

Breaking the Cycle: Follow-up Study

Preliminary Findings Report 2014

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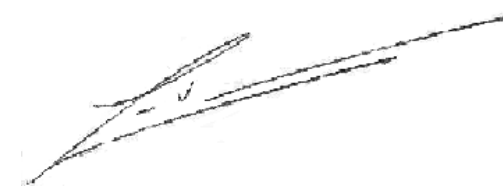


Foreword

I've often said that the work of Addaction's Breaking the Cycle services is precisely the kind of work that I wanted to deliver as a drug and alcohol practitioner. The combination of a range of therapeutic and practical skills and interventions to enable individuals – and, in BtC's case, families – to make positive choices for a better future for the children, and young people in their care, makes this work some of the most challenging and satisfying in the substance misuse field.

Independent research evaluation has always been a very important element of Breaking the Cycle, originally as a way of providing efficacy for the approach, and more recently enabling us to demonstrate the results and outcomes we achieve. As we enter BtC's tenth year of service delivery, assessing the long term impact of our work is possibly the final piece of the "research jigsaw". Have we broken the cycle of intergenerational substance misuse? For many of the families who have taken part in the study it's probably too early to tell. However, what we can demonstrate is that for the majority of those families, the skills and capabilities that they developed during their involvement with Breaking the Cycle continues to have a positive impact on their family life.

This report is testament to all those families who are dealing with, and in many cases have overcome, extremely challenging circumstances. It is also testament to the work of all the Breaking the Cycle practitioners across Addaction who continue to support families through these difficult times with compassion, determination and professionalism – ultimately enabling them to provide better life chances for the children and young people in their care.



Tim Vanstone

Head of Breaking the Cycle, Addaction

Acknowledgements

Many thanks for the advice and support of the Zurich Community Trust, without which this BtC follow up research study would not have been possible.

A big thank you, also, to all the BtC practitioners for all their knowledge, dedication and support, particularly during the fieldwork stage.

And lastly, but certainly not least, sincere thanks to all the research participants and their families for their time and for sharing their personal stories in such an open and honest way.

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Executive Summary

The Breaking the Cycle programme (BtC) continues to offer an innovative service addressing the issues of substance misuse. As BtC approaches 10 years of operations next year, Addaction and the Zurich Community Trust have funded the following pioneering long-term research study to follow-up on a range of ex-service users and their families since leaving BtC treatment and support, specifically with those who were supported by the original BtC pilot services launched in 2005.

The research study's overarching aim was to establish the outcomes and longer term impact for families, parents and children who have engaged with Addaction's BtC programme, since their discharge from their treatment and support. The following preliminary research findings go some way to telling the story of real families, successfully tackling substance misuse, and begins to demonstrate the significant societal and economic impact of the BtC programme's innovative and holistic approaches to substance misuse and surrounding issues.

After gathering data from two of BtC programme's pilot sites (Cumbria and Tower Hamlets) via both a survey of 160 discharged users of these two pilot sites (37 respondents) and a series of semi-structured interviews with BtC service users and family members as "affected others" (22 participants), the research study was able to answer the following questions:

To what extent did the Breaking the Cycle service: a) decrease the risk service users and their families have experienced and b) increase the protective factors developed by BtC service users and their families?

a) Decrease in the presence or experience of risk

The Breaking the Cycle service programme has had a significant impact on minimising the risks to children and the families in which they live:

i) Reduction in substance use

Firstly and principally, service users reported a reduction in substance use, particularly in drug use. Only 13.5% responded that they had used drugs (other than alcohol) during the previous 30 days. 40% reported using alcohol in the previous 30 days and nearly half (46%) of the participants reported that they had been abstinent in the previous 30 days. Of the 40% who reported using alcohol in the previous 30 days, further analysis of the survey responses suggest that just under half of these (47%) had consumed within UK unit guidelines.

ii) Stopping violent or abusive episodes

One of the most significant findings of the BtC research study so far is that in every single one of the interviews where past issues of violence were highlighted, all interviewees reported no current issues associated with violence ongoing in their lives. Either the violence and harmful conflict had stopped altogether or the interviewee had distanced themselves from the individual(s) causing them or their family harm such as by splitting up with a partner or moving away from a family member, as well as putting boundaries in place to remove the issue(s).

iii) Reduction in problematic parenting

At initial assessment when entering the BtC programme, most parents felt that their parenting skills were inadequate: only 25% felt that they had made significant progress towards the development of their parenting skills. At the time of this follow-up, everybody considered that they had made progress: 67% reported feeling they had achieved their goals, a further 8.3% felt they were making significant progress, and the remainder reported that they had made some progress or that they had retained the same positive state that they had been in at the time of discharge.

iv) Family functioning

Further reduction of risk was also demonstrated through improvements in family functioning, routines and rituals. Many respondents reported that "we spend time doing things together (meal times, bed times, homework, fun activities)" and that "we try to make good use of our time (with children, volunteering, working)".

b) Increase the protective factors developed by BtC service users and their families

As well as reducing risk factors, the BtC programme increased the protective factors in service users' and their families' lives and the continued development of these factors in the period between discharge and follow-up, providing a sustainable legacy of improvement. Significant protective factors developed and reported by service users and their families were:

- Family harmony and cohesion;
- Positive and stable parenting;
- Parent-child related factors, such as discipline/authoritative skills, improved school experiences;
- Support networks beyond the family and engagement in a range of activities;
- Other protective factors, such as improved family relationships, functioning and environments.

Development of resilience since leaving the BtC programme

The vast majority of families and their children were doing very well now, since leaving the BtC service. When asked to report on a variety of key areas exploring the question "how are you, your family and your children doing now?", responses were extremely positive with 8/9 out of 10 respondents indicating that "things are OK" in each of the following areas:

- "My children are doing well, they are reasonably healthy" (92%);
- "My children can make friends and spend time with their friends" (89%);
- "How does your family get along?" (87%);
- "Can you and your family usually solve problems when day to day hassles happen?" (87%);
- "My children are going to school" (84%);
- "My children are doing well at school" (81%).

All of these areas are of key importance, as each demonstrates that these children are showing strong signs of resilience and are therefore at much less likelihood of repeating the intergenerational cycle of substance misuse and other problems.

Continuous improvement since discharge from the BtC service

Finally, a key and hugely important finding is the continued improvement which the majority of people in these samples continued to make over the time between their discharge from BtC and this present follow-up. Almost no-one reported deterioration in any of the areas of functioning asked about and a great many people who were already much improved by the time they were discharged from the BtC service continued to make major further improvements in their lives in the intervening time.

This implies that the BtC programme (at least within these services and with these individuals) enabled the learning and development of skills which they could continue to use and improve upon after discharge, even after their BtC practitioner finished supporting them. This is a major achievement for the BtC programme.

Do service users and their families identify or attribute the Breaking the Cycle service, and the interventions delivered, as making any impact in their lives or the journey they have taken to get to their outcomes and current situation?

All participants reported that working with their BtC service had a significant impact on at least some, if not all, of the issues they needed support with at presentation to the service. This was attributed by service users in a number of ways:

The BtC therapeutic relationship and the role of practitioners

Most importantly, the pivotal role the BtC practitioner had to play in the success of the treatment with BtC service users and their families featured heavily throughout this research study.

