



The HHYPE Group

**Evaluation of the Pilot HHYPE Groups in Somerset:
Helping Young People who are Affected by Parental
Substance Misuse**

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Executive Summary

- * It is estimated that 1 million children are affected by parental drug misuse and 3.5 million by parental alcohol misuse. The impact of parental substance use on children is considerable and well documented; of particular concern is the negative impact on children's development because of the impact that parental substance misuse can have on parenting, family relationships and family life. On the other hand, there is evidence that children are not always as adversely affected by parental alcohol or drug problems as might be expected. Increased recognition is being given to a set of protective factors and processes, constituting a dynamic process usually referred to as 'resilience', which, if present, can buffer children against the negative effects of parental substance misuse and minimise the risk of negative outcomes. Reducing risk and promoting resilience are therefore important components of the services which are needed by these children.
- * Many children and young people feel isolated and unable to speak about their experiences, yet many are desperately in need of help. There is a growing range of services available for those affected by parental substance misuse and accumulating evidence of how such services can help children and their families. The aim of this study was to evaluate a pilot service for children of parental substance misusers introduced in the Mendip area of Somerset in 2010.
- * With funding from Somerset DAAT, Somerset Young Carers Project was commissioned to develop and pilot a service for young people affected by parental substance misuse. This became the HYYPE (Hidden Harm Group for Young People) Project. The main aim of the project was to provide support and prevention work for vulnerable young people affected by parental substance use, by developing an innovative group programme that is inclusive and child centred. The objectives of the groups focused on engagement, reducing isolation, reducing awareness around parental substance misuse, and improving self-esteem and resilience.
- * The Senior Project Worker at Somerset Young Carers Project was the Co-ordinator for the project and was supported by a multi-disciplinary team of six. It was decided to pilot two group programmes, one for young people aged 8-11 years and the other for young people aged 11-14 years. Based in Shepton Mallet each group ran on the same weekday evening for ten consecutive weeks. A wide range of services were targeted in order to raise awareness of the groups and to generate referrals.
- * The evaluation was primarily based on the collection and analysis of qualitative data and other materials, which were analysed thematically. The data included: project documents, 20 interviews (face-to-face or 'phone with young people, parents/carers,

HHYPE workers and referrers), photos of the art-work from the group sessions, attendance at group sessions and completed Rosenberg self-esteem questionnaires.

- * A total of 15 young people engaged with the HHYPE project (the target was 16), with seven attending the senior group and eight the junior group. There were almost equal numbers of girls and boys. The referrals came from Turning Point, Children's Social Care Teams and the West Mendip Local Service Team. In all cases alcohol was the primary substance being misused and in about half of the cases it was the mother who had the primary substance misuse problem. About half the young people attended all 10 sessions whilst all but one of the others missed only one or two sessions.
- * The young people, parents and workers/referrers were all very positive about the success of the pilot groups. The young people valued the opportunity to meet others living in similar situations and to be able to talk about and share their experiences. The mixture of structured, sometimes activity based, discussions about relevant issues, and the opportunity to have fun, appears to have worked well. Many of the young people valued the 'time out' from their homes lives, and the opportunity to have some fun and laughter by engaging in activities and outings, which were a rare occurrence for some of them. The meal-time break during each session seemed to be a powerful part of each programme. There was consensus on how the groups helped the young people, many of whom seemed to gain in confidence, 'come out of their shells' and start to be less isolated as they benefitted from talking about addiction and their experiences at home. It was significant for some young people that they realised that the parental substance misuse wasn't their fault, whereas for others there were important changes in family life (including one parent engaging in adult treatment after years of denial).
- * It can be reported, therefore, that the groups achieved their objectives. Namely, to reduce isolation to a hard to engage population, to offer child-focused support around parental substance misuse, to raise awareness around parental substance misuse, to offer a safe environment for young people to share their experiences, and to improve self-esteem. The findings also indicate that the groups targeted some of 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. Given the funding available for the HHYPE groups this pilot project suggests excellent value for money.
- * The young people recruited for the HHYPE groups were isolated, vulnerable and desperately in need of support. This suggests that a group programme was the correct model to test for this pilot project. However, it is unlikely that the HHYPE programme is the end of the help which many of these children needed, many of whom were sad when

the group ended and they expressed the wish for more support (something echoed by many of the parents and professionals). It is possible that something akin to the HHYPE project can become part of a toolbox of options which is developed for children and families across Somerset. It is clear that the issue of after-care, additional support and follow-up is an essential part of something like the HHYPE Project and something which needs to be carefully integrated into any future groups. In particular, the young people expressed a wish to remain engaged with a group specifically where they could meet other young people living with parental substance misuse.

- * This pilot project brought with it a lot of learning. It has been possible to identify numerous elements of the project which worked well and which should remain as part of any future HHYPE programmes, as well as recognising where changes or further work is needed (for example, the age ranges of the groups, the length and structure of the sessions, the location of the groups, the need to strengthen partnerships with adult treatment services, schools and primary care, and the need to build in dedicated time to consider after-care and follow-up). This project can therefore helpfully inform the increased attention which is being given to this issue in Somerset (e.g. with the forthcoming Hidden Harm Strategy).
- * In conclusion, the HHYPE project, largely due to the passion, commitment and energy of its Project Lead and the project team, has been a great success. The 15 young people who attended the pilot groups appeared to quickly benefit from the service with change seen in a range of areas. Children affected by parental misuse needs to continue to be a specific priority across Somerset, and the HHYPE project seems to be an important part of the solution which is needed to meet the needs of these young people.

Section One: Background

Children affected by parental substance misuse

It is estimated that 1 million children are affected by parental drug misuse and 3.5 million by parental alcohol misuse (Manning et al., 2009). The impact of parental substance use on the lives of these children is considerable and well documented (Barnard, 2005, 2007; Barnard & McKeganey, 2004; Gorin, 2004; Kroll & Taylor, 2003; Scaife, 2007; Templeton et al., 2006; Tunnard, 2002; Turning Point, 2006; Velleman & Orford, 1999; Wales et al., 2009). Children are at risk of a range of short- and long-term harms through living and growing up with parental substance misuse, including the development of alcohol/drug and/or mental health problems, behavioural problems, difficulties at school and relationship problems with others. Many find themselves taking on a surrogate role, to care for a parent (who may be the primary alcohol or drug user or the other parent) or a younger sibling, or suffer because of loss, separation or bereavement. Of particular concern is the negative impact on children's development because of the impact that parental substance misuse can have on parenting, family relationships and family life (Barnard, 2007; Cleaver, Unell & Aldgate, 1999; Gorin, 2004; Wales et al., 2009) and, ultimately therefore, the safety of children. The problems which children face are not only related to the substance misuse itself, but also to other family problems which commonly co-exist with substance misuse, particularly domestic violence/abuse, parental mental health problems and parental neglect and abuse (Cleaver et al., 2007; Cleaver, Unell & Aldgate, 1999; Evans, 2006; Forrester & Harwin, 2006; Gorin, 2004; Velleman et al., 2008b; Wales et al., 2009).

Many children and young people feel isolated and unable to speak about their experiences to friends or family. For example, data just published by ChildLine and the NSPCC (NSPCC, 2010) indicate that 4% of all calls to ChildLine between April 2008 and March 2009 (a total of over 155,000 calls) related to parental alcohol or drug misuse. Furthermore, of the nearly 20,000 young people who called with concerns about a significant other – usually a parent), nearly 6,500 were calling about parental alcohol or drug use. Parental alcohol misuse was the most common problem raised by children who were calling about a parent. Nearly two thirds of calls were from young people aged 12-15 years although approximately a fifth of calls were from children aged 5-11 years. Children who called with concerns about parental alcohol or drug misuse were most likely to talk about physical abuse, troublesome family relationships and sexual abuse.

How children will be affected is influenced by a whole range of variables, or risk factors, including, for example, gender, age, ethnicity, whether the misuser is a parent or sibling, the

severity of the misuse, for how long children have been exposed to the misuse, whether there is more than one misuser in the family, how badly daily family life is affected and what other problems might also be present. On the other hand, there is evidence that children are not always as adversely affected by parental alcohol or drug problems as might be expected (Bancroft et al., 2004; Velleman & Orford, 1999). Increased recognition is being given to a set of protective factors and processes (individual, familial and environmental), constituting a dynamic process usually referred to as 'resilience', which, if present, can buffer children against the negative effects of parental substance misuse and minimise the risk of negative outcomes (Newman, 2004; Sawyer, 2009; Velleman & Templeton 2006). The advancement of this research agenda is highly relevant to the development of practice in this area (Newman, 2004; Sawyer, 2009; Templeton et al., 2006; Velleman & Templeton, 2006). The benefits of balancing concerns about risk, which has until recently been the mainstay of support, to this population group, with a consideration of individual and family strengths, promoting protective factors/processes and encouraging resilience are encouraging.

Until recently there have been very few services available for these children and their families, so the increased recognition which is now being given to the impact on children and young people of parental substance misuse is welcomed. In the United Kingdom, the *Hidden Harm* reports (ACMD, 2003 & 2007) and the Scottish and Welsh alcohol agendas (Scottish Government, 2009; Welsh Assembly Government, 2008) are driving forces in highlighting this issue and subsequently pushing forward policy and practice. With parallel agendas such as *Every Child Matters*, *Think Family* and *Support for All: the Families and Relationships Green Paper* targeting the multiple and complex needs of large numbers of 'at risk' families, there is a combined commitment across the United Kingdom to better meet the needs of vulnerable children and families, including those affected by substance misuse. However, it is currently unclear how this may be re-configured under the Coalition Government.

