No Longer Alone

An evaluation of the *Holding Families* Project

Final Report

Introduction

The *Holding Families* project is a new multi-disciplinary project that aims to help children, parents and families with problems associated with significant substance misuse.
The development of the *Holding Families* project comes at the end of a long and complex partnership process that began with the children's sub-group of the local Drugs Action Team. The project was created through a partnership between Bury Substance Services, CAMHS, Bury child care services and the voluntary organisation Early Break.
The *Holding Families* process has attempted to offer a holistic, intensive treatment service for families where substance misuse is a problem, where children and adults needs are dealt with and responded to at the same time, within the same project. This included the coming together and the significant contribution of practitioners from substance services, statutory child care services and the voluntary sector to contribute to this combined therapeutic effort. (The detailed account for how these contributions came together can be found in appendix 3). In this sense the *Holding Families* project, whilst operating in the context of wider government initiatives, can be seen largely as a bottom-up initiative largely fuelled by the time and enthusiasm of involved practitioners and managers.

National Context
This report should be read in the context of *Hidden Harm* (ACMD, 2003); the different government responses to *Hidden Harm* (DfEs, 2005 ; Scottish Executive, 2006); some of the work undertaken by childcare organisations since *Hidden Harm* (STARS project report,2006) and finally the local response in Bury to *Hidden Harm*. It should also be read in conjunction with the literature which explores the difficulties of engaging substance misusing parents in therapeutic work (Murphy et al, 1991; Harbin and Murphy, 2000; Tunnard, 2002a; Tunnard, 2002b; Taylor and Kroll, 2003; Harbin and Murphy, 2003; Mahoney. and MacKechnie, 2001, Barnard, 2005; Harwin and Forrester, 2005; Harbin and Murphy, 2006;Barnard, 2007).
It is also relevant to consider the report in the light of developments in child care policy that followed the Victoria Climbie Inquiry (Laming, 2003). These consist of a series of government publications and initiatives which includes

Every Child Matters; ECM Change for Children; ECM Next Steps(2003/4); The National Service Framework for Children Young People and Maternity Services (2004) and the *Common Assessment Framework (2005a)*. Far from merely being a response to the Laming Inquiry, the Labour administration has re-launched their whole child care agenda. One central plank of this agenda is interagency collaboration at all levels of accountability: 'Radical reform is needed to break down organisational boundaries' (DfES, 2003, p9).
Rather than relying on agencies and practitioners to collaborate in a voluntary and often ad-hoc manner across agency divisions, the government is developing initiatives that remove or reduce some of the obstacles to collaboration. One key element in this new agenda was a renewed insistence on a seamless, collaborative parent and child care service with clear lines of accountability to government. This included the new children's minister and commissioner; Children's Trusts; new statutorily grounded Safeguarding Children's Boards, the introduction of a new concept of lead professional and new information sharing mechanisms (IRTs, ICS and CAF). The key role of most of these new institutions is to promote collaboration: 'Improving outcomes for children and young people involves changing the behaviour of those working with children, young people and families, so that children, young people and families experience more integrated and responsive services, with specialist support embedded in and accessed through universal services' (DfCSF, 2007)
Another key element in the government's approach is to move focus and emphasis from child protection and safeguarding to targeted and child in need services: 'Better integrated, more accessible and more personalised services will lead to a shift to prevention and improved safeguarding of all children and young people'(DfCSF, 2007). The desire to shift focus to preventative services has been apparent since 1995 when the publication of *Child Protection: Messages from Research* led to the 'refocusing' movement (NCH/ADSS 1996; Jones and O'Loughlin, 2003) that tried to shift emphasis and resources from 'protection' to 'prevention'.
The government has sought to encourage both greater interagency collaboration and a move to more preventative services by encouraging pilot projects where practitioners from different agencies are encouraged to come together in real or 'virtual' integrated teams, to work with children and families who are not yet in the safeguarding system.
The report should also be read in the context of *Care Matters* white paper. Recent research (Harwin and Forrester, 2005; Barnard, 2007; Murphy and Ingram, 2007) confirms that familial substance misuse is a significant factor in children and young people coming into care and, for some, staying in care. It is also the case that residential care in particular can exaggerate the fractured family relationships already impacted by substance problems (Murphy and Ingram, 2007).

These national developments are the context in which key practitioners and managers came together to plan the *Holding Families* service. The core elements of this treatment service included a family meetings, group and individual work with parents and intensive direct work with the children and young people, alongside ongoing contact from statutory substance and child care practitioners (App 3).

Staff from the University of Salford were asked to do a formal evaluation of the results of the first two groups of families involved in the research. This piece of evaluative research attempted to bring together the child's, the parents' and the involved and referring practitioners' views of the impact and helpfulness of the first two *Holding Families* intakes. The research team from the University of Salford included Michael Murphy, Fiona Harbin, Frances Halligan and Ciaran Murphy.

Methodology

Three semi-structured questionnaires were developed for children and young people, parents and involved practitioners. The questionnaires used different language, but were designed to discover the experience of *Holding Families* from three different points of view.

Most participants were interviewed individually, however several children chose to be interviewed with a sibling. In these interviews it is of note that the older sibling (ages 11 to 13) took the main role within the interview, their younger siblings (5-8yrs) becoming distracted after the first few minutes. Each participant was interviewed by one of the project team and their responses were collated.

This is a highly qualitative piece of research, no attempt was made to externally check the veracity of participant's accounts, what follows is an account of how they saw the *Holding Families* process.

Within the text * indicates a direct quotation from a participant with *c* (child or young person) *pa* (parent), *ip* (involved practitioners) and *rp* (referring practitioner). It is of note that few male carers participated in the groups and none were interviewed. In a similar fashion the practitioners who ran the parent and child work were women.

The initial group for drug using parents was run in spring 2007 and the second group for alcohol misusing parents and their children was run later in the year. The researchers interviewed the participants within five weeks of their participation in the process.