Practitioners' focus and approach were paramount in delivering an effective family-focused and holistic approach to address the very complex problems service users and their families were presenting to them. These approaches adopted by the BtC practitioner, and the personal qualities of these workers, were highly praised by service users and were hailed by nearly every participant as key to the success of the Breaking the Cycle service.

Parent-child relationships

Furthermore, for many parents the relationship with their children had significantly improved due to the Breaking the Cycle service and other agencies supporting them with their parenting skills. This provided a catalyst to significant family life improvements, such as spending time together as a family, utilisation of rules and boundaries, creating a close positive bond with a more stable adult/parent figure and greater parental self-efficacy.

Key areas making an impact:

Almost every service user or affected other stated that one or more BtC interventions had had a major impact on their approach to the substance use and on their interactions with other family members:

- **One to one support sessions** – service users reported that the approach of their BtC practitioner in these sessions enabled them to discuss and be open about a range of personal and family-related issues.
- **Home visits** – this mode of delivery was reported by the vast majority of service users as a positive aspect of the BtC service, citing it as very helpful when managing family life.
- **Group work and support groups** – many individuals were referred or signposted to group work or local peer support groups, with these sessions reported as very useful to both substance users and affected others as they were able to share experiences with others in similar situations.
- **Advocacy and mediation service** – a number of service users reported how their Breaking the Cycle practitioner mediated with a number of services they were involved with, such as the extremely positive assistance with Social Services mentioned in this report.
- **Relationship support** – the BtC service also provided mediation between service users and their partners, as well as working on their family relationships to help resolve differences and increase understanding.
- **Parenting support** – many individuals also reported on the impact of receiving support to improve their parenting skills. This helped in coping with family life, establishing a routine and boundaries, as well as spending quality time with their children.

What factors and processes have influenced how service users and their families have reached their current life circumstances and situations?

There are three key areas which respondents indicated had shaped the journey towards their current life circumstances. These were:

i) **Children, family and friends** – the large majority of people stated that it was their children (87% stated this) and their families (81%) which had had most influence and impact. The domain which was next most influential (65% said that this was important) was friends.

There were a number of individuals who highlighted the key roles family members had to play in supporting the substance user, with the help of the BtC practitioner to address their addiction and change their life, and their family's lives, for the better.

ii) **Health (both physical and psychological)** – Over half of all service users and affected others indicated physical (54%) and psychological (51%) health as being influential in shaping their life journey.

Participants told us that they had wanted to address and improve their physical health, particularly health issues associated with their substance use, and many noted improvements as a result of reducing or stopping using substances, following their contact with the BtC service.

In terms of psychological health, although some participants did report current on-going issues with mental health and well-being issues, most interviewees reported sustained improvements in their well-being, with many recognising that their reduced use of substances was better for their long-term mental health. Furthermore, when asked about their well-being over the last two weeks, survey respondents were very positive; for example citing that they were 'managing problems well' or 'optimistic about the future' often or all the time.

iii) **Health and social treatment and support services** – many people stated that health professionals (doctors, nurses: 46%) and support services external to the BtC programme (such as Social Services or residential treatment services: 49%) had been important in their journey.

Many individuals reported being in conflict with Social Services and commonly reported expressing confusion about what was expected of them, with a number unhappy about the high staff/case turnover within Social Services. Interviewees frequently reported incidents of misunderstanding or lack of clarity due to changes of staff members responsible for their case. Service users highlighted that their BtC practitioners helped them to understand things more clearly, in addition to having someone "on their side".

Very importantly, many individuals felt that the impact of working with BtC service had resulted in them gaining custody of their children or their children being able to remain within the family, shaping their current situation today.



What are service users' and their families' current life circumstances and situations?

The vast majority of service users and families previously involved with the BtC programme operating from the Cumbria and Tower Hamlet services reported that their current life circumstances and situations were positive. Most respondents reported that they were 'doing well' since leaving the BtC service.

Furthermore, all interviewees (substance users and affected others alike) demonstrated some established and continued building of recovery capital. In summary, recovery capital themes demonstrated by BtC service users and their families were:

- **Personal capital** – Confidence and self-worth; Difference and purpose in life; Development of personal values;
- **Social capital** – Improved family bonding; Building and understanding of family relationships; Increased support networks;
- **Community capital** – Increased community interaction;
- **Cultural capital** – Improved attitudes and values.



Introduction and research aims

The ambition of Addaction's Breaking the Cycle (BtC) national programme is to reduce and ultimately stop the cycle of intergenerational substance misuse. To achieve this, BtC aims to support service users and their families to reduce the harms associated with parental substance misuse, to promote health and development, and to foster parenting efficacy and positive family functioning.

Specifically, Addaction states that the Breaking the Cycle programme aims to:

- Tackle the effect of parental substance misuse;
- Help to provide a safer, more stable environment in which children can achieve their full potential;
- Improve family stability by working creatively and flexibly, providing tailored packages of care;
- Improve parenting skills, social competence and family functioning;
- Ensure children are better supported within the family unit.

The inclusion criteria for referrals into BtC are: one or more primary caregivers in the family who experiences problematic alcohol or drug use and one or more child in the family home who is at-risk of the harm associated with substance use. Parents may self-refer into the service or may be referred through partner organisations for assessment.

BtC practitioners in 14 services across Addaction provide support by coordinating a range of services and interventions using a 'whole family' approach. BtC can be distinguished from other services because of this approach, which includes direct work in family homes and direct provision of specialist support for substance use, in addition to parenting support and advice, advocacy, signposting and referral. This approach is coupled with extensive partnership working with statutory services, other voluntary and community services, as well as flexibility to support the family to address issues as they arise, across a range of domains. This may include issues with the domains of: substance misuse and relapse prevention, parenting skills, education, health, housing, finance, domestic abuse, offending, anti-social behaviour, safeguarding and child protection, and family functioning.

The use of home visits means that parents do not need to fund or coordinate childcare facilities during the BtC sessions. Likewise, the therapeutic relationship that is built between the Breaking the Cycle practitioner and the service user during this form of social care often serves as a buffer against poor engagement with statutory services.

Service users have previously identified their support from the BtC programme as being a salient component in re-engaging with other services (particularly Social Services and children's services). Interventions are service user-led, with service users and their families ideally engaging with BtC for a duration of treatment between 6 to 9 months. It is anticipated that families who need longer-term support will be referred to an appropriate partner organisation to provide this, based on an identified, specific need.

Monitoring, research and evaluation

The BtC programme is independently evaluated on a quarterly and annual basis, both nationally and locally. This ensures that individual service staff can clearly identify the treatment outcomes and monitor progress around parenting efficacy, mental health, children’s development and social circumstances for the duration of a family’s engagement with their Breaking the Cycle service.

Through the support of Zurich Community Trust and a small team of dedicated professionals, Addaction launched the pilot of three first BtC projects in 2005, aimed at breaking the cycle of intergenerational drug and alcohol addiction within families. At the time, the pilot was a remarkable success in suppressing parental drug and alcohol use and through continued funding and support from the Zurich Community Trust, work continued within the three pilot sites, as well as establishing a new wave of BtC services across the country.

Service users’ first-hand experience, staff feedback and outcomes of the BtC programme were first evidenced by a comprehensive independent evaluation conducted by the Mental Health Research and Development Unit (MHRDU) within the University of Bath, under the leadership of Professor Richard Velleman and Lorna Templeton. The final evaluation revealed that 83% of clients achieved some level of progress while working towards their treatment goals, with 81% of parents demonstrating they had stabilised, reduced or stopped the highly problematic substance use that impacted so negatively on them and their family’s lives (Novak *et al.* 2009).