There is now a growing range of services available for those affected by parental substance misuse, although evidence of a 'postcode lottery' of provision has been highlighted (Best, Homayoun & Witton, 2008) and the supply of services is not in line with the demand for them. There is a growing library of evidence of how these new services and interventions can help children and their families (Forrester et al., 2008; Taylor et al., 2008; Templeton, Novak & Wall, 2010; Wall & Templeton, 2010), but additional research and evaluation of new services which are developed is essential to understand what services are needed and how they can help young people, and to continue to drive forward the need for more action in this area.

The aim of this study was to evaluate a pilot service for children of parental substance misusers introduced in the Mendip area of Somerset in 2010.

The HHYPE Project

Overview

In line with national directives and to meet an identified gap in local provision (e.g. DAAT Adult Treatment Plan 2009/10 & 10/11; DAAT/SCT [Somerset Children's' Trust] Young People's Substance Misuse plan 2010/11), and with funding from Somerset DAAT (a grant of £5,000), Somerset Young Carers Project was commissioned to develop and pilot a service for young people in the County affected by the substance misuse of a parent or carer. This became the HHYPE (Hidden Harm Group for Young People) Project.

The Senior Project Worker at Somerset Young Carers Project (Dave Willis) was the Co-ordinator for the project. Using his existing networks six professionals, from a range of services and with a wide range of expertise and skills, were invited to be part of the project team. This team of six included Matthew Dauncey and Lea Jones (social workers from the Children and Families Team in Mendip, Jo Ham (substance misuse worker from West Mendip Local Service Team), James Court (leaving care worker), Gemma Harmon (Mendip Young Carers Project), and Chris Briton (substance misuse worker for Somerset Youth Offending Team). This group met regularly over a period of about 12 months to develop and plan the project. As there are few other examples of such services the Project Lead and the team spent considerable time considering the service model they wished to pilot and which resources and exercises could be used/adapted with the pilot project.

It was decided to pilot groups for young people and two group programmes were developed, one for young people aged 8-11 years old and the other for young people aged 11-14 years old. The two groups were largely the same in terms of their aims, content and structure, with the main difference being in the adaptation of some of the language, tasks and activities to suit the two age groups accordingly. A ten week group programme was developed, with each group running on the same weekday evening for ten consecutive weeks. The groups were both based in Shepton Mallet, although referrals came from the whole Mendip region of Somerset, and the groups ran between April and June 2010. Each group aimed to involve eight young people. Three of the project team worked with the younger age group and the other three with the older age group, with the Project Lead involved with both groups.

External group supervision was also arranged, with three sessions organised to cover the duration of the HHYPE project.

As part of the planning process the group gave careful consideration to how issues of safeguarding and domestic violence would be managed if they featured in the lives of the young people involved with the HHYPE groups, and to the safe and effective working of the HHYPE team and the groups overall. The Researcher advised on key national resources which the HHYPE Project could consider as part of this. The following policies and documents were adopted or developed specifically for the HHYPE Project:

- * Partnership agreement between the agencies involved in the HHYPE Project - Somerset Children's Social Care, Somerset Young Carers Project, Somerset Youth Offending Team, Mendip LST East and West, and Somerset Turning Point (see Appendix One).
- * Somerset Domestic Violence Policy.
- * Somerset Children and Young People's Partnership (2005). Information Sharing, a guide for people working with children, young people and families.
- * Somerset Local Safeguarding Children Board (2006, updated 2009). Children Affected by Domestic Abuse: guidance and single agency procedures.
- * Somerset Local Safeguarding Children Board (2009). What to do if you are worried that parents or carers are misusing drugs and/or alcohol. A Somerset multi-agency protocol.
- * Stella Project¹ guidance on supporting children who live with parental drug use, mental health and domestic violence.

The Group Programme

The main aim of the HHYPE Project was to: provide support and prevention work for vulnerable young people affected by parental substance use, by developing an innovative group programme that is inclusive of the groups needs, and child centred. The objectives of the groups were to:

- * Reduce isolation through offering support to a hard to engage population.
- * Have a child centred focus on parental substance misuse.

¹ The Stella Project is part of AVA (Against Violence and Abuse), a national organisation which offers a range of services (including training, consultancy and resources) to enhance the response to the co-existing issues of domestic violence and substance misuse. See <http://www.avaproject.org.uk> for more details.

- * Allow the participants to express themselves and share their experiences in a safe environment.
- * Raise awareness around addiction and parental substance misuse.
- * Provide a group experience that demonstrates that the young people are not alone in their situation.
- * Increase self-esteem.
- * Enhance the potential for resilience.

The HHYPE team wanted to give the following messages to the young people who attended the groups² (these messages were printed on to cards, with the HHYPE logo, and given to the young people):

I didn't CAUSE the problems

I can't CONTROL what this person does

I can't CURE things

But...

I can take CARE of myself

I can COMMUNICATE my feelings to others

I can make good CHOICES

Each group consisted of ten weekly sessions lasting approximately two hours. Both groups ran on weekday evenings (one on a Tuesday, the other on a Wednesday) after school. Each group was run by up to four adults, including the Project Lead who was involved with every session. The two groups included seven structured sessions and three sessions which involved an outing or activity (see Table 1). Each of the structured sessions followed a similar outline with opportunities for games as well as time for talking and discussion, writing, drawing, making things and role play or drama exercises. The younger group also used puppets in at least two of the sessions to help them express themselves during the exercises.

² This set of messages came from Action on Addiction's Moving Parents and Children Together (M-PACT) programme, one of the services which the HHYPE Project Lead met with when planning the HHYPE project.

Each week every young person was welcomed to the group and offered refreshments before the session started with check-in time, an introduction to the session, any announcements to be made by the facilitators (relating to outings or a young person or facilitator who was unable to attend the session, for example) and a warm up exercise. This was followed by an activity or exercise, involving small or large group work, related to the session topic. Roughly mid-way through each session the group sat down for a meal. Each week the groups decided what they wanted to eat the following week. After the meal break there was further time for group work, usually making more direct reference to the young people's circumstances around living with the substance misuse of a parent or carer. At the end of the session there was time for final discussion and checkout time, and a look ahead to the next week, before the session ended.

Table 1: Overview of the HHYPE Group Sessions

Session	Younger children (8-11 years)	Older Children (11-14 years)
Session 1	Introduction	
Session 2	Forming activities/team work	Outing – team building and art work
Session 3	Outing for team building exercise	Team building and looking at relationships
Session 4	Feelings and emotions	Communication, feelings and family life
Session 5	Outing – ten-pin bowling	Emotions and self-expression
Session 6	Risk scenarios, feelings and coping	Outing – ten-pin bowling
Session 7	Coping and self-esteem	Drug education and self-esteem
Session 8	Relaxation and creativity	Drug and alcohol awareness, attitudes and choice
Session 9	Endings and self-evaluation	Ending, action planning and self-esteem
Session 10	Outing – group meal at a local restaurant with presentation of certificates	

Identification of young people and recruitment

Leaflets and posters, for young people and their families, and for professionals, were designed to aid identification and recruitment of young people. The Project Lead, with support from the other members of the team where possible, disseminated information about the HHYPE Project to a range of services in the area about six months before the groups were intended to run. This included Turning Point adult services (Turning Point is the lead

provider of adult substance misuse treatment services for the whole of Somerset), Children and Family Services and the Young Carers Project. Where possible, presentations were made about the project at team meetings. In some cases the Project Lead attended several meetings to maintain awareness of the project and to develop the personal relationships with practitioners and their managers which it was hoped would aid identification. In addition a range of other organisations were approached, including 14 primary and secondary schools and four GP practices in the Mendip area, and substance misuse workers from local statutory and non-statutory agencies.

Once a completed referral form had been received (the referral and assessment process was co-ordinated by Somerset Young Carers Project) contact was made with the family and arrangements were made for two members of the team to visit the young person and a parent or carer, to discuss the referral and the HHYPE group. At least one visit was made to each family, some families were visited twice. These meetings usually took place at the young person's home. Many of the young people (and some of the parents and carers) had fears or questions about the group so these meetings were vital in allaying these anxieties. These meetings also shaped the delivery of the programme by identifying issues which were then covered in the sessions. The meetings also asked each young person what group activity they would most like; there was consensus for ten pin bowling which is why this was included in the programmes.

Once a young person had been accepted for the group then details relating to the practicalities of the group were sent to each young person and a parent or carer. Arrangements were confirmed as to how the young person would get to each group session and home again afterwards. Where necessary taxis were pre-booked and paid for, or a worker would collect and/or drop off a young person from their home. Throughout the groups the project co-ordinator liaised regularly with parents and carers; for example, to answer questions or to discuss the logistics of the sessions (for example, around travel arrangements or group outings).

A summary of the HHYPE Model of Delivery is given in Appendix Two.