The first [drugs] group was relatively small with a maximum of four families involved in the process. Significantly, all adults (4 persons) and children (7 persons) from the first group contributed to the research process. The second [alcohol] group was larger with x parents and x children involved. Significantly only 4 adults and 3 children from the second group have contributed to the evaluative process. It is not yet clear why the members of the two groups responded in such different ways.

Part 1 The *Holding Families* Process

The Planning Process
This project has come at the end of a long interagency planning process. It is of note that those participants in the planning process commented positively on the collaborative, partnership aspects of this process. The early development of the service was created by a significant investment in time and energy by the involved staff. In this way these staff became agents of change (reticulists) in the Bury system, creating a service that was largely home grown and hence more likely to 'fit' the system and be accepted by other staff (Murphy, 1996).The positives from this partnership approach, particularly the coming together of substance and child care staff, were seen to enhance other local partnership arrangements.

**(ip)The partnership working between agencies worked well.*
**(ip)Services were brought closer together and practice was challenged*

There was a firm sense that the project got off to a 'good start' in terms of collaboration and partnership engagement and that this sense of enhanced partnership had positive spin offs in other areas of work.

The referral process
There were some discussions on what was the right 'stage' or threshold to refer, particularly from involved practitioners. Most of those practitioners favoured an early referral whilst the child was still within the vulnerable/child in need system, rather than a later referral when a child was in the care or protection system. In effect several children were included from 'high' threshold and several from the child in need threshold.

**(ip)It needs to be wider criteria than cp register for acceptance into the groups (children in need)to prevent children coming on the register*

However, all involved practitioners discussed the importance of collaborative links between the project and the child's social worker. There was a definite issue involved in keeping referring social workers informed about the whole process (so that they could better inform/work with the child and parent) and then keeping the lines of communication open between them and the project team. It is certainly the case that a referral into the *Holding Families* project should not be seen as an end of responsibility, but a beginning of a new interagency effort that requires some ongoing commitment from all those involved. In this way participation of children, parents, involved staff and referring practitioners is a key to positive change.
The project team were interested that from a parent's point of view none seemed to think that they had been 'forced' to participate in the project and most were very willing to accept the service.

**(pa) I was very positive, I wanted to do it.*

There was a strong sense that if the project and community workers were prepared to work with ‘people like us’ then they should also work hard for them

**(pa) If they're prepared to work with us, I'm prepared to work with them.*

For others there was a strong sense that they were desperate to participate in a service that might help:-

**(pa) this is what I was looking for to do, to see which steps to go forward, 'coz I was at a loss with {child’s} behaviour and my drinking. Just going round in circles. Every weekend was getting worse*

The Four different parts of the process
The project had four separate elements in its work – the family meeting, the parents’ group work, the children’s work and ongoing support from substance/child care practitioner. (For more detail see appendices1-3).

Family Meeting
Of these four elements the family meeting received limited comments either positive or negative. Two children were appreciative of the family meeting. One child remarked:-

©It was a bit good in the family meeting

Another parent didn’t enjoy the family meeting but saw the positive effect it had on her contact with her social worker

**(pa)And since that meeting it has actually brought me and [SW] a bit closer because we seem to be able to contact, speak to each other more.*
**(pa)But since that meeting I have actually been able to open up and obviously tell her a lot more.*

Another parent saw the family meeting as tied in to the group work. What the family meeting seems to have done is to set the ethos of the whole project. This ethos was both highly supportive and very challenging of the parents involved in the process.
The overall lack of comment does not necessarily mean that the family meeting was unimportant, rather that it was not seen as separate or having the most impact by children or parents.

The Parents Groups
Two parents groups were run. The first involved parents who primarily had drug related problems, the second involved parents who had alcohol related issues. The groups were jointly facilitated between a substance practitioner and a child care practitioner (the same child care practitioner was involved in both groups). The materials used were developed by the practitioners involved and included materials from the child care and substance fields. (For more detail see appendix 2).

Feedback from group leaders

The feedback from the three practitioners who facilitated the group work process found that in general the work had been very positive for the parents who attended. The involved practitioners commented positively on the partnership between child care and substance practitioners involved in running both groups:-

**(ip)It was good to have child care and substance practitioners in the same room*
**(ip) Excellent that social worker and substance practitioner ran it together*
**(ip) We used our specialist expertise well, (even though the social worker had a hard time with the clients)*
**(ip) I worked very differently to G (she was planned and I was impromptu) but the partnership worked well*

Attendance

Attendance at the first group was always problematic. Full attendance was never achieved and sometimes the number of parents was down to one. However, the parents who did attend still had very positive comments about the group (see below). It might also be the case that small numbers gave more attention to those parents who were there. As one facilitator said:-

**(ip) The Alcohol group worked better because of better numbers. But the small drugs group meant loads of individual attention for the participants*

The attendance for the alcohol group was initially much better, even though some participants dropped out half way through:-

**(ip) Some members got together outside the group and relapsed*
**(ip) Conflict outside the group led to some drop out*

Parents in general didn't appreciate the poor attendance, even though they really appreciated their own participation in the groups when established.

**(pa)There was a problem with attendance, getting the participants there – you can't do group work if only two people are there*
**(pa)I felt a little bit let down because there weren't a great deal of us, because we were expecting six families, or six parents from families and there were only three of us, well there were only two of us then one came in half way through. I felt at first a bit let down but then you develop a bond a closeness at least 2 or 3 of us turned up for it which were a good thing.*

Group work Content and Process

The facilitators all agreed that the first two weeks of the group work content had been supportive and aimed to engage parents:-

**(ip) Some families were keen and agreed to engage quickly*
**(ip) The planning worked well – good programme not too heavy*
**(ip) We forged a safe environment*

**(ip) The first 2 weeks 'joining' went well they were very gentle around education and information*
**(ip) Some clients were resistant at first but then it worked for them*
**(ip) The people who stayed in both groups worked really hard*

The facilitators agreed that the third and fourth sessions had the most impact because they were very challenging. These sessions were concerned with the effect of parental substance misuse on children.