Follow-up research study

The Breaking the Cycle programme continues to offer an innovative service addressing the issues of substance misuse. As BtC approaches 10 years of operations next year, Addaction and the Zurich Community Trust have funded this pioneering research study to follow-up on a range of ex-service users and their families since leaving BtC treatment and support, specifically with those who were supported by the original BtC pilot services launched in 2005.

The overarching aim of the research study was to establish the outcomes and longer term impact for families, parents and children who have engaged with Addaction’s BtC programme, since their discharge from their treatment and support. The following preliminary research findings go some way to telling the story of real families successfully tackling substance misuse, and begin to demonstrate the significant societal and economic impact of the BtC programme’s innovative and holistic approaches to substance misuse and surrounding issues.



Research aims and questions

The specific aims of the research study were to:

- a. Establish what the family’s circumstances and situations are now, particularly in relation to substance misuse and its associated health and social issues;
- b. Understand better how parents, children and their families have reached their current situation (especially focusing on the recovery journey of service users and the outcomes for their children and families).

The detailed research questions are exploratory in nature. Hypotheses were not set, given that to date, similar long-term follow up substance misuse studies conducted with families are extremely rare. In fact, a recent study by Forester *et al.* (2012) evaluating the “Option 2 Intensive Family Preservation Service” in Wales is the only know longitudinal research on substance-using service users and their families to date. Therefore, the research questions for Addaction’s BtC long-term research study were:

1. What are service users’ and their families’ current life circumstances and situations?
2. What factors and processes have influenced how service users and their families have reached their current life circumstances and situations?
3. Do service users and their families identify or attribute the Breaking the Cycle service and the interventions delivered, as making any impact in their lives or the journey they have taken to get to their outcomes and current situation?
4. To what extent did the Breaking the Cycle service: a) decrease the risk service users and their families have experienced and b) increase the protective factors developed by BtC service users and their families? (based on the examples of risk, protective factors and resilience in the table below)

Risk, Protective factors and Resilience (Velleman & Templeton 2007)		
Examples of risk	Examples of protective factors	Examples of resilience
<ul style="list-style-type: none"> • Family disharmony / Domestic violence • Maltreatment: abuse and/or neglect • Inconsistent or unresponsive parenting • Parental substance misuse; especially chronicity, complexity and severity • Witnessing drug use or paraphernalia • Exposure/awareness of offending • Absence of a stable adult figure 	<ul style="list-style-type: none"> • Family harmony and cohesion notwithstanding parental substance misuse and its effects • Close positive bond with an adult: in caring role, consistently available • Engagement in a range of activities • Positive opportunities during transition points in life 	<ul style="list-style-type: none"> • Deliberate planning of different life • High self-esteem and confidence • An ability to deal with change • Skills and values that lead to good use of personal ability • Previous experience of success • Range of problem solving skills • Feeling that there are choices • Feeling in control of own life

Methodology

Service users and their families who previously engaged with the BtC service and were subsequently discharged were approached to establish if they were interested in becoming research participants. In the first instance, researchers concentrated on recruiting service users discharged in the early days of the Breaking the Cycle programme, specifically those discharged between 2005 and 2008 during the pilot phase. Due to the long gap since discharge from Addaction, it was anticipated that this cohort would be difficult to recruit, therefore service users with later (i.e. more recent) discharge dates were also recruited, systematically, from past to present.

The mixed method approach below was used to comprehensively address the research aims and questions of the study, considering guidance from Addaction and Zurich Community Trust's research project team and the steering group ensuring the delivery of the agreed study outputs and outcomes.

The study followed two major lines of enquiry:

- A survey and questionnaire to provide statistical evidence about any impacts and behaviour change outcomes of BtC service users and their families since leaving the programme;
- A focused and detailed qualitative research investigation, in the form of semi-structured interviews, to evaluate BtC experiences and identify the significant social and economic impact each BtC service has made on the service users and their families since leaving the programme.

Family Survey and Parents Questionnaire

Two data collection tools were used for the quantitative component of the study. Firstly, a Family Survey designed to be completed by the BtC service user, comprising both open and closed questions, with Likert scales to promote comparison (please see Appendix A for details).

Based on the BtC aims outlined above, of reducing harms associated with parental substance misuse, promoting health and development in children and families, and fostering parenting efficacy and positive family functioning, the survey questions were designed to gain an insight into the following areas:

- How respondents and their families were, in relation to reported family functioning, coping and accessing support in the broadest sense;
- How respondents perceived their children's progress, in terms of health, school, friendships and communications about substance use;
- Which factors respondents perceived as being important to them in relation to their recovery journeys; The level of impact respondents perceived that their Breaking the Cycle service had exerted in their lives in the context of current circumstances;
- Levels of disclosed substances used by respondents, over the last 30 days;
- The level of well-being experienced by respondents over the last 14 days.

Each survey also contained an invitation of interest requesting whether participants would wish to take part in the interview phase of the research study. To help ensure a higher response rate, incentives were used for both the quantitative and qualitative phases: a £10 and £25 high street shopping voucher, respectively. For those completing an interview, there was also a further incentive of automatic entry into a prize draw to win a family day out at a local theme park.

Along with the Family Survey, a second, much shorter, Parents Questionnaire was also mailed out. This questionnaire is the latest version of the Global Parenting Outcome Tool (please see Appendix A for a copy of the questionnaire used) developed by the MHRDU at the University of Bath during their national evaluation of the original BtC pilot sites. The questionnaire consists of ten domains and provides a global indication of service user progress. In addition, reapplying the same questionnaire used during BtC treatment allowed the researchers from this study to compare respondents' progress since leaving BtC against their progress during their time in the BtC service. Furthermore, for those individuals involved in the semi-structured interviews (see below) who had not previously completed the survey and questionnaire, were requested to do so within the interview session to ensure the most complete data was made available to the research team.

Interviews

The qualitative research evaluation component (semi-structured interviews) was conducted by experienced qualitative researchers from Tiny Spark Projects, working with Addaction as research partners on this phase of the research study. The researchers recruited a purposive sample of ex-service users from across two sites of Addaction's BtC programme: Cumbria and Tower Hamlets. Recruitment of these individuals was achieved by two means. Firstly, via the invitation to participate as part of the survey mailout described above, and secondly, through arrangement by BtC practitioners at each location – the latter yielding the majority of interview participants.

Data was gathered via semi-structured interviews with two researchers conducting each interview (a lead interviewer and a note taker). In addition, the interviews were audio recorded so details were not missed by the researchers when the information from the session was transcribed. The sessions were held at a mutually convenient location (mostly the participant's private residence) and each interview lasted between 1 to 2½ hours, following an informed consent process.

All the interviews were conducted using a detailed interview schedule, designed to explore the following areas with each interviewee:

- Family background;
- Brief overview of the support received;
- Referral/assessment and care/recovery planning process;
- Impact of BtC and other factors (including substance use; criminality; economic situation; physical and mental health; family relationships and functioning; impact on children's development, well-being, substance use, school attendance and engagement with other constructive activities; involvement of Social Services and children's welfare);
- Recovery capital;
- Continued impact and legacy of the BtC service;
- Service feedback (strengths/weaknesses/changes/advice).

