Research Briefing

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Produced by Lorna Templeton,
Independent Research Consultant

Action on Addiction, Head Office, East Knoyle, Salisbury, Wilts, SP3 6BE
T 01747 830733
F 01747 832028

admin@actiononaddiction.org.uk
www.actiononaddiction.org.uk

Charity Reg. No 1117988
Company Reg. No 05947481

Introduction

- Moving Parents and Children Together (M-PACT) is a structured programme for families living with addiction. Current UK estimates suggest that there are 3.5 million young people under 16 affected by parental alcohol misuse and one million by parental drug misuse (Manning et al., 2009). When M-PACT was first developed in 2006 it was an innovative step forward in meeting the often neglected needs of children and families affected by parental alcohol or drug misuse. Today, the M-PACT (UK) Project is supporting the delivery of M-PACT in a range of locations across England and Wales. The programme is now one of a growing number of services and interventions tailored to meet the multiple and complex needs of these families.
- The focus of an M-PACT programme is on supporting children within a whole family approach, recognising that the whole family can be affected by the impact of alcohol or drug misuse on parenting and family life. The overall aim of M-PACT is to support families to work together to manage how parental substance misuse has disrupted their lives. A programme brings together several families, where at least one parent has an alcohol or drug problem and where there is at least one child aged 8-17 years old. Following a comprehensive family assessment, the programme runs for eight consecutive weeks. Each session covers a different topic, and combines separate group work with children and adults, work with family units and whole group work when all participants come together. Each family has a review session shortly after the programme ends and a reunion session, approximately three months later, brings the families together for the final time.
- Each M-PACT programme is delivered by a team of four facilitators, sometimes supported by additional workers such as volunteers. Local services deliver M-PACT under a licence agreement purchased from Action on Addiction. Delivery is supported by a University of Bath accredited training programme and a comprehensive practitioner manual.

This research briefing summarises the findings from 13 M-PACT programmes which ran between 2006 and mid 2011 and which have been evaluated. The programmes ran in Wiltshire (5 programmes), Essex (4 programmes), London (3 programmes in different areas) and Weston-super-Mare.

Families attending an M-PACT programme

- 64 families.
- 82 children (43 girls & 39 boys) aged 6-18 years.
- 75 adults; 56 were female.
- Adults were primarily the substance misuser (and were usually mothers).
- 12 adult 'affected others' (usually another parent) attended M-PACT.
- Alcohol was the primary problem, or one of the substances being misused, in over half of families.
- Approximately 80% of those who started a programme (125 individuals) completed a minimum of 6 M-PACT sessions.

- The majority of referrals came from the organisations or local teams involved in delivering M-PACT, or from local Children & Family Teams. In 44 families all participants were defined as White British, while in the other 20 families one or more individual was from another BME group.
- The majority of families comprised one adult (usually a parent) and one or more children. In 40 families there was one child who attended the programme and in a small number of cases a child attended M-PACT on their own (usually because an adult dropped out).
- Heroin/opiate misuse was the primary problem in 11 families. Many of the misusers were engaged with treatment and not using at the time of attending M-PACT. In a small number of cases a misusing adult attended M-PACT on their own (because a child dropped out or the adult did not have contact with their child[ren]).
- Engagement with M-PACT was high. 71 individuals (37 children and 34 adults) attended all 8 M-PACT programme sessions, while another 47 individuals (27 children and 20 adults) attended 6 or 7 sessions and a further 7 participants completed M-PACT although it is unclear how many sessions they attended.

How M-PACT helps families

There were six themes, and a number of sub-themes, which emerged from the interviews completed with 73 participants and over 30 facilitators about what the families found helpful about M-PACT and how the programme helped and facilitated change. Table 1 summarises these themes within the context of the aims of M-PACT.

