

Evaluation of M-PACT Plus phase two pilot



Final report November 2017

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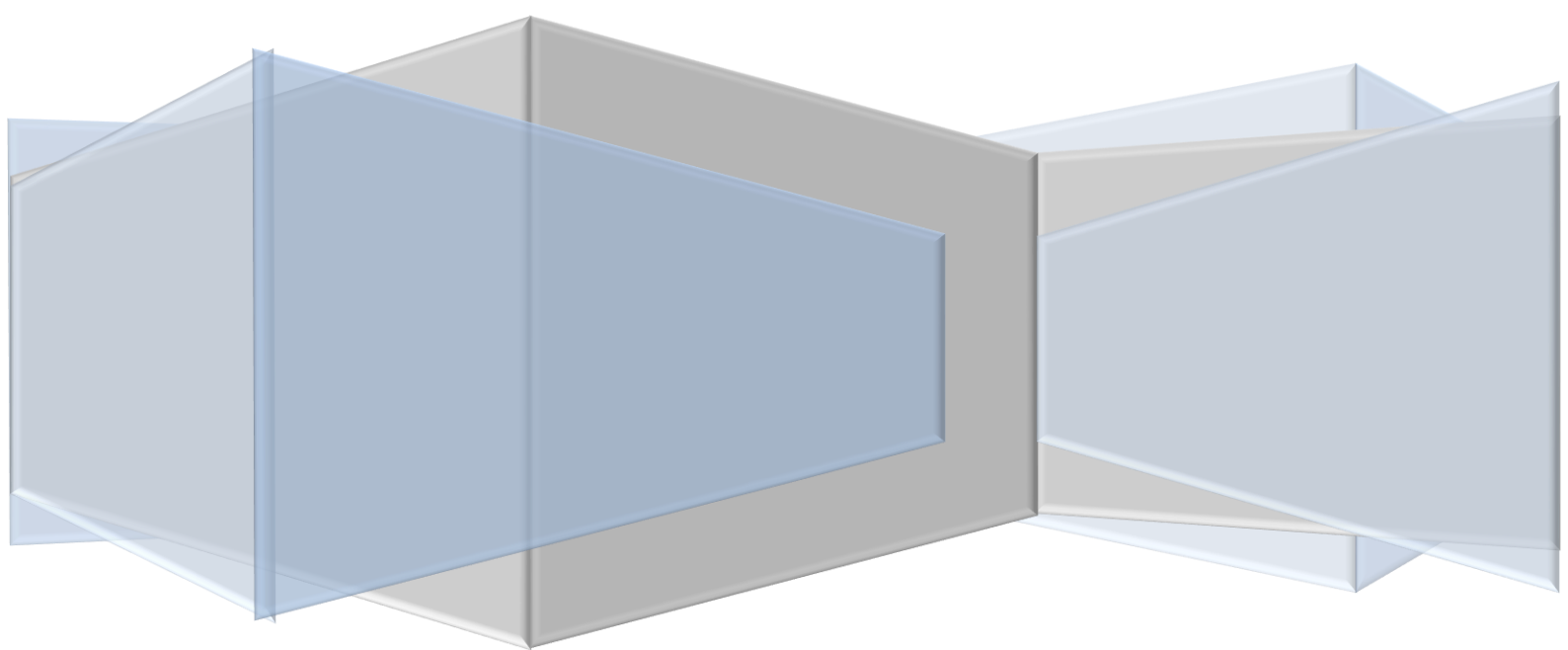


Table of Contents

Summary	2
1. Introduction	6
1.1. Background to M-PACT Plus.....	6
1.2. About the evaluation.....	6
2. Progress of the M-PACT Plus pilot	8
2.1. Engagement of schools and generation of referrals.....	8
2.2. Characteristics of participating families.....	9
2.3. Delivery and take-up of the phase 2 pilot.....	11
2.4. Families referred who did not start a programme	11
3. The experiences of families participating in M-PACT Plus	13
3.1. What families told us about their introduction to M-PACT Plus.....	13
3.2. What families told us about the programme	18
3.3. Any drawbacks.....	25
4. Outcomes of the M-PACT Plus programme	28
4.1. Outcomes analysis of the programme questionnaires	28
4.2 Outcomes from the M-PACT programme compared to M-PACT Plus	39
4.3. What families told us about the benefits of M-PACT Plus	45
5. Sustaining the benefits of M-PACT Plus	51
5.1. Feedback from School Project Managers.....	51
5.2. Feedback from families	53
5.3. Wrap-around support / ongoing support from Place2Be	57
6. Wider organisational learning and culture change: Hidden Harm training	63
6.1. Delivery of Hidden Harm	64
6.2. Feedback on the training.....	64
6.3. Longer term impact of the Hidden Harm training.....	66
7. Conclusions	69
7.1. Does the evidence support the theory of change?	69
7.2. Culture change at Place2Be	71

Summary

Introduction

M-PACT Plus was developed as a partnership bringing together Place2Be's school-based model of emotional and mental health services for children and Action on Addiction's expertise in working with families affected by substance misuse.

M-PACT plus supports families with children aged 8 to 17 affected by parental or carer substance misuse. The core of the programme is the delivery of M-PACT, consisting of 8 structured sessions, a review for each family and a group reunion 12 weeks after the core sessions.

With funding from Comic Relief and the Royal Foundation, the M-PACT Plus programme was initially piloted in four areas between 2013 and 2015. This second pilot phase ran from January 2016 in three of the original four areas (Manchester and Salford; Sunderland and Durham; Shoreditch and Southwark).

DMSS Research was commissioned to carry out a qualitative evaluation of the phase 2 pilot with quantitative elements being conducted by Place2Be's research and evaluation team. The evaluation included interviews with 15 of the 28 families who completed a programme as well as analysis of questionnaires and assessment tools completed as part of M-PACT.

In addition, the evaluation encompassed Place2Be's aims of developing organisation-wide learning and culture change around substance misuse, in particular the impact of the programme of Hidden Harm training.

Data collection was informed by a theory of change developed with practitioners involved in delivering M-PACT Plus.

Key findings

Take up of the programme

Across both pilot phases, 93 families (comprising 269 family members) started the M-PACT Plus programme. 72 (77%) completed the 8 core sessions

In the phase 2 pilot period, 7 programmes were delivered: 3 in London; 2 in Manchester/Salford and 2 in the North-East. 89 families were referred to these 7 programmes as potential leads. Of these, 49 proceeded to a pre-programme assessment with 37 going on to start M-PACT Plus. Of these 37 families, 28 completed it to the end of the core programme: a 75% completion rate.

The experiences of families participating in M-PACT Plus

Most of the families we talked to were nervous about coming to the programme, but were motivated to attend because they wanted to improve things for their family. Families told us that they relaxed into the programme after the first couple of sessions and all were positive about the overall experience. Several recurring themes emerged from the interviews:

- **The trust that developed between families in the groups**
- **The value of talking with people who had similar experiences**
- **The value of hearing different perspectives, including people with and without an addiction**
- **The benefits of children having time together** and the value for them of feeling they were 'not the only one' affected by substance misuse in the family.
- **The communication between adults and children** Children felt listened to and adults talked about having their eyes opened about the feelings of their children.
- **The skills and approach of the facilitators** were greatly appreciated and it was often facilitators' personal attributes that got mentioned – the human warmth and the respect they communicated.
- **Eating together** at the start of each session was enjoyed by adults and children.
- **Practicalities** Families valued the provision of taxis to get them to and from sessions. This contributed to their sense of feeling looked after.

What families told us about the benefits of M-PACT Plus

All the families we talked to thought M-PACT had made a difference to them, and there were some recurring themes in what they told us:

- **Improved family communication** was the benefit that was most commonly mentioned – virtually every family we interviewed talked about this.
- **Better relationships between family members**, including in situations where family members were no longer living together.
- **Increased confidence for children and adults** Parents frequently mentioned increased confidence in their children, but this was also the case the other way round.
- **Children getting on better at school** Several parents/carers tended to attribute this to children feeling less anxious or having learned how to get on better with other children
- **Increased willingness to seek other kinds of support** For several families M-PACT Plus had acted as a gateway into other support, both by providing information about other support available, and, more importantly, giving people the confidence to seek support and believe it might help them.
- **Gaining understanding** A big motivation for parents/carers was for their children to gain a better understanding of things that had happened in their family. There were ample examples of this happening.
- **Letting go of the shame** One of the most common benefits for people was feeling less ashamed.
- **Gaining the strength to make changes** Several adults talked about M-PACT helping them to gain the determination to make positive changes in their lives.
- **Adults and children feeling happier.** When we asked families what difference M-PACT had made to them they all said it had really helped, but often couldn't really describe how. In talking to them, however, it became clear that for many families the M-PACT experience had simply helped them to feel happier.

Sustaining the benefits

Programmes are often experienced as beneficial in the short-term. The real test of effectiveness is whether these benefits last. We collected some evidence by interviewing a sample of families involved in the phase 1 pilot and by gathering information from School Project Managers about families who have been involved in the programme. Some families are no longer in contact with Place2Be and others are known to experience ongoing difficulties in their lives. However, feedback suggests that there are sustained benefits for some families with examples given of children being more settled in school and the classroom; fewer concerns about the child and the family, the family getting access to support from external agencies as well as taking up support from Place2Be; improved home life and better relationships between parents and their children's school.

Conclusions: Does the evidence support the theory of change?

The theory of change proposes that if longer term outcomes are to be reached, the M-PACT Plus programme needs to be able to evidence the following milestones for families after they have completed it:

- Family relationships are stronger/improved family functioning
- Family members develop coping strategies
- Children know addiction is not their fault; feel less isolated; have increased self esteem
- Parents are committed to change especially with regard to parenting styles
- Family members are motivated and confident to seek support/access services

Overall, the evaluation found strong qualitative evidence for the above milestones. In particular, there is good evidence from families themselves that M-PACT Plus:

- Improves family relationships, particularly with regard to communication
- Increases children's understanding that they are not to blame for addiction and that they are not the only ones affected by the issue
- Increases children's ability to articulate their views and feelings
- Increases families' willingness and confidence to seek other support, as evidenced by what families told us and in the take-up of ongoing support from Place2Be.

The evidence collected by interview is consistent with the findings from questionnaires completed by families at the end of the programme. Responses to these showed that families perceived the programme as helpful, particularly in helping them talk more openly as a family, increasing their understanding of drug/alcohol problems and enabling children to recognise that the problem was not their fault.

The findings from the standardised instruments intended to measure family functioning and parental coping (SCORE 15 and Coping Efficacy Scale) are more equivocal. Although the validity of these findings is seriously limited by the small samples of families completing these at all three time-points (sessions 1, 8 and reunion), nevertheless, they indicate:

- Some improvements in family functioning, more so for the adults than the children and in particular in relation to communication and feeling overwhelmed.
- Improvements in how parents and children rated how they were managing as a family and reduction in their perception of the severity of the problem.
- While there was some fluctuation on how far the adult non users and children felt able to cope by the time of the reunion, all groups were more able to cope after the M-PACT Plus programme than they had been at the start.
- In general, although there are fluctuations, scores suggest that by reunion there is an overall improvement in families' perception of how well they are functioning and coping with life as a parent.

As well as evidence on progress towards outcomes, the evaluation has generated some important learning about the essential ingredients of a successful M-PACT Plus programme. In summary, these seem to be:

- the whole family approach
- the bringing together of children and adults affected by substance misuse for peer support combined with-
 - a tried and tested set of materials
 - skilled and committed facilitators
 - a nurturing environment
 - attention to the practicalities
 - being part of Place2Be and having access to follow up support

Culture change at Place2Be

Evidence so far suggests that there is increased awareness of the importance of addiction as an issue among Place2Be staff and volunteers. Pre and post training feedback shows that the Hidden Harm training has been very well received. The follow up survey and findings from interviews suggest that the training is having an influence on practice, particularly regarding awareness among practitioners of the relevance of addiction as an issue and in their confidence in exploring it with families. A very good indicator of this is the increase in the number of assessments where questions about family drug and alcohol use have been asked. Records show a reduction in the amount of missing data on these issues.

1. Introduction

1.1. Background to M-PACT Plus

M-PACT Plus was developed as a partnership between Place2Be and Action on Addiction, bringing together Place2Be's school-based model of emotional and mental health services for children and Action on Addiction's expertise in working with families affected by substance misuse.

M-PACT plus supports families with children aged 8 to 17 affected by parental or carer substance misuse. The core of the programme is the delivery of M-PACT, a structured, manualized programme which practitioners are licensed to deliver by Action on Addiction. M-PACT consists of an assessment with referred families, 8 core sessions, a review for each family and a group reunion 12 weeks after the core sessions. The core sessions last for 3 hours (including food) and adults and children meet both separately and together.

With funding from Comic Relief and the Royal Foundation, the M-PACT Plus programme was piloted in four areas¹ between 2013 and 2015 enabling the delivery of 11 programmes engaging 47 families. From January 2016, it was agreed to extend the pilot in three of the original four areas (Manchester and Salford; Sunderland and Durham; Shoreditch and Southwark). This further pilot was initially funded to June 2017 but later extended for 6 months to enable completion of the planned number of programmes.

1.2. About the evaluation

Phase 1 of the pilot was evaluated by Mentor UK. DMSS Research was commissioned to carry out a qualitative evaluation of phase 2 with the quantitative elements being conducted by Place2Be's research and evaluation team.

In July 2016, as part of the M-PACT Plus practitioner development day, DMSS led a workshop to update the project's theory of change (see Appendix 1) and this has been used to guide subsequent data collection.

1.2.1. Qualitative methodology

The qualitative evaluation started with an analysis of the previous evaluation and programme reports as well as interviews with coordinators to extract the lessons from the phase 1 pilot. This was written up into a 'Lessons Learned' report, August 2016. DMSS also conducted follow up interviews with three parents involved in the phase 1 pilot (two from the NE and one from Manchester/Salford).

For phase 2, the qualitative evaluation has comprised:

- Interviews with 15 families from phase 2 (five from each of the pilot areas). These were carried out after session 8 of each programme, usually around the time of the programme reunion.

¹ The north west of England (Manchester and Salford), the North East (Sunderland and Durham) Shoreditch in London (later extended to include Southwark) and Harlow in Essex (later extended to include Enfield in Middlesex).

- Interviews with coordinators and facilitators of programmes.
- Interviews with 7 School Project Managers who have referred families to M-PACT Plus.
- Review of programme reports provided by co-ordinators.
- A feedback session held as part of the M-PACT Plus practitioners' day in August 2017.
- Review of qualitative feedback from families contained in the programme questionnaires (see below).

In addition, part of Place2Be's theory of change related to wider organisational learning and culture change around substance misuse. Central to this was the delivery of a major programme of learning and development via Hidden Harm training. DMSS carried out phone interviews with a sample of 10 staff who had completed this training more than 6 months previously.

1.2.2. Quantitative methodology

- The quantitative evaluation of M-PACT Plus comprised data gathered as part of the standard evaluation of the M-PACT programme, and data gathered by Place2Be where children access their services as follows:
- **Action on Addiction M-PACT questionnaires:** the participants (adult users, adult non-users and children) in the M-PACT Plus programme completed the standard questionnaires in line with Action on Addiction's requirements for the M-PACT programme. These questionnaires are completed at the first session, the eighth session and at the reunion and comprise two standard measures (SCORE 15 and Coping Efficacy Scale) and retrospective questions asking respondents how helpful they found the programme. Further details are provided in Section 4. The analysis explored the extent of any change over time by comparing the responses at each point of completion. In addition to the responses of participants in the Place2Be delivered M-PACT Plus programme, Action on Addiction shared the data for the M-PACT programme participants and the outcomes for this programme are also presented for comparison.
- **Place2Be one-to-one counselling and Place2Talk data:** some children and young people whose families took part in the M-PACT Plus programme, also accessed Place2Be's one-to-one counselling or Place2Talk service during or after taking part in M-PACT Plus. Where this was the case, the coordinators recorded their ID numbers or the School Project Managers noted this on Place2Be's database. It was therefore possible to identify participants who had also accessed Place2Be's service. For those who took part in one-to-one counselling, we were able to analyse their outcomes using the Strength and Difficulties Questionnaires (SDQ) which is collected before and after counselling as part of the standard evaluation of the one-to-one counselling service.
- **Hidden Harm training surveys:** participants in the Hidden Harm training completed a questionnaire before and after they took part. The questionnaires explored their level of knowledge and confidence and the analysis examined the extent to which this changed after the training. In addition, to assess the extent to which the training impacted on their practice, a further follow-up survey was undertaken between 3 and 6 months after they participated in the training.

It is worth noting that the data on the M-PACT Plus programme included in this report represented all participants who took part in the programme across both phases, in order to maximise the number of responses available for the analysis. As such the sample include people who participated in the first phase (2013 to 2015) who are not included in the qualitative evaluation outlined above.

2. Progress of the M-PACT Plus pilot

2.1. Engagement of schools and generation of referrals

Developing the engagement of schools has been essential to the progress of the pilot. M-PACT Plus can only operate if schools refer families and support the work.

A total of 65 schools are in Place2Be clusters that could refer into the M-PACT Plus programmes across both pilot phases 1 and 2. The majority of these schools (43 schools or 68%) provided at least one lead for a referral into the programmes while the remaining 32% (20 schools) did not provide any leads in the course of the two phases. Among those 45 that provided leads, some were frequent users of the programme. 18 of the schools had referred families to between 3 and 6 programmes.

The evaluation of the first phase of the programme characterised schools and their engagement with M-PACT Plus, into three types:

- **Type A:** In Type A schools the mental health and wellbeing of children is taken care of by Place2Be who provide counselling and drop in services. The school and Place2Be operate more or less in parallel with the school making referring children to Place2Be whose staff provide the service.
- **Type B:** In Type B schools, Place2Be services are integral to the school's support for children and young people.
- **Type C:** In Type C schools, there is a range of barriers to communication about M-PACT and Hidden Harm. School and Place2Be staff may both assert that there are more pressing concerns than parental substance misuse, for example, poverty or homelessness.

The Place2Be team in each school assigned a type to their schools to explore the relationship between the type of schools and the likelihood of providing leads (i.e. families identified as potential M-PACT Plus participants) into the programme.

Table 2.1: Number of leads from different school types

	Type A	Type B	Type C
No leads	4	10	6
1-2 leads	7	15	3
3 or more leads	2	15	1
Total	13	40 63%	10

2 schools were not categorised

Most of the schools were categorised as Type B category (63%), where Place2Be's services were seen as integral, and 83% of the schools that provided 3 or more leads were Type B

schools. This suggests that where schools see Place2Be as more integrated, they are more likely to support families to access M-PACT Plus.

The number of schools providing leads has increased over time in all three areas, (see Appendix 2). Across the three areas there were leads from 10 schools for their first programme which increased to 25 schools for the most recently completed programmes. When the numbers are examined for each area the increases in leads appear to be particularly noticeable in Manchester/Salford and Southwark/Shoreditch. This may reflect increasing awareness of the M-PACT Plus programme over time but may also indicate greater awareness and identification of substance misuse by School Project Managers following the introduction of the enhanced Hidden Harm training from June 2016.

2.2. Characteristics of participating families

Across the lifetime of the M-PACT Plus programme, a total of 93 families started the programme. As can be seen in table 2.2, most of the families who were assessed started the programme (79%) and most of these (77%) completed the 8 sessions, although not all attended the reunion.

Table 2.2	No of families
Assessed	117
Started	93
Completed 8 sessions	72
Completed reunion	43

Data on the characteristics of the family members who started an M-PACT Plus programme, and has been aggregated across all programmes. The families comprised 269 members across the four sites (84 in Manchester, 93 in the North East, 30 in Harlow, and 62 in Shoreditch).²

Analysis of the characteristics of the families who took part in the Place2Be delivered programmes and the programmes delivered by Action on Addiction (see Appendix 3) show that:

- There was a higher percentage of adult non-users and a lower percentage of adult users in the Place2Be cohort, compared to Action on Addiction participants. We do not know for certain why this is the case, but it may reflect the different referral routes to the two programmes i.e. Action on Addiction tends to recruit via adult users they are supporting, whereas Place2Be is more likely to be in contact with adult non-users via schools.
- The age ranges of children and adult users seen by Place2Be and Action on Addiction are similar although adult non-users seen by Place2be were younger on average.
- Over three quarters of adults seen were females and slightly more of the children seen were female. More female children were seen by Action on Addiction than Place2Be. More male adults were seen by Action on Addiction than Place2Be.

² This analysis excluded data on one reunion and the final two programmes that are ongoing, the data will be reanalysed to incorporate these when they are completed

- The majority of children and adults seen in the Place2Be programme were white British (71%-89%) and this was even more the case for the Action on Addiction participants.

As shown in table 2.3, there were some differences in the substances misused by the participants in the Place2Be and Action on Addiction delivered programmes. While similar percentages in both misused alcohol only and illegal substances only, a higher percentage misused prescribed medication only among the Action on Addiction participants while a higher proportion misused alcohol and illegal substances among the Place2Be participants. There is no clear explanation for these differences.

Table 2.3 Substances misused

Substances misused	Number	Percent	AOA	Percent
Alcohol only	27	43%	105	44%
Illegal substances only	18	29%	72	31%
Alcohol and illegal substances	10	16%	8	3%
Prescribed medication only	3	5%	42	18%
Alcohol and prescribed medication	2	3%	2	1%
Illegal substances and prescribed medic	1	2%	1	0%
Alcohol illegal and prescribed	1	2%	2	1%
Missing	1	2%	4	2%
N=	63		236	

Due to rounding percentages may not total 100

Children and adult users from Action on Addiction attended a higher mean number of sessions compared to Place2Be (Table 2.4). This is also reflected in the higher percentage of attendees in the Action on Addiction delivered sessions 7, 8 and 9 (see Appendix 3).

Table 2.4 Mean number of sessions attended

Type of participant	Mean no. of sessions	N=
Children – Place2Be	6.7	111
Adult users – Place2Be	6.7	49
Adult non-users – Place2Be	7.4	47
Children – Action on Addiction	7.2	334
Adult users – Action on Addiction	7.2	190
Adult non-users – Action on Addiction	7.6	89

In summary, around half of the participants in the Place2Be delivered programmes were adults and half were children. They attended 7 sessions on average. There are some differences in the characteristics of the participants in the Place2Be and Action on Addiction delivered programmes, including in the substances misused.