Data analysis

As outlined above, a mixed qualitative and quantitative approach both in survey/questionnaire and interview design was taken. This approach extended through to the analysis and report stage, where quantitative information was analysed statistically, using descriptive and non-parametric statistical tests. Qualitative information was managed using a thematic analysis, and common themes across the two analyses were aligned.

In this way, evidence was gathered on how respondents rated their current situation, their treatment journey experiences since leaving the BtC service, and individual perception of the impact of the BtC service on them and their family's lives. Furthermore and where available, relevant quotes from the interview participants were incorporated into the findings section below, to strengthen/evidence any specific points raised.

Limitations

As suggested above, recruiting ex-service users of the BtC programme proved to be difficult and, ultimately, BtC practitioners were utilised to assist in identifying a number of the service users as potential interview participants. At the time the study commenced, Addaction's Derby BtC service had unfortunately been decommissioned; hence, local BtC practitioners were not available in Derby to help with this recruitment. Therefore, the decision was made at a relatively early stage to drop recruitment plans within Derby, relying on two remaining BtC services (Cumbria and Tower Hamlets) to recruit participants into the study.

It is acknowledged that using BtC practitioners to help with recruitment could have resulted in selection bias of participants. However, each practitioner was instructed to request an interview with as many former service users as possible, even those they had not contacted recently. Furthermore, to understand any bias that may exist, analysis was conducted on the random mail out and those completed within the interview sessions, to compare survey responses, the results of which will feature in a secondary report.

A further potential limitation is that service users who responded to the survey or agreed to be interviewed may have been biased, irrespective of the issue of their having been recruited through a BtC practitioner. For example, they may be more likely to have had successful outcomes, hence wishing to inform the research team of this; alternatively, they may have been more likely to have felt negative towards BtC, and wished to report this instead. Again, these possibilities will be explored in detail within the final report, both by comparing the samples of survey respondents to those who did not respond, and by comparing the samples of those interviewed to those who were not interviewed; as well as examining the discharge status of those responding to those who did not for these cohorts.

Notwithstanding this, both the quantitative and qualitative data have been used, although the data should be treated with caution due to recruitment numbers across the two BtC sites. By combining the detailed participant information from both the survey and interviews, researchers were able to provide a rich and comprehensive picture of the impact and ongoing legacy of Addaction's BtC programme on the service users' and their families' lives, years after discharge from treatment and support of the service.



Data collection

Survey and questionnaires

Just over 300 discharged service user records were identified by Addaction from the Breaking the Cycle pilot services, through access to electronic historical case files. After removing the records from the Derby service (as explained above) and reviewing the remaining records, 135 were identified as having given consent for Addaction to contact them via post. Therefore during early January 2014, 135 Family Surveys and Parent Questionnaires were posted to ex-service users' last known address, obtained from each individual's record. After a month, 30 surveys and questionnaires were returned, with the vast majority coming back from service users in Cumbria (4 out of every 5 returns).

In addition and to ensure that every opportunity was given to all potential participants to respond to the survey, a further round of 115 mail-outs were also sent out to those individuals who had not yet replied. Furthermore, those individuals participating in the interview stage, who had not yet completed a survey, were asked to complete one (see below). These two approaches led to a further 7 being returned (2 further completed surveys from the second mail-out and 5 from the interview stage). Therefore, finally, over a quarter of identified individuals (37) responded by returning a survey and questionnaire, with a 27% return rate (see the table below – the figures in parentheses represent the discharge dates for the survey and interviews respectively and please note there were 3 individuals who could not be linked to an existing service user record).

BtC practitioners from both the Cumbria and Tower Hamlets services helped identify potential participants in the interview phase. 22 interview sessions were arranged, following up the information supplied by worker (16 individuals), as well as those participants of the survey who expressed an interest in taking part in an interview in their survey response (6 individuals).

Interviews

Between February and April 2014, 22 semi-structured interviews were conducted in Cumbria and Tower Hamlets with BtC service users and their families, with nearly all sessions held within the service users' homes.

Within Cumbria 14 service users were interviewed, having been discharged from their Breaking the Cycle service between 2008 and 2013 (please see table below). Of the 14 service users, 13 individuals accessed the service as the substance user and one was an affected other. The affected other was the mother of a substance user, who had been given a residency order of care for the substance user's children therefore the service supported both individuals, both of which were interviewed.

Within Tower Hamlets 8 service users were interviewed, having been discharged from the Breaking the Cycle service between 2010 and 2013 (please see table below). Of the 8 service users, 5 individuals accessed the service as substance users and 3 as affected others. Of the 3 affected others, two were partners of the substance users and one was a mother. All 3 affected others were the primary service users of the Tower Hamlets Breaking the Cycle service, and one of the 3 substance misusing family members had partially engaged with the service (this individual interviewed along with the affected other).

Discharge Date	Cumbria	Tower Hamlets	All (survey, interview)
2008	3	0	3 (1, 2)
2009	0	0	0
2010	9	3	12 (7, 5)
2011	10	3	13 (6, 7)
2012	3	2	5 (0, 5)
2013	0	1	1 (0, 1)
Total	25	9	34 (12, 22)

Preliminary findings

Evidence from both the quantitative surveys and the detailed individual interviews has been used to address the research questions:

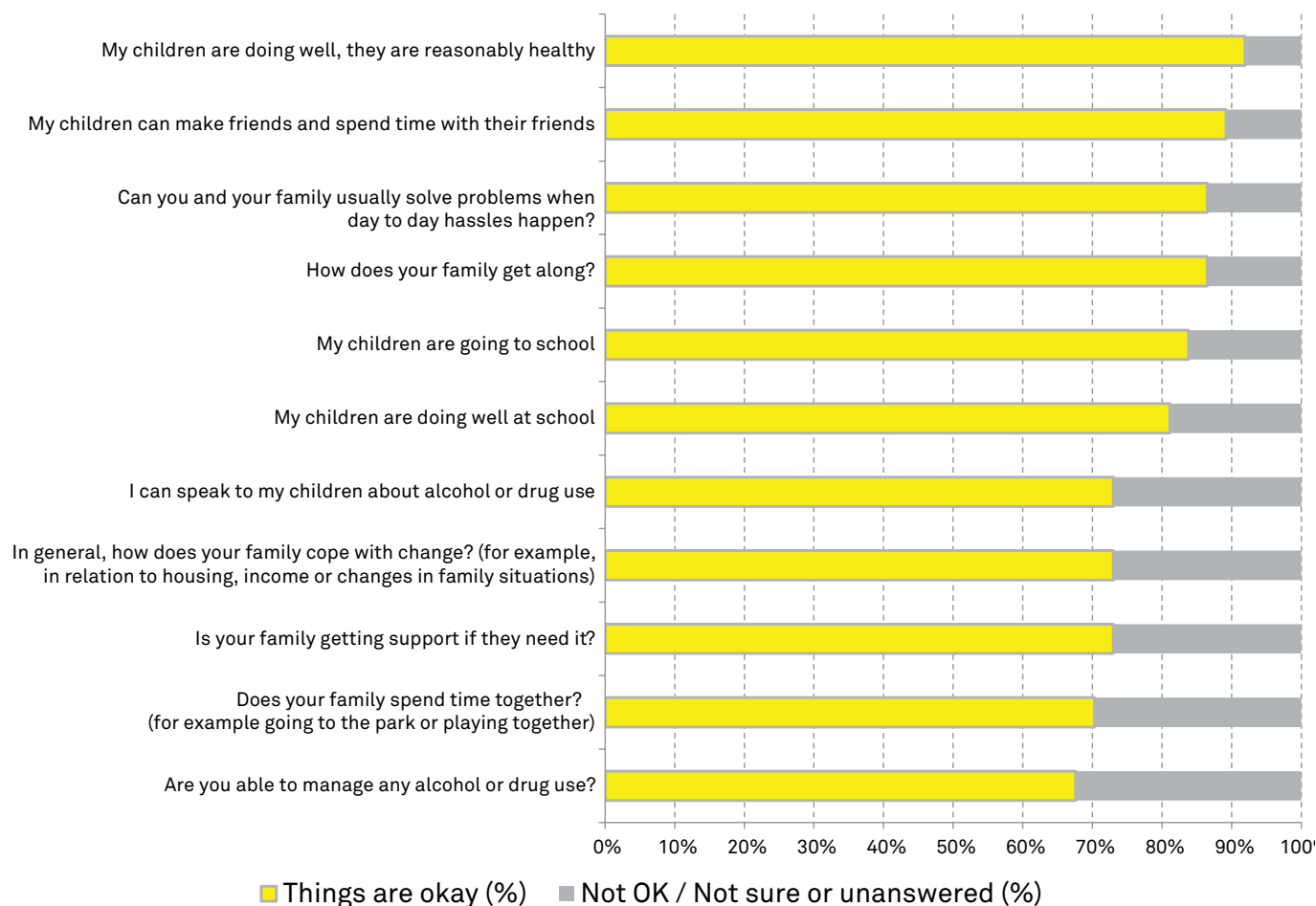
1. What are service users' and their families' current life circumstances and situations?