Table 1: Key Themes

M-PACT Aim	Theme	Sub Theme	Supporting Evidence
- To support children and young people whose parents misuse (or have misused) drugs and/or alcohol - To raise parents' awareness about the impact that their misuse has on the whole family - To provide education around substance misuse. - To reduce the negative impact of substance misuse on children and young people and the family as a whole	**Engaging with M-PACT**	Family time together and building family confidence	'…I think it's given us more confidence in ourselves as a family' (adult) 'I think the sheer fact that we went every week and we didn't miss a week and we all did it together, just that alone I think… I think it made us feel good about ourselves. I think the girls felt positive about themselves' (adult)
		Reasons for going to M-PACT	'…my mum had drinking problems and we wanted to fix it… I wanted to understand why my mum drinks' (child) 'My drinking was becoming out of control....to benefit the children and to see what damage had been done… to try and build some bridges' (adult) 'To meet other children and see how they feel about what's happening in their family' (child)
		Feelings about going to M-PACT	'I didn't really want to go at first but I went to the first week and it was really good and I wanted to come every week' (child) 'I liked it from the first session. I felt comfortable, I was excited about it, I wanted to see what would happen….. I looked forward to the sessions all week, it was the highlight of my week' (child) '…to be honest I didn't think I was going to get anything out of it, I thought I'd just do it to shut everyone up really, to be honest with you, but it was absolutely amazing' (adult)
		Targeting families and involving children	'I'm doing everything possible that I can to get her home with me…I'm willing to try anything I can' (adult) 'I don't want [my children] to think that the reason I got a drug problem is anything to do with them' (adult)

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- To support children and young people whose parents misuse (or have misused) drugs and/or alcohol - To raise parents' awareness about the impact that their misuse has on the whole family - To reduce the negative impact of substance misuse on children and young people and the family as a whole - To offer the opportunity for change that is unlikely without external help	**Shared experiences**	Meeting others and making friends	'[I was] nervous at first but made new friends and talked to people better. It was really nice, a good experience….I am really, really pleased I went' (child) 'I liked it because I made some new friends who have the same problems as me' (child) 'I felt like I wasn't the only one who had been through the same stuff. When I was little I thought no-one had been through the same stuff I had been through. Now I went to M-PACT, I realise there are people who had been through the same stuff as me, I don't feel alone' (child)
		Talking to and listening to others with similar problems	'It was good to….tell someone about my feelings because I never get to tell anyone about my feelings' (child) 'Most of the time when you talk you get pushed away by some other people' (child) 'The open group talks allows us, including myself, to really open up and speak about things I couldn't imagine talking about with any of my friends' (child) 'Space and support to really hear my son talk about his feelings and experiences' (adult)
		Normalisation of experiences and realising not alone	'We were all in it together so we all supported each other…. I felt welcomed and I didn't feel isolated or anything, I felt comfortable' (adult) 'I'm not the only one….. there are others going through what I'm going through….I'm not carrying it all myself' (adult) 'I think they felt valued and listened to… they had fun in a safe and structured environment….they were nurtured, and not dismissed, nothing was insignificant (facilitator)

M-PACT Aim	Theme	Sub Theme	Supporting Evidence
- To raise parents' awareness about the impact that their misuse has on the whole family - To support children and young people whose parents misuse (or have misused) drugs and/or alcohol - To provide education around substance misuse	**Understanding addiction**	Families learning about addiction	'I understand Mum's drinking more and why she drinks' (child) 'It was good…. A very good learning curve, it keeps you interested so you learn quite well which was helpful. How addiction works and how to learn to cope with it' (child) 'Every now and then I reflect on it and think that's why that's happening, that's why that's happening, now I know why' (child) '….The M-PACT programme has helped me to get closer to my [child] and explain to [them] more about my addiction' (adult) 'M-PACT made me realise the effect it's had on the children' (adult) 'It highlighted my short-comings – I was not playing the role I should have been playing as a parent' (adult)
		Shifting responsibility about addiction	'It's taught the kids you don't have to deal with your parents' problems; you just have to cope with them. It is not your fault and it is not your responsibility. They covered this really well; they taught them that they don't have to try to solve the problems' (adult) 'They were the carers and I was like the child with the drinking and coming through that I had to take back my role as parent' (adult)
		Children realising addiction isn't their fault	'I can't really change [my parent], I have to learn to live with that….getting on with my life and not letting [my parent] problems affect me….I don't want it to get me down, I've got a sense that I can get on with my life without letting it worry me' (child) 'It's not our fault and we can't stop addiction' (child) 'Sometimes I thought it was all my [my sibling's] fault because my mum started [using drugs]….when my [sibling] was born and I thought it was [their] fault but now I know it wasn't [their] fault' (child)