**(ip) Substance as a family member was very powerful*
**(ip) We linked in with the impact of substance on the child all the time. The 3/4th sessions were very heavy and powerful about the specific impact on the child*
**(ip) The session with F went well – led to more awareness and some notion of a light at the end of the tunnel*
**(ip) Working with scenarios was helpful, the parents linked these in with their own lives*
**(ip) The interactive work went well, particularly the family scenarios. There were some very powerful sessions*
**(ip) The child focus (weeks 3-4) made it very different and powerful*

As we shall see below these middle sessions were also very significant from parents' points of view.

However the facilitators also agreed that sessions 5 and 6 were not as positive as the previous four and ended too quickly, leaving a sense of unfinished business

**(ip) They didn't work particularly well. We need to explore the need for follow up*
**(ip)It was kind of..and now …what?.*
**(ip) The last session could be improved*
**(ip)Should it be longer? Maybe another 2 sessions but no more*
**(ip) The last session with the alcohol group (shield etc) was difficult. We weren't sure about it and the response was disappointing*
**(ip) It needs a follow up/participants need more sessions*
**(ip) The members of the group were disappointed at the end …where do we go now?*

Parents' Experiences

The parents' responses to the group work process were generally very positive. (Even though this positive response did not seem to predict that the parents would regularly attend.) It is pertinent that the parents' response to the first four weeks of group work was similarly powerful.

**(pa) After the second week that was ok. I loved it. I wanted it to go on longer actually. It was giving me a couple of hours away from drink.*

All agreed that the welcome into the group had been good, even though some were not sure about what kind of group they were getting in to. Some parents expected the groups to offer a ‘usual’ mixture of substance focused material only. They were surprised to find how child and family focused the group was.

**(pa)You would sit there (in other drugs groups) and they’d say. ‘You know what crack cocaine does to you? you know what heroin does to you? And all that and it all becomes monotonous. If you heard it once, you’ve heard it a hundred times. The effects, what it does to you, what your life’s going to turn out to be, what it could turn out to be. This project was totally different. It was like what your kids were doing, what their part in it was, and what my part in it was. And its built our relationship up.*

Of particular significance was a shared sense of having been strongly effected by the sessions and discussions around the impact of substance misuse on children. All parents were able to link this experience in to the experience of their own children:-

**(pa) It was about your relationship with your kids, and where the kids are and what happens to your kids when you’ve got an addiction. I wasn’t really up for it. I was just going along with it to see what it was about. If I didn’t go along with it I’d just let myself and my daughter down.”*
**(pa) Learning about the kids part, what they’ve got to do and what they’ve learnt.*
**(pa) Listening. They had like an audio tape, listening to kids explaining what they’ve gone through with their parents being on drugs.*
**(pa) Then we watched a video tape about families with kids who are on drugs and again it was from the parents perspective of it; where some have lost their kids, died, and some of them have been on it for years. And what they were going through as well. That sort of brought it home as well. It brought it out in me. It hit me more than anything I think. I stood back and looked at myself. It’s not right is it?”*
**(pa)Its not just about drugs or alcohol, its about your kids, what effect it’s had on your kids i.e. what your kids are likely to turn out to be. You know? how to change your own life from getting yourself out of a rut; get yourself sorted out and that way the kids will get themselves sorted out. When I first went there, I thought it was just another drugs group.*
**(pa)That one where we watched a video was absolutely brilliant. That really did kick me into touch. When I heard about the child looking after the brother and sister, I thought that's what I was doing to my eighteen year old*
**(pa) I heard all the stories of the children that are quite disturbing just for the mothers and fathers to be there; you know when the mum and dad are plastered. It does hit home a bit.*

The parents and facilitators were also in agreement that the weakest stage of the group work process was the final weeks [weeks 5 and 6].

**(pa)It should be longer. Because obviously when your an alcoholic and you've been drinking for a long time like I have, it's not a long enough course to get over an alcohol problem. It needs to go on for a bit longer.*

From referrers
The response from referring practitioners (2 responses from a possible four) was positive:-

**(rp)The groups were very effective for two of my families*
**(rp)the only new information gained was regarding children's perspectives. This was extremely valuable and increased understanding of the impact of drugs on children and other family members*

The referring practitioners also commented that the group had been instrumental in the rehabilitation home of several children. The impact of the group work on parent's behaviours and subsequent relationship with their children seems to have been the most significant outcome of the group work process.

The Children's work

The children's views on the part of the project specifically designed for them were very positive. (For more detail of the content of the children's work see appendix 1). This positive response seemed to be due to two key elements of the work:-

1)The children's pleasure in being involved in enjoyable activities by very child centred workers

**© It was fun*
**© V gave us a book with stickers and she buyed me a booster seat.*
**© he had really enjoyed being taken out and doing activities with the workers. He talked about an activity of making masks and a games room "with hundreds of games", his favourite being "Kerplunk".*
**© V takes us out she took us to Macdonalds once and got us a balloon and it went up high and people were saying get it get it like it was so dramatic. I got it.*
**©but it was very helpful and it were cool and it was sometimes funny when we went to a building thingy with we were playing pool and the ball kept going off the table*
**©Painted at home, funny and listened to ipod*
**©Getting taken out with the workers and doing activities*
**© Having fun most of the time.*
**©Working with G*
**©Treats*
The work seemed to have given them the very intense experience of being 'special', which seems to have made a significant contribution to the children's sense of self esteem and resilience (Gilligan 2001; Velleman and Templeton, 2006).