The vast majority of service users and families previously involved with the Breaking the Cycle (BtC) programme operating within the Cumbria and Tower Hamlet services, reported that their current life circumstances and situations were positive; most respondents reported that they were “doing well” since leaving the BtC service. Of the 37 returned, Family Surveys and Parent Questionnaires, over three quarters (78.3%) responded that they were “doing okay all or most of the time” in response to the question: ‘

“Overall, how would you say you are doing since you left the Breaking the Cycle service?” (37.8% – Doing okay ALL of the time; 40.5% – Doing okay MOST of the time). Only 5.4% of respondents (2 individuals) indicated that “things are not going well at all”, with 16.2% reported that they were “doing okay some of the time”. These statistics are a testament to the hard work of the BtC services and its practitioners.

Exploring further, respondents were asked how well they and their family were doing over a range of key areas. Again, the responses were very positive (please see Graph 1.1 below).

Graph 1.1: How are you, your family and your children doing now?



This very positive response from service users and families to “how are things now?” was reiterated by the sub-sample of 22 service users and affected others who also participated in the detailed semi-structured interviews. Service users reported that, prior to engaging with the BtC service, they had had multiple issues and problems in their life for a number of years. All those interviewed agreed that their current life situations and current circumstances after leaving the BtC services, were much improved since becoming involved with the BtC programme. During the interviews, all service users reported a good or improved situation, in comparison to how things were when they started work with BtC, over a number of key areas:

- Substance use (especially if it was their own use);
- Family functioning and relationship, with family members and/or (ex-) partners;
- Conflict and violence between family members (e.g. arguments, domestic violence);
- Their own, and their family’s, health and well-being;
- Their parenting skills;
- Setting of rules and boundaries, as well as the establishment and maintenance of family roles;
- Relationships with children and the home environment;
- Children’s schooling;
- Confidence and self-worth;
- Involvement with other support services, especially Social Services and the Police, where this was occurring;
- Involvement in other support networks (self-help groups, carer groups, community groups).

Furthermore, all interviewees (substance users and affected others alike) demonstrated some established and continued building of recovery capital. The current recovery capital of BtC service users and their families is outlined in the table below.

Personal capital	Confidence and self-worth	Service users demonstrated improved confidence and levels of self-esteem - evidenced by individuals as; being able to leave the house, enrol in education or gain employment. For those with children, individuals stated they felt more confident in their parenting abilities.
	Difference and purpose in life	Service users and their families stated they had a new and different purpose and life. For many participants this was reported as being focused on their children and doing different things for themselves, such as engaging in activities and participating in new experiences.
	Personal values	Most service users stated they had clearly defined their values and beliefs, or had a deeper understanding in how they valued life.
Social capital	Family bonding	Participants highlighted that they had improved family bonds within their family, and in a small number of cases had distanced themselves from negative and disruptive relationships.
	Family relationships	A positive difference in family relationships and family functioning was commonly reported by participants, and for many individuals, family life and their children were their main motivations for continuing to make changes in their lives.
	Support networks	Participants stated that they had reconnected with friends or had made new, positive friendships. In addition, many had joined, or had continued to be part of, peer support groups, which in turn had opened up other support networks for them.
Community capital	Community interaction	Some participants talked about joining in with community life and having pride again, as they had stopped experiencing feelings of shame, paranoia or embarrassment when interacting with members of their community.
Cultural capital	Attitudes and values	The most commonly reported area of progress for service users and their families was in their attitudes and values. Participants detailed vast changes in how they viewed their problems, their attitudes towards life, family and work, as well as a general improved sense of value.

In summary, in answer to this question “What are service users' and their families' current life circumstances and situations?”, the preliminary response is that the large majority of BtC ex-service users (substance users and affected family members) report significantly improved lives in comparison to how things were before they started to receive help from their BtC service.



Case Study One - Jeffery

Father, with one son

Referred to **Breaking the Cycle** in 2008, having had one previous unsuccessful episode of treatment with a local community drug team 5 years before.

After BtC treatment and support lasted just over two years, Jeffery was finally discharged as completing treatment substance free and abstinent.

Jeffery and his wife presented to the BtC service after they were referred by Social Services to address their substance use. They were both prescribed methadone from another service and were also using heroin and crack cocaine on top, as well as drinking alcohol. For Jeffery, his substance use was significant, spending upwards of £400 on some days.

They had a 7 year old son, Freddy, who was subject to a child protection order due to neglect. Following threats from Social Services that they would put Freddy into care, Jeffery and his wife decided to become substance free and began seeing the Breaking the Cycle service to address their substance use.

Unfortunately, this proved too much for Jeffery's wife and she continued to use, disappearing for days on end without a word to Jeffery or Freddy. Jeffery finally had enough of this and decided that he would leave his wife, try to get clean on his own and gain custody of his son. During this time Freddy was placed in the charge of a relative and moved into their home in their care, with contact restrictions placed on both parents.

Freddy began having problems at school and had become verbally and physically aggressive with other pupils and the staff. Following a psychological assessment, Social Services recommended a plan for Freddy to remain in the care of another family member.

This news was devastating for Jeffery, but it only made him more determined to free himself from his addiction and regain control of his life again. The BtC service provided Jeffery with one to one sessions to address his substance use, move on from his relationship issues and tackle his overly negative outlook. Jeffery and Freddy also received joint sessions in which they could talk freely about their feelings and relationship. In addition Jeffery attended parenting skills sessions and other self-help groups. During this time BtC continued to provide advocacy and support with Social Services and various meetings; case conferences, housing support and custody court cases.