M-PACT Aim	Theme	Sub Theme	Supporting Evidence
- To improve communication within the family - To raise parents' awareness about the impact that their misuse has on the whole family - To interrupt repeating patterns of harmful behaviour and reduce risks - To explore values and beliefs that families carry both as individuals and as a family unit - To increase the range of coping strategies and to raise self esteem	**Communicating differently**	Changing communication styles	'Instead of arguing and shouting…we talk [things] over, we try not to argue and keep our voices calm' (child) '…when they start arguing and shouting…I do say 'don't forget what they said at M-PACT, you know talk to me, don't shout at me…. We are more calmer with each other than we used to be, we do sometimes think before we shout' (adult)
		Talking openly about addiction	'Forcing the family to think about issues that we didn't talk about at home' (adult) 'It made us realise how much we had kept from [our child], how much we had hidden and not talked about….' (adult)
		Listening to children	'To be calm….to actually listen, I know I listen to what the kids say…but I'd learned to actually listen properly to what they were saying not just the bits and pieces I wanted to hear…I think it's really helped me' (adult) 'I don't get uptight so much as I did…. If the children are saying anything now I do tend to listen a bit more' (adult)
		Reducing argument and conflict	'M-PACT has taught us how to anticipate the pitfalls, how to identify patterns we get into. We can stop the arguments from happening. We're trying to look at things from different angles now…we learnt how to stop arguments in their tracks….' 'Mum doesn't shout or smack us or hurt us any more…she is less angry and aggressive, there is no more hitting and shouting…we're all happy' (child)

M-PACT Aim	Theme	Sub Theme	Supporting Evidence
- To interrupt repeating patterns of harmful behaviour and reduce risks - To strengthen protective and resilience factors - To identify additional needs of both parents, children and young people and guide them towards further help - To increase the range of coping strategies and to raise self-esteem	**Healthier, safer and more united families**	More cohesive families (see also Figure 1)	'It has helped me bond more with my mum' (child) 'It gave us a lot of quality time and showed us how to bond' (adult)
		Thinking about keeping safe	"I know how to keep myself safe and what to do to keep myself happy...if there is something bad going on I can step away from it and say no to bad things and keep myself happy" (child) "The first aid kit opened my eyes....it showed me what I needed, and what I don't need in life. I learned what is important in keeping me safe and happy" (child) "You won't fight for yourself but you'll fight for your children....I just want them to feel safe with me and not think what's mummy going to do now....I want them to feel safe and secure, and therefore happy" (adult)
		Stronger family relationships (see also Figure 2)	'…I know my brother and my mum a bit more better than I used to….it brought us closer together so we can bond with each other a bit more, cos normally I'm out just playing with my mates and [my brother's] out with his mates and mum's in her room, now mum comes out of her room we all sit down downstairs, watch TV, eat dinner together, which we never used to do before' (child) 'She's more open towards me. If she's frightened or something she'll talk to me whereas before she'd bottle it up….it would take me a long time to get it out of her….I knew something was wrong but she wouldn't tell me' (adult)
		Other changes for children (see also Figure 3)	"I think it helped a lot because I ain't getting bullied no more, I go out a lot....it feels good....I used to hate going to school, I used to hate going in there cos people used to call me names and that...but no-one does that no more" (child) "I gained in confidence, I wasn't shy, it was okay to stand up at the front [and talk]" (child) "Cos I lose my temper quite quick she showed us ways to calm down....she showed us how to relax and calm down and I took that on board and it does seem to work" (child)

Figure 1: A family spending more time together (boy aged 9)

My mums too busy doing the washing up we want her to play again with us but she wont because she's too busy

My mum gave up doing the washing up and she came to play with us

Figure 2: A stronger parent and child relationship (girl aged 15)

Before

After

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

Figure 3: Getting on better at school (boy aged 12)