2)The children also praised highly the more serious elements in the work that helped them to understand the impact of substance misuse on their parents' lives and on them. As well as having fun, the children's work was specifically

designed to help children understand substance misuse and its impact on families. It is clear that this part of the work was successful in informing and in breaking down the children's isolation:-

**© like when we talk about what happened in the family,*
**©Just like talking about the family.*
**©It's helped*
**©Parents and children work The all about me thing*
**©the children's work was best, it was fun, it helped us to understand what was happening*

As one involved practitioner put it

(ip) For one young person it made the unspeakable speakable. She said I can remember everything but I can't tell my mum. It has given them a really solid base – she has gone home now. Having shared that experience we hope they will be able to share better in the future*.**

It was also very important to be flexible in the engagement phase

**(ip)Having sessions where the children wanted them worked well – they felt more comfortable. The mixture of a clear framework and flexibility was very good for the children – we will listen to you whatever it is you want to bring.*

Engagement with children in the second (alcohol) group was more difficult. In the first (drugs) group this engagement with children was very effective. One involved practitioner speculated

**(ip)Working with parents and the young people together* [in the first group] *actually re-inforced the permission to the children to share their thoughts.*

The same practitioner wondered if permission to share had been as genuine in the second group of families.
It is also interesting to note that no parent showed any jealousy or irritation at the children's work, but were genuinely appreciative of the time and attention being shown to their children.

**I think the children's work was the most useful. Just because it is something for the children, a worker for the children.*

One involved practitioner stated

**(ip) Balancing children and parents needs without making parents feel too guilty is the key*

Ongoing Support to Families

It was interesting that the children involved in the study were quite dismissive (and sometimes quite negative) around the external support from social workers and substance practitioners. For the parents however, this support

seemed much more important. Even though parents were sometimes ambivalent about some elements of this support, they still experienced it as being essential to their attempting to make changes in their lives.

**(pa)its not just about visiting the Holding Families project , you've got to keep up with your drugs and alcohol appointments; you've got to be in for your social worker and your children's worker.*

For some parents the project workers and community practitioners were definitely seen as part of the same [positive] package.

(pa) It's like a tree, branching out, there's different branches. I got my alcohol worker, social worker and children's worker. I didn't have all that before. I have access to it now, but it will come to an end – it won't be going on forever.

There was a suggestion that the project brought a more consistent, ongoing response from practitioners, as opposed to support that stopped and started regularly:-

**(pa)You're only given it [support] at short bursts. If they see you're doing well by your child, there's nothing much more they can do. You know, they tend to cut you off. This has been quite a lot of the problem with me. My argument has been that my life 'aint always been rosey. It will be up and down. One minute I will be on form with my children and I know what I'm doing; I put the strategies in place but as soon as a disaster happens or a traumatic experience that life always overturns,*

One of the involved practitioners was certain that the intensive work with children 'spilled over' into supportive individual work with parents. Several parents agreed that their substance problem was the result of traumatic experiences in their past:-

**(pa) sometimes when you've gone through the past I've gone through of abuse, you just can't put that into words. So there's a lot of anger that's built up as well that I'm still affected from.*

Part 2 The impact of the project on children, parents and family life

Throughout the research there was a strong perception from those involved that the *Holding Families* project had been 'different' to what had gone before. This difference seems to include a combination of the ethos of the work (both supportive and challenging); the synthesis of the effect of concurrent work with parents and children and the ongoing impact of partnership work at all levels.
Although there has been some response to the needs of substance misusing parents as a group (Elliott and Watson, 1998; Elliott and Watson, 2000) this project focussed attention on substance misusing adults as *parents* in order to better engage them in the service.

Impact of the project on Children
There is some evidence that intensive therapeutic input to children can significantly increase their chances of being resilient (Gilligan, 2001, Kearney et al, 2005; Velleman and Templeton, 2006). This project demonstrated that the direct services offered to children were as intensive and supportive as those offered to parents.

Emotional Impact
Detailed measurements of the emotional wellbeing of children who were involved in the study were not taken, however several children reported that they had become less angry, anxious or 'down' during the course of the project. One parent commented

*(pa) *. It really did affect them badly cos he were depressed my eldest son and I didn't even realise. And now I can see the difference in him. We can talk now and we have a laugh and play and that. I couldn't do any of any of them things.*

Breaking down isolation
The intensive direct work from a children's worker seems to have had a significant impact on the children's self esteem and sense of wellbeing. It also seems to have improved some of the children's sense of isolation.

**(pa) and the children had someone to talk to if they felt they couldn't talk to me*

Increasing availability of parents to children
Most powerful of all was a sense that parents had become more interested and available to them.

**© erm I think what's better for me is that mum, it's all mum really this its not for me. She's not crying anymore lots happier the other morning she got up early and had my breakfast ready, I'd like her to do that every other morning as well. That was nice,*

**©that things had got a lot better, namely that the family had come closer together, and were spending more time together, where as before this was rare. He stated that this had made him feel "good- happier".*
**©it had helped his family as they had spent more time together, sorted problems out and got on better.*
**© She's not crying anymore, she kept feeling bad about herself*
**©It helped my mum*

Impact of the project on parents

Most of the parents involved in the project were neither very young nor inexperienced (ages from 33yrs to 43yrs). Several had parented other children into adulthood. However all who participated reported a drifting away, through substance misuse, from their true parenting ability and performance:- .

**(pa)Because when you have got an addiction, you get lost in it.*
(pa)I could still manage to do all that but when I turned to heroin that really knocked me out.

It is certainly also the case that substance problems can lead to the isolation of parents from normal extended family support.