Evaluation

The evaluation was primarily based on the collection and analysis of qualitative data and other materials, which were analysed thematically. The following data were collected or made available:

- * Documents made available by the Project Lead (such as policy documents and paperwork associated with the HHYPE groups).
- * Observations when the Researcher attended one session (approximately mid-way through the programme) of each group to experience how the groups operated and to meet the young people and workers.
- * The workers used the Rosenberg self-esteem questionnaire with the young people at both groups. The questionnaire was completed by young people at the first and ninth sessions and completed questionnaires were made available to the Researcher for analysis.
- * At the end of the two groups the Researcher made two visits to Street Young People's Centre to conduct a series of interviews. A total of 20 individuals were interviewed. A focus group discussion was conducted with the Project Lead and four of the workers; the other two workers were interviewed by telephone. Interviews were also conducted with seven of the young people (three from one group and four from the other), four parents/carers of young people who had attended the group and two practitioners (one from Children and Family Services and one from Turning Point) who had made referrals to the HHYPE Project.
- * The Project Lead showed the Researcher all the art work which had been done by the young people during the groups. The Researcher took photos and some of these are used to illustrate the findings which are presented in this report.

Section Two: Findings

Young People

A total of 15 young people engaged with the HHYPE project (the team hoped to work with 16 young people), with seven attending the senior group and eight the junior group. An eighth referral for the senior group came from the Young Carer's Project but this young person did not attend any of the group sessions.

Senior group

This included three girls and four boys (including one sibling pair) who ranged in age from 11-15 years old. Three of the young people (including the sibling pair) were referred by Turning Point, two referrals were made from Children's Social Care Teams and two from the West Mendip Local Service Team. In all cases the primary substance of misuse by the parent was alcohol, with drugs also a problem in two cases. In four cases the biological mother was the substance misuser, in one case the substance misuser was the biological father and for the sibling pair it was their step-father.

In the senior group four of the young people attended all 10 sessions, two other young people missed one or two sessions whilst the seventh attended only four sessions. In the latter case the young person was having a lot of personal and family difficulties which made it hard for them to sustain engagement, whilst for the others the sessions they missed were because of illness or a pre-booked trip or holiday.

Junior group

This included four girls and four boys (including one sibling pair and the younger sibling of participants in the senior group) who ranged in age from 7-11 years old. Three of the young people (including the sibling pair) were referred by Turning Point, four referrals came from Children's Social Care Teams and one from the West Mendip Local Service Team. In all cases the primary substance of misuse by the parent was alcohol, with drugs also a problem in five of the cases (including the sibling pair). In three cases the biological mother was the substance misuser (including the sibling pair), in one case it was the biological father, in another case it was the step-father and for two children both biological parents were substance misusers.

Figure 2: Hopes and Fears

Hopes	Fears
<p>Good food</p> <p>I hope to make friends with people going through similar experiences as me</p> <p>I hope we all have fun</p> <p>I hope to meet new friends</p> <p>That we get to go on a day trip</p> <p>I hope everyone likes me</p> <p>I hope there is a place where I can talk about issues in my life confidentially</p> <p>That I have a laugh</p> <p>I hope we can all talk if we need to</p>	<p>People may judge me</p> <p>No-one to be nasty</p> <p>I fear about arguments and horrible food</p> <p>Nobody will like me</p> <p>I'll make myself look stupid</p> <p>Some young people wrote down things that they were afraid of in real life, such as clowns, heights and ants.</p>

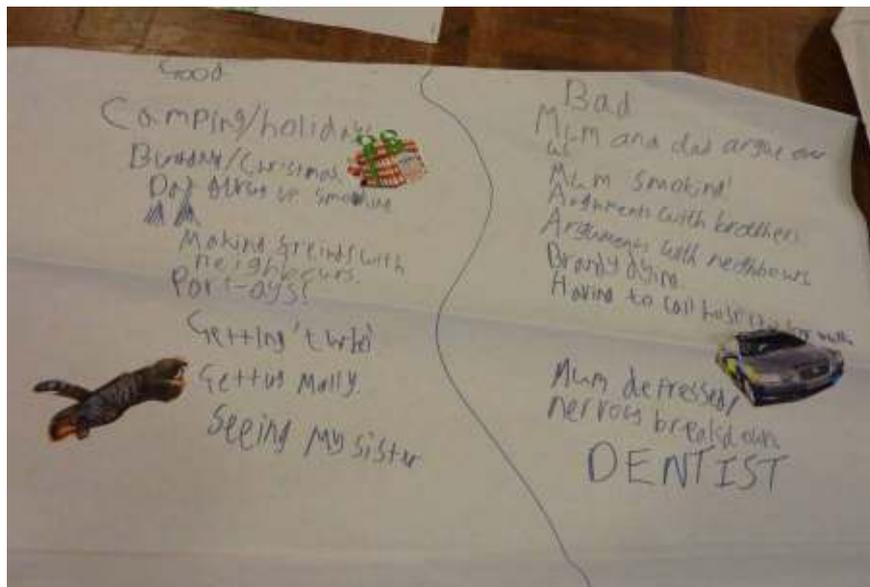
Impact of the parental substance misuse

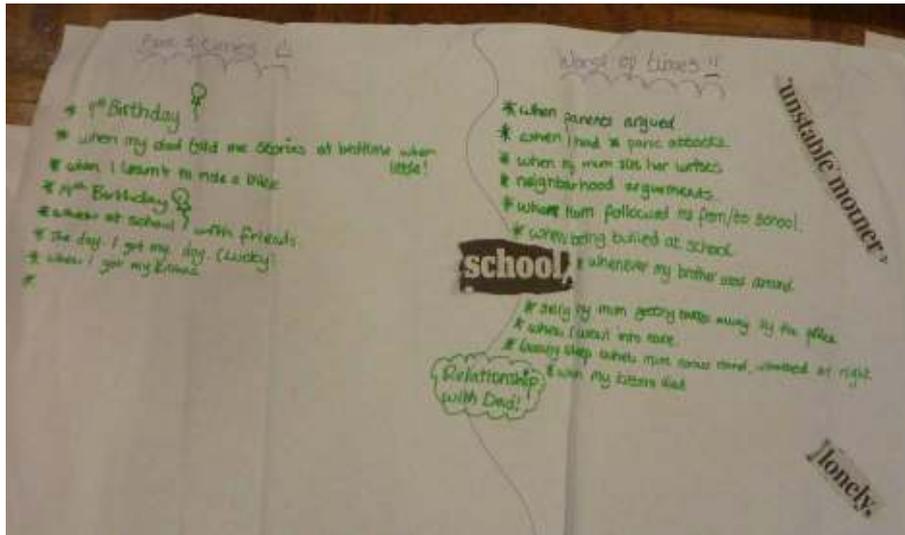
Both the assessments conducted by the workers prior to the programme and some of the artwork indicated how the parental substance misuse influenced and impacted upon the young people. Key words used by the HHYPE Team to summarise how each child had been affected by the parental substance misuse included: embarrassment, stigma, anger, experience of separation and loss, exposure to violence, instability, shame, secrecy (each of these words and phrases were used to describe the impact upon several of the young people). A graffiti wall exercise conducted during one of the sessions (using flip-chart paper) allowed the young people to explore why they thought their parent's used alcohol or drugs and what things were like when they did so. Some of the things which the young people wrote are summarised in Figure 3 below. During one session with the senior group the young people were asked to think about their lives, by drawing either a timeline, or by listing good and bad things in their lives, or times when things were good and times when things were bad. Two examples of the young people's work are given in Figure 4 on the next page. What this all illustrates is that the young peoples' lives were severely disrupted, in a wide range of ways, by the parental substance misuse. Some of the artwork by the young people further suggests that they have quite a high level of insight into, and knowledge about, addiction and the reasons why their parents had such difficulties with alcohol or drugs.

Figure 3: Talking about Parental Substance Misuse

I think my mum drinks because the days get too hectic and to cope with depression	Sending food/presents to the house (may have bipolar)	To make them feel better
Unpredictable (happy then depressed)	She has mates round but not parties!....drink driving!	People get stressed so they take drugs
Forgetful, and more friendly to strangers	Because they're addicted	They want to stop but they can't
She dances then goes really angry	Because they think it's cool	Not to spend time with family/get away
Angry, frustrated, sad, paranoid, forgetting what happens when she's drunk	Because of bad childhood	Because they get angry
Stalking and randomly walking round town asking strangers questions	May have continued because of daughter dying	Because they had a tough day at work
	Don't care about anyone	My dad get's stressed
	Angry.....selfish.....vomit... ..does not care	My mum and dad smoke drugs, don't know, just because
		Once you have a bit you want more and can't stop

Figure 4: The Lives of the Young People





Experiences of the HHYPE Groups

The young people who were interviewed all said that they had enjoyed going to the HHYPE groups. They enjoyed the activities which they did at the group sessions and said that it had been good to have fun at the groups. All the young people were very positive about the workers, using words like 'nice', 'kind', fun' and 'mad' to describe them. One young person said of the workers, *"they were trying to help and they were very good at that"*. Another young person said that the workers had also talked about their own experiences and that this was good. Some of the young people gave examples when another young person had laughed at something they had written or made a nasty comment about their parent but were able to say that the facilitators were helpful in sorting these things out.

