

Moving Parents and Children Together ...and away from addiction-related harm

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Background

In 2010, AERC, as it was known then, generously donated £26,198 to enable Ethnic Alcohol Counselling Hounslow (EACH) to trial our Moving Parents and Children Together (M-PACT) programme. The proposal submitted was for Ethnic Alcohol Counselling in Hounslow (EACH) to deliver the Moving Parents and Children Together (M-PACT) programme under licence to local families affected by parental alcohol misuse to improve the safety and well being of children. The project would build the capacity of EACH to respond effectively to alcohol-related “Hidden Harm” by equipping its staff with the knowledge and skills needed to deliver the M-PACT programme to families from the multi-ethnic population of EACH’s area of West London.

The training programme was completed in June 2010 with the programme commencing in February 2011. The programme was evaluated by an independent researcher, as per the initial proposal.

This document reports on the programme and brings up to date the M-PACT (UK) project.

The issue

Over 1.3 million children in the UK live with parents or other adults suffering alcohol and drug problems. Around 30% of children under 16 years (3.3 - 3.5 million) live with at least one binge drinking adult. Life for these innocent victims of circumstance can be a rollercoaster of misery, confusion, anxiety, chaos and embarrassment. They can be exposed to violent arguments, experience abuse and neglect, and be robbed of their childhood by having to take care of siblings and addicted parents. Many are at significant risk and on local Social Service child protection registers. Children are the forgotten casualties of addiction – isolated and attempting to cope with traumatic circumstances, unsure of where to turn for help. Without the support they need, many will grow up with problems ranging from depression, anxiety, eating disorders and suicide attempts. Education may be set back. By reaching these young people through such programmes as M-PACT these severe problems may be averted and cycles of drug and alcohol abuse interrupted.

M-PACT in EACH

The programme delivered by EACH, involved a total of six families, involving 16 individuals with children aged between 6-15 years old. There were 8 children (5 girls and 3 boys) and 8 adults (6 females and 3 males). Seven of the adults were alcohol misusers, the 8th member being the sister of one of the adults. The ethnic groups that the programme was delivered to included, White/other, Indian, African Asian, White/African Caribbean and other black.

Unfortunately, two of the families did not complete the programme; therefore the programme was completed by four families in total. The reasons why both families did not attend all programme sessions are highlighted below for each family:

Family One (parent and twin boys) – The children had been voluntarily put into care as the parent was unable to take care of the children. They attended session 3 only, were asked to attend session 4, but failed to return. However, the parent did engage with EACH 1:1 services. The opportunity for the whole family to engage when things are more settled was agreed.

Family Two (mother, sister and adopted child) – They officially dropped out in the second session. Only the mother engaged fully with the programme and despite her enthusiasm it was difficult to continue without her daughter’s participation. EACH referred the daughter to a child and adolescent service (NHS), where she is making progress. The mother is in separate long

term counselling, and EACH have offered counselling to the sister, although she does not currently feel ready to engage.

Alcohol was the primary addiction problem in all families on the programme.

The evaluation methods used were questionnaires completed at session 1, 8 and at the reunion, focus group sessions with adults and children, drawing exercise for children and interviews at the reunion session. The evaluation results have shown the main ways in which participants felt that M-PACT had helped them, and these are identified and discussed below, with quotes from family members included to support these.

1. The opportunity to meet other people.

Many participants were able to state how much they valued being given the opportunity to meet others in the same situation as them. The use of the venue in providing a safe and non-judgemental environment proved very powerful and enabled all family members present to discuss some of the issues and difficulties they were experiencing.

'It's nice to go somewhere and not be judged....you don't have to be scared to ask for help'

'It was a safe place to express our feelings and listen to others in our family'

2. Involving children

The comments from the adults indicated that they specifically benefitted from the involvement of children in the programme, through the children being able to express themselves, and through the parents hearing what the children had to say. Many of the adults commented that a key reason for them agreeing to attend M-PACT was that it involved their children and brought an opportunity for a family to seek help as a family. A couple of the parents said that they had received other support for their substance misuse, but that M-PACT brought an added dimension to 'treatment' because it directly involved children.

The facilitators also commented that M-PACT gave the children a voice. Moreover, the facilitators also felt that it was important for the children to gain understanding that the addiction was not their fault.