2.3. Delivery and take-up of the phase 2 pilot

Between January 2016 to July 2017, 7 programmes were delivered as part of the phase 2 pilot: 3 in London; 2 in Manchester/Salford and 2 in the North-East. Difficulties in recruiting sufficient families meant that programmes planned for the North-East in spring 2016 and for Manchester/Salford in autumn 2016 did not go ahead. Consequently, the pilot period has been extended to enable a further two programmes to be delivered in the autumn term 2017, but these are not happening soon enough to be included in this evaluation.

Table 2.5 shows that 89 families were referred to these 7 programmes as potential leads. Of these, 49 proceeded to a pre-programme assessment with 37 going on to start the programme. This means that 41% of leads actually started a programme. Of the families who were assessed, the conversion rate was good: 75% of those assessed proceeded to start a programme; and of the 37 families who started, 28 completed it to the end of the core programme (session 8): a 75% completion rate.

The research team were able to interview 15 of the 28 completing families for the evaluation. This in itself is an indicator of families' commitment to the project. We were unable to access any of the 3 families who finished the first London programme due to a combination of language issues and families moving out of the area.

Table 2.5: Phase 2 pilot programme January 2016 to July 2017

	Leads	Families assessed	Families started	Families completed to session 8	Families interviewed
London P1	13	7	5	3	0
London P2	15	5	5	5	3
London P3	11	5	3	3	2
Salford P1	15	5	4	4	3
Salford P2	17	9	7	5	2
NE P1	8	8	7	6	4
NE P2	10	10	6	2	1
Totals	89	49	37	28	15

2.4. Families referred who did not start a programme

As table 2.5 illustrates, quite a lot of families identified as possible leads for M-PACT Plus do not actually start the programme. There appear to be three main reasons for this. First, some leads do not progress to an assessment because once information has been gathered about the family it becomes apparent that they are unsuitable for the programme. Some families also refuse to take up the referral at this stage so do not have an assessment. Second, some families who are assessed decide not to take up the programme or initially agree and then change their minds. Third, some families are assessed as unsuitable for the programme. Reasons for this range from coordinators concluding that the family is unwilling to participate, or they may not be ready to participate at the time the programme is on offer. Sometimes the coordinator makes the judgement that the attitude or behaviour of a particular family or family member may undermine the success of the programme or present a risk to other participating families.

To obtain a snapshot of what happens to families who do not access a programme, Place2Be asked coordinators from two of the delivery areas to provide information on what happened to families from 2014/15 where:

1. Leads did not progress to referral stage
2. Referrals did not progress to assessment
3. Assessments did not progress to starting the programme

The co-ordinators provided feedback relating to 16 families on the following:

- *Is the family still connected to the school?*
- *Did they subsequently join a later M-PACT Plus programme?*
- *Were they signposted to alternative support?*
- *Did the parent access another Place2Be service – Parent Counselling or Parent Partnership?*
- *Did the child/children access another Place2Be service – Place2Talk, one-to-one or group counselling?*
- *Is the family (still) causing concern to the school or the SPM?*

The feedback revealed:

- The 16 families were related to 11 different schools.
- Three of the 16 were no longer connected to the school – generally because they had moved away.
- One family had been referred to a subsequent M-PACT Plus programme.
- Five families had been signposted on and a further four were receiving support from other agencies. Five families had not been signposted and this was typically related to difficulties in engaging with parents.
- Six parents accessed parent counselling and a further parent had been offered it but did not feel it was needed. One parent accessed Parent Partnership.
- Generally children in most of the families accessed other Place2Be services. Where this was not the case it was either that the child chose not to or they had moved to high school, or were in reception/nursery.
- In seven cases, the family was no longer causing concern. Where reasons were given for this it was due to the child having settled following a change in circumstances, such as the involvement of a grandparent.
- The school or SPM continued to be concerned about six families and the reasons tended to relate to the relationship between the child and the parent or challenges in engaging the parent.

Within the time and resources available for this evaluation, it has not been practicable to interview families who were referred to M-PACT Plus but did not join a programme, nor to follow up those families who do not complete the programme. However, interviews with M-PACT Plus coordinators and School Project Managers suggest that the following factors are important:

- **Motivation of key family members:** Clearly families have to be highly motivated to attend a programme for 8 weeks. Ideally, all family members need to 'sign up' for the programme. However, even the children are to attend, their family cannot participate without the involvement of a parent or carer and there is often a key adult who can either promote or prevent participation. Similarly, adults may be keen but children will sometimes disrupt attendance.
- **Circumstances of families:** Some families may be assessed as suitable for M-PACT Plus but have too many other things going on in their lives. Some families are not able to comply with the conditions of participation i.e. being able to abstain from drink or drugs on the day they attend a session. Where families drop out of the programme it is often because family circumstances have changed e.g. illness, re-location etc.
- **Timing:** Depending on when the referrals are received, some families have to wait several months before the start of the next programme. This can make it harder to sustain motivation. On the other hand, if programmes are due to start before the family is ready, then it may be better to defer them to a later one. As one School Project Manager explained when telling us about a family he had referred:

It sometimes takes quite a long time to assess the child through the therapy, but also engaging with the parents, building relationships with them, sensing their own resilience and capacity to engage with the work M-PACT does – it is quite demanding psychologically. We have to feel safe and secure that the family will be held and supported throughout that work. So it can take quite a long time – that is what I have learnt, it is part of my role to be able to make referrals but actually it can take quite a long time. School Project Manager

- **Compatibility of group members:** Coordinators have to carry out their assessments bearing in mind the overall balance of families participating in the programme. Occasionally this has led to the conclusion that a particular family would not be a good fit with the families already accepted onto the programme.

3. The experiences of families participating in M-PACT Plus

In this section we draw on interviews conducted with 15 families who completed programmes in the phase 2 pilot. We asked them about their feelings about getting involved, why they wanted to do the programme, what doing the programme had been like for them, and what, if any, benefits they felt they had gained from it as well as any drawbacks of the programme from their experience.

3.1. What families told us about their introduction to M-PACT Plus

The 15 families we interviewed were all introduced to the idea of M-PACT Plus by a Place2Be School Project Manager or a worker from the inclusion team at their child's school. Several had prior contact with Place2Be because their child was seeing a counsellor, whilst for others the meeting with the M-PACT Plus coordinator was their first contact. All the families interviewed said they had been anxious about attending M-PACT Plus. Some really did not want to get involved and said they had to be persuaded to come along to try it out.

At first, the first week my partner was like 'I am not going, I'm not going', but I was like 'go, give it a try' and the week after it was me who was like 'I don't want to go'... and then we were fine after that all of us. Parent

I was quite worried, I got anxiety and depression, I have had for years, and my anxiety has got worse, I do worry about meeting new people and groups of people. On the first day there, I rang [the coordinator] 'I don't want to come', she talked me into coming, she went 'there's a taxi coming, just get into the taxi, come here and if you don't like it we can order you one home straight away'. I walked through the door, 'right I want to go home now, can you order me a taxi?' I hadn't even made it inside ... I said 'I want to go home', and I started crying... and [a facilitator] came over and took me outside, at the time I was smoking, so I had a cig, I cried, I had another cig and I started to mellow, and I went upstairs and I joined in the group and we all felt as bad as each other. I was just the one crying (laughs). But I worked out they were all quite nervous. But since that first group, I was still a bit reluctant on the 2nd one, but by the 3rd I was like 'I don't want it to finish, I like everyone now'. Parent

Others were less reluctant, but most had some reservations. The main concerns were nervousness about being in a group with people they didn't know, worries about confidentiality and having to share personal and, to them, shameful, information with others.

When they first said that there were 5 families all together, I thought 'ugh, it's going to be like talking about stuff in front of people that we don't know'. But the first week when we walked in it just seemed, they just seemed dead nice all the families. Parent

Some parents were anxious about how their child/ren would react, whether they would get upset by what they heard or things from the past would be 'stirred up':

My main concern was that I didn't want to bring up all old stuff for the children because it was about 4 - 5 months down the line and I was just a bit concerned that it was gonna be a bit too emotional and too upsetting for them to sort of go over stuff that we'd been trying so hard to move on from. Parent

I'd tried to shield [my children] and it wasn't until [the SPM] said the more you try to hide it, the more they are going to know that something is not right. In effect that by protecting them I was making it worse. I just thought they shouldn't know about it at that age, but then I realized it is fine to be honest and it has helped him SO much... I know why his dad is not around much, so I can deal with it, but he can't, and neither could my daughter really. It was very emotional but very positive, definitely. Parent

Some simply had concerns about the amount of time involved in attending the programme every week.

Children we interviewed had similar worries, with some feeling that they hadn't had much choice about attending.

I thought it would be a crap waste of time, but didn't feel I had a choice. After the first time, I still didn't want to come but said I would. I changed my mind after a few sessions when I made friends. It was fine cos I had people my own age there. Young person

Despite their reservations, parents/carers were all motivated to attend because of their children. Some were in denial about the level of their child's awareness of the substance misuse at the start, but even these carers recognised that things were having a detrimental effect on their children. Parents/carers commonly wanted their child to have a better understanding and to be able to express their feelings.

I just thought it was brilliant, because it was hard for [name of daughter], because she couldn't talk to anyone because she didn't want to hurt me. It was hard to talk to her about it, she didn't know how to talk to me about it and I didn't know how to talk to her. I was very open with her, but she didn't know how to talk to me...I wanted her to feel confident and understand what the problem I had was about. I just wanted for her to have a basic understanding of the problem and to know she wasn't on her own, that she is not the only child that goes through it. I wanted her to feel confident in that she could talk to me if she was worried, or if it ever happened again that she would feel comfortable to talk to someone about it. Because obviously she would protect me and not mention it to anybody, she wouldn't say anything. They are so loyal, your children. Parent

If it was going to benefit [name of son], then I wanted to do it. His behaviour needed improving, he was really defiant. Because of his dad he was lacking respect for females especially... His anger was all over the place, he was angry and annoyed all the time and it was affecting his behaviour. He was getting into trouble at school, it was affecting his school work, his friendships. So, if it was going to help him of course I wanted to do it. Parent

Asked what had reassured them about coming to the programme, many parents/carers mentioned the meeting with the M-PACT Plus coordinator. This had clearly played an important role in allaying anxieties and persuading them that it was worth giving it a go.

She met with me and [name of daughter] to explain it to us. Obviously when you first hear about the programme and that they want to do things with your children, you worry if it will be too much for them, what are they going to hear. But she explained it, that there was going to be other children there, which got me – that is really good as they will be in a similar situation, perhaps she will feel she is not the only one. She spoke to [name of daughter] too, to make sure she was happy to do it too. It wasn't just agreed with me, it was quite respectful really, explaining it all to her. Parent

For some, the help with practicalities (particularly transport) had been an important factor. School Project Managers highlighted the value of considering all these issues:

M-PACT is good at all the details. For example, the meeting with the coordinator beforehand is so important for getting parents to turn up and feel safe. Sharing a meal together is important. School Project Manager

School Project Managers we interviewed had experience of referring families who were both reluctant and keen to attend. They highlighted the importance of timing and that families needed to feel ready to do the programme:

Sometimes there's reluctance on the part of families but often it's not been like that – some have been really keen. For example, kinship carers who have ended up looking after children because of substance misuse often want to understand more and help the children understand too. School Project Manager

I have referred one family which didn't proceed. Dad didn't feel able to take it up – it was all a bit too raw. He was looking after the children because of his ex-partner's drug use, but I think he'd been a user himself and was afraid of sharing too much. Families do need to be ready to do it. School Project Manager

Maureen and Layla

Maureen and her husband Harry look after 9 year old Layla. They have a Special Guardianship Order. Maureen explained to us that her daughter, Layla's mum, has a mental illness and is a long-term heroin user. Layla's father is also a heroin addict and has very little contact with Layla. Maureen and Harry have already brought up Layla's older brother, now a young adult who gran describes as having done really well and who is very supportive of Layla.

Layla was born with some physical health issues and gran says that initially she was not expected to live beyond infancy, but in fact recovered really well. Emotionally, however, she has always been vulnerable. Although she could read before she started school, at school she refused to do it and has been an elective mute. She has been seeing a psychologist for several years. Maureen describes her as very unhappy and confused about her relationship with her mum.

Maureen was introduced to the idea of attending M-PACT by Layla's primary school and although she was unsure at first, she eventually decided that it would be good for Layla to have a better understanding. Layla was expressing anger towards her father who she saw as having abandoned her and her mum, but Maureen believed she had little understanding of her mum's substance misuse. Mum kept letting her down by saying she'd visit and not turning up. When Maureen got angry about this, Layla didn't like it and it was difficult to talk to her about what was going on:

'In the past, Layla would try to prevent me getting cross with her mum in case it frightened her off coming.'

Maureen believes that as a result of coming to M-PACT Layla has a much better understanding of her mum's situation:

'Layla didn't understand her mum was an addict until after week one of the group. Each week she learned a bit more and had conversations with me afterwards... Now even weeks afterwards she is still reciting the 7 C's and talking about them and about her dad as well as her mum.'

Maureen feels that she has learned how to talk to Layla about her mum. It has helped shift some of her anger towards her daughter and speak to Layla about the situation. Layla herself has opened up and is now able to say to gran *'I'm just going upstairs to have a little cry and then I'll come and tell you about it.'* Layla has also gained enough confidence to express some anger herself and when mum recently failed to turn up again was able to say *'I've had enough of being tricked like this.'*

Perhaps the most remarkable change for Layla is that she has started to talk. Before the group she would never speak to adults she didn't know. Even with family and friends she would whisper a question to her gran and get her to ask it. Maureen says that the M-PACT facilitators were the first people Layla talked to and now she is talking regularly. Her confidence has increased to the extent that since the programme finished she has gone for sleepovers with relatives, something she would never have done before.

Maureen also describes some significant changes for herself, the biggest of which has been the letting go of her own sense of guilt and shame. She describes her feelings about her daughter's addiction:

My siblings and friends have nothing in their lives like this. I've felt so ashamed. Why has my daughter turned out like this? The shame has made me pull away from people. I've withdrawn from friends because of it. But I don't feel like that now. I offloaded every week and I felt brand new afterwards. Being on M-PACT and meeting other people has made me learn that this crap is nothing to do with me.

Since the programme ended Maureen has been seeing a Place2Be adult counsellor. She says the continued opportunity to talk is so important to her. She hopes Layla will continue to make progress and has booked a trip to Disneyland Paris so that they can spend some fun time together.

Tina, Charlotte and Zoe

Tina's ex-husband had a serious alcohol problem and there was domestic violence. The couple split up about 2 years ago, but the break up was acrimonious and there was a lot of conflict, particularly about contact between Charlotte (12) and Zoe (10) and their dad. Tina has been to court for a restraining order. In the interview, she explained that originally she and her daughters were due to attend an earlier M-PACT programme, but this was cancelled. She got a call from the co-ordinator when the programme was about to run again:

When we were first supposed to come everything was still kicking off with court cases and we could have done with the support. Once we actually came things were more settled, so the timing could have been better - though part way through there was another court case involving dad.

Nevertheless, Tina was keen to attend the programme, describing herself as '*optimistic*.' Her main reservation was fitting it in around her full-time job.

Both Tina and her daughters enjoyed having separate time in the group as adults and children. Tina said she thought having the sessions helped Charlotte and Zoe understand more. Charlotte said she'd understood things already but it was good to feel she wasn't the only one affected by these issues.

The relationships built up in the group were valued by Tina and her children:

Everyone got on and nobody judged anyone else...Other people were in the same boat and been through things that are so much worse. Everyone got on so well. We all came with an open mind.

Tina also appreciated the experience, knowledge and the openness of the facilitators:

I liked that they'd been through it as well with family members and were honest enough to say. They could answer any questions you had and link you to other help. They knew what you were going through.

Asked about the benefits of coming to M-PACT, Tina told us that she felt it had enabled her daughters to be more honest and open about how they feel, especially about their contact with their dad. *'They have been able to say they don't want to see him'*. Dad has been in contact with the girls via their mobile phones and in the past they have been secretive about this. Zoe was able to tell us that she wished her dad would stop trying to contact her.

Thinking about the future, Tina and her daughters are now looking forward to a fresh start in a new house. The problems of contact with dad won't go away entirely, but they now feel more able to talk about it.

3.2. What families told us about the programme

Almost all the families we interviewed said that they relaxed into the programme after the first couple of sessions and all were positive about the overall experience.

We got to the point where we used to call it the happy club.

Interviewer: *Why was that?*

Because it was a happy... everyone who was working there, the coordinators and the families that attended, it ended up being a happy time. So, on a Wednesday we used to say 'we are going to happy club today'.

Interviewer: *Even though you had to discuss difficult things?*

Yes. It was difficult some of the time, but then we took an insight into what the kids were thinking as well. So, we would come out happier, yeah. Parent

We asked parents/carers and children what they remembered most about the programme, what they had found most helpful and if there was anything they had found especially difficult. What was striking about people's responses to these questions is that whilst they sometimes mentioned activities, the main thing they talked about was the relationships developed with the other families and with the facilitators.

However, some specific activities did get referred to. For example, the letter to addiction came up in a few interviews as a powerful tool for adults to express their feelings about substance misuse and the effect it had had on their family; the genogram was also mentioned:

The one thing I do know that sort of brought out a lot of emotion, but also done me a lot of good, was having to write a letter to the addiction... It was very emotional brought out a lot of feelings. And after I'd done it I thought... I don't know. I can't explain what I actually felt, it just yeah, it was amazing really, what you sort of come away with. Makes you think. Parent

We had to write a letter to the addiction that had been part of your household, because my mum was an alcoholic and I married my husband who was an alcoholic as well. I remember crying that time. Parent

One session we did where we had to do our family tree, talk about our family and stuff. And we got to my Nan and granddad on my dad's side, and they were both alcoholics. I got very emotional, but it was really good to get it out. ..Every session was to me amazing, but that one in particular. At every session, at least one of us got emotional, members of the group. It was the family tree for me, but something else for someone else. It was amazing how it touched us all in different ways. Parent

Both parents and children talked about the value of the children's activities and the use of drawing, games and activities to help children express themselves. Asked what they remembered, children tended to mention these activities first – they told us about the games they had played and the badges and posters they had made.

Interviewer: *do you remember some of the things that you did?*

Child: *we put a mint in a bottle of coke*

Mum: *we put a mint in a bottle of coke to watch it explode*

Interviewer: *why did you do that?*

Child: *it was a bit like our feelings*

Mum: *sometimes our feelings get bottled up, so what do we have to with our feelings? We have to talk about them*

Interviewer: *have you got better to talk about your feelings?*

Child: *yes*

Interviewer: *who do you talk with?*

Child: *my mum*

The most important aspect of the programme for both adults and children seemed to be the relationships with each other. Children liked being with other children and adults appreciated the adult time, knowing they could relax and their children were having a nice time. The adults all described how they had used this time to talk to each other about things they had rarely discussed before. Many seemed surprised at how easily they had been able to do this after bottling things up, often for years.

Talking with likeminded people - that is what stood out most for me and that I am not the only one that has got a child with a father who is using, so yes, to get other parents' perspective on how they deal with it and what they do - that is what stood out for me. That is what has helped me deal with it. And the feeling inside - 'I feel guilt, I feel ashamed'. When it's not me, it's not my fault, I can't live with all that guilt. But that has really helped, it is what stood out for me.

Interviewer: *do you think it would have been the same without the other families?*

No it wouldn't, not in the slightest. I think it may have worked as a family intervention for the children without, but definitely not for me. They might have had a better understanding, but even to see the children together... it wasn't all the same situation, but they all have to deal with a parent like that. Parent

Several recurring themes emerged from the interviews:

- **The trust that they felt they developed in their group.** Even though in each group there were adults present with very different circumstances, people talked about the mutual trust and respect that evolved.

It was a good group, because you are talking about something quite sensitive, something that you are not even talking to your partner or your parent about, but when you are a group like that you have to be honest, so it brings you very close, very quickly. Parent

- **The value of talking with people who had similar experiences.** Many parents/carers talked about the secrecy and shame they had lived with and the sense of relief that came from sharing with others and letting go of guilt.

Just to know that there is other people out there like us, we not just the only ones cause you don't everyday come across these people who've gone through the same things. So, when someone else does it kind of gives you a bit of a relief or you know. It's nice that somebody understands. Cause when you're saying it to them and they say well yeah we went through that all we, this went on for us and you're thinking wow it's not just us. It gives you a nice feeling really. Parent

- **The value of hearing different experiences.** Some people also talked about the value of talking with people whose experience of addiction was different to their own. In each group, there were adults who had experienced substance misuse themselves and others who were affected by the substance misuse of others (e.g. a partner or adult daughter). Interviewees from each of these 'sub-groups' described the benefits of getting a better understanding of what it was like from the other perspective.

I liked that you saw it from different perspectives, it is not always where you are at, but you can see where they are, and the fact that you are not on your own and no matter what situation you are in the other people do support you. I felt quite supported, even though I was the only one who smoked, I felt quite supported by everyone else, and their advice. I found that beneficial, I wasn't on my own. Parent

- **The benefits of children having time together** and the value that brought in terms of them feeling they were 'not the only one' affected by substance misuse in the family.

Kids in the group felt close knowing other kids in same boat and not all families are prefect. Adult carer

For me I think it's helped me realise that I'm not the only one. Cause it's hard to talk to people like family when they haven't gone through the same thing they can say 'oh yeah I know what you mean', but they don't know really. Young person

I was kind of scared to say anything cause you don't know who you can trust with certain things, so I didn't really want to go round telling everyone and then everyone

knew so I just kept it in kinda thing. And then like when you meet loads of people that have been through the same thing you don't have to watch what you say, or how you're gonna say it, cause everyone's been through a similar thing that they don't need to worry and like don't have to think about what they say before they say it... they can't necessarily judge you for it cause they've been through the same thing so they're only gonna end up judging themselves if anything. Young person

- **The communication between adults and children.** People enjoyed the separate child and adult time but they also appreciated the time together in the group. Some adults mentioned that having the children there added energy to the sessions that made them less depressing. Children felt listened to and adults talked about having their eyes opened about the feelings of their children.

One time me and you made a poster and one of the people there he was like, he basically had a big speech because he was an addict and he said that he related to like half of what we put on there because we wrote like how addiction makes us feel, and how it makes the person feel, and what it does to families; and he was like yeah I can agree because it done it to my family.