Importantly, given the overall lack of support for children affected by parental substance misuse, all the young people who were interviewed said that they had enjoyed meeting other young people, making friends and having fun with others who lived in similar situations. Realising that they weren't alone was significant for many of the young people. One young person said that the group was, *".....a nice way to find out that there's other people like you"*, whilst another said that it was good to, *"really know that you're not alone"*. Two of the girls in one of the groups both lived with their aunt (as a result of their parent's substance misuse) and both said that it had been really helpful to meet someone else who lived with their aunt. One of the girls said that she had shared a taxi to the very first session with this other girl and that this had been good because they had started chatting about all sorts of things immediately and that this was good because she then knew someone at the first session. One young person commented that they were the only young person of that age in the group

they attended and that it would have been good if there had been some other young people in the group who were closer in age.

Most of the young people who were interviewed were able to talk a bit about how the group had helped them in relation to their parent's alcohol and/or drug misuse. The young people indicated that they had found it helpful to learn more about substance misuse and to have the opportunity to talk about their experiences, both with the workers but also with other young people. One young person said that the groups had made him "*more aware*" whilst another said, "*we learned a few things and what to do in certain situations*". One young person said that she used to feel quite upset when there was drinking and arguments at home; this was mostly at night-time and meant that she couldn't sleep. Being able to talk about this at the group was helpful because she realised that she wasn't alone in the types of things that were going on. Importantly, some of the young people said that they had realised through the groups that their parent's substance misuse wasn't their fault. One young person said, "*you get to know it's not your fault that they're doing it*", whilst another young person said that her mum used to say that it was her fault that she was drinking but that she now realised that, "*it's not my fault*".

Some of the young people talked about how the group had contributed to changes in their relationship with their parent(s) or in their parents' use of alcohol or drugs. One young person said that he has started seeing his father a little bit more and is able to tell him that he doesn't like his drinking and wants him to stop. This young person went on to say that he isn't sure that his father listens but it's important to the young person that he can talk to his dad more. One young girl said that her mother is now trying to stop drinking and that this is good because, "*when she stops drinking she will stop shouting*". For another girl a major outcome of her attending the group was that her mum, who had denied for many years that she had an alcohol problem, had engaged with an adult treatment service. This young person said, "*my mum's going to try and stop drinking....that's going to solve a lot of problems*", adding that she thinks her attending the group made her mother realise how bad things must be if her daughter needed to get help for herself.

The young people were able to share a little bit about how they felt different because they had been to the group. One young person said that it had been good going to the group with his younger brother, saying that his brother now understood their parent's behaviour a little bit more and that his behaviour had changed as a result; he now helps his parent more and gets into mischief less. Another young person said that the group had, "*changed my life a little bit*", but he wasn't able to explain this in any more detail other than he enjoyed going to the group and felt better as a result. Another boy said he had talked about his feelings at

the group. Some of the feelings he talked about were “*happy, sad, grumpy and frightened*”. When asked if these were feelings he could have at home he said yes and said that going to the group had made him feel different although he couldn’t explain how he felt different. The following exchange took place between a young girl and the researcher, which further illustrates how the group helped the young people:

YP: I don’t feel quite so sad and lonely

R: What do you feel instead?

YP: Reassured I suppose

R: What do you mean?

YP: I know there’s people out there that are willing to help

Changes in self-esteem

Twelve of the 15 young people (seven from the junior group and five from the senior group) completed the Rosenberg self-esteem scale on two occasions, at the start and end of the programme. The other three young people all completed the questionnaire at the start of the programme but not the end so their data are not included in the findings presented here. The average total scores for the young people who completed the questionnaire on two occasions are presented in Table 2 on the next page (even though a 12-item version of the questionnaire was used, the analysis is based on the standard 10-item version).

An increase in score indicates an improvement in self-esteem. The data in Table 2 show that the total self-esteem score increased over time for eight of the young people (though the increase was small for half of this group), stayed the same for one young person and decreased for two young people. For one of the two young people whose score fell over time their score at baseline was the lowest of the whole group. The sample size is small and so no further statistical analysis was undertaken with this dataset.

In addition to the questionnaire data during one of the group sessions the young people discussed and explored self-esteem, making self-esteem ‘flowers’ or ‘balls’ to write down things that they were good at. The young people were able to give a wide range of examples of things which described them, some of which are presented in Figure 5.

What Young People said about the groups

At the end of the groups the young people were asked to illustrate what they enjoyed about going to the groups. Some of the things which the young people wrote are listed on the next page. Examples of some of the artwork are presented in Figure 6 below.

Having fun	The games	Fun and a safe place to go where others understand me!
Nice food	Bowling was cool!!	
Happy	The drama!	A place to forget problems
Amazing	Sharing stories	
Enjoyed!	We felt wanted	Some of it was serious, some of it was fun!
Making friends	Making stuff	Awesome people
Playing table football	Talking about my dad	Something to do!
Trying new things	Finding out about people....and putting ourselves in their shoes	Like the HHYPE because you can talk about stuff that happens at home
Safe		

Figure 6: What the Young People said about the HHYPE Groups





Parents, Carers and Referrers

Interviews were conducted with two mothers, a father and an aunt. One of mothers was the parent with the substance misuse problem whilst the other adults were all non-using parents or carers. In addition brief telephone interviews were conducted with two professionals who had made referrals to the HHYPE Project (one from Turning Point and the other a Social Worker). Together these six adults were able to give valuable insights into how they felt the groups had helped young people (some of the adults were able to speak about more than one young person, either because they had siblings who had attended the groups or because they had made more than one referral).

Most of the adults acknowledged that the young people they were concerned about had all been affected by the parental substance misuse because they had experienced and witnessed horrible things, including drunkenness, aggression, violence and attempted suicide, and missed out on things because of what was happening at home. Some of the adults added that some of the young people were also contending with other issues in their lives; for example, one parent said that their child also had to deal with weight issues and bullying. The adults therefore hoped that the HHYPE groups would give the young people an opportunity to share and talk about their experiences, as well as to learn about alcohol and drugs. One parent added that as her child was approaching her teens it could be useful for her to understand more about alcohol and drugs before she starts becoming more exposed to such things. Another parent said that it was very hard for her children (she had more than one who attended the groups) to talk about all that went on at home because she had lied to them so much in the past and that she hoped the groups be valuable for them. She added that it was important that her children had somewhere to go where they could speak the truth

without fear and where there were independent people helping them to try and make sense of everything. This parent also said that she hoped her children would benefit from getting support at this stage in their lives, rather than waiting until they were older. A couple of the adults added that the young people were quite isolated and hoped the groups, with the opportunity to meet others living in similar situations, might help with this, with one adult saying, "*it can only help*".

Two of the adults commented that it had been really useful that the HHYPE Leader, and sometimes another one of the workers, had visited them and the young people at home to discuss the groups. One mother said that her children had lots of questions and were apprehensive whilst another said that talking about the group helped with the doubts that she had about whether it was the right thing for the young person to go to the group. One of the adults added that the HHYPE Leader had kept in touch with them during the group programme and that this had also been useful. The adults made other comments about the groups overall, with one saying that she appreciated the reliability in terms of the practical arrangements about picking up and dropping off the young people at the sessions, and another saying that her children had very different needs and that she felt the groups handled these different needs very well.

All the adults were able to describe how they felt the young people had benefitted from the HHYPE groups. Some of what the adults described is summarised below.

- * One parent, who had more than one child who went to the group, said that, "*it helped them to share their thoughts and fears with group members, with their peers*". Her children had realised that many families were not like theirs and they also appeared to be more understanding of their mother's position. This parent added that her children benefitted from the stability and routine of going to the group every week.
- * One parent felt that the group had been "*life-changing*" for one of her children. She said that before her child used to spend all his time in his room, he was very solitary and played computer games a lot. He was generally anxious, worried and also isolated at school. Attending the group gave him confidence, he started talking about things and to make friends at school. Overall, this parent felt her son was less alone as a result of going to the group. This parent added that another one of her sons "*stuck at it*" and kept on going to the group every week even when he said he didn't want to go.

- * Some adults commented on how much the young people enjoyed going to the groups. For example, they would come home to talk about what they had done at the sessions.
- * A parent said that this daughter had ‘come out of herself’ more as a result of going to the group. Importantly it made this young person start to trust people again and realise that there are people who care about her. This parent added that his daughter seemed more confident from going to the group, isolated herself less from other people and seemed to be sleeping better.
- * Another parent felt that her child had made new friends and has “*come out of herself a lot more*” from going to the group.
- * One of the referrers felt that the groups had provided the young people he referred with vital safe space to try and make sense of all that had been going on for them and to be able to talk about it all. This person added that the young people had also benefitted from meeting other young people; for example, for one young girl who also lived with her aunt because of parental substance misuse; they could talk about something that they wouldn’t talk about at school because they would probably get teased.
- * One adult said that the young person had, “*....really enjoyed it...she was always keen to go*”. This adult added that they felt it had been important for the young person to have “*something for her*” and to be able to talk about her parent and what had been going on – “*I don’t think she’s felt like that before*”.
- * One parent felt that things had improved at home through the children attending the groups because they could be more open about the substance misuse, with the children feeling that they could ask more questions at home and get answers rather than being lied to.
- * Through her daughter attending a HHYPE group a mother, who had for many years denied her alcohol problem, made contact with Turning Point asking for help. This, together with other benefits from attending the group, had a major impact on the young girl.

