working with the projects, it was often the project workers who encouraged and motivated them to continue to work actively with such services.

I wanted to go on a script to get myself off it [heroin]. ... [However] if it weren't for [the EPIP project worker] ... I don't think I would have been on subs [subutex] when I was, because it was [the project worker] who

¹²¹ And even then, the priority was often to reduce harm and promote safer methods of using, rather than immediately aiming to reduce/cease substance misuse.

pushed for it basically. [The worker] took me to see the doctor and everything, ... she sorted it out. ... Thank God I got it [subutex] when I did because I think I probably would be dead by now.

(Parent, high intensity dual focus project)

[The EPIP project workers] gave me so much support. ... They were there when I had my appointments to go and see drug counsellors. ... Knocking on the door, "come on, we've got to take you here". Not dragging me, ... but I wouldn't have gone if they weren't there. ... [In fact] if they weren't there, I don't think I'd be clean now ... [because] some days I used to have about three or four appointments in one day, and [the project worker] would stay with me all day, just to make sure that I'd go to the appointments.

(Parent, high intensity dual focus project)

Often the psychological and behavioural difficulties of reducing/abstaining from substance misuse can result in a very stressful and traumatic time for the individual concerned and their family. In such circumstances, the projects provided much needed support for the whole family unit.

Giving up the substance [misuse] is not always the answer to the difficulties they [substance misusing parents] experience at home. And the reason for that is, even if somebody's really quite successful at giving up, say, ... at home there'll be perhaps another adult who has taken that load, managed the household, managed on whatever little budget there is, managed the violence or the chaos or the aggression, or whatever's existed within that, and really done that very successfully within whatever capacity they have. [And] when somebody is in recovery and starting to undertake some more household stuff, that actually throws the dynamics out. And what you find then is one parent suddenly giving it, "Well, that's my job, I don't like you getting well", ... and therefore actually ... putting barriers into the getting well process. ... And I think that's what we've been able to do, is actually go into the family home and say, "Oh yes, look, so-and-so's giving up that little bit of whatever it is. Now let's change this dynamic to adjust without you losing power or identity".

(Project worker, high intensity dual focus project)

Although substance misuse is recognised as a chronically lapsing condition, many clients felt that a relapse or 'drop-out' of treatment would damage their relationship with the substance misuse treatment service with which they were engaged - this would consequently make them feel reluctant to return to the service for further help. The EPIP project workers again provided an important source of support, encouraging clients to re-access substance misuse treatment.

If they're saying to me ... "I'm ready to go back," or "I'd like to go ... and be seen again and get some medication", ... it's a big step for them. So we support them so they're not actually on their own. ... [Because] sometimes agencies ... do get a bit fed up if their DNAs¹²² often couldn't be bothered in the past. So it's trying to build those relationships and, "okay, I understand that that was then, ... [but] we have moved on, ... some work has been done in the home and ... he or she's ready for the next stage now".

¹²² 'Do Not Attends' – clients who fail to keep their appointments.

(Project worker, high intensity dual focus project)

Equally importantly, was the fact that the more intensive projects that offered outreach services were able to provide frequent home visits to encourage and support clients in reducing their substance misuse – something that was particularly welcomed during painful withdrawal symptoms, that could otherwise result in a lapse and a return to using street drugs.

I was sat with one mum in particular when she was coming off [heroin] and she was going through her methadone programme. ... I had to try to do a lot of distraction work with her [until she could get her methadone one afternoon]. ... I really felt for her and she said, "I could just go off and have a bag [of heroin]. I've got to." I just kept reinforcing that she'd done really, really well. "You're here now. You've done it". ... We just kept ourselves as busy as we could and then she said to me afterwards, "I'm so glad," because if she wasn't with me, she said, "I would have gone and done it" [scored some heroin].

(Project worker, high intensity dual focus project)

Even in those cases where other treatment services were not simultaneously involved with parents, the EPIP projects were able to provide the support necessary to institute reductions in substance misuse. This was particularly noticeable among the alcohol misusers, for whom there are often fewer treatment options available.

I was drinking about nearly twenty odd cans a day of Stella, and I went from that ... down to a litre and three quarters now a day.