**(pa)but I don't communicate with any of mine at all. I haven't got anybody. And that's why I used to turn to the drink more*
**(pa)None, not that I could go to for help, none at all. I think that's why I went further downhill.*
**(pa)I never really got on with my mum, ever*
**(pa)I have* [siblings] *but I don't have contact with them very often. I used to be close to my sister and brother, we'd all been dead close but since I got on drugs they just kept away*

In some ways the project was successful in breaking through this sense of isolation:-

**(pa)It's so good to know there is a place you can go every week where there are similar people to yourself that are going through things, or that have been going through things that can identify with one another. And just that conversation for 2 hours brings about 'I know what you are going through'' sort of feeling – no longer alone.*
**(pa)Just the fact that someone were there to help me along a bit. That I was alright.*
**(pa)Knowing that you've got somebody there to talk to for a start. That's important, especially the boat I'm in anyway*

It is also the case that all parents used the experience of the project to try to change their substance use. Some parents had achieved abstinence.

**(pa)I want to be totally clean; stay clean for life, and I just want like….things like this are set up for people, the likelihood is that people will try harder to stay off drugs*
**(pa)I'm sober, I'm straight headed. I can talk to them a lot more.*

Even though some parents did not manage to stay substance free it was a strong motivator to get control over their substance use.

**(pa)Even though I'm still dabbling with drugs, at least I can get up in the morning – I've got it, sort of, under control. I'm not lounging about all day in bed, I'm up and about now.*
**(pa)I'm not using everyday now. Maybe once or twice a week."*
**(pa)Before I started Holding Families I was drinking every night of the week; eight cans of cider every night. Then when I started Holding Families I started calming down but then I went on a binge on Saturday. I had about nineteen, twenty cans and this is why I referred myself back to [alcohol worker] . That was during the course.*
**(pa)The heroin still gets in the way unfortunately and that's something I'm working on*

It is also the case that the parents who were involved in the project showed a real interest in changing other aspects of their life as well as their substance use and relationship to their children. Parents talked of ambitions to get re-housed, to get training and get a better job, go on family holidays and to learn to drive. It was also a strong theme that parents wanted their relationships with their own parents and extended family to improve or to get back to where they were before substance problems arrived.

**(pa)So it's really given me a lot to focus on.*
**(pa) I always used to go swimming before I started on drugs. I used to love swimming but you get out of the habit of what you used to do because you forget what you used to do. What did I used to do before I was on drugs? What did I do with my day? But I were always busy doing something in the house or with my mum or friends, doing summat.. Cos you miss your friends as well when you get into that.*
**(pa)I'd love to do voluntary work. I think I'd be really good at helping people who have drug addiction.*

Impact on Families/Family Closeness

One of the most impressive pieces of feedback received from most families involves an experience of becoming emotionally closer and parents being more available and happy in the presence of their children.

**(pa)Me and my daughter are closer. We're a lot more closer and she tells me more. She doesn't just keep it to herself and go out and do things. We have proper conversations. And we're getting that bond back again that we had before she running away and stuff like that. She can trust me and I trust her.*
©Better She [mum] is not as moody, she's like she used to be - funny

**(pa)It made me stronger, it's really weird – you wanna show your children that you love them so much but when there's an addiction in the way; if you're under the influence you find it easy to be loving and stuff but the true test is when you're being straight when you're being straight headed. It's hard to explain. You look at other families and think they're the perfect family; their children are so happy, but it has made us stronger, it's made us spend more time together; it's made me wanna save money for them for a holiday rather than me phoning for drugs*
**(pa)I'm communicating more with them; I'm there for them all the time*
**(pa)The children are a lot happier; a lot happier than they was. I didn't realise how it were affecting them, how I were.*
(pa)There were no changes, other than having a better relationship with my kids.

Rehabilitation home
Perhaps the most exaggerated examples of this were the children who were rehabilitated home from care and extended family during the course of the project. Such rehabilitation home, particularly after a significant time spent away, is a strong testimony to the impact of the project (Bullock et al, 1998).

**(pa)Since I've done this Holding Families and I've stopped the drinking we see each other regularly, every week. We're having phone contact more or less every day. She's coming to stay on Saturday. So we are beginning to build that relationship up but I couldn't build up a relationship with anybody when I was drinking. The drink was getting in the way.*

Part 3 Suggestions from participants for improvement of the process

All participants and contributors had suggestions for how to improve parts of the process.

Children's work
Of the three key elements of the *Holding Families* process (Children's work, parents work and partnership between practitioners) there were very few suggestions for improvement of the children's work. One involved practitioner speculated that some children and young people might benefit from group work as well as individual work. There is some evidence that some children respond well to a group of their peers (Harbin, 2000; Kearney et al, 2005; Wheeler, 2006; STARS, 2006) but not all children respond positively to group work process.
There was also some concern that the children from the second alcohol group were never engaged in the same way as children from the first group.

Parents work
As far as the parents' group work was concerned there were several suggestions for improvement. Most parents would appreciate the group work going on for longer both in terms of time per session and numbers of weeks. There was a general sense of satisfaction with the content, delivery and challenge weeks 1-4, and dissatisfaction with weeks 5 and 6.
There were various ideas on how the attendance 'problem' could be sorted out. Afternoon or evening sessions, a better venue, separate transport arrangement and mixing the drug and alcohol groups were all suggested (although the last suggestion was quite controversial).

**(ip) I'm not sure about combining the alcohol and drugs group (there is a differential stigma)*

Involved practitioners were very interested in the project being well 'sold' both to other practitioners and to children and families. The involved practitioners were also concerned that the project be included and integrated into all levels of service provision, so that appropriate referrals could be made.

**(ip) We need to integrate and embed the project into the wider system*

Time and Resources
The group facilitators also commented on the lack of time for planning and debriefing. They also agreed that it was very difficult to offer to transport and to facilitate the group:-

**(ip) We need more planning time for the facilitators/Facilitators picking up clients didn't work*
**(ip)We need more time for planning and de-brief at the end of sessions*
**(ip)M[SW] had too much to do – we didn't have enough planning and de-brief time*

Although the practitioners who had run the groups had really enjoyed the work, they were concerned that they would need more resources and facilitators in the future.