[We'd] never heard it from like an addict's point of view, our dad never spoke to us about it, he just assumed we didn't know, so he would never speak about it ...so it was kinda like we got the insight of how dad could have felt. Two young people (sisters)

If they wanted to talk about it they could talk about it... That was nice. I think that's what they liked as well, was that they were sort of given that, not to be an adult because they wasn't treating them as adults, but they was giving them their choices, their independence. [They got the message]' you are important if you've got something to say, then we're going to stop and we're going to listen'. Parent

And it's nice that the kids are not on their own, because you hear them talking and you realize how much it affects them, you don't really notice day to day – you don't really notice how it affects them, but when you hear the chatting together, especially when they were given their little projects and they would come back and tell the adults about what they have been doing. And it is amazing how much they are affected and how much they have noticed, you don't realize so it's nice to know that. It was beneficial because I have learnt how much it has affected her. Parent

- **The skills and approach of the facilitators** were greatly appreciated and it was often facilitators' personal attributes that got mentioned – the human warmth and the respect they communicated.

They were just so easy to talk to. They just had this familiarity about them, you felt, they weren't there to teach us, they just felt so familiar, so relaxed. They connected with the children amazingly, they didn't ignore them, they asked them questions about what they had been up to that week. There was just a warm feeling about them. Parent

They were nice, they were nice people and you could tell that they weren't forcing on a smile you could see that they were just genuinely nice people, who were there because they genuinely wanted to be there – not 'I have to get through this, I am going to put on a fake smile' Young person

Amazing, I can't fault them. Informative, helpful, so supportive, can't fault them they were amazing. You don't understand what it has done for us, it's just amazing. I can't put it into words. Parent

Some people really valued the fact that facilitators had shared some of their own family experiences – they felt this reinforced their sense of being understood and made them feel trusted and respected.

Some of the young people liked the combination of being taken seriously with being able to have a laugh.

Oh, I like them cause it was like they knew when you were joking and when you wasn't if you know what I mean. Some people they can be very serious but you try and have a joke and then they don't understand it so they get very serious, but like they would always be joking with each other and laughing and I dunno kind of it feels like the time goes quick cause you're there for like 4 hours but where everyone's laughing and joking and getting along with each other it goes so quick and I think it's because of them they like bring everyone's spirit up.

Interviewer: So, there was a bit of fun and a bit sort of serious?

Yeah, we knew when to be serious and when not to be. There could be certain conversations that when we were doing the family tree there was like we would laugh about how you should draw on the dog or whatever but then when it come to certain situations like talking about it everyone knew to be quiet and then once someone spoke you knew not to speak when someone else is speaking. Young person

Adults and children liked not being under pressure to speak. This lack of pressure led to many talking much more than they'd expected to.

- **Eating together.** The sharing of a meal at the start of each session was enjoyed by adults and children.

Because when you first got there was food and that was really nice. We all got something to eat together, we all got a drink and the children ate together. She used to love it, and at the end we got to take anything home we wanted. She loved the facilitators there, all of them, they were all so nice to her and she got some good friends out of it. She just loved it. She was gutted when it finished. Parent

It is hard to pinpoint [the best thing about M-PACT] because we did so many different things that came together to be this one big thing. It might just have been the small things, like the food, because it did make it feel comfortable and it made it so much easier to ease into this 'ohh, this is nice, this is friendly'. So that might have been the

best thing, even though it might not be the significant thing that brought this huge change, it helped the other things come about, because obviously if you are not comfortable and you do not feel safe, then it's hard for those things to come along and then help you. Young person

Rita and Linda

Linda is a mum who, as a result of a drink problem, has lost the care of her children. Three of them are currently living with their fathers and one with grandma, Rita, who is Linda's mum. Rita and Linda attended the M-PACT Plus programme together with two of the children, aged 12 and 9.

Rita and Linda agreed to be interviewed together. They described how they got involved with the programme. One of the children's primary schools had talked to Linda about M-PACT but initially she hadn't been keen: *'I thought oh God, three hours sitting there for 8 weeks with people who you don't know'*, but she agreed to meet the co-ordinator and took Rita along. As a result, Rita got 'roped in' to joining the programme too.

Both agreed that they were daunted at first, particularly by the idea that there would be other people there from the same area. But in the end *'We trusted that other people would keep confidences – we all promised.'*

Despite their anxieties, they were motivated to attend M-PACT to help the children: *'We hoped the kids would get something out of it – to understand addiction and know it's not the worst thing in the world'*.

Both thought that they had got a lot out of the programme and that the children particularly benefitted:

The 4 mentors were wonderful with the kids especially. The 2 children were excited to come before each session and they opened everybody up...One day the kids had drawn pictures of what addiction meant to them – they drew knives and sick and gravestones. All the adults were in tears.

The most memorable aspect of the programme was the trust and friendship they developed with other families:

We were all friends – it didn't matter what the different situations were in people's lives. By the 4th or 5th week the trust had developed enough – we all cried together at each other's stories.

Rita feels that the programme has helped her relationship with Linda. This has been difficult not only because of what has happened with the children but because Rita's other daughter died from an alcohol related illness. This had made it hard for Rita and Linda to communicate, but since M-PACT Rita said *'I can now speak directly to her about the drinking without having a go and going off on one'*. Linda also feels more understood by the children now. However, Linda's situation with regard to her children is extremely difficult and at the time of the interview still uncertain. Both she and Rita believe the authorities over-reacted in removing the children. Linda says she has her drinking under control and is getting help from a counsellor, but there is a court case pending and it is not at all certain she will get the children back. She has contact three times a week. She feels that this is limiting the value of M-PACT Plus for her: *'It's not real, not normal and I can't put what I've learned into practice. If I get the kids back home it will be different.'*

Paula and Cameron

Paula is a mum who presents as having some mild learning difficulties and who sometimes struggles to communicate with her son, Cameron, aged 8. They attended the M-PACT Plus programme together after Cameron's school noticed he was having problems. Cameron's father was a heavy user of heroin and his older brother was taken into care, largely because his mum couldn't cope with the behaviour associated with his substance misuse. The school noticed that Cameron was upset and frightened when his brother came to visit.

Paula was worried about coming to the group at first:

'They told me it would be good to help Cameron because he had anxieties. I was scared because I always think they will take the kids away if they find out what they're doing and the problems they have.'

Cameron himself didn't want to come to M-PACT either, but he liked the food and gradually made some friends. His mum told us that they'd both got a lot out of coming:

I was frightened to talk about addiction in case Cameron was taken away, but it made me understand it was safe to talk and it took the heaviness off my shoulders. It felt natural to talk about anything with other people going through worse, it gave me confidence as well.

Paula feels that M-PACT has helped her to improve her parenting of Cameron:

It's helped me understand Cameron more. He's going to school at 7 in the morning and not home til 5 and it's a long day. He's kicking off afterwards...I used to just ignore his tantrums but now I talk to him about them and tell him why it isn't acceptable...My confidence has gone up to the roof and I'm speaking up a bit more.

Attending the group has given Paula confidence in other ways too.

I learned that families can be helped. I have a sister going through difficulties and I can advise her because of things I learned and helped me to understand her. She was always the one that helped other people so it's nice that the boot's on the other foot.

Kerry and Mason

Kerry aged 20 is Mason's older sister. Mason was referred to Place2Be by his school's deputy head. At the time he was in short-term foster care because of problems at home with his dad. Mason was described as having serious behavioural difficulties which were also a problem at school. Kerry and Mason's mum was addicted to alcohol and died 18 months ago from an alcohol related illness. Kerry lives with her mum's sister but despite living in different households has remained the one constant adult in Mason's life.

The initial plan was for Mason to come to the programme with his foster carer but before it started Mason went back home to live with dad. The M-PACT coordinators visited dad to see if he would be willing to attend but he did not want to get involved. Kerry was willing to attend the programme because, as she told us:

I thought it would be good for him – help him to understand things a little bit

Despite the major behavioural issues at home and school, Mason was described as impeccably behaved on the programme. Kerry said:

I was really proud of him. He was one of the most well behaved children there. He enjoyed spending time with me too. We don't really see enough of each other and it was good to have some time together.

The programme gave Mason the chance to talk about his feelings. Whilst Kerry had some happy memories of their mum from when she was little, Mason could only remember sad times. It was also important to him to meet another boy in the group who had also lost a parent through alcohol. They created a bond in the group.

Kerry described the activities for the children as particularly helpful and was moved by Mason being able to express how he felt – how much he missed his mum and how important Kerry was to him. He was able to show Kerry that he could be mature and to let go a little of the self-blame he felt.

Shortly after the programme ended Mason ended up back in care following a violent incident with his dad. Kerry hasn't seen him but they message each other nearly every day.

3.3. Any drawbacks

We asked families if there was anything they did not like about the programme. There were very few negative comments (though it is important to bear in mind that we were not able to interview families who dropped out of the programme whose views may have been less positive). Critical feedback was most often about things that had gone wrong with the practicalities, for example, where taxis did not turn up or arrived late. Two families from the same programme mentioned problems with taxis.

The first time we went there it was 45 minutes late. Before we started I said 'there is a lot of things I am not good at in life, but one of the things I do like to pride myself is my punctuality'. 45 minutes late on the first day, it not a good start. It shouldn't get to you, but it does. It's the waiting that gets me... 'where is this cab?'. You don't even want to go, it's too late now. Parent

The questionnaires also came in for some criticism.

The only thing wrong was them questionnaire forms, that was the only thing. Ours were okay, but the children's ... 'what does that mean? what does that mean?' It just has to be a bit more simple [laughs] Parent

Some programmes are more challenging than others, and these can be the source of some important learning, as summarised in the box below.

When things don't go so well

It's great to share the learning from successful programmes, but sometimes we can learn even more from what does not go so well. Out of the 7 programmes in phase 2, there was one which proved to be really challenging. It started with six families and ended with just two. These two families, one of whom we interviewed, derived benefit from the programme but overall it had clearly not gone as well for the other four families. During the practitioners' development day and a subsequent interview with a coordinator, we reflected on what had made this particular programme so difficult. Some of the learning is as follows:

The number and composition of families accepted onto the programme: 8 families is the maximum number for an M-PACT Plus programme and many run with far fewer. It was believed that this might be the last programme to run in this pilot so the team was keen to include as many as they felt could benefit. However, some of the families comprised several children across a wide age range making the group dynamics difficult from the start

The mix of participants: Several of the families came from the same community and had previous history. The age range of the children meant that the children's group was composed of children of 8 alongside young people of 15/16. There was a majority of adults in this group who were or had been the users of drugs/alcohol compared to some groups where most of the adults were partners of drug users. Each of these factors impacted on the dynamics of the group. There was some extremely challenging behaviour from some of the children in the group – this is not unusual but the numbers and the group dynamics made it much harder to address

Team dynamics: Team members were under additional pressure because of factors beyond the programme, including one with a new job and another with a family bereavement.

An unpredictable safeguarding incident: Into this context, landed an unforeseen bombshell in the shape of a completely unpredictable safeguarding concern arising from an incident in the crèche. This generated a considerable amount of behind the scenes work with the families concerned, both of whom withdrew from the programme

It is to the credit of the team that they kept the programme going and two families completed it. Could any of the problems of this programme be predicted? Not all of them, but lessons for the future seem to be that the balance of families in a group and the internal resilience of the team are vital factors in programme success.

An important issue for some families we interviewed was that M-PACT Plus was simply not enough. Lots of families said they wished it had gone on for longer. For some, this was because they were enjoying the programme, but others were clear that they felt there was not enough support for them anywhere else. Whilst most families had access to wrap-around support from Place2Be's child and parent counselling, and many did indeed take this up (see section 5.3), there were some who could not access this because their child had moved school. For some families, the M-PACT Plus programme seemed to be just the start of a journey and, especially for those families still living with addiction, more support is needed, as illustrated in the case example below:

Steve, Rhiannon, Leah and Todd

Steve and Rhiannon have two children, Leah aged 12 and Todd aged 9. Leah attends a special needs school and prefers not to speak very much. Todd came to the attention of Place2Be during Place2Talk sessions at his school. Simon, the School Project Manager explains: *It became clear that he was suffering from some anxiety and some fear about parental alcohol and drug abuse. So that is why he was referred to one-to-ones with a therapist and that is when I began to become involved, initially with the mother. It took 3-4 sessions to understand what was happening in the household.*

In her sessions with Simon, Rhiannon began to speak about the family situation and her husband Steve's problems with addiction. Steve had been struggling to keep to a rehabilitation programme and the marital relationship was under a lot of strain. Simon talked to Rhiannon about M-PACT Plus, with a view to her attending the programme herself with the two children. She agreed to consider this, but

when she turned up to talk to Simon about it again, Steve came too and the possibility of them taking part in M-PACT as a whole family was raised. Simon continues:

Steve was a little bit hesitant, defensive, uncertain, but was prepared to think about it...So I did a little bit of work with him individually and after a couple of sessions, he wanted me to refer him to the parent counsellor. So we were getting to a point now that both parents were looking whether they would work with the issue of addiction, mum was in therapy and dad started therapy and the M-PACT coordinators started an assessment, on the back of the support they were beginning to take up.

It was several months before the family started the M-PACT programme. Rhiannon told us: *We got the information [about M-PACT] quite a while ago, but we didn't get to go at the first course that came up, they recommended it was best that we leave it until things were a bit more settled.*

Rhiannon hoped to get support for herself from the programme and although she felt uncomfortable at first, she valued this: *I sort of felt uncomfortable, when they are 'right we are going to talk about this stuff'. It is not what I am comfortable with, but in the end it was okay as the weeks went on, people started to opening up and it was quite emotional, but it was good. It was good to know that you are not on your own, even though you know you are not, it is still good to hear there was someone else*

Steve was less clear what he had initially hoped for from M-PACT but talked about the difference it made involving the whole family: *To be honest I was willing to try out anything, so I didn't really go in expecting anything. Just to try it and being willing to try anything, so I didn't really have any expectations... It was just another avenue in trying to progress forward. And this time the kids were involved in it, whereas before in the struggle with addiction I have had to do it pretty much by myself. But this time it was more family involvement... It brought the kids a little bit of understanding, understanding that other people go through similar things, that it is not just you, other people who have similar experiences. To see the bigger picture... It isn't just them.*

Rhiannon and Steve talked about the things that stood out for them about the programme. For Rhiannon it was the family tree:

The family tree. 'phhh, , this family is like this'...So that stuck out in my mind, you can't help someone with an addiction, it's a hard thing. I walked out of the room because I was in tears. You want to help someone, but you just can't... I already knew that, but it was still a breakthrough. It was good, it did make you sit back and think, because it is actually like that. Physically seeing something, makes it a bit more real.

For Steve, being the only man on the programme and the only person with the addiction had been a powerful experience: *I was the only addict, it made it individual to me, I suppose. With the family tree, it's visual that you can see, what your family are, I think that was a good exercise. It makes you realize where in the family the drink comes from, following it through the tree.*

Rhiannon: *It did sort of make me proud that Steve was there next to me, that he was an addict and the only male, but it did kind of make me proud that he was there with me. We had quite a few discussions afterwards.*

When we interviewed Steve and Rhiannon the programme has only been over a few weeks and they were clear that they still needed support:

Rhiannon: *It's a shame it didn't go on for longer, because it stopped and gradually it has sort of gone back, so we need kind of a refreshing thing a lot of the time. I can imagine it is like that for quite a few people*

Steve: *It's almost like you need the next step, it not that it's a waste of time, but it is a pointless effort in trying to change things if there is nothing that ties up to it, because it just goes back...All the hard work that you have put in, getting the mind to change on all the things they are saying. You try this and see what happens, you try to work with all the ideas you are given, so as you are going through the course. But when the course stops your mind eventually just goes back, ohh maybe I won't do it that way, I will just do it the old way. You forget about what you were taught... if something is new and uncomfortable to you, you need something otherwise you will just go back to what you are familiar with. Otherwise your mind just goes back to default, how you are used to deal with things. Not for everyone obviously, but with us. The temperament and the atmosphere in the house started to change and then when the course stopped – we don't have to do it anymore.*

Rhiannon: *That is not just him, that is me and everyone. The mood in the house is so moody, so sombre, it's dull, it's not happy, it has gone back to that. But before, with going out – we don't really go out, we don't really go out as a family, or take the kids out, so it was nice going out and socialize as a family, to talk to other people, but in a controlled environment, without that pressure. But now we don't do that, your mind is closing, it's so dull, oh gosh what are we going to do... We need more in the home support, family counselling, we NEED that, they need to express themselves, we need to listen, that kind of thing. And make a plan of how we all move forward together... It's very individual in our house, there is not much team work going on in our family. That was what we hoped through M-PACT would come together.*

Steve: *It started happening, I could start feeling it, but just as I could feel there was progress, it stops, you try to hold on to it.*

4. Outcomes of the M-PACT Plus programme

Evidence of outcomes derives from two main sources: questionnaires and assessment tools completed by participants during the programme and the qualitative interviews conducted with families. In this section we report these findings separately before drawing some conclusions about the overall picture on outcomes.

4.1. Outcomes analysis of the programme questionnaires

Participants in the M-PACT Plus programme complete a set of questionnaires at the first and eighth sessions and reunion. These questionnaires are used in the Place2Be and Action on Addiction delivered programmes, allowing for comparison between the two programmes. This section explores what these data can tell us about the outcomes for the whole sample and a matched Action on Addiction sample for comparability³. In considering the findings for the two groups, it is worth taking into consideration the differences in sample sizes with the Action on Addiction sample for each of the three respondent groups larger than the Place2Be sample. Indeed, the Place2Be sample sizes for some of the measures are too small to draw any valid conclusions so these findings should be read as indicative rather than conclusive. Further details are provided in Appendix 4.

4.1.1. Change in family functioning

To assess the impact of the programme on how families function, participants completed the SCORE-15 questionnaire. This measure comprises 15 questions about the family grouped into three subscales:

³ The Action on Addiction sample excludes cases seen by Place2Be.

- strengths and adaptability (e.g. talking about things that matter to them; trust in each other; family support if someone is upset)
- overwhelmed by difficulties (e.g. feeling miserable in the family; going from one crisis to the next; blaming each other)
- disrupted communication (e.g. feels risky to disagree; not telling each other the truth; people being nasty to each other)

The questionnaire also asks respondents to rate on a 0 to 10 scale:

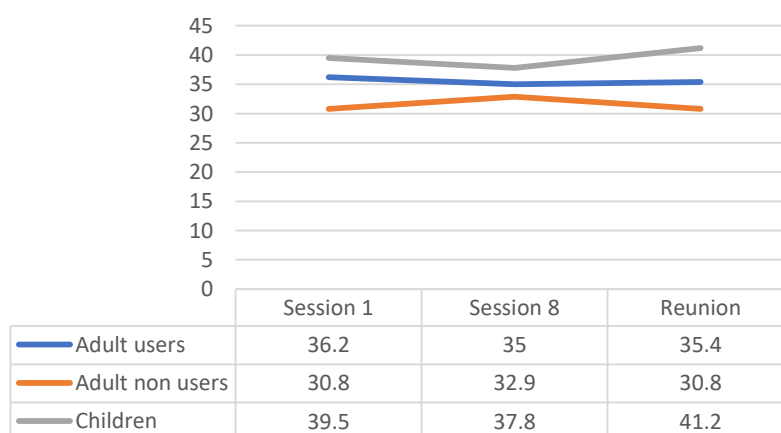
- the severity of the problem
- how they are managing as a family
- whether the therapy is / will be helpful

A higher score means a lower rating of family function, so a decrease in score over time indicates an improvement in family functioning reported by the participant. This section reports the mean total score followed by each of the 3 subscales.

Not all participants attended all sessions and completed the questionnaires. In order to assess the extent of any change over time in the families' functioning and coping, it is important to analyse the responses from the same people at each timepoint (first and eighth sessions and the reunion). This section therefore focuses on the outcomes for participants (adult users, non users and children) for whom questionnaire responses were available at all three timepoints, a smaller sample than the overall number of participants. In some instances the samples were very small so should be read with considerable caution. The responses for all participants are provided in Appendix 5.

As a guide, the average score on SCORE 15 for a group of people not in therapy is 26⁴. Figure 4.1 shows that the average scores for M-PACT Plus participants at the start of the programme were above the average non-therapeutic group scores, suggesting that there is an above average level of poor family functioning among those who took part in M-PACT Plus, although these scores are below the norms for people in therapy (39).

Figure 4.1 Change in mean score over time – M-PACT Plus programme



⁴ Stratton, P. (no date) *SCORE Index of Family Functioning and Change. Using the SCORE 15.*

It is apparent that there is varied experience with some evidence of improvement for the adult users and children between the first and eighth sessions, but this is not necessarily sustained to the reunion; while adult non-users at first deteriorate.

- **Adult users** reported an improvement in family functioning between session 1 and session 8 as the mean score decreased. A slight deterioration was reported between session 8 and the reunion as the mean score increased. However, there was an improvement between the mean session 1 and reunion score.
- **Adult non-users** reported a deterioration in family functioning between session 1 and 8 and an improvement between session 8 and the reunion. However, the mean total score stayed the same between session 1 and reunion.
- **Children** reported an improvement in family functioning between session 1 and 8 and a deterioration between session 8 and the reunion. However, there was an overall deterioration between the mean session 1 and reunion score.

As previously noted, the sample sizes are small so it is not possible to draw conclusions from these findings, although the 'dip' between session 8 and reunion is perhaps not surprising and reinforces the possible importance of post-programme support for families to sustain them during this period.

When the 3 subscales of SCORE 15 are explored separately, differences in the outcomes emerge.

Figure 4.2 Change in mean strengths and adaptability over time – M-PACT Plus programme

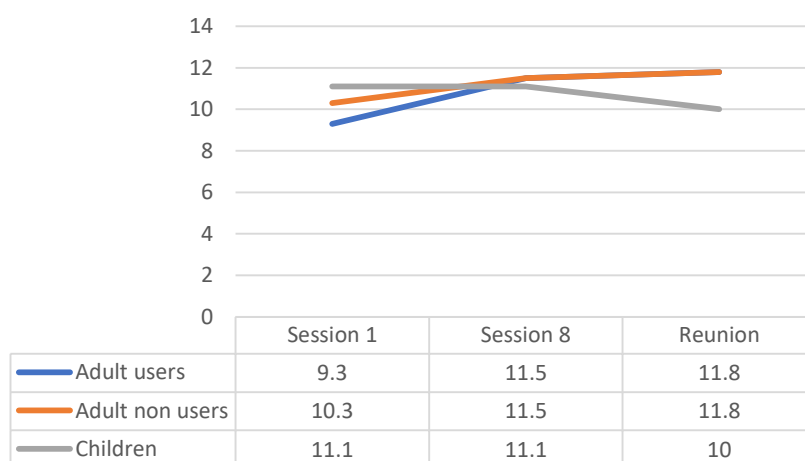


Figure 4.2 shows the responses for this subscale for the same participants who had completed a session 1, 8 and reunion SCORE-15. This shows that the adults had generally not improved while the children had. In detail:

- **Adult users** deteriorated between session 1 and 8 and between session 8 and reunion. Overall, between session 1 and reunion, the mean total score increased indicating things worsened for adult users in the strengths and adaptability.