(Parent, low intensity substance misuse project)

[The project worker] helped me reduce [my alcohol intake] because we were doing these charts on a weekly basis and she [the worker] was giving me advice about reducing.

(Parent, high intensity dual focus project)

Furthermore, traditional treatment services are commonly criticised for providing little or no help to assist those who have ceased to consume drugs/alcohol with the support required to maintain their abstinence. Again, the EPIP projects, were able to fill this gap.

I hadn't been drinking but I was like sitting in the house all day, constantly thinking of having a drink. ... [But] when I got in touch with [the project worker] ... she was like giving me things to do and places to go and ... it took my mind off the one thing that I was craving for.

(Parent, medium intensity dual focus project)

7.5 Other benefits for participants

7.5.1 Facilitated multi-agency working

In addition to the positive impacts discussed above, projects also generated a wide range of additional positive outcomes for clients and their families. For example, the level of co-ordination and assertive case management delivered by the EPIP project workers - particularly within the **medium intensity** and **high**

intensity dual focus projects - enhanced the work, and impact, of other services.

[The EPIP worker is] talking to all of the agencies and all that so they're not all working blind. ... What I say, she's like the mortar, she holds everyone together. ... [She] kept us [myself and the different agencies] all together, to be honest with you.

(Parent, medium intensity dual focus project)

By raising the client's individual profile with other agency's key workers, the projects thus provided those workers with greater incentive to prioritise that individual's case. This, in turn, was experienced by the client as heightened attention from their key workers, and quite often clients interpreted this as workers 'caring' for them – potentially an important factor, given the evidence of the role of strong, positive relationships in reinforcing intentions to reduce substance misuse.

7.5.2 Practical assistance with problems

Parents, particularly those working with the **medium intensity** and **high intensity dual focus projects**, made numerous comments about the assistance that they had received from project workers in relation to a number of wider areas. For example, the management of money and paying bills.

[The project worker] sat and went through all my bills and everything with me, got it all organised and allowed me to use the phones so I could phone up and get the bills sorted, things like that, practical support.

(Parent, high intensity dual focus project)

All my application forms for grants, resettlement grants from the social fund, she [the worker] has done for me.

(Parent, medium intensity dual focus project)

There were also examples of specific assistance being provided that would undoubtedly have a sustained impact upon the welfare of the children of the families involved. As one parent recalled:

He [my son] is two years behind in his maths and with his exams coming up his teacher was concerned that he was going to fail big time. And I sort of like said to [the EPIP worker] my concerns about it, and the next thing I know they've sorted out a [home] tutor for me. And I was gob-smacked.

(Parent, high intensity dual focus project)

7.5.3 Improvements in participants' views of themselves

Whether caused by current or pre-existing substance misuse, clients commonly reported low levels of self-esteem and confidence. However, by building strong, positive and trusting relationships with the parents that they worked with, the EPIP project staff were able to make great strides in boosting parents' confidence and self-esteem.

I'm more assertive. ... There's the confidence, it's a lot better. Self-esteem, I'm still building on a bit, but it's knowing that it doesn't matter if I make mistakes ... every now and then.

(Parent, medium intensity dual focus project)

I'm a much stronger person ... and I'm finding, with certain issues, they [the project] have given me more confidence.

(Parent, low intensity parenting project)

In several cases, the EPIP workers encouraged parents to think about their own self-development and futures, providing them with the motivation and confidence to consider options that they previously would not have considered.

I want to go back to college and that now next year. ... Before [I came on the project] I didn't have the confidence to do it, ... [but] now I have.

(Parent, low intensity parenting project)

And, in other cases, the project workers helped parents overcome any feelings of shame related to their substance misuse.

They [the workers] make you feel ... that you've not got two heads, ... you're not different, you're like everybody else really. But you think you're different because you've got a [drug] problem.

(Parent, medium intensity dual focus project)

I'm more confident in myself. ... I'm not ashamed to go anywhere now. I can go out my door and hold my head up high and realise that I haven't done anything wrong.

(Parent, low intensity substance misuse project)

7.6 Wider benefits

Inevitably, given the different levels of resources available to each project and the diversity of approaches taken to delivering the differing models of working, the projects had a varied level of impact upon external agencies in their local areas. For example, in Merthyr Tydfil, the Multi-Agency Referral Review Group (MARRG) had been struggling to get representation from MIDAS¹²³, and the input from the **low intensity substance misuse project** was valued, providing good intelligence and background contextual information that enabled the MARRG to make much more effective decisions. And although the **low intensity substance misuse project** was felt by some to not have developed an approach substantially different from existing treatment interventions, the project had still managed to raise the profile of substance misuse services.