'Thank you. It was a safe place to use and express, understand the impact of our abuse, being able to speak openly, and take children's feelings into account and make change'

There was also an understanding from some of the participants that M-PACT had helped them better understand how addiction affects others in the family, particularly children.

'I could instantly see the benefits....it was a no-brainer [for us to take part].....we've grown from the experience, I feel really blessed'

3. Other changes and more cohesive families

Overall, the families and the facilitators felt that all relationships in the family had improved and that there was more cohesiveness.

'[M-PACT] reminded us what life's like.....it brought us closer as a family....I'm really grateful'

'...[they] left with a much closer sense of family'

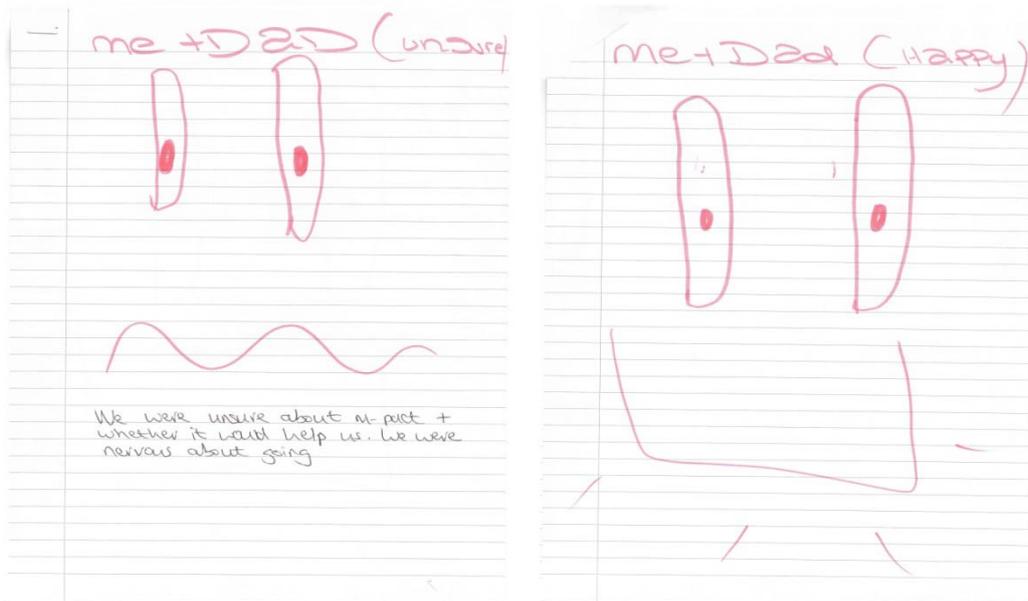
4. Improved Communication and greater understanding

Families talked about how they felt their communication had improved. The families felt that they were more open in discussing addiction, with one family also feeling that there was more openness in talking about the past, and that communication generally was much improved.

'Our communication has changed....we respect each other....it's much healthier'

'That's what opened my eyes....[my child] did feel it.....it humbled me to realise that I wasn't there emotionally'

A drawing exercise was undertaken by some of the children, the following shows a stronger parent and child relationship (girl aged 15 years)



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

The research findings above are positive and continue to confirm that M-PACT does benefit families in a range of ways, consistently with the programme aims/objectives. It also offers an intervention in an area where there are gaps in service delivery. However, there are always challenges and potential development when implementing a new programme and M-PACT is no different. The challenges associated with this particular programme are identified and discussed in brief, these will now need to be discussed and worked through where appropriate by the team at Action on Addiction:

Engagement of families

There were three issues which were highlighted. The first was regarding the benefit of having support around the 'practical' issues of attending the programme, i.e. paying for transport, something that was regarded as extremely valuable. The second concerned information provided to the families before the start of the programme, specifically relating to the need for more information on the content to reduce anxiety. And thirdly, regarding the age of children, this was the first programme delivered to a child under the 'normal' age range, this child was aged 6.

The team had to be flexible in the structure to ensure that engagement was possible, but including this child with the whole family was important and there was the opinion that the family had benefited by involving the child in the sessions.

The Programme itself

Comments from practitioners concerned the training and suggested that a larger focus during the five days on the actual delivery would have been beneficial. Facilitators felt that without dedicated admin support during the course of the programme and volunteer support, they would have struggled to have undertake all the key tasks. Children did express that the use of more activities would be beneficial and that the programme should incorporate more activities for the families to do together.