- **Adult non-users** deteriorated between session 1 and 8 and between session 8 and reunion. Overall, between session 1 and reunion, the mean total score increased indicating things worsened for adult non-users in the strengths and adaptability.
- **Children** stayed the same in their mean strengths and adaptability score between session 1 and 8 and a lowered their mean score between session 8 and reunion. This indicates things stayed the same between session 1 and 8 and improved between session 8 and reunion. Overall children reported an improvement between session 1 and reunion.

The overwhelmed by difficulties subscale however, shows that the adults improve while the children do not between the start and reunion (see figure 4.3).

- **Adult users and adult non users** reported an improvement between session 1 and session 8 and session 8 and reunion. Overall between session 1 and reunion, there was an improvement for both adult users and adult non-users.
- **Children** reported an improvement between session 1 and session 8 followed by a deterioration between session 8 and reunion. Overall, between session 1 and reunion, children reported an improvement as their mean score had lowered.

Figure 4.3 Change in mean overwhelmed by difficulties over time – M-PACT Plus programme

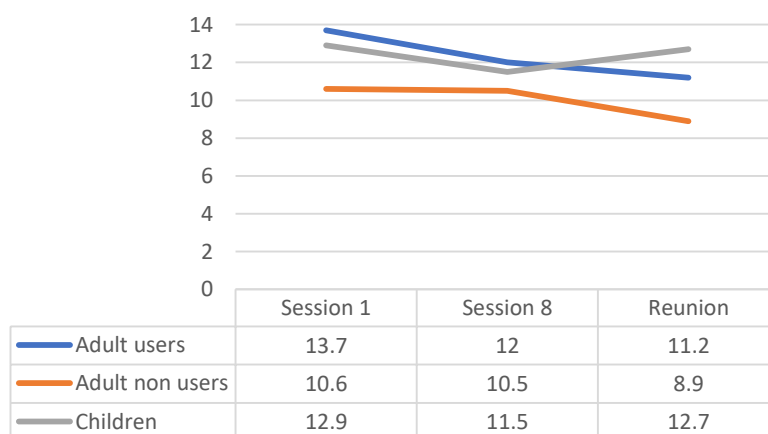
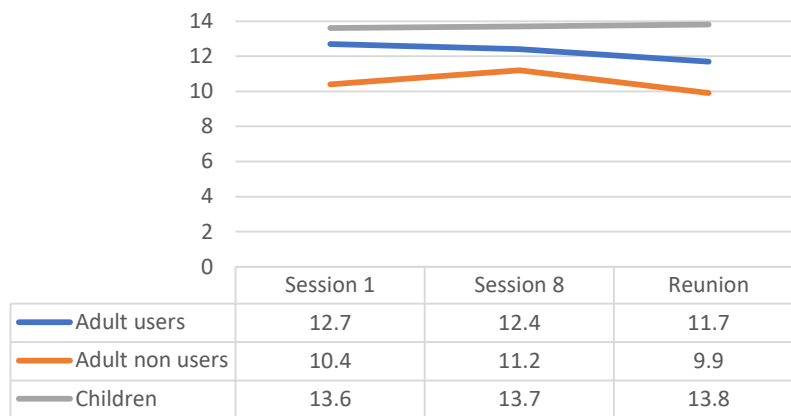


Figure 4.4 shows the change in the disrupted communication subscale and similarly shows improvement for the adults but the reunion and a deterioration for the children:

Figure 4.4 Change in mean disrupted communication score over time – M-PACT Plus programme



- **Adult users** reported an improvement between session 1 and 8 and between session 8 and reunion. Overall, between session 1 and reunion, the mean total score reduced indicating things improved for adult users. This is consistent with the whole sample.
- **Adult non-users** deteriorated between session 1 and 8 and improved between session 8 and reunion. Overall, between session 1 and reunion, the mean total score reduced indicating things improved for adult non-users. This is consistent with the whole sample.
- **Children** slightly deteriorated between session 1 and 8 and slightly deteriorated further between session 8 and reunion. Overall children reported an increase in their mean score of 0.2 between session 1 and reunion, indicating things had worsened. This is consistent with the whole sample.

In summary, overall, the SCORE 15 scores reveal some evidence that the adults improve slightly in their family functioning by the reunion but this is less the case for children, albeit the number of cases for whom questionnaire responses were available is small. The improvements for the adults appear to relate more to improvements in communication and feeling less overwhelmed by their difficulties and less to their strengths and adaptability. In contrast, the children improved only on their strengths and adaptability score.

In addition to the SCORE-15, there are three items which are completed by M-PACT participants. The three scales ask a participant to rate the severity of the problem, how the family is managing, and how helpful the therapy (i.e. the M-PACT programme) will be or has been. Adults and older children complete all three scales, while younger children complete the severity scale only. For each scale a participant either marks their score on a line or circles a number between 0 and 10. If the mark on the line falls between two numbers on the scale then the higher of the two numbers is used for analysis. In all cases a lower score indicates an improvement over time.

The findings in figure 4.5 show that all groups reported an improvement between session 1 and reunion. However adult users reported a deterioration between session 8 and reunion (see figure 4.5).

Figure 4.5 Severity of problem – M-PACT Plus programme

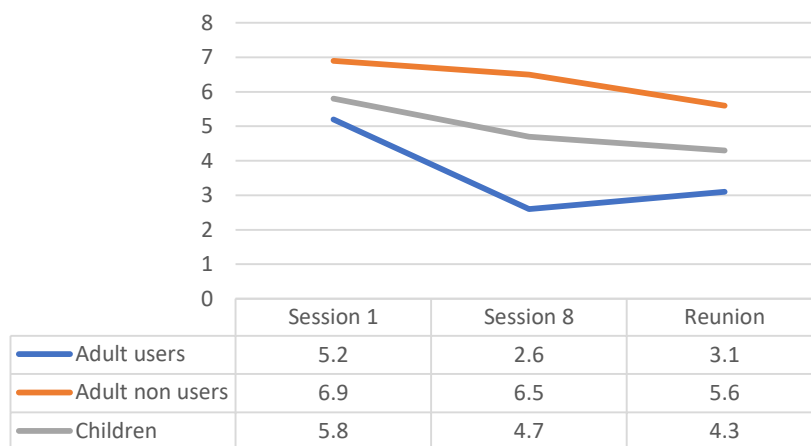
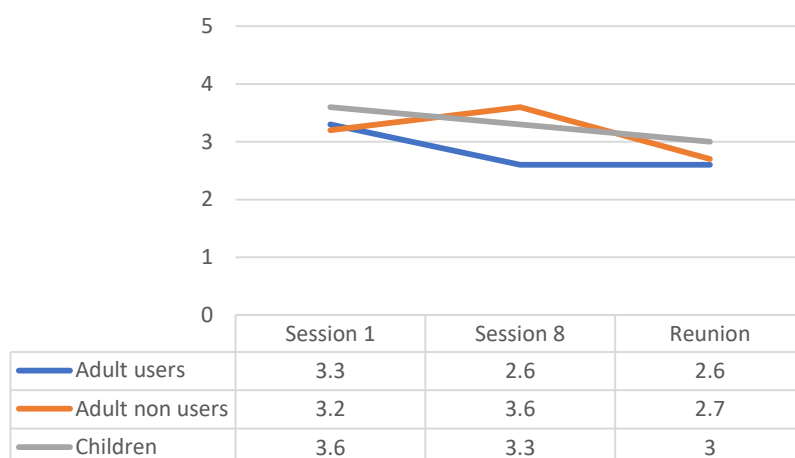


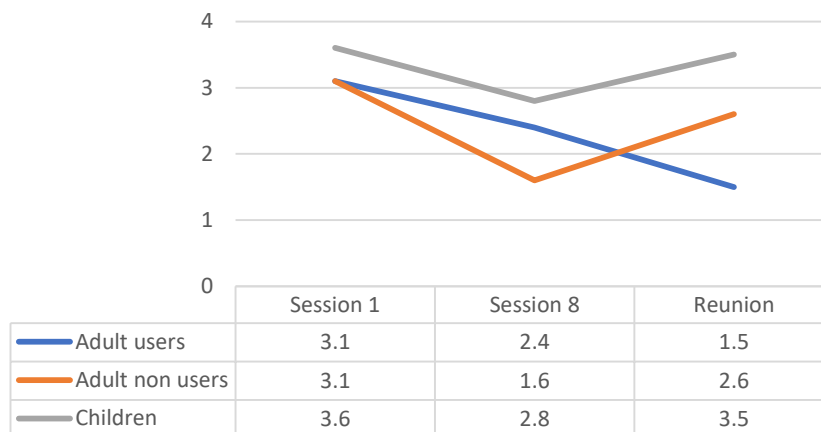
Figure 4.6 similarly shows an improvement overall between session 1 and reunion on how the family is managing for each participant group.

Figure 4.6 Managing as a family – M-PACT Plus programme



In relation to how helpful they felt the therapy had been, all groups of participants reported an improvement between session 1 and session 8. However, while adult users continued to view the therapy as having been helpful, this was not the case among adult non-users and children whose scores indicated it was less helpful between session 8 and reunion, as shown in figure 4.7.

Figure 4.7 View on therapy – M-PACT Plus programme

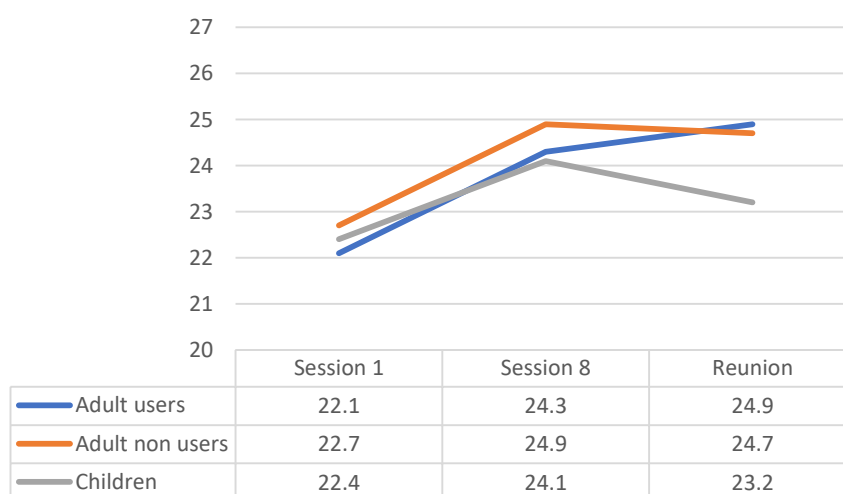


4.1.2 Coping

To assess whether there had been any change in how far the participants felt able to cope with their life in general, they completed The Coping Efficacy Scale (CES) again at the first, eighth and reunion sessions. The CES is an eight item global measure of coping efficacy, where a higher score reflects greater general coping efficacy. In contrast to the SCORE 15, a higher score on this scale indicates improvement.

Among the participants for whom responses were available for all three sessions, figure 4.8 shows that children as well as non-users reported a deterioration between session 8 and reunion, although all groups of participants appear to be more able to cope at the end of the programme than they were at the start.

Figure 4.8 Coping Efficacy Scale: M-PACT Plus programme

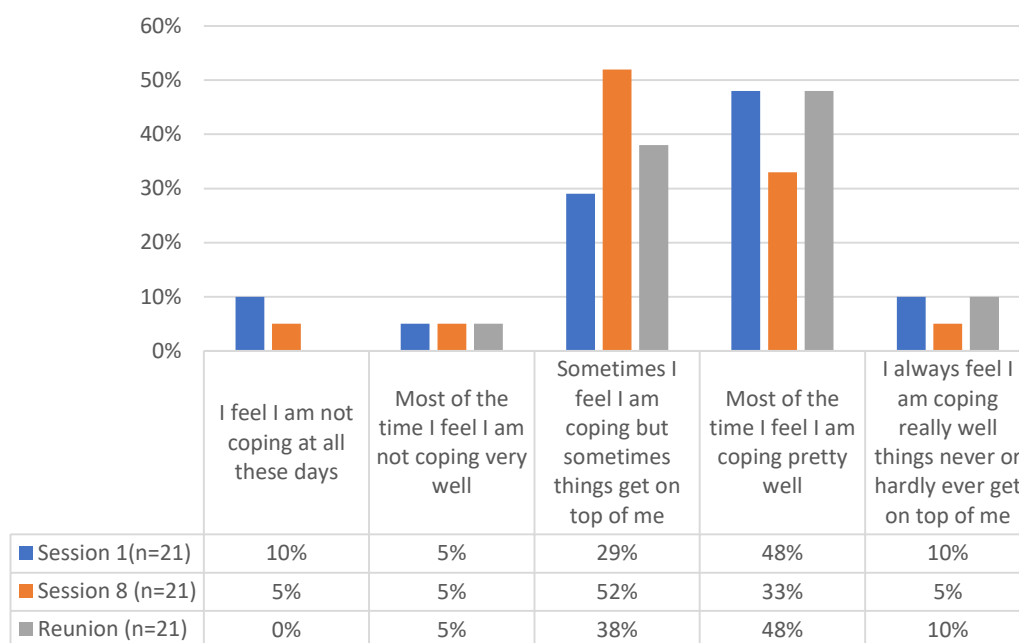


4.1.3. Parent Coping

The adults completed a question that measured how they are coping being a parent by selecting one item from a list of 5 that reflected how they felt. The findings are shown in figures 4.9 and 4.10.

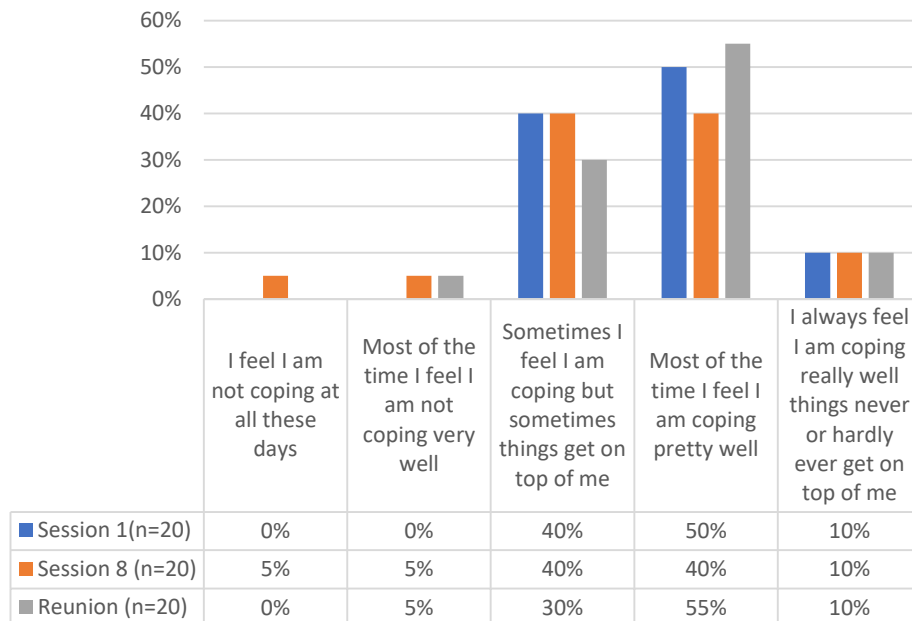
As can be seen in Figure 4.9, 58% of adult users answer 'I always feel I am coping really well things never or hardly get on top of me' or 'most of the time I feel I am coping pretty well' at session 1. This reduces to 38% at session 8 and increases back to 58% at reunion. At session 1, 10% of adult users said 'I feel I am not coping at all these days' or 'Most of the time I feel I am not coping well'. This reduced to 10% at session 8 and 5% at reunion. Among the adult users, therefore, there is some evidence of a reduction in participants feeling that they are not coping at all and an increase in those coping 'pretty well'.

4.9 How adults are coping being a parent? Adult user – M-PACT Plus programme



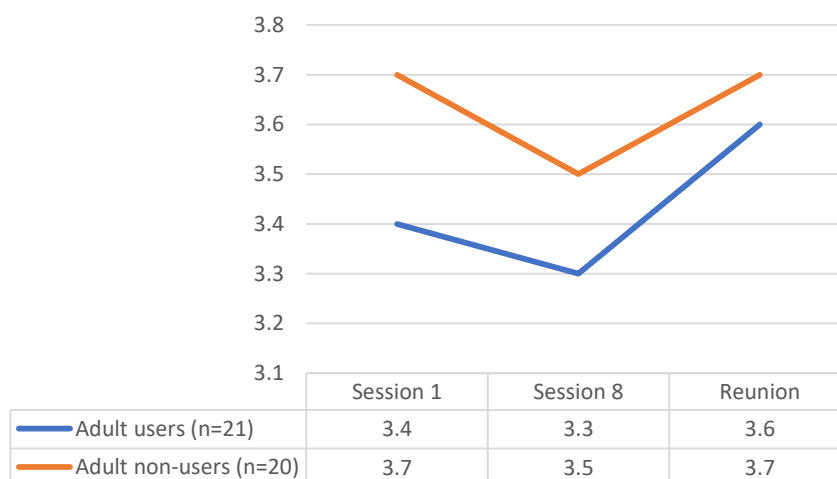
Among the adult users, illustrated in figure 4.10, 60% answer 'I always feel I am coping really well things never or hardly ever get on top of me' or 'most of the time I feel I am coping pretty well' at session 1. This reduces to 50% at session 8 and increases to 55% at reunion. At session 1, 0% of adult users said 'I feel I am not coping at all these days' or 'Most of the time I feel I am not coping well'. This increased to 10% at session 8 and reduced to 5% at reunion, showing an improvement between session 8 and reunion.

Figure 4.10 How adults are coping being a parent: Adult non-user – M-PACT Plus programme



An alternative way to explore change in how far parents feel they are coping is by scoring the scale 1-5 and looking at the change in the mean average score. A higher score reflects a positive increase in how the parent thinks they are coping. These findings are presented in figure 4.11 and shows that overall the adults scored themselves similarly at reunion to the start of the programme.

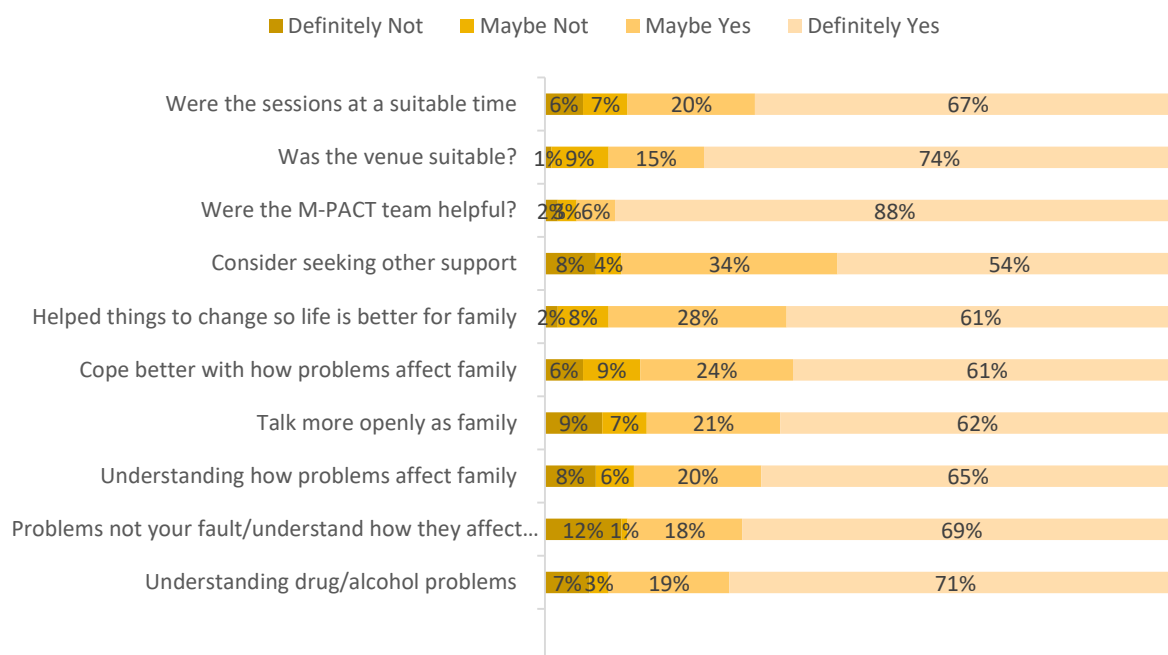
Figure 4.11: Parent coping score: M-PACT Plus programme



4.1.4 M-PACT questionnaire

All participants completed a retrospective questionnaire (developed by Action on Addiction) at Session 8. There are 10 questions with 4 response options and the responses are shown in figures 4.12 to 4.14.

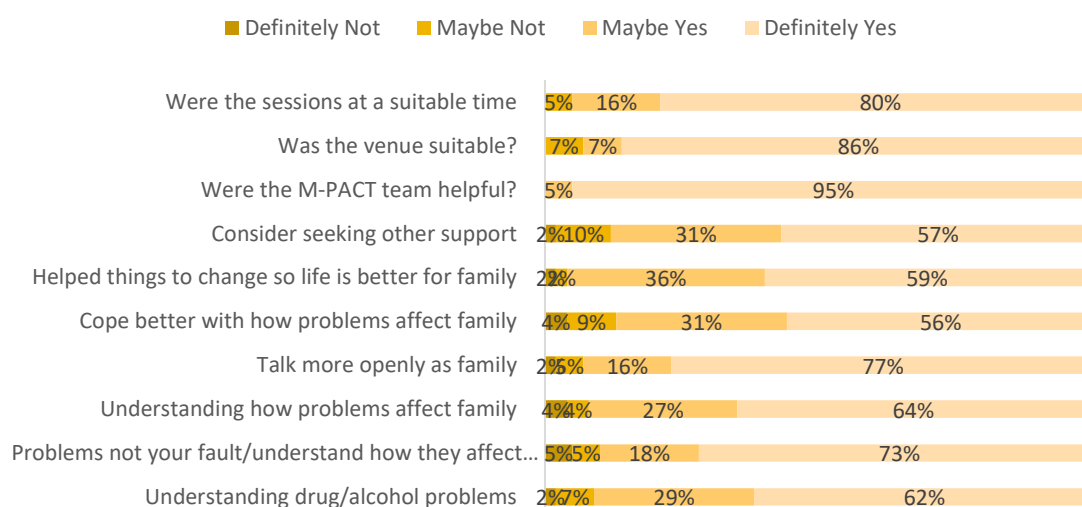
Figure 4.12 Views on whether M-PACT facilitated change in children – M-PACT Plus programme



N = 84-86

In addition to the majority having found the M-PACT team helpful, the findings suggest that most children think the programme has helped them to understand drug and alcohol problems as well as recognise that the problem is not their fault. Most also perceive some improvements in helping family life including talking more openly and coping better.