There was a general sense from the adults that all of the young people were sad that the groups had ended, with many saying that they felt the young people could have continued to benefit from further group or individual support. One parent said her son had asked if there were more groups that he could go to, adding that she was concerned that her son would

not be able to carry on with the changes that he's made on his own. Another parent said that her child would miss the group, she had enjoyed going and had never wanted to miss a session. Another parent said that he and his child had seen the opportunity to attend the group as a gift and that his child had really appreciated the opportunity to go out for a meal in a restaurant at the end of the group. One parent said, "*I'm really grateful the boys had the opportunity....[it was] nice to see them do it and come home happy*".

Generally, the adults were in support of the HHYPE groups, and in agreement that such groups needed to continue to exist. An adult who themselves attended treatment every day said that there needed to be more support for children; she could access help every day whereas her children only had the opportunity for support once a week for a few weeks. Another parent indicated that they didn't really know how to talk to her child about the group; she didn't know what to say and was worried about pressuring her by asking her about the group.

HHYPE Workers

This section of the report is mostly informed by the group discussion and interviews which were completed with the six group workers and the Project Lead. Comments from the other two professionals who were interviewed, who made referrals to the groups, are included where relevant.

The HHYPE Project Team valued the time that they had to develop the group programme, although they acknowledged that the planning period was longer than expected because it was initially hard to get enough referrals for the group. The group also highlighted that having an individual leading the development and management of the project was vital, although everyone highlighted the time that was needed for this role, with the Project Lead saying that it was like a, "*job within a job*". The Project Team appreciated the autonomy that they had to develop the project, and felt that the HHYPE project has benefitted from such a flexible approach, with one member of the team saying, "*that's been hugely important*".

The team discussed the challenges that they faced in securing referrals for the groups. The initial plan was to pilot the groups in the Mendip area of Somerset. However, it was not possible to get enough referrals so, whilst the groups still ran in Shepton Mallet, referrals were invited from a wider area. The team felt that adopting the more time-consuming approach of targeting individual workers (such as social workers and teachers) to raise awareness about the HHYPE project worked better than disseminating information to, or

talking to, whole teams. Moreover, there was a sense that for such a project to work the support of Senior Managers at partner and referring agencies is necessary, but that such support was not always forthcoming. However, members of the team felt that perhaps the biggest barrier to getting referrals was that some practitioners and agencies still lacked awareness about children, families and substance misuse and that this gap in their practice impacted upon their ability to engage with something like the HHYPE project. One worker commented that they feel some adult services are still finding it hard to consider family issues and liaise with services for children and young people. A further issue around consent was discussed, as in some cases a practitioner (the example of teachers was given) parental consent was needed to access children and that this was sometimes a barrier to engaging with young people.

For those young people who engaged with the HHYPE project, however, it was acknowledged by the team that the parents had been really supportive of their children attending the groups, with some saying that they wished something like HHYPE had been around when they were younger or when older children were younger and in need of help. The workers also acknowledged that just engaging 16 young people (with 15 sustaining engagement) is a significant outcome in itself of the project, with one worker commenting that, *"[it] took a lot of courage in agreeing to come to the group"*.

The workers were able to describe how they felt the groups had benefitted the young people, and commented that they felt many of the young children had changed as the programme progressed. One worker said that at the beginning many of the young people were like, *"bunnies in headlights, they were so frightened when they walked through the door"*. This worker added that the girls in particular were shy and withdrawn. Over time, however, the workers noticed how the young people gained in confidence and self-esteem as they 'came out of their shells' and became able to *"identify with other children in a safe space"* and to share their experiences. One worker felt that some of the young people were *"surprised"* to realise that there were other children out there who lived in similar circumstances. One worker felt that the group she was involved with was a strong group where the young people were able to support each other, and that it was important how the group gave them a *"sense of belonging"* to something.

When the workers were asked what they felt worked particularly well with the groups they all, almost without hesitation said, *"sitting down and eating together"*. Some of the workers commented that they were surprised by this as it was the part of each session which they had planned least, thinking that it was sufficient to give the young people a break with some refreshments and snacks. However, when they realised the significance of this part of each

session the workers discussed how to develop this part of the programme. The workers reflected on why they felt this part of the sessions had worked so well. One worker said that it was an important group activity, which strengthened the identity of the groups, where the young people could decide together what they wanted to eat and that the adults then provided this food for them. Everyone then shared the responsibility of laying the table, organising and serving the food, and the group had to wait until everyone had finished eating before tidying up and moving on. Moreover, the workers highlighted that many of the young people had had little experience of sitting down with others to eat and that this part of the sessions therefore served an important educational and social function as it brought an opportunity to engage with an everyday activity. One worker added that, "*some of the best conversations took place over the dinner table*", and wondered if the meal-time was a useful distraction which enabled such conversations to take place.

The workers agreed that they all collaborated together really well as a team, and that they and the young people benefitted from their shared expertise and skills. Moreover, the workers were quick to comment that they had all enjoyed working together and had gained a lot from their involvement with the HHYPE project. The two social workers emphasised that they really valued the opportunity to be part of the delivery of the groups, saying that core therapeutic work is often lost in social work practice making opportunities such as the HHYPE project incredibly worthwhile. One of the social workers said that they already had a good knowledge of how parental substance misuse can affect children but that being involved with the HHYPE project reinforced this for them – "*to be able to build up those relationships with those children.....it made me more aware of why I'm going what I'm doing*", adding that it was just great to engage with children in a way that just isn't possible in their usual social work role. The social worker who made referrals to the groups felt the same way, that the groups brought an opportunity for work with young people that they just couldn't undertake. The other members of the project team also indicated that they found such a high level of involvement from social services to be an incredibly important part of the project, with one worker saying that they felt it was essential for a Children and Families Worker to be involved in any future groups.

At a wider level there was a sense that the groups gave some of the young people a bit more understanding about the role of the social worker and care proceedings. A social worker felt that the HHYPE groups had aided communication between all parties (i.e. social care services, the young people and their families) in some cases. This social worker added that he appreciated how confidentiality worked in the cases he was involved with, explaining that it was important that the young people they referred to the groups understood that what they discussed at the sessions wouldn't get reported to him.

Finally, the workers all highlighted the benefit that came from having a high ratio of workers to young people. For such a vulnerable group it was important that the overall group was manageable, but also that there were opportunities for individual and small group work where appropriate. Furthermore, it also meant that the young people could have much more attention, had more chance to speak and weren't fighting for attention. Given the diversity of the young people who attended the groups the workers also commented that they felt able to be flexible and adapt the programme according to need and any other issues which needed a response.

Overall, the workers enjoyed working with a range of young people and seeing them change, highlighting that they enjoyed the company of the young people and saying that it was a privilege to work with them. The workers were able to indicate a range of ways in which they felt the groups helped the young people, some of these are listed below:

- * Realisation that they weren't alone and didn't have to be so isolated
- * Developing positive attachments with other young people (and making friends) and with adults
- * Showing courage
- * Getting answers to questions about their parents and their home lives
- * Gaining in confidence and self-esteem
- * Being less angry and less ashamed about what was going on
- * Accepting each other
- * Being able to be themselves
- * Learning about addiction and how to cope with it
- * Realising that the parental substance misuse wasn't their fault
- * Having the opportunity to have fun and do fun activities
- * Having the chance to escape from their home lives

The workers felt that the group facilitated these changes through offering a safe space, which encouraged trust and protected their vulnerability. The workers also felt that the young people really enjoyed all the arts and crafts tasks, and the activities such as drama and role play, explaining that such tasks were useful to explore issues which can be hard, particularly for younger, male or more vulnerable young people, to talk about. The groups

also demonstrated and encouraged positive attachments, e.g. around hugging and touching which many of the young people had little understanding about. The workers also wanted to highlight that, for many of the young people who came from difficult, chaotic and unhappy lives, it was vital that the group was fun and that there was laughter. One of the workers explained that this was important in allowing the young people to relax and in fostering self-esteem, attachment and group identity - "*it worked really well, we did have a lot of laughs*".

The workers identified a range of areas in which they felt the groups had brought learning for them. These can be summarised as follows:

1. **Age ranges of the groups.** The workers felt that this might need alteration for subsequent groups. For example, one young girl who was mature for her age didn't fit in so well with the junior group, but would have been too young for the senior group. Moreover, the workers wondered if there could be a third group for the pre-teen age group.
2. **Catchment area for groups.** A couple of workers felt that it had been hard taking young people from a wider catchment area and that the groups needed to be localised.
3. **Length and structure of the sessions.** One worker felt that some of the more difficult issues could be discussed earlier in the session, as discussing things at the end of the group might mean that the young people are taking uncertainty and difficult emotions home with them. This worker said that one week a young person had found the end of the session hard, and that it had been helpful that the worker was escorting this young person home and so they could discuss things further, but this might not always be the case. A further learning point raised by some workers is that a two hour sessions sometimes felt a bit rushed and that the group might be improved by extending the sessions to 2.5 or 3 hrs.
4. **Collaboration with the lead adult treatment provider.** This is discussed further below.
5. **After-care and Follow-up.** The workers felt that dedicated time could be built in to the project model to allow them to offer a better after-care service, to consider additional needs, facilitate engagement with other services as appropriate, and follow-up the young people to find out how they are getting on.