I think it's probably got our agency into forums and areas we might not otherwise have been in. Again that's probably raised the profile of both ourselves and the issues. We've probably had more referrals as well for maybe our [generic Drugaid] family support [service] as a knock-on effect. So while emphasising on parenting and children, it's promoted other services as well.

(Project manager, low intensity substance misuse project)

¹²³ Motivational Interventions for Drug and Alcohol Misuse in Schizophrenia.

Similarly, the **low intensity parenting project** built up good relationships with a number of other agencies, in particular social Services, with local Social Services staff joint working effectively with the project¹²⁴. The project's input was valued, particularly given the high number of cases that the Social Services Family Support team was receiving¹²⁵. Although one external agency questioned how much direct impact the **low intensity parenting project** had made upon clients' substance misuse, the project saw its primary responsibility more in terms of addressing parenting capacity and raising awareness of the importance of the family among treatment services - and there was evidence of the project's impact in these terms.

As an agency we've raised awareness that there is this other option now for people who've got parenting skills and issues. So [for] people that are suffering with their own substance misuse, but also with family life, we are now very conscious that there's this agency available to take referrals.

(External agency, low intensity parenting project)

Furthermore, there were reports of the **low intensity parenting project** being able to engage partners that had previously been working 'in silo'.

They've really engaged with some services that previously wouldn't involve anyone from outside of their own agency, you know. So I think that is a true credit to the work that they're doing, that they've been completely accepted by some of the statutory agencies especially, and they obviously value the work they do for their clients.

(External agency, low intensity parenting project)

The **medium intensity dual focus project** was also highly successful in bringing relevant agencies together – both strategically and operationally – to focus on parental substance misuse and child welfare. This enabled the project to raise the profile of the *Hidden Harm* agenda in the area and, with the development of substance misuse training for practitioners, possibly substantially enhance the way that these issues would be addressed in the future.

I don't think before [we created our strategic group] that the agencies had sat round the table in the same way. ... But we're now getting the people round the table, and it's allowing that open discussion really, and allowing people to see it from other perspectives. And I think the training will take that to another level because that Hidden Harm training is going to be for those agencies to come together and look at together the whole issue of Hidden Harm.

(Project manager, medium intensity dual focus project)

The relative lack of knowledge about substance misuse among many practitioners - both frontline and strategic - may be surprising, but many people have erroneous and prejudicial views about substance misusers. Although the EPIP projects that undertook a substantial amount of inter-agency networking

¹²⁴ Project workers attended case conferences, core groups, transfer meetings, and Section 17 reviews.

¹²⁵ By the end of June 2009, four children (of EPIP clients) had been removed from the Child Protection Register.

could counter this misinformation, as the example below highlights, it demonstrated the urgent need to provide both frontline and strategic staff with substance misuse training.

I think [the project] has had a huge benefit. ... I can go, sometimes, to Social Services case conferences and the Chairs don't know an awful lot ... regarding drug and alcohol use. ... We're actually giving them information. ... They [just] don't do drug and alcohol [training]. ... [And] even the police, ... even your district nurses and your health visitors, they've got no training [either] in drug and alcohol use.

(Project worker, medium intensity dual focus project)

7.7 Summary

Unsurprisingly, substance misusing parents often report exceptionally high and complex support needs. Not only does any substance misuse need to be addressed, but there are commonly a whole host of other factors that exacerbate the challenges of working with this particular client group. In spite of this, as highlighted in the preceding sections, substantial positive impacts across a wide range of areas can be achieved. Nonetheless, given the complex support needs and chaotic lifestyles of many substance misusing parents - and the potentially relapsing nature of substance misuse - it must be remembered that achieving the kind of positive changes reported here can take a considerable length of time.

8. Conclusions and policy implications

The ultimate aim of this research was: to examine the effectiveness of the EPIP programme; the pre-conditions necessary for successful implementation of the pilot projects; the context(s) within which the different models are effective; and recommendations for the effective evaluation of community-based services.