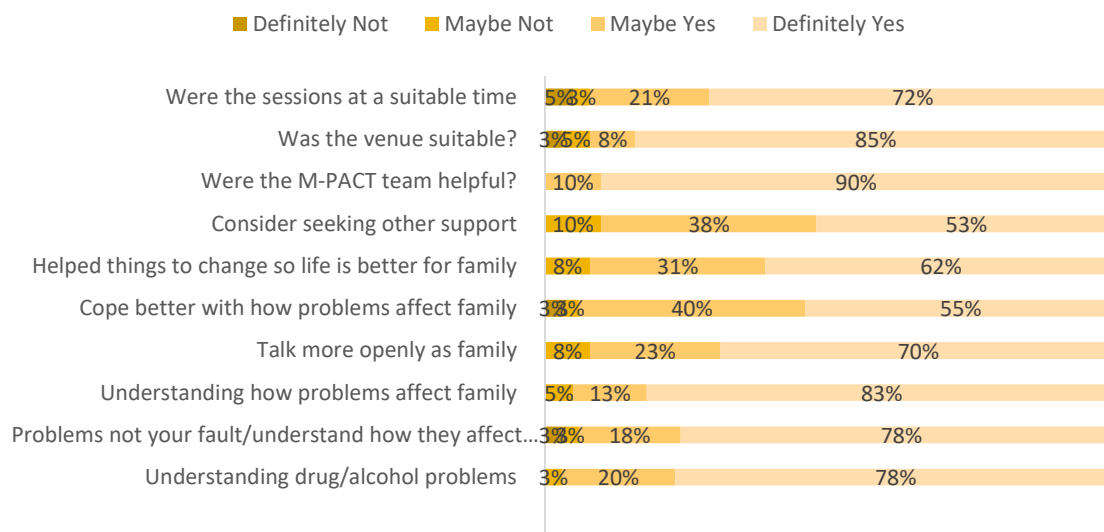
Figure 4.13 Views on whether M-PACT facilitated change in adult users – M-PACT Plus programme



N=42-45

Among the adult users, again the majority found the M-PACT team helpful. They also largely perceived positive change in their family including talking more openly. Importantly for this group, most felt that they now understand how their problems affect children and affect the family and, just over half would consider seeking other support.

Figure 4.14 Views on whether M-PACT facilitated change in adult non-users – M-PACT Plus programme



N=39-40

The views of the adult non users (Figure 4.24) also show that the majority found the team helpful and again most feel they are talking more openly as a family and have enhanced their understanding of drug / alcohol problems and how these affect their family.

In summary, although the sample for whom data was available at all three timepoints is small, there are some indications from the surveys of M-PACT Plus participants that there were some improvements in family functioning, more so for the adults than the children and in particular in relation to communication and feeling overwhelmed. Across parents and children there were indications of improvements in how they rated how they were managing as a family and a reduction in their perception of the severity of the problem. While there was some fluctuation on how far the adult non users and children felt able to cope by the time of the reunion, all groups were more able to cope after the M-PACT Plus programme than they had been at the start. While it might be expected that there would be fluctuations in family coping across the lifetime of the programme, in general their scores suggest improvement by the reunion and it is evident that they perceived the programme had been helpful and had helped them talk more openly as a family. One aspect of resilience is in knowing when and how to seek help and around half of the children, adult users and non-users indicated that they would consider seeking other support, suggesting that they have some of the resilience needed to cope with their problems in future.

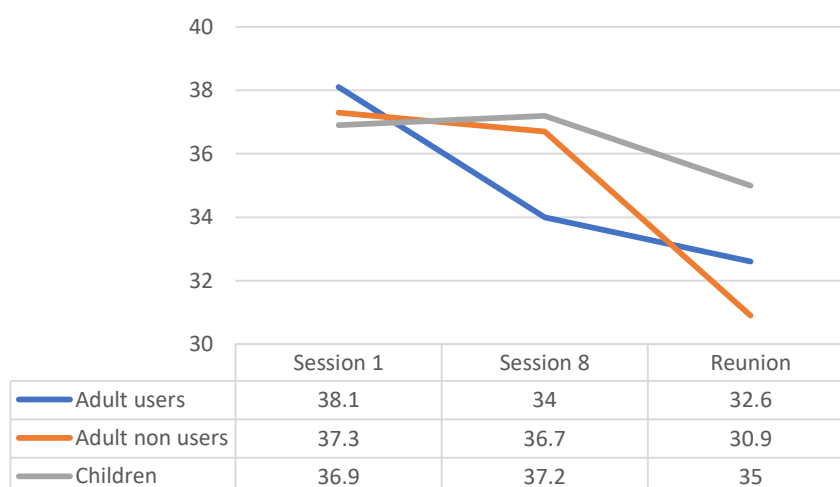
4.2 Outcomes from the M-PACT programme compared to M-PACT Plus

As outlined above, the evaluation of the M-PACT programme delivered by Action on Addiction uses the same questionnaires as the M-PACT Plus programme, which enables a comparison to be made between the two programmes. This section presents the outcomes from the sample of participants in the Action on Addiction programme for whom questionnaire responses were available at all three timepoints, and compares these with the outcomes from the smaller sample of participants in Place2Be delivered programmes, presented in Section 4.1.

Figure 4.15 shows the overall SCORE-15 averages for the three groups in the Action on Addiction sample. As can be seen, the scores for each group are lower at reunion than at the start of the programme, indicating that they had improved. When these are compared with the M-PACT Plus participants (figure 4.1) it is evident that the adult M-PACT participants start with a higher level of need on this measure than the M-PACT Plus participants (36.2 for Place2Be Adult users and 30.8 for adult non users) while the children on the M-PACT programme had a lower score than those in the Place2Be programme (39.5).

Across all three types of participants in the M-PACT programme the scores had improved by the reunion, while among the M-PACT Plus participants, only adult users improved by the reunion, albeit a small sample.

Figure 4.15 Change in mean score over time: Action on Addiction M-PACT programme



As noted above, the SCORE-15 is comprised of 3 subscales. The change in each of the subscales for the Action on Addiction paired sample of participants are presented in figures 4.16 to 4.18. These show that:

- On the **strengths and adaptability** subscale (figures 4.16 and 4.2) the Action on Addiction participants start with higher scores, suggesting a higher level of need than the Place2Be participants and all improve by the reunion while among the Place2Be participants, only the children improved on this subscale
- On the **overwhelmed by difficulties** subscale (figures 4.17 and 4.2) the adults in the Action on Addiction sample start with higher scores than the Place2Be cohort,

particularly the non user group, while the children have lower scores. By the reunion, the adults from both the Place2Be and Action on Addiction cohorts have improved, as have the children in the Action on Addiction cohort.

- On the **disrupted communication** subscale (figures 4.18 and 4.4) the children and adult non users in the Place2Be cohort start with higher scores than their Action on Addiction counterparts. While the adults from both cohorts improve on this subscale by the reunion, this is not the case for children in the Place2Be cohort who remain almost the same by the reunion.

Figure 4.16 Change in mean strengths and adaptability over time: Action on Addiction M-PACT programme

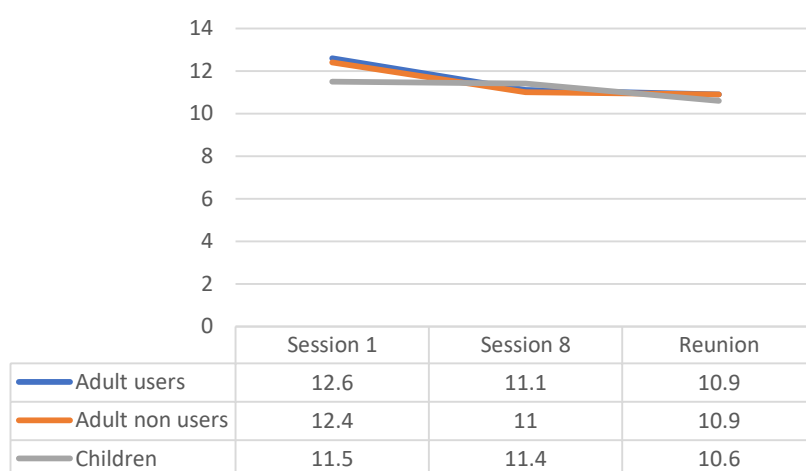


Figure 4.17 Change in mean overwhelmed by difficulties over time: Action on Addiction M-PACT programme

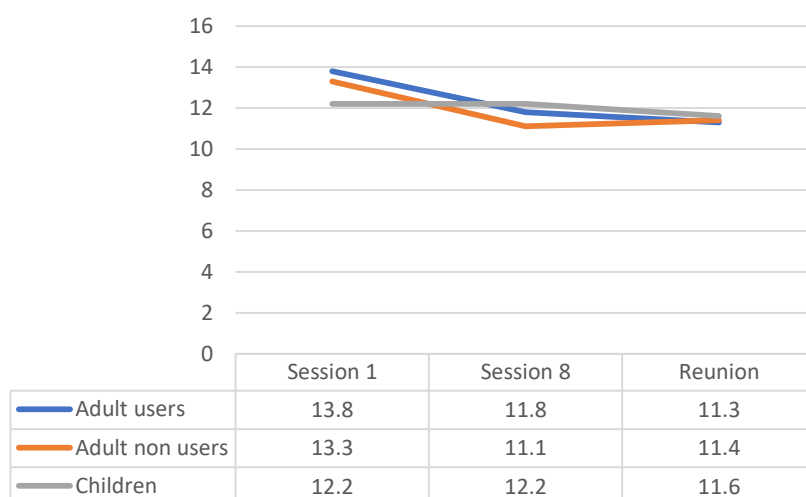
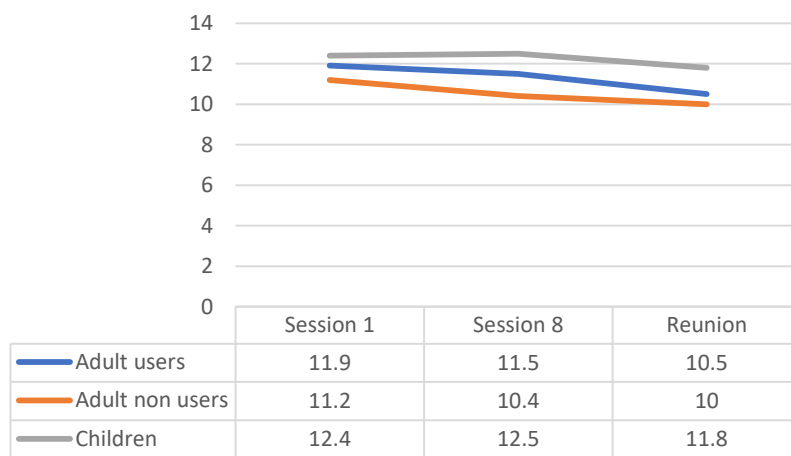


Figure 4.18 Change in mean disrupted communication score over time: Action on Addiction M-PACT Programme



As outlined above, the SCORE measure includes the participants rating the severity of the problem, how they are managing as a family and their view on the helpfulness of the therapy. The findings for the Action on Addiction cohort are shown in figures 4.19 to 4.21 and are compared with the Place2Be cohort in figures 4.5, 4.6 and 4.7. The findings reveal that:

- There were improvements for all groups across both cohorts in their perception of the **severity of the problem** by the reunion.
- All groups in both the Place2Be and the Action on Addiction cohorts rated how they were **managing as a family** better by the reunion that they had at the start of the programme
- The views on the **helpfulness of the therapy** were more varied. While in both cohorts the adult users; rating of the helpfulness of the therapy improved at each timepoint, the adult non users rating had declined for the Place2Be cohort while the Action on Addiction remained almost the same.

Figure 4.19 Severity of the problem: Action on Addiction M-PACT programme

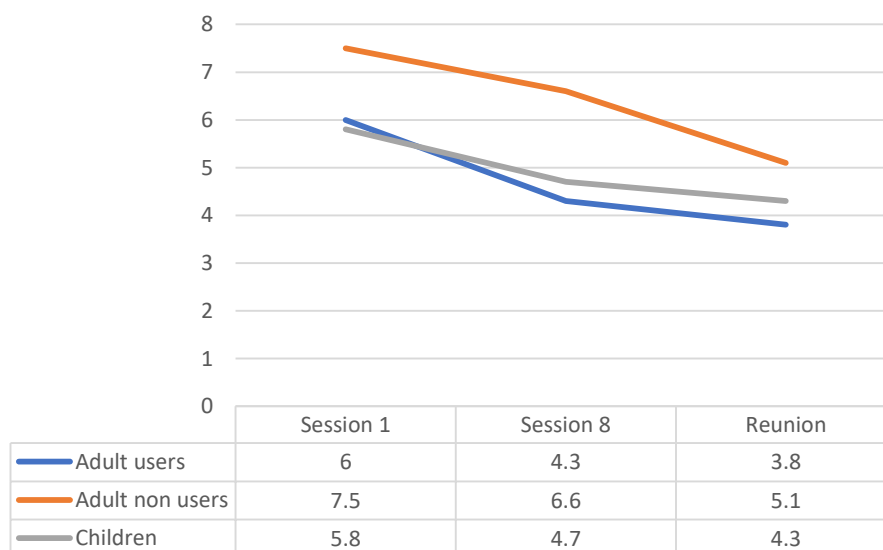


Figure 4.20 Managing as a family: Action on Addiction M-PACT programme

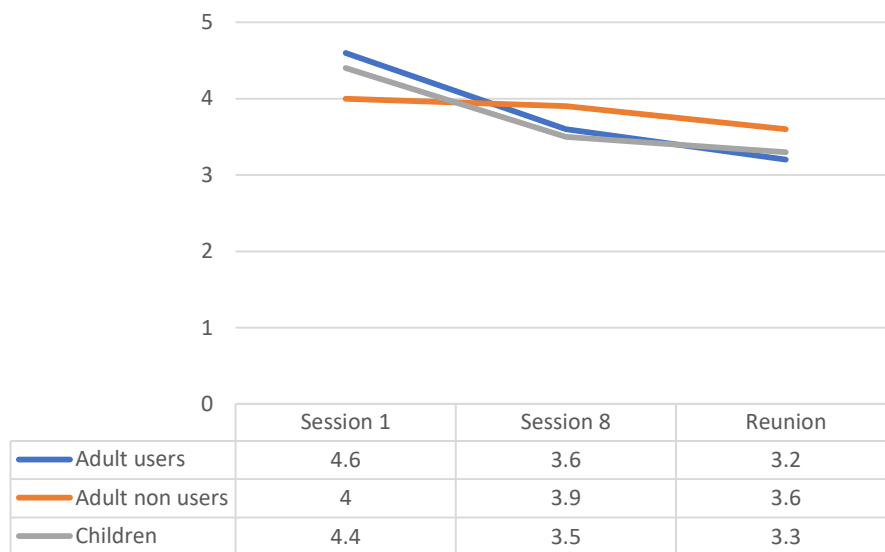
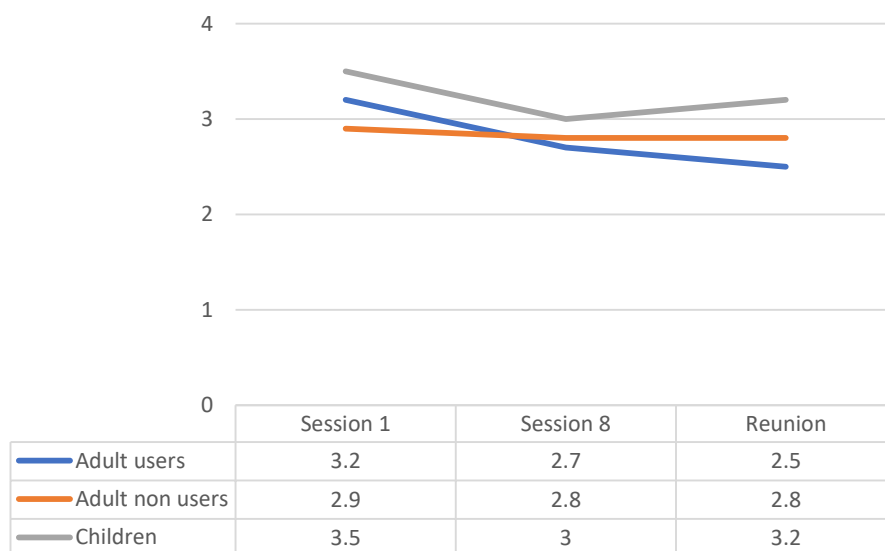
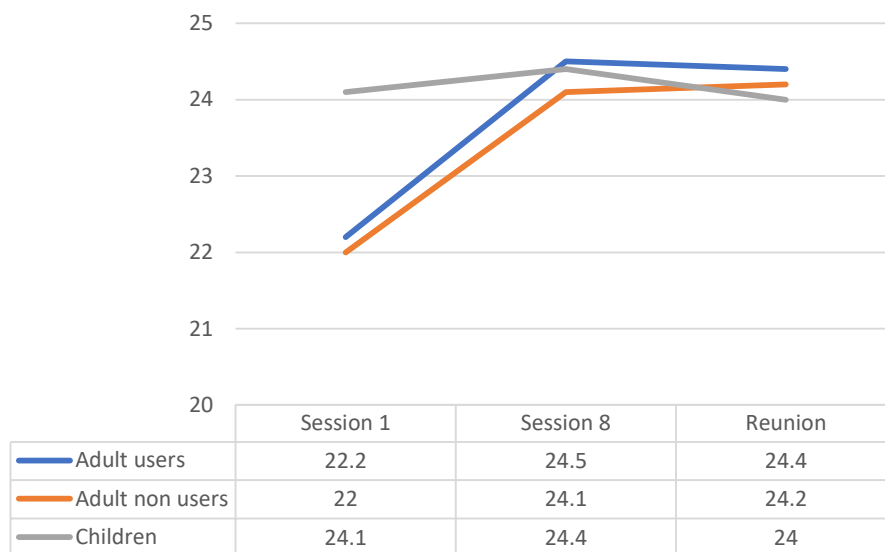


Figure 4.21 View on therapy: Action on Addiction M-PACT programme



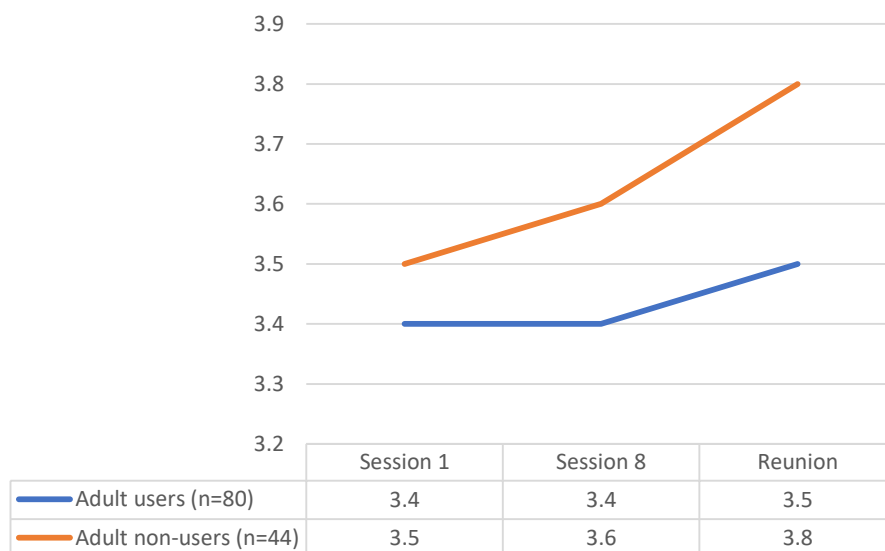
The second measure used to evaluate the M-PACT and M-PACT Plus programmes is the Coping Efficacy Scale. The scores for the matched sample of Action on Addiction participants are shown in figure 4.22. Compared with the Place2Be matched cohort (Figure 4.8), it is evident that both cohorts improved overall between the first session and the reunion and in both cohorts this was more the case among the adults than the children.

Figure 4.22 Coping Efficacy Scale: Action on Addiction M-PACT programme



The parent coping score, shown in figure 4.23, had improved for both adult users and adult non-users in the Action on Addiction cohort. This was also the case for the Place2Be cohort (figure 4.11) where both adult users and non-users reported they were coping better at the reunion than at the start.

Figure 4.23 Parent coping score: Action on Addiction M-PACT programme



The Action on Addiction cohort reported similarly positive views to the Place2Be cohort in relation to how helpful they had found the M-PACT team and also the impact of the programme on how far they talked openly as a family, their understanding of drug and alcohol problems and how it had helped to change things so life is better for them as a family (see figures 4.24, 4.25 and 4.26).