All the workers discussed the collaboration with Turning Point, the lead provider of adult substance misuse services for Somerset, at some length as they felt that this was an area

where improvement was needed. There was general agreement that the collaboration hadn't worked as well as they had hoped. The workers reflected on why this was so, wondering if there was less understanding about substance misuse and families which made practitioners less inclined and confident to discuss such issues with their clients and offer the support of a service like HHYPE where relevant. The workers wondered if training and guidance for adult treatment providers might facilitate improved working in this area. The team further felt that it would greatly benefit the HHYPE project if a Turning Point practitioner or manager was a member of the HHYPE Team; this was proposed for this pilot project but was unsuccessful.

On the other hand there was evidence that some elements of the collaboration between Turning Point and the HHYPE project were successful. Firstly, a representative of Turning Point who was interviewed for the evaluation said that they had appreciated the level of involvement of the HHYPE Project Lead in being such a regular attendee at team meetings and so on. The work of the HHYPE project was scrutinised and tested at these meetings with the team feeling that the Project Leader and the team was, "*found to be sound*". As a result this individual said they and the team would have no hesitation in working with the HHYPE project again and generating referrals for future groups. Secondly, another positive outcome of the collaboration has been that, if as a result of a young person attending a HHYPE group, a parent wishes to engage with treatment then Turning Point have agreed to facilitate this engagement by essentially offering a 'fast-track' service for these parents into their adult treatment services. This has already happened with one parent.

The workers were aware that the young people might find it hard when the groups came to an end, and they prepared for this when planning the groups and in the sessions before the group ended. There were discussions with the young people in earlier sessions about the end of the groups. Furthermore, the HHYPE team planned to meet each young person shortly after the group ended to conduct a follow-up assessment and develop an action plan focusing on future needs.

Overall, the workers were extremely enthusiastic about their involvement with the HHYPE Project, saying that it was a, "*really enjoyable experience.....a positive experience for us and for them....I loved every minute of it*", and that it had been "*absolutely fantastic*" and a privilege to be involved with the project. Many of the workers said that the groups had been a lot of fun and something that they looked forward to every week. The workers were also boosted by how much the young people seemed to get out of the groups, with one worker saying that the young people were, "*genuinely happy to be there, they wanted to be there and they enjoyed it*". There was general agreement that such groups needed to continue,

with one worker saying that the groups needed to be County-wide, regular and funded. One professional said that it should be easier to run more groups now that the pilot had been successfully completed, saying, "*it breeds its own success.....it can sell itself*".

Next steps

All the young people said that they felt sad now that the groups had ended and that they would value the opportunity to continue going to the HHYPE group or another group like it. One young person said that she got really used to going every week and it suddenly stopped, adding that she supposed this was a bit like drinking; if you suddenly stop it affects you and you want to carry on with it. Another young person said that he will now have less people to talk to and he would still like to have people to talk to about things. A third young person said that he had enjoyed going to the group because it had given him something to do when he got home from school whilst another said that he felt weird not going to the group because he couldn't ask his mum to clothes ready for him on the days when he had to come home from school and go to the group. To summarise, one young person said, "*I'm glad I went and I think it should go on longer*".

Although not part of the original project brief the HHYPE Team wanted to try and follow-up all the young people (and their families where appropriate) to consider any further needs. However, the core team of HHYPE workers have been unable to pursue this; three moved on to other roles after the HHYPE project; all six workers were not able to get any additional time away from their usual jobs as this aspect of the project was not part of the original agreement. Some of the HHYPE team have seen some of the young people, or parents, carers or professionals in the course of their usual roles, however, and so some degree of follow-up has been possible. In addition, the HHYPE Project Lead has met at least once with all 15 of the young people (and sometimes with a parent or carer) to develop an action plan and consider their further needs. At this stage, therefore, information on how the young people are doing a while after the groups ended is largely anecdotal but, nevertheless, gives a helpful additional insight into the impact of the HHYPE groups and the continued needs which many of the young people have.

In three cases the young person has now successfully engaged with other youth provision in Mendip. Two young people (who attended the junior group) have engaged with mainstream youth services (with the HHYPE Project Lead facilitating as relevant, for example, discussions with a youth worker or attending a youth group with the young person to offer support to them). For one young person this is aiding her transition from middle to

secondary school. For another young person (who attended the senior group) it was felt that engaging with mainstream services was not appropriate (due to issues of bullying and emotional needs). The HHYPE Project Lead has facilitated engagement with the Friendship Group, which offers integrated support to young people with additional needs, and will be going with the young person when she attends this group for the first time. As has been highlighted elsewhere in the report an important outcome for one family is that one parent engaged with adult treatment services. Feedback from HHYPE workers or key others (for example, a Cafcass guardian) suggests that some of the young people are continuing to benefit from the HHYPE groups, reporting that they are more confident, less burdened and more socially mobile. Several parents have noted that the young people have found the cards they were given about addiction (see page 9) very helpful in reminding them of the key messages communicated during the HHYPE groups.

The majority of the young people expressed a desire to continue engaging with groups like HHYPE, particularly so they could keep in touch with other young people who are living with parental substance misuse, but such provision is currently not available. It is clear that the issue of after-care, additional support and follow-up is an essential part of something like the HHYPE Project and something which needs to be carefully built in to any future groups.

Section Three: Discussion

Context of delivery

The plight of the large numbers of children who are affected by parental substance misuse has received increased attention in recent years. Therefore, the identification in Somerset of young people affected by parental substance misuse as a group requiring particular attention is welcomed and is in itself a success of this project. Despite knowing a great deal about how these children are affected, services are still lacking. Furthermore, there is a need for these new services to be evaluated to contribute to our understanding as to how they can best help young people. This is important as it has been recognised that there are very few specific outcome measures to support such work and little on which to base such evaluation (Woolfall & Sumnal, 2009).

Given that there is still a lot of learning in how best to meet the needs of young people affected by parental substance misuse the HHYPE project benefitted from having the freedom to develop its pilot service and the time to bring together the project team and plan the delivery. The multi-agency partnerships which this fostered worked really well, with everyone noting in particular the importance of involving social workers in the project and commenting that this should continue to be a part of any future programmes. However, the time needed to develop and deliver such a pilot service (including after-care and follow-up) must not be under-estimated or ignored and must be built-in to any future projects or the roll-out of the HHYPE groups. The need for a dedicated Project Co-ordinator has been central to the success of the pilot and would need to be maintained for future groups. Having protected time for the team of workers to be relieved from their usual work to focus on the groups, including after-care and follow-up, would strengthen the model.

Despite knowing how many children are affected by parental substance misuse it was difficult to secure referrals for the HHYPE groups. Whilst successful partnerships developed in some areas (for example, with Turning Point and the Children & Families Team) it is noteworthy that no referrals were forthcoming from, for example, schools or primary care. However, once the groups were up and running, there was increased interest in the project from some agencies suggesting that referrals from a broader range of agencies could be generated for future programme. Further work is needed to strengthen these partnerships for future work in this area. As part of this it is also important that agencies across Somerset are encouraged to market the HHYPE project, in addition to the work undertaken in this area by the HHYPE Co-ordinator and the facilitators.

Meeting need

Despite initial difficulties in securing referrals a successful outcome of the project is that it successfully engaged with 15 of its target of 16 young people, and that all bar one of this group of 15 sustained a high level of engagement in the groups. It is perhaps particularly significant that parental alcohol misuse, particularly amongst biological mothers, was the most prevalent substance use problem experienced by the young people. Turning Point's 'Bottling it Up' report (2006) suggested that there are five times as many children affected by parental alcohol misuse as parental drug misuse. Recent analysis by the NSPCC of calls to its ChildLine service indicated that when calling with concerns about a parent a young person was most likely to disclose parental alcohol misuse as being of primary concern (NSPCC, 2010). It should also be highlighted that many of the young people who attended the HHYPE groups were also experiencing a range of other problems, including parental separation, violence, mental health problems, and behavioural and other problems (such as bullying) at school. Many of the young people were engaged with social services yet many were isolated in terms of never having received any specific support in relation to the substance misuse and other problems at home. It was clear, therefore, that the young people recruited for the HHYPE groups were isolated, vulnerable and desperately in need of support. This suggests that a group programme was the correct model to test for this pilot project; and this is supported by other evidence indicating the benefits of group based support (e.g. Templeton, Novak & Wall, 2010).

Benefits of the HHYPE Groups

It was vital that the project team fully considered safety and safeguarding issues as part of its planning, thereby facilitating a safe and protected environment where sensitive issues could be explored in such a way as to encourage the young people to engage with the sessions. There was consensus on how the groups helped the young people, who seemed to value the opportunity to meet others living in similar situations and to be able to talk about and share their experiences. The mixture of structured, sometimes activity based, discussions about relevant issues, and the opportunity to have fun, appears to have worked well. Having fun and the opportunity to engage with group based activities through group outings might, on face value, seem an unnecessary aside to the group programme, yet the evidence suggests it was a core component of the work which was done through the groups. Many of the young people valued the 'time out' from their homes lives, and the opportunity to have some fun and laughter, by engaging in activities and outings which were a rare

occurrence for some of them. It is interesting that the meal-time break during each session seemed to be so powerful and it would be useful to explore this in more detail.

Many of the young people seemed to gain in confidence, 'come out of their shells' and start to be less isolated as they benefitted from talking about addiction and their experiences at home. It was significant for some young people that they realised that the parental substance misuse wasn't their fault, whereas for others there were important changes in family life. For one young girl her seeking help for herself seemed to serve as a wake-up call for her mother who engaged with treatment services after years of denial of her alcohol problem, whilst at least two other young people indicated that the group had facilitated a change and an improvement in communication with their parents.