8.1 The effectiveness of the EPIP programme

This evaluation has confirmed that the EPIP projects were true 'pilots', introducing new types of intervention into their respective areas, rather than merely duplicating existing provision. However, with little quantitative data available to the research team, this evaluation has had to draw largely on the results of its primary qualitative work. This has shown that despite only a short implementation period (and substantial hurdles to get referral routes, partnership processes and joint working arrangements in place), the projects gained access to a sizeable client group and, notwithstanding the huge degree of variation in the design and implementation of the projects, at least four out of the five projects helped to alleviate the problems caused by substance misuse within the families that they worked with¹²⁶ (see Section 7).

¹²⁶ The least well resourced project (in terms of staff and local service delivery infrastructure) did not manage to grant the evaluation team access to parents, case files or external agencies – and so there is little evidence of its impact.

8.2 The pre-conditions for successful pilot implementation

While the potential for impact among the projects was inevitably influenced by the degree to which referral routes, partnership processes and joint working arrangements were already established in the local area, there were a number of other aspects of project development that seemed to be important in embedding the pilots within their local service and strategic infrastructure. These included:

- Recognition that the development of new ways of working requires in-depth training that needs to be delivered to both project staff *and* referral agencies and other stakeholders (the latter as a means of developing effective working relationships with external organisations).
- Acknowledgment that pre-existing service frameworks can limit referral pathways and access to the potential client group, and that pro-active action needs to be taken to counter this.
- Commitment to networking and building referral routes – and in some situations, taking action to overcome any suspicion/resentment from ‘competing’ organisations.
- Locating a project within an existing trusted and valued ‘parent’ organisation.

One of the difficulties that the EPIP projects all experienced to differing degrees was a lack of shared definition of ‘early intervention’¹²⁷. Careful consideration of the intended boundaries to ‘early preventive services’ is thus required for any future programme of work, and on-going communication between programme commissioners and project managers is essential to ensure that projects develop and are implemented in a way that closely meets funders’ expectations.

8.3 Maximising the effectiveness of the models of working

Before discussing a potential model for working with substance misusing parents and their families, it is worth highlighting a number of points that need to be considered in any future work with this particular client group.

- Time-limited interventions may not be completely appropriate for some of this client group. Unless there are alternative support services that can provide long-term assistance to those with chronic difficulties, it may be unhelpful to provide only short-term support.
- Direct work with the children of substance misusing parents is required.
- A balance needs to be struck when allocating funding between projects providing a direct service to parents and children on the one hand, and achieving improvements in inter-agency working and information-sharing on the other. Commissioners may wish to specify their preference in any tendering documentation.
- Locating this kind of work within traditional substance misuse treatment services is liable to end in clients receiving services that do not address parenting directly. Therefore, it may be more successful to locate projects within generic parenting and children’s services - but with strong links into

¹²⁷ Indeed, the project that sought to maintain closest adherence to the Welsh Assembly’s original intentions found that this narrowed referral options and impeded project development, and consequently had to be relaxed.

substance misuse services so that work can be undertaken with clients where necessary¹²⁸.

- It is unhelpful to exclude those families in contact with Social Services from 'early preventative support'. Indeed, there are several potential overlaps between the work of Social Services and EPIP-type services that could provide fruitful opportunities. For example, projects could: work with families whom Social Services are aware of, but who are below the threshold for Social Service intervention; make a feature of aiming to prevent Social Service involvement in families, in order to attract more parents into the service; and support families who have exited Social Services interventions.

In the absence of existing sources of support for substance misusing parents and their children, a tiered approach seems most appropriate – with the degree of support tailored to both level of parental substance misuse and child welfare needs. In terms of 'entry points' into support, the following four points have been identified:

- 1) Parents whose substance misuse is in the very early stages of development will be difficult to identify, with perhaps the most evident routes being those accessing generic parenting provision or families known to Social Services where substance misuse is a minor concern. These parents are likely to need awareness raising (in order for them to acknowledge the impact that their substance misuse may have upon their children), as well as support around family functioning and harm minimisation¹²⁹.
- 2) Chaotic/heavily dependent substance misusers will need specific treatment interventions to help them to achieve stability/reduction. It is likely that a substantial amount of intervention time will be taken up by crisis management for the whole family, but in addition, specific support for the children (including carer support for older children) will be required.
- 3) For parents whose substance misuse is stable and/or reducing, holistic family support will be required. This should seek to: continue enhancing child welfare; improve family functioning; deal with any family conflict that has arisen due to the substance misuse; and ensure that any underlying causes of substance misuse have been addressed.
- 4) For parents with longstanding/chronic support needs, on-going abstinence support may be required even when they are no longer misusing substances. This would provide an effective opportunity to assess child welfare on an on-going basis.