Figure 4.24 Children's Views on the M-PACT programme: Action on Addiction M-PACT programme

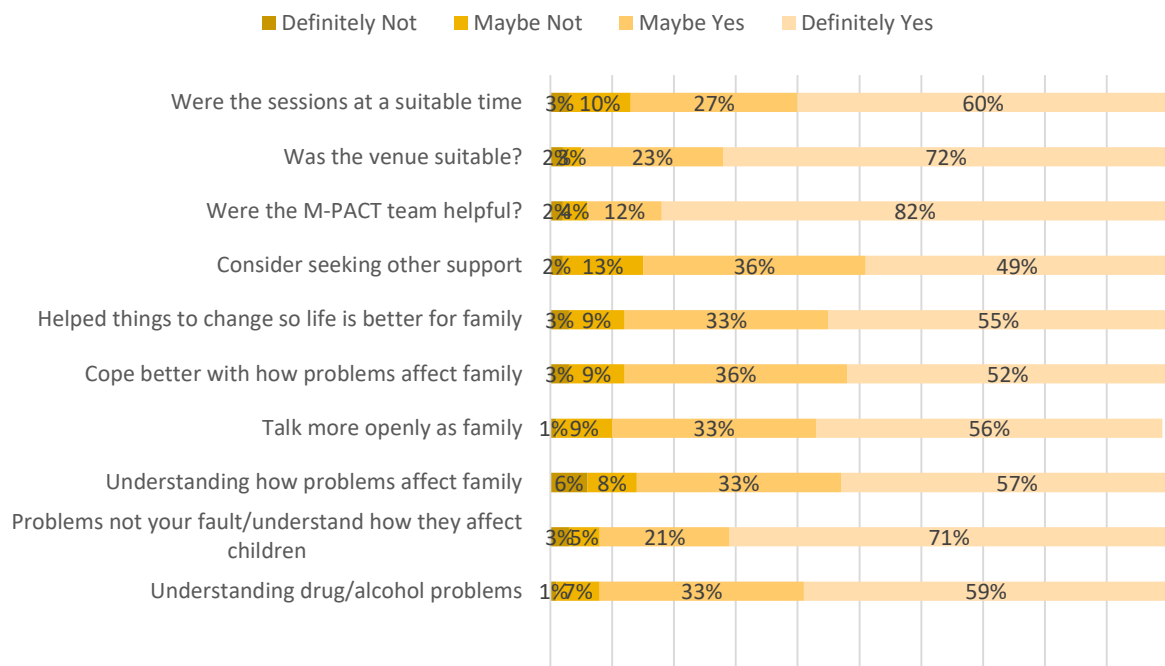


Figure 4.25 Adult users' views on the M-PACT programme: Action on Addiction M-PACT programme

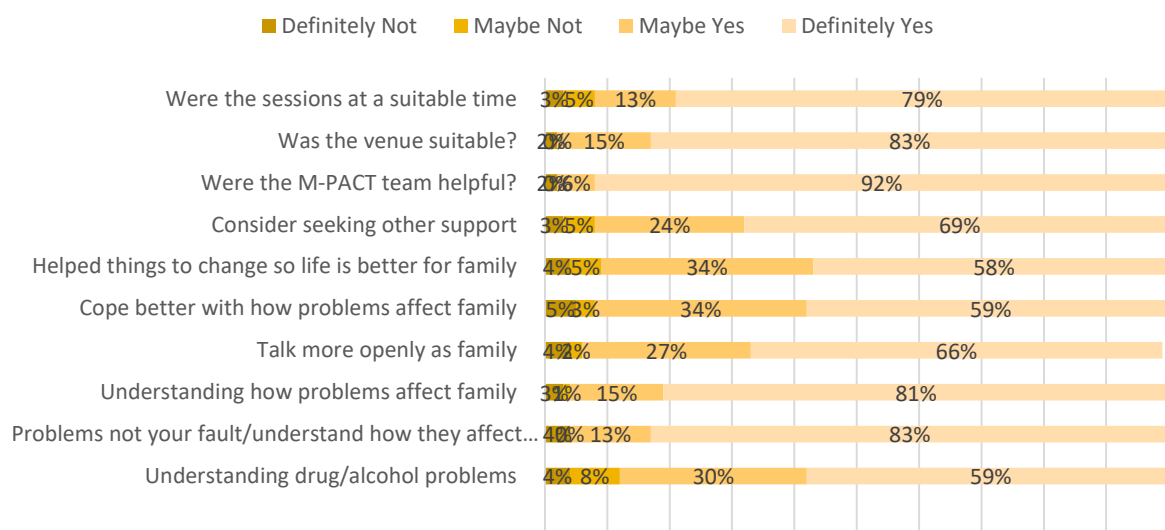
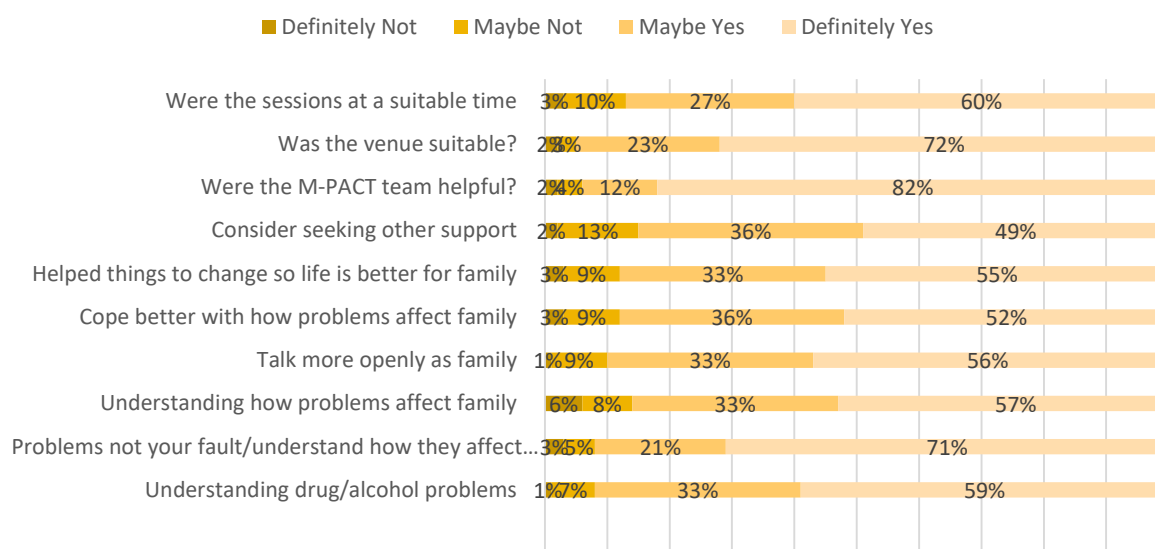


Figure 4.26 Adult non-users' views on the M-PACT programme: Action on Addiction M-PACT programme



Overall, therefore, based on the SCORE-15 measure, the Action on Addiction cohort appeared to be more likely to see an improvement than was the case for the Place2be cohort, although the differences in the sample size may influence this, while the rating of the severity of the problem and how they were managing as a family improved across both cohorts. In terms of how they were coping with life in general and as a parent, across both cohorts adults had improved.

4.3. What families told us about the benefits of M-PACT Plus

The qualitative elements of the evaluation explored in more depth whether families felt the programme and benefitted them and how. All the families we talked to thought M-PACT had made a real difference to them, and although it was not always easy for them to pick out specific examples, there were some recurring themes in what they told us:

- **Improved family communication.** This was the benefit that was most commonly mentioned – virtually every family we interviewed talked about this.

Now if any of us got a problem we can sit and talk about it, where before it sort of brushed under the carpet. Where now if any of the kids got a problem or I have a problem we will just...now we got the communication back.

Interviewer: *So, you will talk about it now?*

Yes, rather than it just build up and build up and then there will be arguments, but now – if you got a problem it – speak! Parent

I think it's like made us understand each other more, I don't know how to explain it but we didn't talk about it before. We just used to assume that each other knew that we were fine, but then like after talking about it we realised that we didn't feel fine. I dunno I just feel ... now we can talk about it and we all know about each other now, it's not like before when we had to pretend we were fine. Young person

From what I've heard from families I think it's brilliant. They often don't realise their substance misuse is harming the children. They'll say they don't do it in front of the children so it's not affecting them. But of course it is. The children do know. And parents are often really shocked that their children even know about it – it opens up the conversation between them. School Project Manager

- **Better relationships between family members.** Several people gave examples of improved relationships, including in situations where family members were no longer living together.

One of the children she is going through a hard time at the moment and we sat down and spoke the other week and she is going through an appointment and she said 'I want you there'. It is quite an intense appointment and beforehand she probably wouldn't have wanted me there. Parent

I find that me and my ex get on a little bit better, like I said I sort of look at him now, if he is having a bad day I don't judge him, just see how he is. It has got better in that sense, and we don't argue in front of [name of son], not that we argued a lot in front of him anyway, but we are seeming to get on better since the course. Parent

- **Increased confidence for children and adults.** Parents/carers frequently mentioned increased confidence in their children, but this was also the case the other way round.

Yeah her confidence in general like if she has a disagreement with someone she can.. she says it like I don't agree with it, whereas before when we lived with dad it was a bit like he thought he was superior over all of us, so we would just stop talking and then he would, it would always be like he won the argument. Like now if she doesn't agree with something, or that she's got something to say about it she's not going to keep it in. Young person talking about her mum

Of the children I've seen who've attended M-PACT several have become less withdrawn. They're more confident because they realise they're not the only one. They don't have this big secret that they have to keep hiding. And they finally get that it isn't their fault. School Project Manager

Since I first met mum she has gone from a very weak, mild lady who didn't know English, she has learnt English who is getting all the help she can get, in terms of the housing office sitting in the middle of the floor until someone helps her, who writes to her local MP to get support and I think the M-PACT programme has boosted her confidence in being able to realise it wasn't all her fault. School Project Manager

- **Children getting on better at school.** Several parents/carers talked about improvements at school for their children. They tended to attribute this to children feeling less anxious or more confident or to them having learned how to get on better with other children:

I think getting him to understand his different emotions and getting him to talk about them now, because before he was just angry all the time, but now ... there was parts of the programme there was faces, where you put in the mood for that day and why. I think that really helped him. It made him come out of himself a bit more, where before he would just be really angry all of the time, without being able to talk about why. So his communication is a lot better and his anger as well. His parents evening was a couple of weeks ago, and compared to every other parents evening this one was outstanding. He really come on, he is more friendly with the other children, he got better with his manners. And he has got better with his work and his English, and yeah ... he is a completely different kid. Parent

His class teacher definitely saw the impact on him, he was a child who often broke down, his emotions would just bubble over, so some of his friendships were quite difficult, because the other children didn't understand that. And I think they saw a difference in that, more content, much more able to hold on to his emotions and much better able to express them appropriately. That was something that his class teacher reported. School Project Manager talking about a child he had referred to M-PACT

- **Increased willingness to seek other kinds of support.** For several families M-PACT Plus had acted as a gateway into other support, both by providing information about other support available, and, more importantly, giving people the confidence to seek support and believe it might help them.

I think it has helped my mum coming to terms with stuff, which is nice because now I can see that she is actually going to make an effort with helping herself. I feel that before she was a lot more shut off about her feelings, so it's nice to see that has helped her... I don't know if it has made a visible change yet, but I know that from it she has made decisions, like to have counselling herself. And even if I can't see those changes straightaway, I know it will get better and I will be able to see it and that makes me quite happy, because something has made that happen. In the past she has never wanted to talk about it because it made her too sad and that has made her repress it, and now- that just makes me really happy because it has made her a bit more open about stuff. Young person about her mum

I have started... through someone who was on the course, she runs a group, it's for domestic violence mainly but she runs a group about confidence, about how you are feeling. I have started that group because of M-PACT. Had I not done M-PACT I wouldn't have met [name of another mum] and I wouldn't have known about it. Parent

- **Gaining understanding.** A big motivation for parents/carers was for their children to gain a better understanding of things that had happened in their family. There were ample examples of this happening. And the following quote illustrates how this understanding is helpful even when things don't improve as much as people wanted.

I feel like [my dad] learnt some things, and that it could have helped me if he had let it help him, but I don't think he wanted to let it help him, because of similar reasons

to why my mum before wouldn't get help before, she would shut it off. I feel they were in very similar situations but my mum was able to accept help, but my dad wasn't. So, I think that while he has learnt some things, he wasn't willing to take it on board, that is a bit sad, but at the same time it is his loss. It could really have helped him, if he had let it help him. Young person about her dad

..Because I couldn't talk about it, it was one of those things that couldn't be talked about, [my daughter] would keep quiet. You know that she knows what is going on, you know that she knows that her dad is a user and talking about it has just made us more open. I often say 'you can talk to me about anything', but if they know I am holding something back, she is not going to talk to me, but now she can. She understands a lot more than [name of son] can comprehend, but it has given her more of an understanding – 'that is why he does it'. It's not my fault he takes drugs, there is not a reason why he takes drugs, he just does and it's nothing to do with us and that is why we split up. They now know that is why we split up and why they are not allowed contact, but now they know. Parent

- **Letting go of the shame.** Shame came up so many times in our interviews with both adults and children. One of the most common benefits for people was feeling less ashamed.

Even though I already knew in theory that there were people like me, it does make that idea a lot more concrete and that does help to know that you are not alone. Not just being told that there are others, but actually seeing it and being there with those people, makes you feel less alone. Even with just my grandma, who knows about it it's not the same. Even though I have spoken to people about it before M-PACT, I have to hide it. They have made it feel less like it is a bad shameful thing, and it comes back to the thing that it has happened to lots of people, and it makes it feel less like a shameful thing that you have to hide that you can't talk to your friends and family about. Young person

- **Gaining the strength to make changes.** Several adults talked about M-PACT helping them to gain the determination to make positive changes in their lives.

I am not saying it's a miracle and it will stop you doing what you are doing, but it will definitely give you support. It gives a network, it gives you friends, I found it brilliant ... I have actually stopped smoking, cigarettes and the other [weed], and I don't smoke anything now. The group helped me. It didn't stop me smoking but I saw things from the other side, someone in their family who have substance abuse. I was one of the only ones, if not the only one, who was the perpetrator so to speak. I felt a bit more equipped when I stopped to stay off it, and it has now been 8 weeks and I am still off it.... It's still early days, but I am feeling positive and I feel the group has prepared me to stay off it long term – staying calm. I hope to stay not smoking! Parent

- **Adults and children feeling happier.** When we asked families what difference M-PACT had made to them they all said it had really helped, but often couldn't really

describe how. In talking to them, however, it became clear that for many families the M-PACT experience had simply helped them to feel happier.

It has got even better. We are just so happy, I am doing amazingly. [Name of child] is doing amazingly at school. At the moment, I am just really happy. It's just really nice, we have had no problems, this is the best it has been for ages. Parent

Sandra, Lauren and Katie

Sandra left her ex-husband who has an alcohol problem in December 2015 after being subjected to serious domestic violence, which their children witnessed. Sandra and the three children all moved in with their nana, as her ex-husband initially refused to move out of the family home. Sandra attended the programme together with her two daughters Lauren (14) and Katie (10), while their younger brother Sam stayed at home with nana.

The experiences of domestic violence had clearly affected the family very badly and initially the coordinator only talked with nana about the family attending. Sandra was worried, not so much about the children finding out about their dad's addiction as 'they had seen and heard quite a lot of stuff already', but about re-visiting things that had happened to them.

But Sandra also recognised that Lauren and Katie, and herself, could do with having someone to talk to about their experiences, as none of their friends and family really understood what they had gone through. The coordinator described Lauren as incredibly emotional during the assessment:

She'd just held everything together, very strong and tough and as soon as she started talking she was so distressed by her experiences and by not having anyone to talk to and wanting to talk and not wanting to talk and all of that adolescent, the difficulties of having to be strong and brave, but actually just feeling like you're falling apart.

Being able to meet and bond with other people with similar experiences and stories were both a strong motivator for Sandra to join the programme, but was also one of the most positive parts of talking part – feeling understood and less alone with their experiences:

Another thing that all three of them really liked about the programme was that you didn't feel pressured into to sharing anything, or even say anything if you didn't feel like it. Katie especially felt very shy, but the arts and craft in the children's sessions allowed her to share without having to say much.

Having people on the programme with an addiction helped Lauren and Katie understand their dad a bit better. During one of the sessions the children presented a poster they had made and one of the adult participants, himself an addict, talked about how he could relate to their experiences. As Lauren explains:

We've never heard it from like an addict's point of view, our dad never spoke to us about it, he just assumed we didn't know, so he would never speak about it... but [the man] kind of helped explain, because he was like 'I can be angry and then I'll take the drugs, but then I'll be sad because I've betrayed my family'... we kinda got the insight of how [our] dad could have felt, but at the same time we had our bit, where we were like 'he didn't really show it' ... and 'he doesn't pay attention to us', that kinda thing, but then he explained it like once you've taken the drug that you didn't want to take, you feel guilty so you don't want to talk to anyone, so it kinda made more [sense].

They all believe that they have gained so much from attending M-PACT Plus, more than they ever imagined, but especially around confidence. Katie's teacher has noticed that she participates more in class and she recently received a school certificate for increased confidence. Lauren feels she has come out of her shell and is able to stick up for herself more – something that her mum has noticed too especially with regard to her dad. Lauren also says that attending the programme has helped their mum get her confidence back again and that her mum won't just keep quiet if she doesn't agree, but will stand up and say her opinion. Changes that Sandra describes as 'changes on the inside', but that others have noticed on the outside:

We're just stronger I think. We were described, which always stays with me, but we were described as sort of going in there as victims and coming out as survivors, which I think was good. That was nice to hear that as well.

Since the programme has ended, Katie has continued her one-to-one counselling sessions with Place2Be. The M-PACT Plus staff have helped move Lauren up the waiting list and she is now seeing a counsellor in her school, and Sam is due to start his own one-to-one counselling in the next academic year. As a result of both her daughters receiving counselling, Sandra felt able to accept counselling for herself:

Once the children got their counselling, I kinda felt like it was okay for me to get it as well... [before] I felt a bit sort of selfish to be going off and doing mine when they were maybe struggling, so once they got theirs then I sort of thought 'no, do you know what, it's ok I can go and do mine now

Our final interview question of families was whether they would recommend M-PACT to other families in a similar situation. They all would, and here is just some of what they said:

The time went in a flash – it's the best 8 weeks I've ever spent. Each week you could see children improving and opening. Parent

I just think even if you are scared you should just go anyway, because we were all scared and then it made us feel a million times better about ourselves and we learnt a lot. It's one of those things where you'll be scared about it for ages and then it will come to it and you'll just like I don't know why I'm scared because it's helped me more than I thought it would. Young person

Just do it, because you get a better understanding of your family and your children, without shadow of a doubt, because it will help the whole family, and you would miss out otherwise...It's the best thing I have ever done, I highly recommended. Parent

I would highly, highly recommend it to anybody who are having problems with their family, who wants to put their family back together. Because me and my daughter are proof that it can happen. I know so many people out there who have gone through so many hard things, who believe they can't get that family back together. We are living proof that you can. This programme I can't recommend it enough and the people are fantastic. Honestly, I would be a speaker for this programme. I have said that if there are any families that are unsure, I would be happy for them to contact me by phone. I have come so far, and that was one of the best programmes. I think it's really good, every school should be doing it – I am telling you! Parent

5. Sustaining the benefits of M-PACT Plus

Programmes are often experienced as beneficial in the short-term. The real test of effectiveness is whether these benefits last. A longitudinal follow up was beyond the scope of this evaluation but we did gather some evidence by interviewing a sample of families involved in the phase 1 pilot and by gathering information from School Project Managers about families who have been involved in the programme.

5.1. Feedback from School Project Managers

Many families who complete the programme remain connected to the schools in which Place2Be is still working. The Place2Be team therefore contacted the School Project Managers and Parent Counsellors in 29 schools in the 4 areas that had referred families onto either phase of the programme and still had Place2Be's service, to ask for their insights into where the family was now.

Received responses related to 25 schools. In some cases, the family had moved away or the child had left the school at the end of Year 6, and in one case the child had been permanently excluded. In these cases, the School Project Manager or Parent Counsellor was not able to provide any further insights. This was the case for all of the families in six of the schools and for around 12 families across the programmes and, where it was not related to the transition to secondary school, may reflect the instability of the lives of some of these families.

The families who took part in the M-PACT Plus programme were often complex families with a range of challenges, and the support that they accessed before and after the programme included a variety of interventions from Place2Be, from the school and from external agencies. Consequently, the outcomes should be viewed in this context of multi-agency support of which the M-PACT Plus programme was one contributory factor. Nevertheless, the feedback from the M-PACT Plus coordinators, School Project Managers and parent counsellors suggest the following outcomes for the families.

- **Children are more settled in school and the classroom** – there were instances where the children in the school were no longer causing a concern. Examples included a child who was more settled in school, another who was progressing well, children from another two families who were attending school well and a further child who was motivated and becoming a PE coach.
- **Fewer concerns about the child and the family** – the level of concern about the child or family had also reduced in some cases. SPMs reported that there were no longer concerns about the child's wellbeing, or no new concerns had arisen since the M-PACT Plus programme, or the child's behaviour had improved with fewer playground fights. In one case the school continued to monitor a child's wellbeing but considered that no specialist emotional support was needed and in another the Common Assessment Framework for a child had been closed.
- **Family accessed support from external agencies** – in some cases, families had been found to need additional support and had been referred to, for example, CAMHS, a dietician, a carers support network and parenting support. One parent had entered

local rehabilitation provision and was in recovery and an ambassador for the provision.

- **Family members had accessed Place2Be's support** – six children were noted to have received one-to-one counselling, typically after the M-PACT Plus programme and / or had accessed the self-referral Place2Talk service. In one case, the School Project Manager observed the positive change in the family with the mother encouraging the child to go to Place2Talk to '*share their worries*'. Although the children had all taken part in the M-PACT Plus programme, School Project Managers noted that they did not always discuss the substance misuse issues in their family, or their feelings about separation from a parent, where this had occurred for example where a parent had chosen to separate from the other parent who was a user of substances. In addition to the children accessing Place2Be's service, parents also accessed parent counselling, in five instances or used Parent Partnership, in one case.
- **Family functioning and home life had improved** – there were reportedly improvements in family functioning and the home life for some of the families who had taken part. For example, families had experienced improved communication and relationships, more openness between parent and child, and family members being on good terms with each other. This included one case where the family was said to be functioning better following the mother leaving the home. In some cases, the families were said to be more open about the impact that addiction had on the family and the wellbeing of the children.
- **Improvements in coping and seeking help when needed** – some of the School Project Managers reported that there had been an improvement for some children in being able to '*deal with their emotions*' and to be more able to ask for help when they need it. For example, in one case a child was said to be '*able to examine their own feelings in relationship to both parents rather than take a caring role*'. In addition two parents had proactively requested help for their children when instances occurred.
- **Improved relationships with the school** – since taking part in the M-PACT Plus programme, there were indications of improved relationships between the parents and the school in some cases. This included better communication with the school and asking for help when needed, in one case, the parents being '*less demanding*' of the school in another, and in a third, the parent being more open to hearing the school's views on the relationship between the parent and child.