Following successful attendance with BtC, and with another agency managing his prescription reduction, Jeffery also completed a positive parenting assessment and was allocated a new home. Freddy was then allowed to move back in with his father.

Jeffery then wished to progress further and requested a referral to a residential detox unit to help him come off substitute prescribing completely. With Freddy housed in a foster home during this period, Jeffery was detoxed and after a few lapses he achieved his goal of abstinence.

At Follow-up interview:

Jeffery is completely abstinent from drink and drugs, his only vice being tobacco.

Jeffery has engaged with a range of training and volunteering opportunities since leaving BtC, including a youth work course, football referee training course, volunteering at his son Freddy's primary school, and volunteering at a local charity to help those in need.

Jeffery now has full custody of his son, whom he lives with in stable accommodation, together with their dog. They have an excellent father-son relationship and Jeffery feels confident in dealing with any parental issues that arise. They share family time and leisure time, dog walking and playing football or tennis together. Jeffery believes that Freddy knows he is loved and thinks he now "has a chance in life".

Freddy is attending school and is doing extremely well academically. His behaviour has greatly improved and, if it does occur, Jeffery is now able to deal with it with understanding and authority. Freddy is also involved in a youth mentoring project, organised via his school. Freddy has not tried drugs and Jeffery feels confident that his son would talk to him about it if he did.

Jeffery believes that if it wasn't for the support of Breaking the Cycle, his son would be in care today. He stated that BtC taught him how to communicate with people, particularly in listening to Social Services, and that he must always "treat people how he would like to be treated himself." Jeffery thought the most important aspect of his BtC outcome was, "helping me to get confidence and back on my feet and get my son back to live with me."

Impact summary

Abstinent from Substance use

No further Social Services involvement

No further Child protection issues

Secure Housing

Improved Parenting skills and self-efficacy

Improved Family functioning

Improved Health

Improved Family relationships

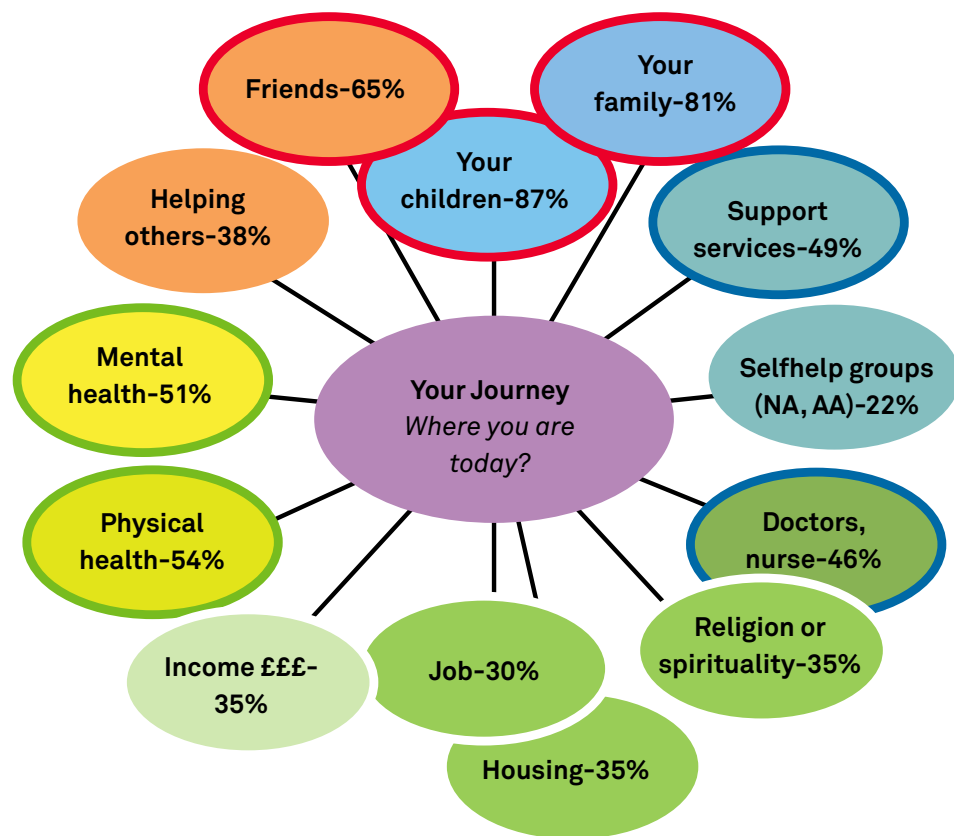
Improved School attendance/performance

Improved Community Networks

2. What factors and processes have influenced how service users and their families have reached their current life circumstances and situations?

Participants in the Family Survey identified which domains in the diagram below were the most important factors in assisting them with their recovery journeys to reach their current situation in life. Responses were measured by the percentage of people who identified each factor out of the total sample of 37 participants who completed the survey.

There are three key areas which respondents indicated had shaped the journey towards their current life circumstances. Highlighted in the diagram above and discussed in detail below, these are; their children, family and friends (circled in red); their health (circled in green); and health and social treatment and support services (circle in blue), although of course many people also stated that other areas were also important – finances (35%), housing (35%), jobs (30%), etc.



i) Children, family and friends – the vast majority indicated that it was their children (87% stated this) and their families (81%) that had had most influence and impact on the discharged service users of the two pilot sites. The domain which was next most influential was “Friends” (65% said that this was important). There were a number of individuals who highlighted the key roles family members and friends had to play in supporting the substance use, and with the help of the BtC practitioner in addressing their addiction and change their life, and their family’s lives, for the better. These findings reinforce the approach taken by the BtC programme which always tries to incorporate and understand individuals’ social context within any therapeutic work undertaken.

Within the interviews, service users described progress in having a better understanding of their usage – why they were using substances, and what affect was this was having on their loved ones – which helped them to address their ongoing issues. For the family members, engaging with the BtC programme had a positive influence on them personally, as they were able to understand and cope better with their relative’s substance misuse issues, in addition to addressing their own emotions and needs.

Many individuals reported that their children had been affected by their substance misuse and negative activity of the family environment; ongoing substance misuse issues, children witnessing violence within the home, arguments between partners and family members, their parents under the influence of substances and drug/alcohol use. Some individuals outlined how their children had often demonstrated feelings of confusion, anger or being upset. For example, one couple interviewed described their children becoming distant and spending an increasing amount of time in their bedrooms.