8.4 The EPIP projects: policy implications

With *Hidden Harm* (ACMD, 2003) containing 48 recommendations and covering a variety of organisational remits, the EPIP projects could not have been expected to fulfil all of them. With little guidance on which elements to prioritise,

¹²⁸ The added benefit of this approach is that it would provide greater access to parents who would never approach treatment services.

¹²⁹ While this is perhaps the type of approach closest to the Welsh Assembly's original conception of 'early intervention', in reality, it is appropriate for only a small proportion of substance misusing parents.

the five projects all took different approaches and achieved varying outcomes. However, the experience of the five projects suggests that:

- Existing generic parenting support programmes are inappropriate for work with substance misusing parents, and need adapting to deliver short-term/immediate achievements to encourage on-going client engagement.
- Providing parenting support that does not work directly with children runs the risk of continuing to ignore children's support needs. In many cases, the damage caused by poor family functioning (whether or not attributable to parental substance misuse) means that children need support in their own right to ensure that their welfare needs are met.
- It is rare for organisations working with either children or substance misusing adults to examine the impact that parental substance misuse has upon family life. There therefore remains a huge knowledge gap in terms of child welfare issues.
- There is a need to provide guidance in terms of key data to be collected on parental substance misuse and child welfare.
- Treatment services only attract a very small proportion of substance misusers, and so do not provide a sufficient route for delivering the *Hidden Harm* agenda. Workers within a treatment setting may either get diverted into delivering 'generic' substance misuse support, or may defer addressing parenting issues until the client is 'ready'. While the creation of the EPIP projects encouraged some services to begin assessing for parental substance misuse, this may stop now the 'EPIP referral route' has ceased to exist.
- There are no equivalent specialist support mechanisms/referral routes in place for substance misusing families. As such, without the EPIP projects, practitioners may make referrals into Social Services instead.
- Some generic front-line and strategic staff have insufficient knowledge of substance misuse issues. There is thus a substantial need for substance misuse training (that could be developed specifically to address the *Hidden Harm* agenda).
- While the provision of tailored holistic support for families can achieve extremely positive outcomes for children and/or substance misusing parents in a relatively short period, commonly the problems of substance misusing parents are multiple and chronic, and as such, medium to long-term intervention is more appropriate.
- There is little/no local capacity to fund specialist projects working with substance misusing parents to address family functioning. While the development of Integrated Service Delivery for children may be construed as removing the need for EPIP-type projects, the level of specialist skill required for such work, and the lack of appropriate resources for use with substance misusers poses substantial challenges for such work.
- In-depth reviews of the local strategic and service delivery capabilities for supporting (or impeding) the longer-term development of pilots should be undertaken prior to commissioning new services. Requiring CSP and CYPP endorsement of a project bid does not in itself signal capacity to provide long-term funding to sustain even the most successful pilots.

8.5 Summary

This evaluation has shown that while addressing parental substance misuse is a necessary element of improved family functioning and child welfare, addressing

it in isolation is unlikely to bring about improvements in family functioning. The EPIP programme has thus identified the need for specialist parenting programmes for substance misusing parents.

While it is difficult to attribute any positive behavioural change solely to the EPIP projects, as this evaluation has shown, the EPIP pilots were able to impact positively upon parental substance misuse, family functioning and child welfare – and that this is more evident from some EPIP pilot projects than others. The EPIP projects filled recognised support gaps in traditional existing provision, such as: substance misuse prevention work with young people at risk of substance misuse; alcohol misuse services; and abstinence support. Added to this, the more intensive projects were particularly effective in delivering an approach that not only resulted in external agencies working more closely and consistently with clients, but also resulted in greater client engagement in existing mainstream support and treatment services.

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