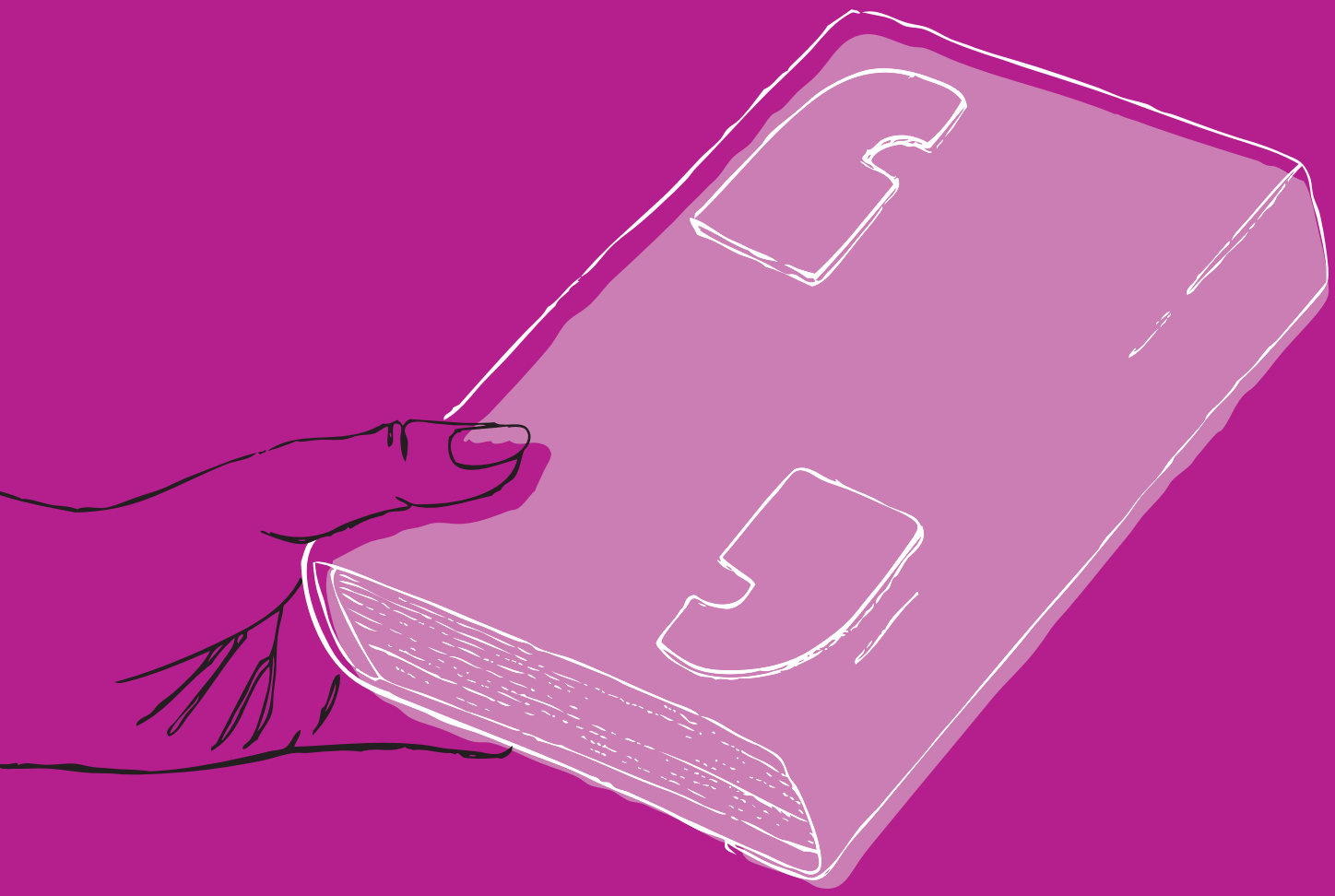
*2 THE EVIDENCE BASE



Action on Addiction

MPACT
Moving Parents And Children Together

Research Briefing

Moving Parents and Children Together –

whole family support for families living with parental substance misuse

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Background

Families can be severely affected by the substance misuse of a relative (Orford et al., 2005; Templeton et al., 2006), with well-being, family life, routines, relationships, parenting, communication and finances disrupted. This can make it hard for families to work together to overcome the problems that they are facing. Children and young people can have a particularly hard time (ACMD, 2003; Turning Point, 2006), losing confidence and self-esteem, finding it hard to trust others and feeling unsafe (Kroll & Taylor, 2003; Gorin, 2004; Barnard, 2007). However, there is growing evidence that children and young people can demonstrate resilience to the problems that they are facing (Velleman & Templeton, 2006). Further, there is evidence that supporting those family members affected by the substance misuse of a relative can yield positive outcomes for all in the family (Copello, Velleman & Templeton, 2005), yet there are few examples of services that work with parents and children together.