The project decided to target self-esteem, using the standardised Rosenberg self-esteem questionnaire, as its primary outcome measure. The sample of questionnaire data available for this pilot project was small, which limited statistical analysis, and a greater degree of improvement in self-esteem was only seen for a small number of the young people. However, the work which was done on self-esteem during the group sessions (asking each young person to create a self-esteem flower or ball to summarise the things they felt they were good at) appeared to have worked really well. It is therefore a little unclear at the moment whether improved self-esteem should be the primary outcome of such work, or how feasible it is to measure such an outcome using a standardised questionnaire. A larger dataset, collected over a longer time period, would add useful understanding. It is possible that 10 weeks is just too short a time in which to expect more significant improvements in self-esteem, or it is possible that the questionnaire is not sensitive enough to the nature of change which is seen in children who are affected by parental substance misuse. The knowledge from this pilot service and its evaluation, coupled with contributions from the wider academic literature about how children are affected by parental substance misuse, and how they benefit from services which are developed for them, could contribute to a greater understanding about what outcomes can be targeted and measured.

It seems, overall, that the groups achieved their objectives. Namely, to reduce isolation to a hard to engage population, to offer child-focused support around parental substance misuse; to raise awareness around parental substance misuse; to offer a safe environment for young people to share their experiences; and to improve self-esteem. The final objective for the groups was to enhance the potential for resilience, and there is evidence that the groups achieved this also. The findings indicate that the groups targeted some of 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). For example, through forging positive attachments with other adults (and with young people as well), through things improving at home, having higher self-esteem, being better able to cope with or respond to negative life events, such as arguments at home, and engaging in diversionary activities. Further research could usefully explore this in more depth.

The young people all spoke very positively about the help that they received. Even though all the young people were asked if there was anything they didn't like or found unhelpful about the service, there were very few negative comments. As these are young people who had received little or no previous help in relation to the parental substance misuse it is possible that they are a group who found it harder to articulate what they didn't like or found unhelpful. What the HHYPE groups have demonstrated is that they can quickly respond to the needs of young people such that positive change is witnessed. However, these are not short-term problems which can be swiftly resolved. Funding, both for services and for research, often limits consideration of long-term outcomes associated with such services. Such a longitudinal perspective is essential, both to enhance theoretical understanding in this area and also to inform the development of services for children and families. Further work is needed to explore whether the short-term outcomes which have been presented here are maintained in the longer-term, whether further positive change is seen and what further support needs these young people and their families might have.

What makes the HHYPE Project successful?

From all the data presented above it is clear that the HHYPE project has been a huge success. From this pilot project it is possible to identify the key elements which made the groups successful. These are summarised in Figure 7 on the next page.

With a grant of £5,000 to run both pilot groups the HHYPE Project seems to represent excellent value for money, although further research and evaluation is needed to assess this in much more detail. Some costs, such as purchasing resources for the groups, would be reduced for future programmes whilst other costs, such as room hire, refreshments and outings, will vary from group to group. Supporting young people to attend through arranging travel seems to have facilitated engagement and needs to be included in future groups, although running localised groups would ensure that such transport costs are minimised. It should be acknowledged that the partnership agreement enabled all staff involved with the project to be released for planning, delivery and supervision. The commitment of these, and possibly other, partner agencies would ensure the continued success of the HHYPE project

although the partnership agreement could be usefully extended to allow for follow-up and review with all young people to be undertaken.

Figure 7: What made the HHYPE Groups successful?

Diverse team of enthusiastic and energetic practitioners
Good ratio of workers to young people; manageable group but also facilitates opportunity for targeted individual or small group work
Involvement of social workers
Time, autonomy and freedom to develop the service
Group orientation of the programme
Meeting the young people and a parent/carer in the home to discuss the groups before they start
Making the necessary arrangements to ensure each young person can get to and from each group session
Keeping the parents informed about what is happening, e.g. group activities and outings
Offering food and having a meal-time as part of each session
Fun, activities, creativity, laughter
Opportunity for activities, such as going bowling or out for a meal – things young people might not get to do and which educates them and brings an opportunity for fun and social interaction
Developing a group identity and giving young people a sense of belonging to something
Partnership with adult treatment agency to facilitate the engagement of a parent with treatment where relevant
Considering aftercare and developing an action plan with each young person to explore additional support needs; and including some element of follow-up to see how the young people are getting on

Looking ahead

Despite the positive impact of the pilot groups these young people are an incredibly vulnerable population who most likely need significantly more help than can be offered by the HHYPE groups. This is not of course to under-estimate the power of such groups, more to highlight that help in the longer-term is also necessary. The data indicates that many of the young people were sad when the groups ended, and would have continued to engage

with such support if this has been possible. Parents/carers and referrers agreed that support should continue beyond this pilot service. It is possible that something akin to the HHYPE project can become part of a toolbox of options available to children and families across Somerset. For example, the HHYPE groups could be a useful precursor to, or follow on from, services which offers support to the wider family (such as Action on Addiction's M-PACT programme³). The HHYPE groups could also parallel the parenting groups which, run by Turning Point, are soon to be piloted in South Somerset. Some of the young people who attended a HHYPE group have now engaged with mainstream youth provision; this is an important outcome from the pilot, demonstrating the needs which many of these young people have. What is missing from this, of course, is that many of the young people want to remain engaged specifically with other young people living with parental substance misuse and at the moment this is not possible.

The HHYPE project brought the opportunity to develop some strong partnerships between a range of agencies. However, whilst there were some successful elements to the collaboration with Turning Point as part of this project, there was also some disappointment expressed that this collaboration was not as successful in all areas as was hoped. It is possible that this is due to the increased pressure being placed on adult treatment services, the recognised need to ensure that all practitioners have an appropriate level of awareness about how addiction can affect the wider family, and the knowledge which adult practitioners need to appropriately work in partnership with other agencies, particularly services for young people. It is possible that continuing something like the HHYPE project can provide a much needed opportunity for such partnerships to be developed, particularly as Somerset continues to develop its treatment framework and also develops a Hidden Harm Strategy.

Furthermore, given the importance which Turning Point has given to children affected by parental alcohol misuse, through both its 'Bottling it Up' report and the subsequent development of 'Base Camp'⁴, it is hoped that this partnership, along with the successful links already in place with Social Care, can become a strong foundation for the evolution of this work in Somerset. The jointly published national guidance on partnership working between adult treatment services and safeguarding and family services could be a useful

³ See http://www.actiononaddiction.org.uk/family_support/ for more details.

⁴ Turning Point, with Big Lottery funding, piloted Base Camp, a pilot service for children affected by parental alcohol misuse, in three sites, in Barnet, London, Manchester and Wakefield. Two Base Camp workers in each site developed a group programme for young people, and also offered individual support and included parents/families where appropriate. Further information can be obtained from Turning Point. In addition, the author of this HHYPE report led the evaluation of Base Camp and qualitative data (interview and drawings) from the study has been included in two recently published papers in academic peer review journals (Templeton, Novak & Wall, 2010; Wall & Templeton, 2010 – see reference list).

building block for developing such a partnership which could something like the HHYPE Project (DCSF & NTA, 2009).

In conclusion, the HHYPE project, largely due to the passion, commitment and energy of its Project Lead and the project team, has been a great success. The 15 young people who attended the pilot groups appeared to quickly benefit from the service with change seen in a range of areas. Children affected by parental misuse needs to continue to be a specific priority across Somerset, and the HHYPE project seems to be an important part of the solution which is needed to meet the needs of these young people.

Recommendations

Based on the pilot HHYPE groups the following recommendations are made:

1. The HHYPE group programme should continue to run. Attention should be given to the factors which it is believed contributed to the success of the pilot groups (Figure 7), to the areas of learning which this pilot has highlighted (see page 27), and to integrating follow-ups and reviews with the young people who attend the groups.
2. The HHYPE project should have dedicated time for the project leader to co-ordinate all aspects of the project. A multi-disciplinary team should continue to be involved, with attention given to maintaining the positive relationship with Children & Families Teams and to strengthening the partnership with adult treatment services. The partnership agreement should be extended to allow for follow-up with the young people.
3. Research and evaluation of the HHYPE Project should continue. A more detailed and in-depth evaluation is required, including greater attention to quantitative assessment, some element of longer-term follow-up (something which is desperately lacking in this area of research) and some level of economic assessment.
4. Consideration should be given to where something like the HHYPE Project fits strategically in Somerset's treatment framework; for example, linked to the development of the Hidden Harm Strategy and to facilitating a much needed partnership between adult and children's services. The HHYPE Project should become a central element of a developing toolbox of support which is needed to support all those affected by parental substance misuse. Consideration needs to be given to what other services could be part of this toolbox, including further support for young people, support for parents and whole family support.