**(ip)It really needs a manager or coordinator to drive the importance of the Holding Families process in the system. We need to make it more serious and linked to the rest of the cc and substance process*
**(ip) It was all based on voluntary commitment from practitioners – that can't go on for ever*

Communication
The benefits of good communication at all levels of the project were emphasised in the research.

**(IP)The relationship with the key worker was key to this going well*

Unfortunately the disadvantages of lack of communication were also evident.

(ip)Some referring social workers were not well informed about the project, they lacked awareness and this was a problem
*(ip)*We need much more communication with practitioners outside the group. That communication will improve the process.*
**(ip)Not much feedback from some SWs – apart from the ones I had contact with anyway*

It should also be noted here that the lack of communication between children's workers and parent workers was a source of some disquiet:-

*(ip)*Being able to share that with the other workers – we had the permission to share but we didn't have the opportunity to share with the parents' workers.*
**(ip)Needed more feedback from children's work – more discussion – everyone doing their own thing, we needed more talking together*

Some children had experienced the isolation of not being heard by their parents and some parents reported that before the *Holding Families* experience they had had real difficulty communicating with practitioners. In some ways the parents involved were aware of some of the isolation experienced by their children. This was one reason why the parents who were interviewed fully approved of the child-centredness of the children's work

**(pa)But at the end of the day it's just somebody who has been genuinely so nice and polite and loving – you know when there's so much hostility and anger and different things what children have to put up with.*

One piece of feedback from an involved practitioner was that more could be done to break the individual isolation and emotional trauma of parents, often which began in childhood. This could help them begin to address some of their issues that led them to over-use substances

**(ip) Parents need the opportunity to speak too to break their isolation*

The same practitioner gave an example of a very stark example of emotional miscommunication between mother and child and was equally keen on more input being given to individual parents and their children to better communicate

**(ip) Help families to talk together so that they can live together*

Conclusions

It is clear that the commitment and energy that went in to the setting up of the *Holding Families* project was considerable. This commitment and energy inspired a positive response to the project from children, parents and practitioners. The challenge may be to take this initial response forward into the development and mainstreaming of the service. The *Holding Families* model of intensive concurrent therapeutic provision to parents and children in substance misusing families, seems to be valued by children, their parents and involved and referring practitioners.
Which parts of this process were particularly effective and how can these be translated into future work? How can the suggestions for improvement offered by children, parents and practitioners be used to shape the future direction of the project? How can these suggestions for improvement be added to what we know worked best?

Whatever changes are established in the detailed pathways and inputs of the project there are three elements of the project that interacted powerfully to positively impact on the children and parents in the study. It is essential that these three core elements are retained and developed even though the detail of how they are offered may change
As one practitioner remarked:-
**(ip) I think the detailed 'script' is less important than the model of working*

Theme1) Intensive work with children and young people
It is clear that the children's workers were highly successful in forming partnerships with children and young people during the children's work. The provision of intensive intervention with children was very much valued by the children themselves. This provision challenged, in an effective way, the isolation that some children were experiencing.
It is also interesting to note that the children's work (sometimes undertaken in the home) was very much appreciated by their parents and seems to have really stimulated a renewed child focus in the family.
It is important that real permission be received from each child and their carer so that the child may truly participate in the process.

Option 1 That the same type of intensive individual work is maintained
Option 2 That the same type of individual work is maintained, but the option of group work is also offered to the participants.
Option 3 That individual work with children, at some stage in the process more formally includes their parent(s)

Theme 2 Parents' Work
The input to parents through group (and individual) work was valued by those parents who managed to attend (although attendance at times was problematic). It is also clear that effective partnerships were also formed between the parents group practitioners and the parents in the group (all the

more remarkable because parents who misuse substances are notoriously difficult to engage with). Most challenging and useful were the inputs that revealed the impact of substance misuse on parenting and the child's direct experience of parental substance problems. All parents who participated reported that this part of the work had an immediate and personal resonance with them. This resonance led to change in their substance use and response to their children. This resulted in parents attempting to control or reduce their use of substance and to try to re-establish better parenting routine and availability. This parent and child work, as well as breaking down some of the isolation between parent, child and the outside world also broke down some of the internal isolation between family members within the family. The combination of parents and children work seemed to make a difference to how available parents were to their children. These interventions also seem to encourage a much more honest communication between parents and children this led children to feel much more in touch with their parent and the parent to feel more in touch with the child.
The most obvious example of this is how the project assisted the successful rehabilitation of several children who were living away from their parents. It was the perceived change in closeness of family relationships that assisted these rehabilitations.
The three most obvious aspects of the work that require future attention are getting and keeping the parent there, resourcing the groups and ensuring communication is kept open between all practitioners involved in the process.

Option 1 That the current group work programme remain unchanged (with attention paid to attendance and resources)
Option 2 That sessions 1-4 remain largely unchanged and sessions 5-6 are improved (with attention paid to attendance and resources)
Option 3 That the programme is lengthened(with attention paid to attendance and resources)
Option 4 That a follow up group is established(with attention paid to attendance and resources)
Option 5 That the drugs and alcohol groups are merged(with attention paid to attendance and resources)
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Theme 3)The continuum of partnership
This project has again raised the issue of the different levels of partnership work required in whole family treatment systems. This concerns the partnerships between practitioners, children and parents, but also between practitioners from different practice perspectives who were working on the same project and those practitioners and those working outside the project. It is clear that such complex partnerships demand thought and investment. Children and parents from substance misusing households can be isolated, mistrustful and have very low opinions of their worth. To form partnerships that break into that isolation will always demand time and skill. In the same way to develop partnerships within new projects at the same time as keeping other involved practitioners on board, will be demanding of time energy and creativity.