M-PACT Aim	Theme	Sub Theme	Supporting Evidence
- To identify additional needs of both parents, children and young people and guide them towards further help - To offer the opportunity for change that is unlikely without external help	**Ending M-PACT**	Wishing M-PACT could be longer (see also Figure 4)	"I miss it so much on a Thursday....all of us wanted it to go on, 8 weeks is not long enough....we all really looked forward to it....all I know is I didn't want it to end, and I was the first one to cry" (adult) "I'd just like to do it again....it was just nice that me and my kids sat and done something with another family, and there was no arguments and the atmosphere was really nice and it was just a shame that we can't have more of that for my kids to remember that we are a family....when we get out there I don't think we're a family, I don't think, but when we were here we knitted and we were a family" (adult) "I think M-PACT is a really good course but I feel it could have lasted longer and gone into more depth" (adult)
		It ends just as you get going and it takes time to change	'Because for the first couple of weeks....you really only got 6 because for the first couple of weeks we didn't know each other so [if the programme was longer] we would take the first 2 weeks to get to know each other and then the rest of the 8 weeks to be doing it" (child) "It's cut off where you really could open up and properly let things go" (adult)
		Need for ongoing support and services are lacking	'When we finished the programme I didn't have no-one else to talk to and I wanted to see [the M-PACT workers] more to speak to them a bit more....I felt quite sad because you had just go to know all the workers there and all the kids there but then you wouldn't get to see them no more" (child) "….there are few support options for children, and they need it, they've taken the brunt of this…..they had a nine week introduction into new ideas, new skills and coping strategies, but they have nothing to follow it up" (adult) "[my child has] got no goal at the end of the week. Nowhere to go and express things….. (adult)

Figure 4: Missing M-PACT (girl aged 9)

Additional findings

- Analysis of the Family Environment Scale (FES) and the Strengths & Difficulties Questionnaire (SDQ) suggested that there were some improvements in these areas for both adults and children. Paired samples t-test were conducted and four statistically significant findings (meaning that the result is unlikely to have occurred by chance) were found with the SDQ data from the adults.
- Overall, the majority of M-PACT participants were positive about all the programme sessions, rating them 'quite' or 'very' helpful (this questionnaire was completed at Session 8 by 23-32 adults and 21-30 children [numbers vary due to missing data or errors with completion]). Slightly lower numbers of participants found Sessions 1 and 2 'quite' or 'very' helpful, which may reflect the anxiety and uncertainty about engaging with the programme
- The majority of children and adults reported that M-PACT had helped facilitate change in key areas (this questionnaire was completed at Session 8 by 39-41 adults and 35-37 children [numbers vary due to missing data or errors with completion]). These findings are supported by the qualitative data. By the reunion, the majority of children and adults still felt that M-PACT had helped in these areas, although the number responding 'definitely yes' had fallen and the number responding 'maybe yes' had increased, which might indicate that the longer-term benefits from the programme are less clear-cut (it should be noted that the numbers completing this questionnaire at the reunion were much lower).
- While some of these additional findings are encouraging, overall the quantitative dataset is small and the results must be interpreted with caution.

- The majority of adults (85%) and over 75% of young people thought that the M-PACT team was 'very helpful'.
- Between 40% and 72% of adults rated each programme session as 'very helpful'. Between 33% and 64% of children rated each session as 'very helpful'. Low numbers of participants found sessions 'unhelpful'.
- Opinion was more mixed when participants were asked what they thought of the time when the sessions took place.

At Session 8:

- Over half (59.5%) of children thought that M-PACT had 'definitely yes' helped them to understand their parent's drug or alcohol problem a bit more.
- Over three quarters of children (78.4%) thought that M-PACT had 'definitely yes' helped them to understand how addiction had affected their family.
- Over two thirds of children (67.6%) reported that M-PACT had 'definitely yes' helped them to see that their parent's drug or alcohol problem was not their fault.
- Two thirds of children (65.7%) reported that M-PACT had 'definitely yes' helped them to think about how they can stay safe.

At Session 8:

- The majority of adults (over 80%) thought that M-PACT had 'definitely yes' helped them to understand how the parental substance misuse has affected their child(ren) and their family.
- Over 75% of adults reported that they thought M-PACT had 'definitely yes' allowed their family to talk more openly and positively about the parental substance misuse and how it has affected the family.