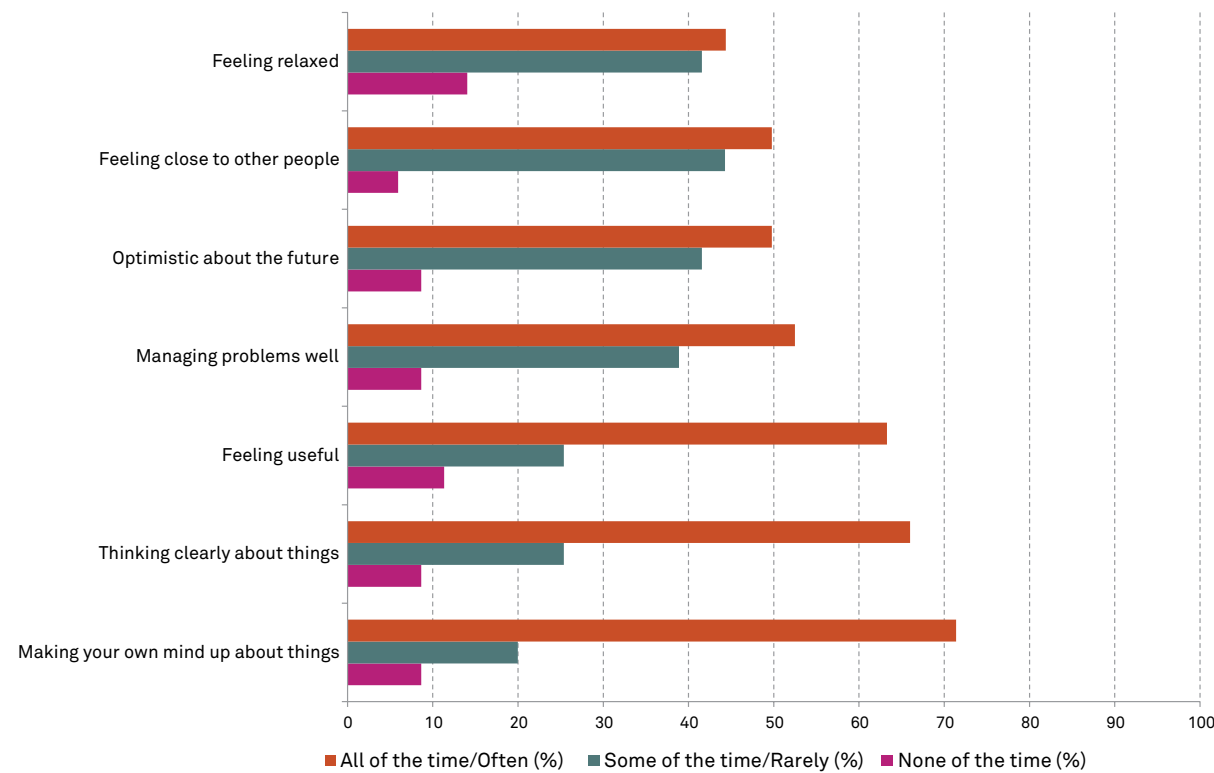
Therefore, it is unsurprising that children, family members and friends were frequently indicated as big influences on the service user’s journey. Improving the resilience of those affected by substance use was vitally important to repairing the functioning of the whole family unit – many interviewees echoed a new found ability to deal with change, improved self-efficacy, and the feeling that there are choices and feeling in control again. Often the family members were responsible for the substance users’ children and this made them better equipped to deal with this situation. In addition, this had a positive impact on the relationships between the substance user and affected other, which in turn had a positive impact on the children affected. Having children, including the risk of their children being removed by Social Services, in addition to being ready to change were also reported to be a large motivation for individuals to stop or reduce their substance use, to engage with BtC services, and to begin to their change life for the better.

ii) Health (both physical and psychological) – Over half of all service users and affected others indicated their physical (54%) and psychological (51%) health as being influential in shaping their life journey. Further detail was obtained from the interviews with 22 of these survey participants. In terms of physical health, participants reported that they had wanted to address and improve their physical health, particularly health issues associated with their substance use – with many noting improvements as a result of reducing or stopping using substances, following their contact with the BtC service. Many participants also reported that their diet had now improved, as well as being fitter and that they “factored in” exercise into their current lives now.

In terms of psychological health, although some interview participants did report current ongoing issues with mental health and well-being issues, most reported sustained improvements in their well-being and many recognised that their reduced use of substances was better for their long-term mental health. One individual highlighted that having a BtC practitioner who made her leave the house and go out improved her long-term mental health and well-being. In addition, a number of other service users reported feeling less paranoid now.

“I think, because obviously when something’s going on and I talk to [the BtC practitioner], she listens and then, you know, you can come away feeling on a positive. When I come out, it can be completely different to how I was feeling when I went in’.”

This improvement in mental health and well-being was also reflected by respondents to the Family Survey. When asked about how often they experience a variety of feelings over the last two weeks, more than 40% of survey respondents were positive (“often” or “all of the time”) about all areas explored. Furthermore, over half reported they were: managing problems well (52%), feeling useful (63%), thinking clearly (66%) or making their own mind up about things (71%). Few respondents (usually under 10%) reported feeling any of these well-being areas “none of the time”. Please see Graph 2.1 for a more detailed breakdown of survey responses.



Graph 2.1: Well-being in the last two weeks

iii) **Health and social treatment and support services** – many people stated that health professionals (doctors, nurses: 46%) and support services external to the BtC programme (such as Social Services or residential treatment services: 49%) had been important in their journey.

Again, data gathered from the detailed qualitative interviews with 22 of these survey participants were utilised to better understand these answers. Prior to engaging with the BtC service, a large number of service users' experiences of working with Social Services had been poor, with many highlighting when they started work with BtC, that they had not engaged well with Social Services professionals. A number of individuals reported being in conflict with Social Services, commonly expressing confusion about what was expected of them. Many were unhappy about the high staff/case turnover within Social Services and interviewees frequently reported incidents of misunderstanding or lack of clarity due to changes of staff members responsible for their case.

Many individuals highlighted that things changed considerably once they became involved with their BtC service. Interview participants reported that the mediation and advocacy offered by their BtC practitioner improved their relationships with Social Services and the Social Services professionals' understanding of their progress. Service users reported that their BtC practitioners helped them to understand things more clearly, in addition to having someone "on their side". Very importantly, many individuals felt that the impact of working with BtC service had resulted in them gaining custody of their children or their children being able to remain within the family, shaping their current situation today.

Further influences – engagement of affected others / family members

A number of affected others also participated in the semi-structured interviews and they reflected on the kind of pressure that was caused by the behaviour of the substance user(s) in the family. None of the affected others who were interviewed had personal experience of substance misuse issues and therefore they reported a range of issues which were specific to them but which were associated with their relatives' substance misuse. During the interviews they highlighted some of the factors motivating them to become engaged with the BtC service, and what had influenced them along their journey addressing substance use and its surrounding issues within their family:

- Feelings of isolation and not having anyone to talk to about their situation at home or with their family member – affected others reported feeling like they were the only people going through this and not wanting or being able to talk to friends or family about it;
- Many of the affected others reported feelings of being ashamed due to the stigma attached to substance misuse;
- Conflicting feelings towards the substance user, for example ,anger and resentment in addition to concerns and worry for their family member's safety and health;
- A limited understanding of the nature of addiction and recovery, prior to accessing the BtC service – empathy was at a low and communication had become very difficult with the substance user;
- For some, there was the additional pressure and responsibility associated with the care of the substance user's children.

There were some households where both the affected other and the substance user were interviewed. These individuals highlighted the key roles the affected others had to play in supporting the substance user, with the help of the BtC practitioner, to address their addiction and change their life, and their family's lives, for the better. For the affected others and service users, having a better understanding of the substance misuse – why they were using substances and what effect this was having, from both sides – helped them to address these issues, define appropriate boundaries (particularly where children were involved) and regain control over their lives.

“[The BtC practitioner] helped us to see the reality of someone on drugs... made us look at how we were with [the substance user] and put some boundaries in place. For example, when she'd come over in a state and I was able to say, “I'm sorry you can't come in today or see the kids today”... [the BtC practitioner] brought a calm into the situation.”