The experience of partnership between child care and substance practitioners and between the statutory and voluntary sector was highly praised by the practitioners involved in the project. However there is a clear need for those practitioners inside the project to spend more time communicating with each other and with the practitioners who retain roles with the children and families outside the project. There is a real need to make sure that the lines of communication between children's workers and adult workers within the project are developed. Also that referring practitioners remain in touch and in cooperation with the project practitioners. It is possible that structured meetings in the middle of the therapeutic work (similar to the family meetings) would help with this communication. It is also of note that all practitioners maintain their separate roles with regard to the family, whilst none takes an overall coordinating role.

Option 1 That current partnership arrangements remain unchanged
Option 2 That extra resources are utilised to provide a coordinating service
Option 3 That extra resources are given to all contributing services to underpin their commitment to the service.
Option 4 That consideration be given to appoint one coordinating practitioner to have responsibility for all the work done with each family

Further decisions for future development

a)Integration
It is clear that decisions need to be made about how the project is integrated into the mainstream of Bury Services. This move from 'project' to 'service' is traditionally a difficult transformation. This would include full integration into child care and substance service provision. This would also involve informing practitioners from both systems about the service and their role in the service if they refer. If the project were to become both integrated and widely used this would have a significant impact on the need for future resources.

b) Recruitment threshold for Children and Parents
It may be important to establish at what stage or threshold is it appropriate to introduce children and families to the *Holding Families* process? It is clear that the service can be very useful at 'high' thresholds of care or protection. However earlier preventative inclusion is also recognised in this study to be possible and very useful. However if earlier, preventative referrals are made it will be important that the family still receive regular service from referring practitioners. If low threshold referrals meant low priority in terms of resources this might well impact on the necessary allocation of resources to these families.

c)Resources
How is the future development and integration into the mainstream of the project going to be resourced? How are the current 'volunteers' to be assisted in the development of the project? If the current 'pilot' is to be mainstreamed, how many years secure funding should be sought?

Final Thoughts

The *Holding Families* model seems to offer a different way of working with children and parents who live in substance misusing families. The concurrent supportive and challenging process and ethos of the project seems to offer a chance of change in the substance misuse, parenting and family integration aspects of family life. It also offers a way forward in the ongoing challenge of promoting true collaboration between staff working in the substance and child care fields. It seems important that the key elements of the model are developed and utilised in Bury and beyond.

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Appendix 1 CHILDREN'S SESSIONS

<u>Preliminary</u>

Session 1

- Explaining what the group that parents attending is about
- Talking about why parents are attending
- The role of children's worker
- The family meeting

<u>Preliminary</u>

Session 2

- Using the getting to know you booklet
- What do you want parents to get out of the group?
- Preparation for family meeting

Family Meeting – children's workers to attend to support and advocate

Session 1

- What do you want your parents to get from the group? How will you know if they've got there?
- Give diary and pens if children want to make use of this

Session 1a

- time for children to talk about thoughts/feelings

Session 2

- Children given information about the affects of alcohol/drugs and questions they have based on knowledge levels. Using tools that are key stage appropriate or within the children's "own frame of reference for parental substance misuse."

Session 2a

- Time for children to talk about thoughts/feelings

Session 3

- Exercise – alcohol/drug as member of family
- Children to write letter/draw picture for parents

Session 3a

- Time for children to explore thoughts/feelings

Session 4

- Child Development – this is what you need at your age
- Memories

Session 4a

- Time for children to explore thoughts/feelings

Session 5

- Children plan family shield

Session 5a

- Time for children to explore thoughts/feelings

Session 6

- Talking about shield further and make it

Session 6a

- Endings
- Preparing for family meeting and planning for future

Family Meeting – children's workers attend to support and advocate

Appendix 2

SESSIONS FOR ADULTS GROUP

Session 1

- Ground rules
- Risk Continuum Game
- What will you take away from the group/how will you and we know if you've got there?
- Everyone to be given a reflective diary

Session 2

- Harm minimisation
- The effects of alcohol/drug misuse
- Myth busting

Session 3

- Recap on Session 2
- How does alcohol/drugs affect the family?
- Tape of children's voices talking about the impact of substance misuse on them
- Exercise – alcohol/drug as an extra member of the family

Session 4

- Check out how things are from last week
- Information on child development
- Talking about childhood memories

Session 5

- F H – service user input
- Group discussion

Session 6

- Sharing of family shields
- Any questions
- Endings and evaluation sheet

Appendix 3 Roles and responsibilities

Practice Guidance Notes.

The role of the social worker.

1. You are responsible for making a referral into the project. A referral form needs to be completed and, at present, passed to Sue Hammersley.If the parents do not already have an allocated worker from the adult substance misuse service an immediate referral to this team needs to be made.The referral needs to be marked for the attention of Gina Helsby with a note to say that this family has been referred to this project.

2. You will need to have discussed the work with the family, explained the process and obtained a clear commitment to engage with the workers involved. There will need to be an acknowledgement on behalf of the parents that substance misuse is an issue within their family and an agreement to work with a member of the adult substance misuse service as well as attend group work sessions.

3. Once the referral has been accepted a children's worker will be appointed to work on a weekly basis with all the children within the family. They will also act as the children's support/advocate at the family meetings which will take place at the beginning and end of the structured work with the family. You will need to explain to the children and the parents who that person is and what their role in the process will be.

4. The children's workers will do two sessions with the children prior to the family meeting. You will be responsible for arranging the meeting – time and venue, and facilitating that meeting (Please see notes on Family meetings for further guidance).

5. The adults will meet in a group which will be facilitated by a social worker from the Safeguarding Team and a worker from the Adult Substance Misuse Service. You will have a detailed copy of the programme and know the themes covered in each session. You will be expected to meet with the parents on a fortnightly basis to take the general information that has been addressed in the group to the specific impact on their family and how their children's needs are being met e.g. one of the sessions will look at child development and your individual work the following week will be to look at the children in that family, what their developmental needs are, how parents are addressing these and how any necessary changes can be made.