In addition to these evolving changes in the families' lives following the programme, there were also three instances of parents starting in employment and two families where social services' involvement had ended.

While many of the families appear to have continued to function as a family since the M-PACT Plus programme, children were more settled in school and relationships between the families and the school had improved, there were also instances where these complex families continued to cause concern to the schools and five families where social services were now involved with the family.

The above findings were reinforced by our interviews with School Project Managers who had referred families to the programme. From their ongoing contact with families and feedback from other school staff, they were able to highlight changes that had lasted several months after the end of programmes. For example:

Feedback really positive. For example, I was supporting one family where the children had never talked about substance misuse – yet dad was a serious alcohol user and the relationship broke up. The child in our school enjoyed M-PACT so much he wanted to go back to help. The main thing was meeting others in the same position, not being different. It allowed him to acknowledge dad's misuse and the impact it was having on the family. Before that it had seemed normal. Mum was very angry and M-PACT gave her the chance to share her feelings. Six months later and mum felt able to get involved in a new relationship and to resume some contact between the children and their dad. She's made new friends and doesn't feel so ashamed. School Project Manager

5.2. Feedback from families

Many of the families we interviewed from phase 2 had only recently completed an M-PACT Plus programme (we talked to them around the time of the reunion). However, a few families were participants in earlier phase 2 programmes and they were clear that for them the changes had been sustained. We obtained some information about the longer-term benefits of M-PACT Plus via feedback from three parents who had been involved in phase 1 programmes. Two mothers were from the NE and one from Manchester/Salford. At the time of interview (autumn 2016) they were reflecting on programmes they had completed between 9 months and 2 years previously. Here is what they told us:

Sue and Jack

Sue attended the programme with her son, Jack (aged 11) and her 6 year old daughter who was attended the crèche. This is what Sue had to say about her experience: *I got involved with the programme through the Place2Be counsellor who I was seeing at the school. I was suffering depression having recently lost my mum to an alcohol related illness.*

The counsellor suggested the programme might be helpful and I was ready to try it. I was beginning to realise what a problem I had with binge drinking. I was drinking a lot. Far, far too much. I hoped it would help me and my son.

We attended all the programme except for one session. The sessions that stand out in my memory were the ones where we did the drawings. Jack did drawings of him and his stepdad at the football on a Saturday and another of me in bed. I was always in bed at weekends cos of the drinking. I never got blind drunk in a loud way but I'd end up feeling awful the next day – I couldn't be bothered doing anything. It made me realise what effect it was having on my kids. It opened my eyes – I never realised they knew what a problem I had.

It was helpful working with other families. It was difficult at first cos you were in this room with a load of strangers and you had to build up trust with them. But it was good to feel you were not the only one. There was another parent there – a dad – with similar problems. People were in different

situations. It helped me to hear what it was like to be the one without the drink problem, but I think I also helped them understand that when you have the problem you don't always realise it.

Jack seemed to get a lot out of it as well. I don't know what he'd say if you asked him cos he doesn't talk much, but in the group he liked being able to say what he wanted. He could speak openly and be honest. He could say what he needed to say without worrying that I'd be cross or upset. He also enjoyed spending the time with me. While we were doing the programme the facilitators picked up on Jack's ADHD and he got referred to CAMHS. His problems mean that he lost concentration and got bored sometimes but on the whole he enjoyed going.

Since the programme I feel we've become closer – he seems to be able to come to me about things. We seem to have a new way to communicate. It's been good for him to be able to process things and understand that I get depressed sometimes – he's now able to say 'oh mam's having a bad day' without getting upset too much. We can talk about things that are bothering him.

What's changed? I stopped drinking after the programme and I've now been stopped for 7 months. I still have a drink now and then but no more than a couple and I know not to drink when I'm feeling emotional."

After the programme, Sue continued to see her parent counsellor (who was also one of the M-PACT facilitators). She had her last session in September. She describes this follow up support as really valuable: That was good too – really good support once a week and very good to follow up from the programme."

Sue is now thinking about what she wants to do next with her life: I'd like to do something about my job. I've worked in a call centre for years. I had Jack when I was 20 and I'd now like to do something else. I feel I'm ready and capable of doing something more. I'd really like a job that meant I could help other people.

I can honestly say [M-PACT plus] has been life changing. My life has totally changed since a year ago. I was so determined to turn my life round and I got control back. I'm in control of my life now.

Sarah, Molly, Harry and Elly

Sarah attended the programme with Molly, 14 and Harry, 11 along with Elly 6 who attended the crèche. She described how she got involved: I was speaking to one of the counsellors from Place2Be at my children's school. I'd been having a few problems with children. I told her that me and my husband had separated – he'd been heavily dependent on alcohol. She suggested the programme.

I was willing to go along because I really wanted me and the children to work together – not to get answers but to get some understanding. For the children to understand. The older ones had a bit of idea but I wasn't sure what was going on in their heads. Their Dad stopped seeing them for a long while- they've only just recently started to see him again. Mainly I wanted them to know it wasn't their fault.

Sarah and her children managed to attend every session and Sarah said she found all the sessions helpful: One thing that stands out for me was when we had to write letters to alcohol. That really allowed me to get stuff out, writing about what alcohol had done to my family. It was good as well to have adult only sessions – some had problems themselves which they'd overcome, while others were in a similar situation to myself – we could all talk about what we were going through in different ways. Hearing things from different sides.

The facilitators were all helpful and friendly and the children enjoyed it. Everybody was lovely. The children didn't say much about it but they seemed to enjoy it – especially the cake!

Things have continued to improve for Sarah and her family since the programme ended. The youngest child, Elly has had some further support from Place2Be at her school, and Sarah feels much happier about how things are between her and her children: *I haven't needed any other support since the programme. I achieved what I wanted to do. Our communication has really improved. We agreed we wanted to have more family time so we now sit down as a family. We now have one night a week where we all do something together. Get the children off their computers, we have a takeaway and get a film we all want to watch.*

The children have started to see their Dad again and it seems to be OK. He seems to have straightened himself out a bit. I was wary at first because he hadn't seen them for 2 and a half years, so I was a bit worried about it but it does seem OK and they like seeing him.

I feel that Molly would tell me if there was a problem now. She's more likely to talk to me about it because of the programme. All the children are a lot more understanding of the issue and are aware that it's not their fault.

I'd definitely recommend M-Pact Plus to any other family in the same situation."

Claire and Megan

Claire attended a programme which finished almost 2 years ago. She went with her daughter, Megan, then aged 11 (she is now 13). Claire also has an older son who did not attend. She describes how she got involved: *The school told me about it, my daughter was attending Place2Be, so the school told me. The reason I got involved with the programme was because I had a frail relationship with my daughter because of alcohol addiction.*

The school told me about M-PACT, then [the co-ordinator] came to see me, and we had a couple of sessions beforehand, where she told me all about it, what to expect, things like that, and then asked if I would be happy to join, what it would entail – and I said yes, because I wanted to better my family, I wanted a better relationship with my kids. Even though my son didn't actually get involved in M-PACT, I still took away the things I learnt and put it in with him.

Claire was anxious about going to the programme but knew it was important to overcome these fears: *I have fears about everything, but I was prepared to give anything a go. I knew what damage I had left behind through my alcohol addiction and all I just wanted to do was to ... I knew I had the recovery, but I wanted to better my relationship with my children. That was very, very important to me. I knew I was recovering, but my children they needed to recover as well. People don't realize the devastation it leaves behind. People recovering from alcohol addiction think it will be all hunky dory, but it won't. You have to remember all the damage you put in there with your family, parents, brothers, sisters, everyone. It's about rebuilding all that damage. M-pact only works with people with children and we do damage to our children. I knew it was work in progress, and that it wasn't going to happen overnight, that is why I did M-PACT.*

Claire hoped that her daughter Megan would gain understanding from the programme: *I wanted her to understand that the choices I made were not deliberate. It was because I was in a place where I was ill. I wanted them to understand that I didn't mean it, and that the things that I did to them that I was so sorry for that. Just a little bit of insight into ... obviously depending on age, but I felt my*

daughter was old enough to listen and hear all that, because she had seen a lot for someone her age. So to give her an understanding of my addiction, so that she knew what it was about. But also for me to hear what I put her through, and as much as that was painful I needed to hear that to help us recover as a family.

Claire and Megan attended all but one of the sessions and Claire told us what she remembered about them and how difficult some aspects were: *It was difficult talking about my addiction, and why I started taking the alcohol in the first place, I found that difficult to talk about... the children were not in the room, but there would be other adults in the room, and opening up about the abuse I went through I found that difficult. I thought I had dealt with things, but it made me realize that I hadn't dealt with it. It kind of opened my eyes – I thought 'right I need to get help with this'- it kind of helped me to get that extra support, when I'd thought I didn't need it."*

M-PACT was important to Claire in enabling her to seek the further help she needed. Since the programme, she continues to go to AA meetings and has chosen to pursue other sources of support:

It was something that I chose to do, because I knew I had to deal with it or it was the rest of my life being a victim, I didn't want to be a victim, I wanted to be a survivor. I am not a victim anymore, I am a survivor.

Things still aren't easy: *Unfortunately, I am still not working at the moment, I did do some voluntary work with a recovery service and then they sacked me. I was off ill, but I did actually ring them up to tell them I was ill. I had a relapse, not with my alcohol, but my mental health, I was suffering with depression and I ended up in a mental hospital because I had a breakdown. So they sacked me because I never messaged them, but I did. This was about 6 months ago.*

Despite these ongoing challenges, Claire is clear that, as a result of M-PACT, things are continuing to get better for her and her family. *We are more open with each other.... the kids now know that I am there now, I am in recovery, I can be there emotionally, I can be there and support them with any difficulties that they are having. When I was actively taking alcohol, I couldn't be there for them, I was too out of it. It's better now, because I can be there for them.*

And through the contacts Claire has made in recovery, she and Megan have gained a shared interest in dancing: *We dance together now. We go to a dance company called Fallen Angels, we have just performed at the [name of major theatre] on stage last Thursday. It's brilliant, I love it. It's good because we have both found a passion, something that we both enjoy.*

Claire's message to other families in a similar situation could not be clearer: *Go for it. Don't listen to what others say, just go for it, because it does help. It's a brilliant programme. If people have an issue with alcohol or drugs, and they want to get a better relationship with their children or they want their children to understand the concept of their illness – just go for it. It's an amazing programme. They will get loads from it, and if the parents don't get anything from it, the kids will.*

Some families mentioned ongoing contact with other members of their group. In general, this was not face to face contact, but many were still in touch via Facebook or Whatsapp. The main value of this seemed to be in knowing that there were still people out there who understood.

Because with schools and everything it just difficult [to meet face to face], but we keep saying we should. It's on facebook and text messages and that...If you ever feel down or something, because they have been through the programme, they know

how you are feeling at the same time, because we did grow together and bond really well. Parent

5.3. Wrap-around support / ongoing support from Place2Be

For many of the families we talked to, having access to Place2Be counselling for children and/or adults was a key enabler for them in sustaining the benefits of M-PACT and continuing to make positive change for themselves. For many, it was the experience of M-PACT which had opened the way to other support. Several parents mentioned how unlikely it would have been for them to accept counselling previously.

The ongoing contact with School Project Managers was also valuable for children and young people:

It's nice it hasn't stopped. Because even though M-PACT has ended it doesn't mean everything has been resolved and that there aren't any problems any more, and you still do need... And I did do Place2Be before, so it's nice being able to carry on. Young person

A key 'plus' feature of the M-PACT Plus programme is that it takes place in schools that have Place2Be's service so the families can continue to access other support services – one-to-one counselling, Place2Talk self-referral service and parent counselling. This section focuses on the extent to which the families used this 'wrap-around' support and the outcomes of the one-to-one counselling.

5.3.1. Use of Place2Talk

Children are able to access a universal service during lunchtimes by self-referral and visit a Place2Be School Project Manager. Between the beginning of the M-PACT Plus programme to the end of the 2016/17 academic year, 85 children whose families have been part of the M-PACT Plus programme, have accessed Place2Talk. Some children have accessed Place2Talk in multiple academic years. Table 5.1 shows how many of the 85 children identified, accessed Place2Talk in each of the last three academic years.

Table 5.1 No. of children accessing Place2Talk

	2014/15	2015/16	2016/17
No. of children	66	54	36

55% (47) of children seen in Place2Talk were girls, with 45% (38) boys. Children on average attended 5.3 sessions in each academic year. This is higher than the Place2Be average in primary schools of 3.5. A small number of children attended Place2Talk more frequently. Nine children visited Place2Talk more than 12 times in an academic year, with 2 children repeating this again in the next academic year. One child visited Place2Talk 25 times.

It appears, therefore, that many of the children who had accessed the M-PACT Plus programme also made use of the additional support they could access through Place2Talk and, indeed, some of the children made considerable use of this self-referral offer.

5.3.2 One to one counselling

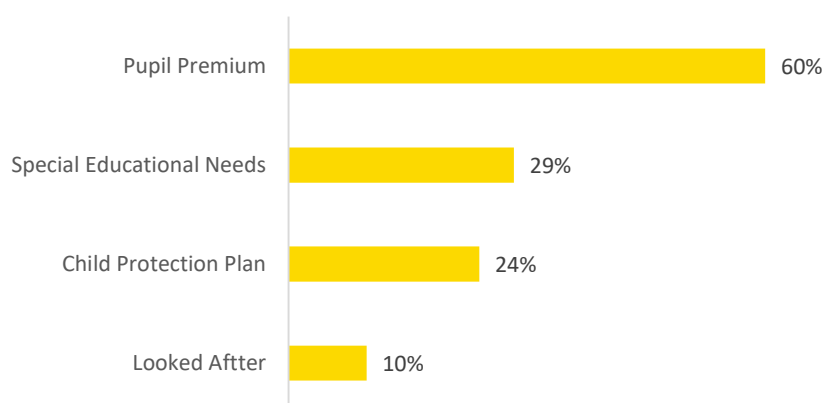
A total of 83 children were receiving one to one counselling during or after their families took part in the M-PACT Plus programme. This analysis will explore the characteristics and outcomes of their interventions. Seven children received more than one intervention following their M-PACT Plus programme, therefore, this analysis is based on 91 interventions that have occurred between 2014-2017.

Characteristics of children in one to one counselling

Around half (52%) were males and 48% were females. Children were seen from a range of year groups. Most children seen were in Key Stage 2 (63%), a quarter of children were in Key Stage 1 and 8% were in Years 7 & 8 (further details are provided in Appendix 6).

Over three quarters of children seen were white British while 24% were from a minority ethnic group. As shown in figure 5.2 children seen had a range of additional needs. 60% were in receipt of Pupil Premium funding, almost a quarter were subject of a Child Protection Plan and 10% were subject to a Care Order. These are slightly higher proportions than was the case in 15/16 across Place2Be, where 11% were subject of a Child Protection Plan and 7% subject to a Care Order, indicating that the children in the M-PACT Plus families were recognised as being vulnerable.

Figure 5.2 Additional Needs of children in one to one counselling



Pupil Premium N=88; Special Educational Needs N=91; Child Protection Plan N=91; Looked After N=88

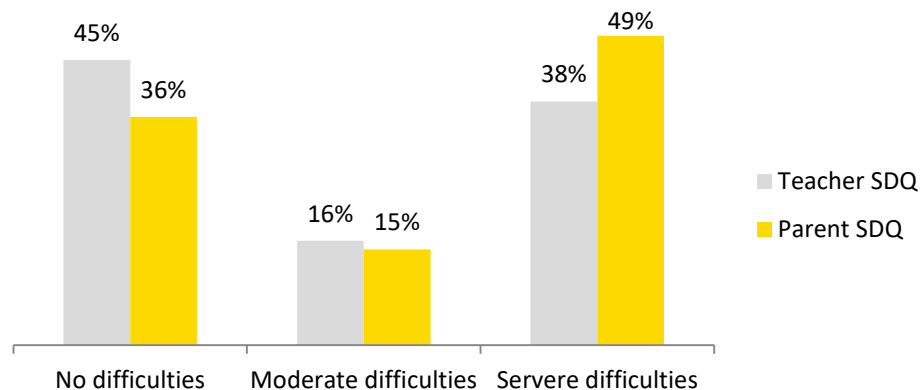
Outcomes of children in one to one counselling

The teachers and parents of young people who were referred for one-to-one counselling were asked to complete the Strengths and Difficulties Questionnaire (SDQ)⁵ before counselling and these were available for 91 interventions before counselling.

⁵ Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586

38% of these were children in the 'severe difficulties' clinical range and 16% were in the 'moderate difficulties' clinical range, according to teachers, and 49% had 'severe difficulties' according to parents. Figure 5.3 presents the percentage of young people in each clinical category as rated by teachers in comparison to parents which illustrates the level of difficulties among young people seen by Place2Be.

Figure 5.3 Children's mental health before counselling



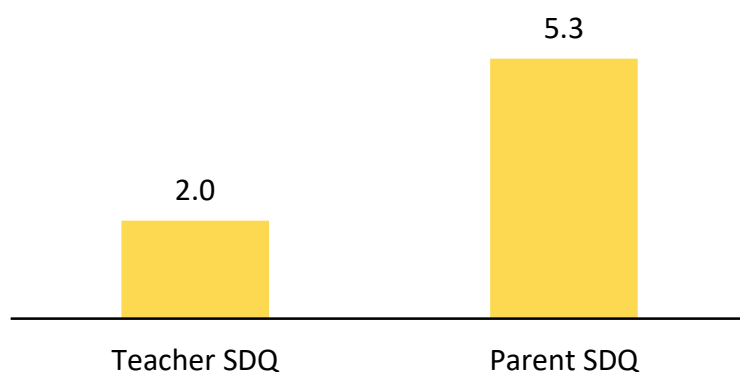
Teacher SDQ N=91; Parent SDQ N=86

¹ The level of difficulties refers to the likelihood of a child having difficulties severe enough to warrant a diagnosis.

Improvement in mental health after counselling

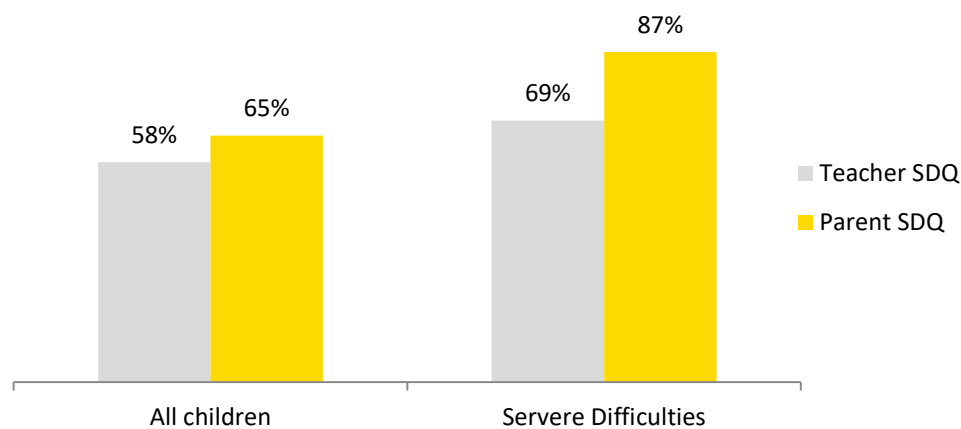
Teachers and parents were asked to complete the SDQ again at the end of counselling, and this information was provided for 87% (79) of children by teachers and 71% (65) by parents, who were supported in one-to-one counselling in schools from 2014 -2017. Comparing their responses before and after counselling, it is evident that most young people had improved according to parents and teachers. The total difficulties score is aggregated from the score for four of the five components of the SDQ – conduct, hyperactivity, peer relationships and emotional. The average total difficulties score for this cohort of children had improved, as can be seen in figure 5.4.

Figure 5.4 Average change in Total Difficulties Score



Teacher SDQ N=79; Parent SDQ N=65

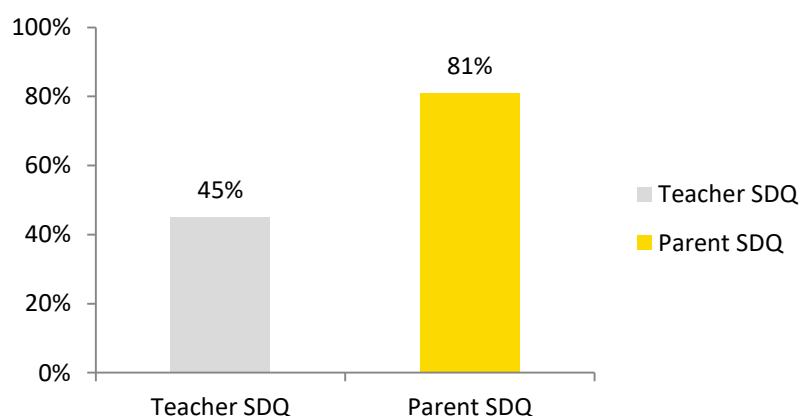
Figure 5.5 Percentage of children who improved by at least one point in Total Difficulties Score



All children; Teacher SDQ N=79; Parent SDQ N=65; Severe Difficulties; Teacher SDQ N = 29; Parent SDQ N =31

Children improved more according to parents on the SDQ. Figure 5.4 shows the mean improvement was 5.3 points on the Parent SDQ compared to 2.0 on the Teacher SDQ. Figure 5.5 shows the percentage of children who improved by at least one point across all interventions and those that started in the severe range, according to teachers and parents. A greater proportion improved according to parents with 65% of all children and 87% of those that started with severe difficulties improving. Clinical recovery is defined as moving from the severe difficulties range to the no or moderate difficulties range. Parent-completed SDQs show that 81% of children clinically recovered while 45% recovered according to the teacher completed SDQ (see figure 5.6). While the percentage who clinically recovered according to the teacher SDQ is similar to the findings across the service in 15/16 (50%) it is noticeably higher than the percentage across the service who clinically recovered according to parents (59%). This may suggest that there is a greater improvement in the relationship between parent and child where they took part in the M-PACT Plus programme which is reflected in an improved parent SDQ score.