M-PACT Learning

There is much about M-PACT which has been a great success. Nevertheless, the development and roll-out of a new intervention always brings with it a number of challenges and areas for development. Table 2 summarises the successes and areas for development in a range of areas from the programmes which have been delivered across England to date through the M-PACT (UK) Project.

Table 2: Success and Development

	Key areas of Success	Key areas for Development
Family Profile	M-PACT has engaged a high number of families, including over 80 children.	Engagement of broader populations of family members, to include adult males and affected others.
	M-PACT has engaged a high number of substance using mothers, and a high number of families who are known to local Children and Family Teams.	In programmes where participants have been 'one of a kind' (the only older child, grandparent or 'affected other') they have commented that they have found this quite hard and a bit isolating.
	In 20 families one or more individual was from a BME group.	Engagement of families from a range of other BME groups, recognising that these families may have different experiences and needs, and different beliefs and understanding about addiction.
	80% of those who attended a programme completed at least 6 sessions.	Age range of children: children benefit from attending a programme with others their age. Also, there have been mixed views about involving younger children.
Recruitment & assessment	The majority of families were already known to Children and Families teams – indicating that a need is being met.	Extending the programme to reach those families who are not known to local services.
	Co-working an assessment is preferred practice, although it is not always possible.	Getting referrals from a wider range of local services, given the prevalence of substance misuse in families.
		The assessment is lengthy and comprehensive – but there are areas which need to be developed, including making it more child centred and more carefully considering domestic abuse.
M-PACT package	Facilitators are happy with the structure and content of the programme, appreciating that it provides a solid framework with room for flexibility and creativity when required.	Delivery must not be rushed – there must be enough time to plan for a programme, including raising awareness locally, processing referrals, conducting and discussing assessments, and planning for the programme itself.
	Several practical aspects of the programme are believed to facilitate engagement – this includes the selection of the venue, organising (and paying for) travel, and providing food and refreshments.	Children and adults want more time in their peer groups, and some participants wanted to spend more time with their families.
	Children valued the balance of learning with having fun; they seemed to particularly benefit from the opportunity to meet other young people living with similar problems.	Keeping in touch with families between programme sessions and having good links with other services: these are things which may facilitate engagement.
	Participants talked about parts of the programmes which they found most helpful e.g. the genogram session and making toolboxes to consider how to stay safe (as individuals and as families).	

	Key areas of Success	Key areas for Development
M-PACT Teams	Having the right team is critical to the success of M-PACT. The multi-agency and multi-disciplinary nature of teams has worked well.	Time is required for new teams to get to know each other and develop the framework for successfully working together.
	The value of involving social workers either as facilitators or support staff to a programme has been highlighted.	Involving more male workers in M-PACT programmes.
	Male workers brought added value and this had a positive impact on participants, particularly male children.	
	Supervision is generally thought to be an essential part of M-PACT practice.	
Programme length	For some families M-PACT presented the only real opportunity for them to come together as a family and they simply wished to keep on having this time together.	Participants wished M-PACT could be longer because of what it offered their children; alternative support is lacking in many areas.
	Families wished to keep on meeting with the other people who they had attended M-PACT with.	Some families lacked the confidence and belief that they can sustain and build on change once the programme has ended.
		The programme takes a few weeks to settle into and this therefore leaves less time for changes to be made.
Safe practice	One of the M-PACT teams used elements of its own domestic abuse assessment alongside the M-PACT assessment – there is important learning here in how to explore these issues with families.	Domestic abuse, safeguarding, child protection concerns and mental health problems have all featured as additional complex problems across M-PACT programmes to date.
	M-PACT supported families to think about what they needed as individuals and families to keep safe at home and when there were problems.	It is essential that local delivery teams have the training and operational frameworks in place to ensure they can appropriately and safely deal with these issues.
		Managing these issues when adults and children are brought together, and when multi-disciplinary teams who work to different organisational protocols and policies collaborate.
Outcome measurement	The qualitative findings from participants dovetail with the aims of M-PACT and further indicate that a programme like M-PACT may target protective factors and processes linked with resilience.	Developing the best ways of quantitatively measuring how M-PACT supports families has been a major challenge.
	The results from the standardised measures and other questionnaires have demonstrated some positive findings.	Quantitative assessment needs to be briefer and more focused, where measurement is standardised and better integrated into assessment, review and follow-up to become a more central part of practice.
	Anecdotal evidence in a small number of cases that children's' performance at school has improved, children are no longer deemed 'at risk' by social services and parents have accessed addiction treatment.	Consideration of a wider range of outcomes, including educational performance, social services status and parental engagement with addiction treatment.
		Follow-up with families in the longer-term and comparing findings with other groups of families, who do not engage with M-PACT or who drop out.