Time, additional support and aftercare

The time required to source referrals and engage with families is a common theme emerging in most other programmes across the UK, with referrals taking place in the days immediately before the programme is due to start. Facilitators also felt that the programme could be delivered over a 12 week period, bringing it in line with other programmes they deliver in their organisation. Family members did however discuss the need for additional support during programme sessions, something they felt would have been a huge benefit for them, as the programme opened up a lot of 'old wounds' they would have liked to discuss and work through. It was therefore suggested that the introduction of a mid-programme review might be helpful, allowing them to offer the additional support, but also, as already discussed, allowing for more flexibility within the programme structure (i.e. more activities).

Working with diversity

Due to the experience of the practitioners delivering the programme and the range of cultural groups they work with on a daily basis, they found it hard to comment on this as they manage it in a subtle and unconscious way. It was felt that it should not be assumed in other programmes across the UK that facilitators will have the knowledge and experience to work in the same way with diversity, and the M-PACT practitioner network would be one way of offering support between facilitators to strengthen practice.

The practitioners who delivered the M-PACT programme were consistent throughout the entire eight weeks, and have expressed a desire to deliver a further programme, thereby giving them an opportunity to put into practice some of the 'changes' discussed at the review meeting as well as generally experiencing the delivery of M-PACT. Discussions with the CEO of EACH are now taking place to look at ways to make this a reality.

The National Perspective

M-PACT (UK) – Rollout project to create a national resource

Having piloted, evaluated, manualised and revised M-PACT, our plan is to see that the programme becomes more widely available across the country by training practitioners to deliver the programme under licence in their local area. We aim to see that M-PACT becomes embedded as a mainstream resource at local level, something that is beginning to happen in some areas. By running programmes from our centre in Wiltshire, and from this year, our SHARP project in Liverpool, we can help to highlight best practice in delivering M-PACT.

We recruited a Project Manager to spearhead the rollout and make the case for M-PACT nationwide. Her post was initially funded by BBC Children in Need and the Esmée Fairbairn Foundation. We are also establishing a National M-PACT Learning Hub including an on-line M-PACT practitioner and manager forum.

M-PACT (UK) – Strategic aims

1. To develop an evidence based intervention that responds to children's "hidden harm" that is available and accessible to children across the UK
2. To ensure the intervention can be applied in a variety of areas, locations and settings among diverse populations
3. To ensure the country has a sufficient number of trained professionals able to deliver the M-PACT programme as designed
4. To see that M-PACT becomes an embedded local resource across the UK
5. To establish a national learning hub in order to link practitioners to a network of continuous professional development.

Licence holders: London Boroughs of Tower Hamlets and Westminster; Essex, Derbyshire, Wiltshire, Bournemouth, Stafford, Stockton on Tees and Cornwall Local Authorities; Addiction Recovery Agency (ARA), North Somerset; EACH (Hounslow); HMP Parc Prison, Bridgend; Merthyr Tydfil/Rhondda Cyon Taff Integrated Support Team; SHARP London, SHARP Liverpool, Manchester (ADAS). Organisations in other areas such as Leicester, Newcastle, Shropshire, Jersey, Guernsey and Dorset are also expressing strong interest.



Progress to date

- 72 families helped through M-PACT to date
- 55 practitioners trained to deliver M-PACT
- 5 children removed from child protection registers thanks to an M-PACT programme. 1 removed from Child in Need status
- Local partnerships formed including the NSPCC
- M-PACT run in conjunction with rehabilitation services
- Programme manual compiled and revised
- M-PACT presented and exhibited at national conferences
- A number of evaluations on M-PACT programmes undertaken
- Steps taken to establish an online forum for practitioners
- First M-PACT seminar for practitioners delivered

Your support

For the children of parents with drug and alcohol issues, life may entail little but fear and despair at a time when they should be benefiting from school, making friends and enjoying childhood. M-PACT shows the children of addicted parents that they are not alone and that their voice is important, while strengthening family bonds and putting in place practical measures to avoid further harm.

Your support has enabled us to continue delivering the project to cross the UK. Please do not hesitate to ask if you have any questions about M-PACT (UK) or would like to arrange a meeting or visit.