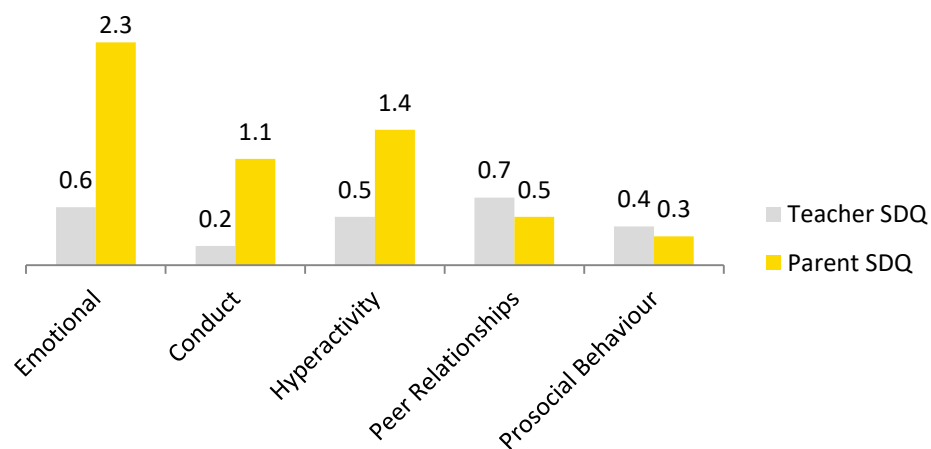
Figure 5.6 Clinical Recovery of children who started with severe difficulties



Teacher SDQ N= 29; Parent SDQ N=31

While the 'total difficulties' score shows improvement on average for children after counselling, there may be variation in which components of the SDQ have improved more and less. As can be seen in figure 5.7, the largest change was in the emotional score followed by hyperactivity and conduct, according to parents, and peer relationships according to teachers. The percentage of children improving by at least one point on each subscale shows a greater proportion of children improve on the Parent SDQ in the emotional (69%), hyperactivity (62%) and conduct (52%) subscales than the teacher SDQ. More children improve in peer relationships and prosocial behaviour in the teachers SDQ than the parent version.

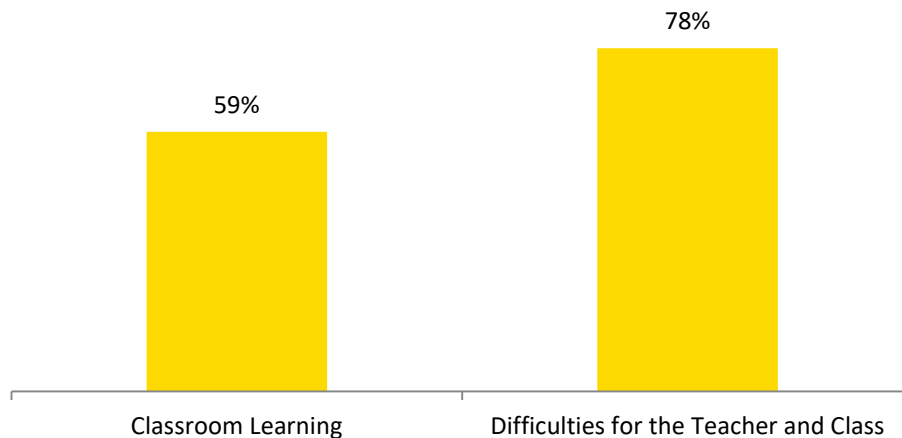
Figure 5.7 Average change in SDQ Subscale



Teacher SDQ N=79; Parent SDQ N=65

Children's experience of counselling also affected their ability to engage with learning. 59% of those whose difficulties interfered with their classroom learning improved, according to teachers. 78% were no longer considered to be causing problems for the teacher or class, according to teachers (figure 5.8).

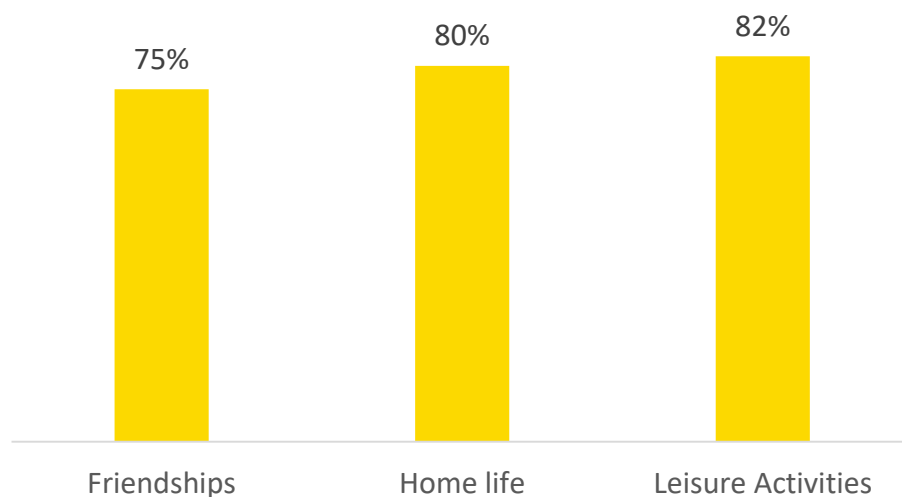
Figure 5.8 Improvement in impact of difficulties on learning, teacher and class



Classroom Learning N=41; Difficulties for the Teacher and Class N=18

Children's difficulties also had an impact on their friendships, home life and leisure activities. Of the children, whose difficulties had an impact on their friendships, home life or leisure activities, between 75% to 82% improved, according to parents.

Figure 5.9 Improvement in Impact of difficulties on friendships, home life and leisure activities



Friendships N=16; Home life N=39, Leisure Activities N=17)

In summary, the outcomes for children who accessed both the M-PACT Plus programme and one-to-one counselling were in line with the outcomes for all children, according to teachers, but were noticeably more positive according to parents. This may suggest that there was a wider benefit of taking part in the family-based M-PACT Plus programme on the children's mental health as experienced by their parent.

6. Wider organisational learning and culture change: Hidden Harm training

Alongside the delivery of the M-PACT Plus programme, one of the key aims of the Place2Be pilot period has been to influence the culture of the whole organisation in order to ensure that the needs of children and families affected by substance misuse are identified and addressed. It was always recognised that M-PACT Plus was a time-limited pilot operating in a limited number of areas and that to sustain and expand support to affected families, all Place2Be staff need to be confident in talking to parents and children about substance misuse.

One indicator of this level of confidence is the extent to which School Project Managers ask the question about substance misuse. In the parent interview for a child's assessment for one to one counselling School Project Managers are asked to identify if a parent/carer has or had significant drug or alcohol use. Table 6.1 presents the percentages for any child seen in the last two academic years (including children whose families did not take part in the M-PACT Plus programme).

Table 6.1 Parent/carer response to significant drug and/or alcohol problems

	Currently or in last 6 months	6 to 18 months ago	Over 18 months ago	No	Preferred not to say	Missing
2016/17 (n=5,387)	7%	2%	4%	49%	26%	12%
2015/16 (n=4,774)	5%	1%	3%	26%	24%	41%

This shows some change in the extent to which School Project Managers are asking this question of parents, perhaps reflecting more awareness of substance misuse. More specifically:

- There is a noticeable reduction of 29 percentage points in missing data in the last academic year showing most staff are now asking the question
- 13% of parents reported having had significant drug or alcohol use in 2016/17. This is an increase of 4 percentage points from 2015/16. (9% in 2015/16)
- Almost half of parents said they have had no significant drug or alcohol use in 2016/17. This is an increase of 23 percentage points from 15/16.
- Approximately a quarter of parents preferred not to answer this question in both academic years, suggesting that it is not just professionals who feel uncomfortable about discussing these issues.

The primary vehicle for achieving culture change has been the development and delivery of Hidden Harm training. This has consisted of two levels of training (Hidden Harm 1 and 2). In this section we report of the delivery and take up of this training and the extent to which it seems to be achieving its objectives. We base this on three sources of data: pre and post

training questionnaires; a 6 month follow up survey of those participating in Hidden Harm 2 training; phone interviews with a sample of 10 participants.

6.1. Delivery of Hidden Harm

- 432 Place2Be staff and volunteers have been trained in Hidden Harm 1 in 29 sessions. These staff potentially reach 44,350 children and young people through their work
- 228 Place2Be staff and volunteers participated in the next level of Hidden Harm 2 training, across 18 sessions
- Place2Be have reached 86% of the target of School Project Managers with Hidden Harm 1 training and 88% in Hidden Harm 2. We have reached 84% of the target of Volunteer Counsellors attending Hidden Harm 1 and 67% for Hidden Harm 2.
- Teams have been briefed on Hidden Harm in 21 out of 32 clusters
- 10 bespoke Hidden Harm sessions have been delivered in schools reaching 135 school staff, including 27 heads / deputy heads, across 26 schools

6.2. Feedback on the training

6.2.1. Immediate post training feedback

Pre and post training questionnaires were analysed for both Hidden Harm 1 and 2. The detailed findings are provided in Appendix 7.

Hidden Harm 1

427 pre-session questionnaires and 397 post-session questionnaires were submitted up to the end of August 2017. This analysis is based on 382 matched pre and post questionnaires.

- Overall, more participants knew 'a lot' after the training than before across all of the elements and the percentage who were confident in recognising the signs, discussing with parents and providing support for a family had also increased after the training
- 97% or more of respondents improved from knowing nothing or a not very much before the training to knowing something or a lot after the training on each learning area.
- On completion, 96% of respondents were 'quite' or 'very confident' in 'identifying when a safeguarding concern should be raised', following the training.
- On completion, 87% of respondents were 'quite' or 'very confident' in 'Recognising the signs of substance misuse in parents you see'.
- Several respondents asked for more time on case studies when asked what would they would do differently on the day. This has now been incorporated into the delivery with more time for group discussion on case studies.
- 99% of respondents would consider doing the Hidden Harm 2 training.

Hidden Harm 2

235 pre-session questionnaires and 221 post-session questionnaires were submitted. This analysis is based on 208 matched pre and post Hidden Harm 2 training questionnaires.

- 88% or more of respondents improved from knowing nothing or not very much before the training to knowing something or a lot after the training on each learning area.
- On completion, 92% to 97% were quite or very confident on:
 - Identifying that substance misuse in the family may be an issue when you are working with a child
 - Identifying the signs of the psychological impact of parental substance misuse on a child
 - Identifying the signs of the physical impact of parental substance misuse on a child
 - Counselling a child whose parent misuses substances
 - Raising the possibility of parental substance misuse with other agencies
- A role play on asking parents questions on substance misuse is included following feedback from respondents when they were asked what would they would do differently on the day.
- 98% of respondents would recommend this training to a colleague in the same role.
- Only 36% of respondents knew a lot about 'Agencies or organisations that you could signpost a parent to where there is parental substance misuse in the family' after the session. Agencies need to be explored in more detail at a local level within the school and cluster.

6.2.2. Feedback from interviews

Telephone interviews with 10 training participants explored in more depth people's experience of the training.

Motivation to attend the training

When asked about their motivation for signing up to the Hidden Harm training, participants highlighted a number of reasons. Some had personal experiences of substance misuse or had a specific professional interest in the area of substance misuse, which had motivated them to take part in the training. Another group of trainees highlighted that it was their *lack* of personal experience and knowledge with drugs and alcohol that made them want to do the training.

Participants also said that they had done the training because they wished to have a better understanding of their clients, so that they could better support them. The training was relevant to their work with children, and participants had been interested in learning more about the impact of parental substance misuse on the children they work with.

For participants' perspective, there was also a great deal of promotion within Place2Be, and information about the Hidden Harm training was readily available through the intranet, as well as being recommended by colleagues, line managers and cluster managers.

Feedback on the training

The ten participants interviewed were very positive about the Hidden Harm training, with all describing it as 'very good' or as 'very helpful'. One person described it as the best Place2Be training she had attended. Participants believed it as pitched at the right level, which is noteworthy given that prior experience and knowledge about the subject varied considerably between participants. The training had also managed to strike the right balance between theoretical and practical learning, and between being introductory and in-depth. One participant mentioned that the trainer had been able to accommodate and make use of different people's experiences and level of knowledge within the training, which added to a positive learning environment.

It was quite in-depth, it wasn't just surface learning, I really learnt at a very good level. Training for Place2Be has to by definition cover a whole lot of people from different backgrounds, so for me the two days were really good – they ease you in, but then you do get in-depth. School Project Manager Participant

Many highlighted their fascination with the box of sample drugs shown on Day 1 and had found the practical exercises on how to address the issues and concerns with parents useful. The fact that the training was delivered with a focus on the context of Place2Be's work in schools made it even more relevant to their work with children and parents.

I didn't find that there was loads of brand new content, because I felt I was reasonably familiar with most of that stuff. However, it was really helpful to have it all put together and to apply that to what we actually do in terms of the work that we do when assessing children and working with schools and working with parents. So for me it was really more about kind of applying stuff that I felt I already knew, but in a context which was relatively speaking much newer for me. School Project Manager Participant

For some the training had been an eye opener. One participant, for example, had as a result of the training, realised that she herself had been affected by substance misuse as a child. Others had become much more aware of the link between mental health and domestic violence, as well as the impact of substance misuse on children and families.

6.3. Longer term impact of the Hidden Harm training

6.3.1. Six month follow-up study on Hidden Harm 2

In order to assess the extent to which post session learning had been sustained, a 6 month follow up survey was designed to collect information on participants' knowledge and how they had used the Hidden Harm 2 training.

144 attendees on Hidden Harm 2 training were asked to complete a 6-month follow-up survey. 94 responses were received (65% return rate).

- 89% or more of respondents answered ten of eleven quiz questions correctly on their knowledge of Hidden Harm 2 course content.
- 38% of respondents think asking parents about substance misuse is optional.
- Levels of confidence in dealing with Hidden Harm were maintained 6 months on from attending Hidden Harm 2 training.
- 45% (42) of respondents had raised the issue of substance misuse with parents.
- Of these, 71% (30) found raising the issue with parents quite or very easy and 26% found it neither easy nor difficult.
- 65% (60) shared their learning about parental substance misuse from the Hidden Harm training with colleagues.
- 54% (50) of respondents could successfully identify substance misuse support agencies in the area local to the school they work in.

6.3.3. Longer term benefits identified by interviewees

The interviews with our sample of participants conducted more than 6 months after they had attended training identified the following ongoing benefits:

- The training had helped participants **to better identify substance misuse** in their dealings with parents and children, for example by being aware of the warning signs.

I feel that I can pick up the signs a bit more quickly, with the children and things that the parents may have said, that has just set off a few alarm bells, to get me thinking a bit differently. School Project Manager

- **Feeling more confident in raising the issue of substance misuse** with parents was one of the main outcomes highlighted in the interviews. Prior to the training participants had often felt reluctant to ask parents ‘the question’ about substance misuse, but all expressed that the training had increased their confidence in addressing the issue and asking the question. Seven of the ten had done so since the training, mainly during the assessment process, and many expressed their positive surprise about parents’ reaction. Consequently, participants felt better prepared to raise the issue, but they also understood *why* it was important to ask about substance misuse.

When I’m interviewing parents in school, we now ask the question, ‘do they use alcohol’. We never ever used to and I thought ‘oh we don’t need to ask that question’ somehow I was reluctant to ask it... before, for some reason, I wouldn’t have dared even ask the question, so [the training] empowered me and gave me the confidence that actually it is ok to ask this question. School Project Manager Participant

I got a few families where even prior to the training I knew it was there, I knew it was an issue, but I felt quite ill-equipped in myself to say anything and address it, but after the training I felt a bit more confident in addressing it, and I found that actually families were quite relieved, once you were able to say it, give it a name, to open up a dialog with them. It was far more my problem than the families. School Project Manager Participant

- **Offering support.** Participants also highlighted that they were more conscious of offering support to clients affected by substance misuse. A few had referred clients to other support services, but all were aware of the benefits of additional support.

... at the back of my mind, even though M-PACT is not available in our cluster, I was sort of talking a lot about what support she was getting, and the affect it was having on the wider family, so I was thinking a lot more about support and making sure that she had people around her. School Project Manager

- **Better able to identify gaps in school awareness.** School varied considerably, with some school staff and teachers being very capable of identifying substance misuse and dealing with it, while in other schools it was rarely identified as a concern. Two of the ten participants had, following their own training, facilitated the delivery of Hidden Harm training to staff in their school to increase their awareness of the impact of parental substance misuse on children.

I believe they are closing their eyes to it. There're so many other issues that they deal with that are not hidden like theft, like the more obvious things like behaviour, behaviour in particular, that they're not concerned with hidden issues at all. School Project Manager Participant

6.3.4. Views on culture change in Place2Be

None of the sample of participants we interviewed about the Hidden Harm training were located in areas where there was an M-PACT Plus programme – although they all wished they were. One School Project Manager had been involved in the referral of a family to M-PACT Plus when based at another school and had found the experience very positive, even though the family eventually decided not to accept the offer.

Many saw substance misuse as having a growing priority within Place2Be, and that the issue was more readily spoken about within the organisation. But one also observed the distinction between the national level, where substance misuse was widely spoken about at, and a local level, where – outside the M-PACT target areas – little had changed on the ground because of the lack of support avenues open to families.

In terms of talking about it with parents, I kind of feel that that's the easy bit to be honest, what it highlights for me is what happens next where there's suddenly a big gap, because actually finding support for them is really tough... School Project Manager Participant

7. Conclusions

7.1. Does the evidence support the theory of change?

The M-PACT Plus theory of change proposes that if longer term outcomes are to be reached, the M-PACT Plus programme needs to be able to evidence the following milestones for families after they have completed it:

- Family relationships are stronger/improved family functioning
- Family members develop coping strategies
- Children know addiction is not their fault; feel less isolated; have increased self esteem
- Parents are committed to change especially with regard to parenting styles
- Family members are motivated and confident to seek support/access services

This evaluation has collected and assessed both qualitative and quantitative evidence for these milestones.

Overall, there is strong qualitative evidence for the above milestones. In particular, there is good evidence from families themselves that M-PACT Plus:

- Improves family relationships, particularly with regard to communication
- Increases children's understanding that they are not to blame for addiction and that they are not the only ones affected by the issue
- Increases children's ability to articulate their views and feelings
- Increases families' willingness and confidence to seek other support, as evidenced by what families told us and in the take-up of ongoing support from Place2Be.

The testimony of families about the difference M-PACT made to them was in many instances supported by feedback from School Project Managers.

Most of the parents we spoke to were highly motivated to change things for their family from the start – it was the main reason they gave for attending the programme. Sustaining the changes is hard for families, especially those in difficult and often chaotic circumstances and some families were clearly managing better than others, with some still in need of more support.

One of the strongest themes emerging from the interviews was the power of participating in a programme with other families. Most families started the programme feeling very anxious about being in a group with other families, but by the end virtually all identified that as being a valuable aspect of the programme.

The evidence collected by interview is very consistent with the findings from the retrospective family questionnaires on how helpful they found the sessions. From these, it is evident that families perceived the programme had been helpful and had helped them talk more openly as a family and most children recognised that the problem was not their fault.

The findings from the standardised instruments (SCORE 15 and Coping Efficacy Scale) are more equivocal. It is worth noting that there are strengths and weaknesses of using a

standardised measure which is limited to measuring specific aspects of family functioning and coping and is not designed to capture all the relevant changes that people experience. There are also serious limitations on the validity of findings based on small samples. Nevertheless, the indicative findings suggest:

- Some improvements in family functioning, more so for the adults than the children and in particular in relation to communication and feeling overwhelmed.
- Improvements in how parents and children rated how they were managing as a family and reduction in their perception of the severity of the problem.
- While there was some fluctuation on how far the adult non users and children felt able to cope by the time of the reunion, all groups were more able to cope after the M-PACT Plus programme than they had been at the start.
- In general, although there are fluctuations, scores suggest that by reunion there is an overall improvement in families' perception of how well they are functioning and coping with life as a parent.

Around half of the children, adult users and non-users indicated that they would consider seeking other support, suggesting that they have some of the additional resilience needed to cope with their problems in future. This is further supported by the take up of Place2Be support by children and parents during and after the programme.

When the scores of the Place2Be cohort of M-PACT Plus families are compared with those of the Action on Addiction cohort, the findings suggest that the Action on Addiction cohort were more likely to see an improvement in some aspects of family functioning although the rating of the severity of the problem and how they were managing as a family improved across both cohorts. There is no simple explanation for these differences: we do not know whether it is because the Action on Addiction programme is more effective in addressing these issues or whether it is due to some differences of characteristics between the two cohorts.

As well as evidence on progress towards outcomes, the evaluation has generated some important learning about the essential ingredients of a successful M-PACT Plus programme. In summary, these seem to be:

- the whole family approach
- the bringing together of children and adults affected by substance misuse for peer support combined with-
 - a tried and tested set of materials
 - skilled and committed facilitators
 - a nurturing environment
 - attention to the practicalities
 - being part of Place2Be and having access to follow up support

This combination has made M-PACT Plus unique.

M-PACT is so important because it works with the whole family and even includes a crèche for the young ones. Families being supported by each other... M-PACT works because it takes the effects on the whole family into account. It's a unique project. Most substance misuse

services just deal with the adults. M-PACT is so nurturing of families – even the eating together and the provision of transport – these are so valuable. I’m very sad that it’s coming to an end. School Project Manager

7.2. Culture change at Place2Be

Alongside the delivery of M-PACT Plus, Place2Be’s theory of change included a belief in the need for wider organisational culture change to keep substance misuse on the agenda and ensure that it is identified and addressed in all Place2Be’s work. This evaluation has considered the extent to which Place2Be is on track to achieve this.

The evidence so far suggests that there is increased awareness of the importance of addiction as an issue among staff and volunteers. A very good indicator of this is the increase in the number of assessments where questions about family drug and alcohol use have been asked. Records show a reduction in the amount of missing data on these issues.

There is also good evidence from pre and post training feedback that the Hidden Harm training has been very well received. The follow up survey and findings from interviews suggest that the training is having an influence on practice, particularly regarding awareness among practitioners of the relevance of addiction as an issue and in their confidence in exploring it with families.

However, organisational culture change is a difficult thing to achieve and evidence from organisational development research indicates that training is only one of the strategies required. Other important levers for culture change include leadership at all levels (including practice-level) and the alignment of organisational policies and processes which support the desired change. Place2Be is demonstrating senior leadership and encouraging front-line leadership via practice champions. Embedding the issue into processes such as assessment proforma is also an important means of helping the issue to stay in the minds of practitioners. However, Place2Be practitioners operate in the wider context of schools, and as some of our interviewees pointed out, it is often the school and the wider system (e.g. social care, the local community) which have the most power to determine what are the priority issues. Achieving this broader influence can only be a long-term objective.