Conclusion

For many families M-PACT presented the first opportunity for them to receive support as a family, and many individuals and families benefitted in a range of ways from the programme. While some participants found the programme less helpful or highlighted things they didn't like or which they thought could be improved upon, overall, there are few issues of major concern arising from the evaluations to date. It should be highlighted that the findings reported here are based on interview data collected shortly after the final session of an M-PACT programme and questionnaire data collected up to the time of the reunion. While this demonstrates that M-PACT can quickly target the needs of families, these are not short-term problems which can be swiftly resolved. A longitudinal perspective is therefore essential, both to enhance theoretical understanding in this area and also to inform the continued development of M-PACT and other services for children and families.

Perhaps the most important aspect of M-PACT is in how it brings groups of families together to share their common experiences and use this mutual and reciprocal support and understanding to consider how they might change as individuals and families. In particular, the forum which M-PACT provides for young people to come together and realise that they are not alone with their experiences seems to be very powerful. Many young people said that this was the first opportunity they had had to meet other children living in similar circumstances, to be able to share their experiences and feelings, and to understand that the parental substance misuse was not their fault. It is possible that M-PACT can target the protective factors and processes which are known to facilitate resilience, thus protecting children from some of the potential harms associated with parental substance misuse (Velleman & Templeton, 2007). This includes having positive and consistent support from an adult, feeling more confident, understanding emotions and feelings, learning about how to cope and stay safe at home, getting on better at school, and making friends.

An intervention like M-PACT is important for a number of reasons. There are many more services for families affected by substance misuse now than when M-PACT was developed, but a programme which brings family units together is rare and more the exception than the norm. M-PACT is therefore filling a much needed gap, and much of the evidence from the evaluations conducted to date suggests that, certainly in the short-term, families enjoy the programme and benefit from it, both individually and as families. Initially developed in response to the ACMD's 'Hidden Harm' report, M-PACT continues to respond to shifting policy agendas such as the recovery agenda. Despite challenges at a local level, related to the fragile economic climate and challenges with budgets and commissioning, M-PACT has been successfully delivered in a range of locations. Challenges remain in developing and embedding M-PACT locally, reaching out to more diverse groups of families and maximising the programme's potential to reach large numbers of families affected by addiction.

Evaluation of M-PACT

Evaluation involves the completion of questionnaires and the collection of qualitative data.

Qualitative data were collected shortly after the end of a programme via interviews or focus groups with 73 programme participants, and over 30 facilitators (a small number were interviewed on more than one occasion). In addition, a drawing exercise was introduced in 2010 as part of the interview process with young people (Wall & Templeton, 2010; Hamama & Ronen, 2009); to date 12 children have provided drawings.

Quantitative data were collected via questionnaires on three occasions. The Family Environment Scale and the Strengths & Difficulties Questionnaire are completed on three occasions (Session 1, Session 8 and the reunion). At Session 8 individuals complete a questionnaire to rate aspects of the programme. At Session 8 and the reunion a fourth questionnaire is completed which asks individuals to rate the extent to which they think the programme has helped with certain aspects of family life (informed by the aims of the M-PACT programme). To date there are completed questionnaires from individuals who have attended 11 programmes - 124 questionnaires at Time 1 (Session 1), 103 at Time 2 (Session 8) and 54 at Time 3 (reunion). Due to attrition, missing data or errors with completion, the amount of data available for analysis varies.

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[1] From 2006-January 2010 Action on Addiction commissioned the Bath Mental Health R&D Unit (MHRDU: Avon & Wiltshire Mental Health Partnership NHS Trust and the University of Bath) to complete evaluations of the M-PACT programme, this was undertaken by Lorna Templeton through her employment with the MHRDU. From January 2010, Lorna has continued to evaluate M-PACT as an Independent Research Consultant.