6. You will be expected to make any other visits as appropriate. You will need to see the children but this can be done on general visits and no

direct work need to be undertaken as this will be being done by the children's workers.

7. If child protection issues arise during any part of the process these will be passed to you and you will be expected to investigate and take any appropriate action.

8. At the end of the process two more family meeting will take place – one within two weeks of the group work sessions ending and one between four and six weeks after that. It will be your responsibility to arrange and facilitate these meetings .

9. During the process you will be responsible for the general management of the case and producing reports for any meetings – e.g. case conference, child in need meetings and reviews.

The role of the children's worker.

1. Following allocation to yourself you will need to inform the social worker responsible for the case at the Safeguarding Team of your involvement. The social worker will then speak with the family and let them know that you will be contacting them directly to arrange to see the children

2. You will need to meet briefly with both children and parents together prior to your sessions with the children. This will enable parents to know who you are etc. but also enable the parents to give their permission to the children to spend time and talk with you.

3. The first two sessions will be spent using the 'getting to know you' booklet and also being very clear with the children as to exactly why you are involved and what your role will be. You will also be preparing them for the family meeting, explaining the process and agreeing with them what they want to say, how they want to say it and whether they want you to speak on their behalf.

4. You will be expected to see the children on a weekly basis. If you are working with a sibling group they may feel more comfortable working with you together rather than individually or they may want to do a mixture of both.

5. The session that takes place on the week that the adults group meets needs to take place outside of the family home at a venue that is acceptable to parents, children and workers. It will be a focused and structured session based on the work carried out by the parents in the group e.g. on the week that the parents learn about the affects of alcohol/drug misuse your session will enable the children to gain similar information (in an age appropriate way) and explore any worries or concerns they may have about the actual substance.

6. The 'in between session' gives the children an opportunity to talk about how things have been , is less structured and could take place in the family home if this is felt to be appropriate. The child needs to have a choice in this and it is essential to have time with the child on your own.

7. If there are both primary and secondary school age children in a family there will be two children's workers. It is essential that these workers liase closely. It may be appropriate to conduct some of the 'in between' sessions jointly.

8. If any child protection concerns arise at any stage of the process you must inform the allocated social worker on the Safeguarding Team. Any other significant information should also be passed on .

9. At the end of the process two more family meetings will be held. You will attend these meetings to support/advocate for the child.

10. Although the social worker will be responsible for writing reports for conferences etc. you will be expected to pass all information on to her/him to enable them to complete full reports and to inform the decision making process.

<u>The Role of the Adult Substance Misuse Worker.</u>

1. Your role will be to support the parents in managing/reducing their substance misuse.

2. You will offer regular appointments and actively engage with parents to enable them to explore their use and carry out any work that is felt necessary.

3. You will be expected to share relevant information with the allocated social worker from the Safeguarding Team to enable full reports to be prepared and to inform the decision making process.

4. You will be expected to attend any meetings that you would normally attend in relation to a service user – e.g. case conferences, reviews, child in need meetings.

5. If any child protection concerns are raised at any stage of the process the allocated social worker should be informed immediately.

The Role of the Group Workers.

1. You will be responsible for planning and delivering all the group work sessions – this includes arranging the venue and making the necessary practical arrangements. The group will meet on a fortnightly basis.

2. You will be expected to provide a full programme detailing the content of each session. This will be available to the allocated social worker, children's workers and adult substance misuse worker.

3. You will be expected to send out an introductory letter to all the parents involved outlining the purpose of the group, welcoming them to the process and setting out the dates, times and venue of all the sessions.

4. You will be expected to share all information with the allocated social worker and to contact her/him immediately if any child protection concerns are raised in the sessions.

The role of the family meetings.

Throughout the process there will be three family meetings – one at the very beginning of the process, one following completion of the group work with the adults and individual sessions with the children and a further meeting a month later.

The aim of these meetings is to provide a safe forum for children to have a voice and to share their feelings with their parents/carers .It also provides a forum for the parents to acknowledge these feelings and to commit to making any necessary changes.

The first family meeting will take place prior to any of the group work sessions taking place. The children will have been seen twice by their individual workers and will have been prepared by them for this meeting.

The meeting will include :

- The parents/adults who care for the children and are to be involved in the group work
- The children
- The children's worker/workers
- The social worker from the safeguarding team

Some families may want to include a family member/close family friend who offer them support and offer a safety net for the children.

The role of the social worker.

- The social worker will make the practical arrangements for this meeting to take place.

- The meeting should take place in a neutral venue and not the family home. This will

enable the discussions to be managed more easily and hopefully enable people's feelings to be more easily contained.

- You will have prepared the parents for this meeting.

- You will facilitate the meeting and ensure that the following things happen
    - That the children's voices are heard and acknowledged by the parents
    - That the parents acknowledge that they need to make changes and make a commitment to do this.
    - That the parents give their children permission to talk to their worker about anything that they want to.

The message that the social worker needs to give to the family is that we will work with whatever they give us and endeavour to keep the family together. If there is a time during the process that workers feel that the children are not safe they will discuss this with the parents and together try to identify a close friend/family member who could care for the children until things are safer. It may be good to have this person identified prior to any crisis actually happening.

- Following the meeting the social worker will write to the family briefly outlining what was discussed and what has been agreed to.

<u>The Role of the children's worker.</u>

- Prior to the family meeting you will have had two sessions with the children and prepared them for this meeting.

- You will need to have explained the purpose of the meeting and your role.

- You will explore with the child / young person what they want to say at the meeting and how they want to say it. They may feel confident enough to speak for themselves, they may want to write something down and read it out themselves or ask you to read it, they may want to draw a picture, they may want you to speak on their behalf .

- Your role at the meeting will be to support the child and ensure that their voice is heard.

The second family meeting takes place at the end of the group work and involves the same people as attended the first meeting. The family may want to invite an extra family member/close friend. This should be encouraged if they can provide the family with ongoing support.