The Strengthening Families Programme is a USA based community prevention programme (Ashton, 2004). Developed primarily as a drug and alcohol problems prevention programme, it combines family and child focused approaches and has been successfully evaluated (Ashton, 2004) and replicated in a number of settings and with different groups (urban and rural populations, 6-14 year old children, and a range of socio-cultural groups), as well as being subsequently extended to meet the needs of families affected by other problems. The programme focuses on the development of protective factors and the reduction of risk factors and has demonstrated that working in a more holistic way to address family difficulties, including substance misuse, brings benefits to parents, children and families.

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The Moving Parents and Children Together (M-PACT) Intervention Programme

Influenced by concepts underpinning the Strengthening Families model, and reflecting key policy objectives in this area (ACMD, 2003; Cabinet Office, 2007; DCSF, 2007; Department of Health, 2007; Home Office, 2008), the Moving Parents and Children Together (M-PACT) programme was developed by Families Plus (a specialist team within Action on Addiction who offer a range of treatment options, from advice and guidance to practical and theraputic support, for individual family members and whole families affected by a relative's substance misuse). The programme offers a whole family approach to meeting the needs of children and their parents where a parent has a drug and/or alcohol problem. Children, aged 10-17 years old, and parents from a number of families are invited to meet together, where a team of four facilitators work collaboratively with them. An initial assessment meeting is followed by eight weekly sessions lasting two and a half hours, during which children and parents meet in separate groups for some of the time and then all together for the final part of the session. A review meeting with each family, and a reunion session which brings all the families together again, take place several weeks after the end of the programme. Help is provided to understand the impact of substance misuse, to identify family strengths, and to explore practical ways to build on strengths to improve communication, well-being, safety, the home environment and relationships between family members. Children and parents contribute to the shaping of each meeting.

The programme has run twice in the community: the first pilot (PACT) in 2006 and the second (M-PACT) in 2007. This Research Briefing summarises the key findings, similarities and differences from the evaluations of the two programmes (Zohhadi, Templeton & Velleman, 2006; Boon & Templeton, 2007)[1]. Both evaluations were mixed methodology cohort studies with the families who attended the two programmes. The Briefing is based on qualitative data, as different quantitative measures were used in each programme and the small sample sizes mean that detailed quantitative analysis has not yet been possible (more information on this aspect of both evaluations can be obtained from the two final evaluation reports).

Methodology

Qualitative data were collected via individual face-to-face interviews with the young people and parents in the month following the end of the programme. A focus group (or telephone interview for those who could not attend the focus group) was conducted with the programme facilitators at the same time.

For both programmes, families were recruited by Families Plus. For the first programme, the group facilitators were responsible for securing consent and for the collection of quantitative data, whilst for the second programme the researchers attended the first and last sessions to secure consent and oversee the collection of quantitative data. For both evaluation studies, the researchers arranged and conducted the follow-up interviews, which were conducted in the home or at Families Plus premises. The researcher made detailed notes during the interviews; 'interview reports' were then written from these notes, using direct quotes and summary statements. The focus groups were tape-recorded and transcribed. Qualitative data were analysed thematically using the principles of grounded theory and IPA (interpretive phenomenological analysis).

[1]The two programmes had slightly different names (the first programme was called PACT and the second was called M-PACT); for ease, the name Moving Parents and Children Together (M-PACT) is used in this Summary to refer to both programmes. Where specific differences between the two programmes are highlighted then this will be clarified.

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The Families

Eight families, comprising ten parents (half of whom were substance misusers or in recovery) and eleven children (Figure One), engaged with the two programmes. Interviews were successfully completed with 18 of the 21 participants (ten young people and eight parents).

Figure One: Families attending the Programme*

Family A	A mother, a father and a son
Family B	A mother and two sons (twins)
Family C	A mother and her son
Family D	A father and two sons
Family E	A mother and two daughters
Family F	A mother and son
Family G	A step-father and step-daughter
Family H	Two parents and their son

**To preserve confidentiality, details of age and which parents were substance misusers is not given. Drugs or alcohol was the primary problem for roughly the same number of families.*