References

1. Advisory Council on the Misuse of Drugs (2007). Hidden Harm Three Years On: Realities, Challenges and Opportunities. London; ACMD.
2. Advisory Council on the Misuse of Drugs. (ACMD, 2003). Hidden Harm: Responding to the needs of children of problem drug users. London: ACMD.
3. Bancroft A, Wilson S, Cunningham-Burley S, Backett-Milburn K & Masters H (2004). Parental drug and alcohol misuse: Resilience and transition among young people. York: Joseph Rowntree Foundation.
4. Barnard M (2007). Drug Addiction and Families. London and Philadelphia: Kingsley.
5. Barnard M (2005). Drugs in the Family: the impact on parents and siblings. York: Joseph Rowntree Foundation.
6. Barnard M & McKeganey N (2004). The impact of parental problem drug use on children: what is the problem and what can be done to help? *Addiction* 99(5): 552-559.
7. Best D, Homayoun S & Witton J (2008). Hidden Harm – another postcode lottery? *Drugs and Drugs News* 21 April: 14.
8. Cleaver H, Nicholson D, Tarr S & Cleaver D (2007). Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice. London: Jessica Kingsley.
9. Cleaver H, Unell I & Aldgate J (1999). Children's Needs – Parenting Capacity: The Impact of Parental Mental Illness, Problem Alcohol and Drug Use, and Domestic Violence on Children's Development. London: Stationery Office.
10. Department for Children, Schools and Families, Department of Health and the National Treatment Agency for Substance Misuse (2009). Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services. London: Department for Children, Schools and Families.
11. Evans D (2006). Children, Alcohol and Family Violence. In Harbin F & Murphy M (2006) (Eds). *Secret lives: growing with substance. Working with children and young people affected by familial substance misuse*. Lyme Regis; Russell House Publishing; p55-79.
12. Forrester D, Copello A, Waissbein C & Pokhrel S (2008). Evaluation of an Intensive Family Preservation Service for Families Affected by Parental Substance Misuse. *Child Abuse Review* 17: 410-426.
13. Forrester D & Harwin J (2006). Parental substance misuse and child care social work: Findings from the first stage of a study of 100 families. *Child and family social work* 11: 325-335.
14. Gorin S (2004). Understanding what children say. Children's experiences of domestic violence, parental substance misuse and parental health problems. London National Children's Bureau.
15. Kroll B & Taylor A (2003). Parental Substance misuse and child welfare. London: Jessica Kingsley.
16. Manning V, Best D, Faulkner N & Titherington E (2009). New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health*, 9: 377.
17. Newman T (2004). What works in building resilience? Ilford, Essex: Barbarnado's.
18. NSPCC (2010). Children talking to ChildLine about parental alcohol and drug misuse: ChildLine casenotes. London: NSPCC.
19. Sawyer E (2009). Building Resilience in Families Under Stress. Supporting families affected by parental substance misuse and/or mental health problems - a handbook for practitioners. London: National Children's Bureau.
20. Scaife. V. (2007). Maternal and Paternal Drug Misuse and Outcomes for Children: Identifying Risk and Protective Factors. *Children & Society*, 1-10.
21. Scottish Government (2009). Changing Scotland's Relationship with Alcohol: a framework for action. Edinburgh: Scottish Government.
22. Taylor A, Toner P, Templeton L & Velleman R (2008). Hidden Harm: Engaging hard to reach

families where parental alcohol misuse underpins multiple problems and the implications for child welfare. *British Journal of Social Work*, 38 (5), 843–864 (Advance Access publication December 20, 2006).

23. Templeton L, Novak C & Wall S (2010). Helping children and young people who live with parental substance misuse. *Drugs: Education, Prevention and Policy* (Early Online).
24. Templeton L, Zohhadi S, Galvani S & Velleman R (2006). "Looking Beyond Risk": Parental Substance Misuse, A Scoping Study. Final report to the Scottish Executive, Substance Misuse Research Team.
25. Tunnard J (2002). Parental problem drinking and its impact on children. *Research in Practice*.
26. Turning Point. (2006). 'Bottling it Up': the effects of alcohol misuse on children, parents and families'. London: Turning Point.
27. Velleman R, Reuber D, Klein M, Templeton L & Moesgen D (2008). Domestic Abuse experienced by Young People living in Families with Alcohol Problems: Results from a Cross-European Study. *Child Abuse Review* 17: 387-409.
28. Velleman R & Orford J (1999). *Risk and Resilience: Adults who were the children of problem drinkers*. Harwood Academic.
29. Velleman R & Templeton L (2006) Reaching Out – Promoting Resilience in the children substance misusers. In Harbin F & Murphy M (Eds) *Secret Lives: growing with substance. Working with children and young people affected by familial substance misuse*. Chapter 2; 12-28. Lyme Regis; Russell House.
30. Wales A, Gillan E, Hill L & Robertson F (2009). *Untold Damage: children's accounts of living with harmful parental drinking*. Scotland: Scottish Health Action on Alcohol Problems & ChildLine.
31. Wall S & Templeton L (2010). The Use of Drawings to Explore Young People's Views of a Service for those Affected by Parental Alcohol Misuse. *Journal of Substance Use* Early Online.
32. Welsh Assembly Government (2008). *Working Together to Reduce Harm. The Substance Misuse Strategy for Wales 2008-2010*. Cardiff: Welsh Assembly Government.
33. Woolfall K & Sumnall H (2009). Evaluating interventions for children of substance using parents: A review of outcome measures. *Addiction Research and Theory* 1-18 Early Online.

Appendix One – Partnership Agreement for HHYPE Groups

Joint Group Work Partnership Agreement,
Somerset Children's Social Care, Somerset Young Carers Project, Somerset Youth
Offending Team, Mendip LST East and West, Somerset Turning Point.

Background and Rationale

Joint group work between the agencies named above mobilise a greater resource to address the unmet need for peer group programmes with children and young people affected by parental substance misuse. In addition to this, joint working will facilitate the sharing of specialist expertise in the field of working with families affected by parental substance misuse and offers professionals in all five services the opportunity for shared partnership working in a multi-agency context.

Shared specialist expertise:

Somerset Young Carers service provides specialist individual and group work to support children and young people who take on a caring role within their family. Somerset Children's Social care promotes and safeguards the well being of children and young people in need.

Somerset Youth Offending Team's principal aim is to prevent youth offending. It will achieve this by working in partnership with the community to ensure the following strategic objectives:

Mendip Local Service Teams work with families, schools and other agencies to try to improve the lives of all children and young people in Mendip, with particular emphasis on those whose circumstances make them more vulnerable.

Somerset Turning Point, a registered charity, provides advice, information & support for all drug & alcohol problems – this includes carer support.

Joint working partnership agreement.

This agreement will be in place during the delivery, planning and evaluation stages of the project.

Supervisory support of group work.

A steering group with members from the above agencies will continue to meet as the group programme develops and the groups start. Along side this clinical and practical supervision will be provided externally through a specialist supervisor to offer and facilitate independent peer supervision to the group facilitators. Supervision will take place three times, once before the group starts, at the half way point and again towards the end of the groups for all facilitators.

All referrals for the groups will be collated centrally through the Somerset Young Carer's Project, all referrals accepted for group work will be assessed for unmet need as the group intervention progresses and particularly as groups come to an end. Where unmet need is identified, appropriate onward referrals will be made. It is anticipated that the lead agencies may refer work to each other within this arrangement.

Client confidentiality and information sharing. Between partnership services.

For the purposes of this partnership provision, client information about referrals to the group programme will be shared between partner agencies with the context of planning, delivering, supervising group work and risk assessments.

The facilitators and steering group will adhere to the information sharing policy (A Guide For People Working With Children, Young People And Families, 2007) The group will also adopt the Somerset Substance Misusing Parents Protocol, (2009). In conjunction with these the steering and Hype project group will adhere to Somerset's LSGB Safeguarding Policy (Southwest Child Protection Procedures).

Confidentiality Policy:

The Hype group will use Somerset County Councils data protection policy, in particular under this partnership agreement. Hype project workers will adhere to CYPD's Confidentiality Agreement, and will be asked to re read this before the project starts

Safeguarding Policy:

Where concerns about safety, safeguarding or unmet need arise in relation to young people and family members, these concerns and the details of actions to address them are to be adhered with the line management structure of all partner agencies.

All agencies agree to abide by the terms of Somerset LSCB Child Protection Procedures, Somerset's Local Safe guarding board Substance Misusing Parent's Protocol and Somerset County Council lone working policy in relation to home visiting. The group will also adopt Somerset's LSGB Working With Parents Who Are Difficult To Engage Protocol (2009), and LSGB Children Affected By Domestic Abuse Policy (2009).

Health and Safety Policy,

The steering group and HHYPE workers will adopt Somerset's workplace Health And Safety Policy and all relevant protocols for the duration and purposes of group work provision. Appropriate risk assessments will be in place in conjunction with all relevant areas of the project, i.e. child assessment and activities. The group will adopt CSC risk assessment alongside Somerset County Council's External visits and activities procedures.

Objectives for Joint group work partnership

- 1) Increase provision of meaningful support for young people and children affected by substance misuse.
- 2) Strengthen partnership working between the five named agencies within this agreement.
- 3) Increase accessibility of specialist service provision to client families in Mendip area who are affected by parental substance misuse.
- 4) Enhance the opportunity for staff within all named services to learn from one another in the context of planning and delivering joint group work.

For Somerset Young carer's project:

Signature

Date:

Position:

For Children's Social Care (Mendip):

Signature:

Date:

Position:

For West and East Mendip Local Service Team:

Signature:

Date:

Position:

For Somerset Youth Offending Team (Mendip):

Signature:

Date:

Position:

For Turning Point:

Signature:

Date:

Position:

Appendix Two: HHYPE Group Model of Delivery