At the start of the interview, each family member was asked to talk about what had brought their family to the M-PACT programme. It was clear that the lives of all the families, whilst not necessarily in crisis, were characterised by tension, conflict, distress and unpredictability. Often, other problems were also present; for example, self-harm, suicide and other mental health problems, family separation and divorce, and financial hardship. Parents felt that their children were becoming increasingly aware of the parental substance misuse; some were anxious, depressed, displaying violent and disruptive behaviour, not attending school and themselves using/misusing alcohol or drugs. Whilst the misusers may have received or be receiving help, other family members had received little support. Despite the difficult environments in which everyone was living, the families demonstrated close family bonds and parents were concerned about the impact of the substance misuse on their children, but family members were secretive in order to protect one another. Families wanted to move away from the secrecy, conflict and dishonesty that shaped their lives but did not know how to go about this. Therefore, the programme enabled families to see that help was available and that, *"you don't need to struggle on your own….it's given us strength to know you only have to ask for help…and there's nothing wrong with that"*. As one participant said, *"the emphasis is usually on you and doing it for you, but this was much more focused on family, and doing it for the family"*.

What Changed and How Change was Possible

The biggest positive change seen for the families who attended both programmes was in what the families communicated about and how they communicated. The work that was done in groups and as families allowed family members to learn to listen to each other, and accept different feelings and points of view, which resulted in an enhanced understanding of each other, the addiction and its impact. In particular, parents were able to recognise how the substance misuse, and the negative impact that this often had on their parenting and on family life, impacted upon their children, and children came to accept that the problem was not their fault: *"it taught the kids you don't have to deal with your parents' problems; you just have to cope with them. It is not your fault and it is not your responsibility. They covered this really well; they taught them that they don't have to try to solve the problems"*. By gaining confidence in how to communicate and how to cope, family life became calmer as previous negative behaviour patterns were broken. Overall, then, families became

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Figure Two : Communication, understanding and family unity

"[PACT] has made it easier to talk about things, so we can try to sort them out straight away instead of keeping them to ourselves and getting worried".

"It made us realise how much we had kept from [our child], how much we had hidden and not talked about….".

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

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

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

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

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

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

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

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

healthier and safer, infused with a greater sense of family unity and of wanting to work together to resolve the problems that had been inhibiting family life (Figure Two).

There was a range of factors that contributed towards the change that was possible for the families. Being supported to set realistic goals relevant to their individual situations was valued. Families found the location of the programme homely and relaxed. Families were complimentary of each other and also towards the group facilitators, expressing their views on the vital role that the facilitators played.

> *"They put themselves across very well, the children felt comfortable with them…they were very knowledgeable, they knew what they were talking about - they were great".*

> *"… they were really helpful, they were supportive… they were kind to us…and they let us have a say in everything".*

> *"[they were] skilful and compassionate….I appreciated that".*

Group dynamics therefore played a vital role in the success of each programme. Both groups of families felt welcomed and supported by being part of something where they were with other people who were living in similar circumstances. Children and parents valued the input from their peers but also from the other group. However, there was a sense that the second group, perhaps because of its larger size and diversity, was stronger, enhanced by the greater peer support that the

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group members were able to offer each other - *"We just all connected"; "Every single one of them showed me something, gave me something to think about"*. The facilitators said that they were, *"amazed at the level of energy, communication and relationships that developed"* between the families. The children in particular, *"….seemed very in touch with their own feelings….achieved more self-awareness….were allowed to be themselves….gained a stronger self identity"* and everyone came to realise that the children should not be underestimated. They had insight and understanding beyond their years and engaged fully with the process; when given the chance to make things better, they grasped the opportunity with both hands. One young person kept going to the sessions even when their parent stopped attending because, *"it was fun and was helping me"*.

Everyone expressed a sense of loss at the ending of the programme: *"[we feel] slightly abandoned"; "we feel somewhat cut adrift"; "[we feel] in limbo"*. Families were concerned about how they would be able to maintain change without ongoing support, lacked confidence to keep going on their own and feared slipping back into old patterns of behaviour without continued support - *"The problem with PACT is it was working really well and then it stopped, and as everything started to work….it stopped as quick as it opened"*. As one parent explained, *"you go with the best intentions and you leave with the best intentions but things can slip….it would be good to have a reminder that there is a different way of doing things"*. A particularly important issue for the adults was the lack of options for ongoing support for the children – *"….there are few support options for children, and they need it, they've taken the brunt of this…..they had a nine week introduction into new ideas, new skills and coping strategies, but they have nothing to follow it up"*. One parent said, *"[my child has] got no goal at the end of the week…nowhere to go and express things….. [they have] lost somewhere to go and it's all about [them]"*. One young participant summed up what the programme meant to them, *"I liked it from the first session. I felt comfortable, I was excited about it, I wanted to see what would happen…..I looked forward to the sessions all week, it was the highlight of my week"*. Without exception, then, everyone said that the programme brought the opportunity for a 'new beginning' for their family but were uncertain about what the future held for them once the sessions had finished. The review session (see below), which took place after research interviews had been completed with participants, was included to specifically address these concerns.

Discussion

For all eight families it was the first time that they had been offered support as a family. The data demonstrate that the programme empowered all families to make positive changes in areas consistent with the aims of the programme. Thus the programme enabled positive and honest communication; provided education and understanding of addiction; allowed young people to feel safe; improved family environments, and promoted self-esteem and resilience in the young people. Families gained a greater understanding and appreciation of each other, were able to break negative patterns of behaviour, identify strategies for coping and enjoy quality time as a family.

For all the families, the programme kick-started a process of change, but this brought a degree of uncertainty and apprehension as families wished for longer sessions, more sessions and generally more support, and expressed anxiety about their ability to maintain change in the absence of regular M-PACT sessions. This affected the M-PACT team who felt that, *"….we are only walking part of the journey with these families, with some you'd like to walk further"*, but were constrained by the practical realism of delivering the programme in an already resource stretched sector. On one level it is inevitable that families wanted to continue with the security offered by a programme and a group of people that facilitated positive change. Knowing that the programme would be the first step for many families, the team endeavoured to put things in place for families that would help them once the programme had ended. Each family member and each family created 'toolboxes' containing ideas and information to enable planning for both good and bad times in the future. For children, this allowed them to consider how they could keep themselves safe. The review session allowed

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the team to discuss progress with each family and to identify ongoing needs and how these could be met.[2] The reunion session had a similar aim, but offered a further level of support by bringing all the families together for a final time.

Very few major changes were made between the first and the second programme, though there were differences in the profile of the families who attended the second programme which resulted in differences in some of the detail of the programme. There was more diversity amongst the families in the second group (both male and female children attended, compared with all male in the first programme; the children were slightly older, and there was a greater mix of misusing and non-misusing parents). Additionally, the second programme had a greater focus on child protection and harm minimisation. Interestingly, those aspects of the second programme which made it more challenging than the first programme were the same things that made the experience so positive for all involved. Despite initial anxieties, there was agreement that the mix of families and family members enhanced the process. Ultimately, both programmes were equally able to retain their focus on children within a family context where substance misuse was present.

The M-PACT facilitators reported that they found the work incredibly positive and rewarding – *"It was a privilege going in week after week and seeing the good it is doing"*. However, the work was emotionally challenging and brought with it an additional set of challenges, mostly related to balance. For example, balancing the needs of the children without alienating or blaming the parents, but knowing when parents needed to be challenged about their behaviour and the impact this was having on their children. Respecting confidentiality and responding to children protection concerns were two further issues that were thought through in particular depth when planning the intervention programme.

The numbers of families struggling to live and cope with substance misuse, and the needs of these families, is unquestioned. However, both programmes suffered due to a lack of referrals from other agencies. It is likely that these agencies will be working with families who have a range of problems, and where there may also be child protection concerns, and where a partnership with the M-PACT team could be of real benefit. A clearer understanding and stronger commitment from a range of other agencies will be vital to the ongoing success of the programme. Firmer foundations of this nature could mean that families are identified sooner, and are able to access help before things reach crisis point.

The qualitative data from 18 of the participants is a powerful demonstration of the benefits of a holistic approach to substance misuse. Further programmes and their evaluation are needed to continue gathering evidence to better understand who benefits most, what changes are most likely and how change happens. The third M-PACT programme will run in 2008 in a prison setting, recruiting a group of adult male substance misusing prisoners and other members of their family including at least one child. Discussions are also underway to explore running the M-PACT programme with families from black and minority ethnic groups. Including a longer-term follow-up would allow for an understanding and assessment of the longer-term impact of the programme.

[2]Further communication with the M-PACT team highlights just how important this meeting has been to continue to support families. Of the eight families who attended the programme, the review meeting resulted in one family (with additional family members who did not attend M-PACT) continuing to attend Families Plus, one young person receiving individual support, two families being referred to CAMHS and two parents attending the Families Plus family programme.

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Conclusion

The provision of a service like M-PACT is important for a number of reasons. Services for the children of substance misusers, and for children and their parents together, are greatly lacking, meaning a service like M-PACT continues to be the exception rather than the norm. By not necessarily working with families who are in extreme crisis, M-PACT is a clear response to current policy agendas, by making a welcome and necessary contribution to intervention with families who are struggling and are in need, but may not come to the attention of services which continue to have an inevitable focus on crisis and risk, or which are not able to work in such a time-limited intensive and holistic way. By responding to children in the context of their family, and working with whole families, the programme has the potential to work with, and take the pressure off, other services by offering a unique support to families to facilitate and empower them to take the first steps towards positive change.

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- M-PACT is a registered trademark of Action on Addiction.

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