“Before Breaking the Cycle, we were in a bubble and were snapping each other. [The BtC practitioner] was the release valve... we learnt to laugh again and get on with our lives.”

Lastly, but certainly not least, all participants highlighted the significant influence the BtC practitioner had on service users' and their families' lives, in particular their approach, processes and support. This is explored in detail in the presentation of the third research question below.

3. Do service users and their families identify or attribute the Breaking the Cycle service and the interventions delivered, as making any impact in their lives or the journey they have taken to get to their outcomes and current situation?

Many participants reported that working with BtC had an impact in all of the issues they needed support with, and all participants reported that there had been an impact on some of these issues. Similarly, many reported being in a “better place” in all of the areas they identified as problems at referral, and all participants reported this in relation to some of these problem areas.

“...[Breaking the Cycle] enlightened me on the issues I had and how these were affecting my family”

The BtC therapeutic relationship and the role of practitioners

Most importantly, the pivotal role the BtC practitioner had to play in the success of the treatment with BtC service users and their families, features heavily throughout this research study. Practitioners' focus and approach were paramount in delivering an effective family-focused and holistic service to address the very complex problems service users and their families were presenting to them.

The approaches adopted by the BtC practitioner and the personal qualities of these workers were highly praised by service users and were hailed by nearly everybody as key to the success of the BtC programme. The therapeutic relationship between Breaking the Cycle workers and their clients was seen to be integral in helping service users “open-up” and “be honest”. One individual described how their BtC practitioner “really got to know me as a person”, which ensured this individual and their worker really understood each other. Many reported that practitioners made suggestions about how to do things differently, but did not tell service users what to do. Instead, practitioners helped service users “step-by-step” with individuals being able to take their own time while practitioners continued encouraging them and focused on the service user’s strengths. This included encouraging individuals to do things they were interested in and to go out with friends and family. A number of service users were also encouraged to recognise their potential and were supported to enrol in college or to find employment.

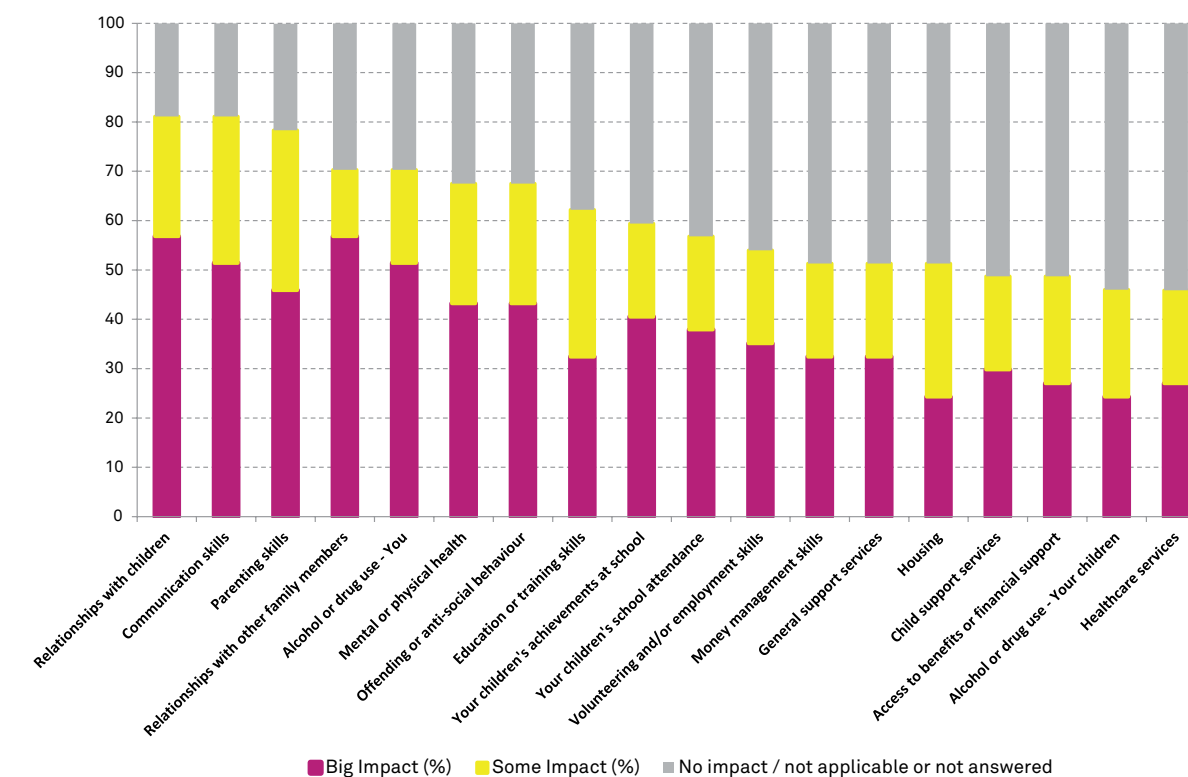
This type of support and lasting impact was mainly achieved through one to one sessions and informal conversations with individuals and/or their families, in addition to the establishment of trusting relationships forged between service users and practitioners. It was clear that service users respected the advice and opinions of their support worker, frequently reporting they were “easy to talk to”, “non-judgemental” and a vital “sounding board” for service users and their families. Provision of this emotional support was valued greatly by service users, as they often had few people to talk to. In addition, there was a great sense from many interviewees that the practitioners cared for them and their families, with many individuals stating “they are more like friends in the end”.

A large proportion of service users also commented on the fundamental importance of access to professional support, and of having someone there to discuss problems and their concerns with. This intervention was important, having an impact on service users and their families on a number of levels: first, it helped individuals to feel less isolated and alone with their problems; second, it helped service users to gain a better understanding of their issues or those of their family members; third, it provided much needed emotional support; fourth, it helped individuals to recognise new ways to deal and cope with situations; fifth, it offered them access to new or different solutions to their problems; and finally, many participants reported that a key element was the realisation that someone was there for them, who cared about them and about helping them to improve their situation and make an impact on their life.

Specific areas of impact

The BtC programme’s impact was explored in more detail within the Family Survey. When asked, ‘Would you say that Breaking the Cycle had an impact on where you and your family are today, especially in the following areas of life?’, individuals responded as shown in Graph 3.1 below:

Graph 3.1: Would you say that Breaking the Cycle had an impact on where you and your family are today?



It can be seen that almost 60% of Survey participants stated that BtC had had a “Big impact” on their relationships with their children and with other family members – rising to around 80% if “Some impact” is also included. More than 50% of participants stated that BtC had had a “Big impact” on communication skills and on their use of alcohol or drugs, again rising to more than 80% (for communication) and more than 70% (for impact on substance use) if “Some impact” is also included. There was a “Big impact” on parenting skills for 46% of participants, rising to almost 80% if “Some impact” is included.

Other areas in which participants stated that BtC had had a significant impact included their mental and physical health (68%), and their offending or anti-social behaviour (68%). These are all areas – especially family relationships (with children and other family members), communication skills, substance use, and parenting skills – that are core to the philosophy behind the BtC service. Therefore, the fact that they were all highlighted as areas in which the BtC service had a particularly significant impact on service users’ and their families’ lives is good evidence that BtC practitioners in these areas were delivering the service as intended.



Case Study Two – Julie

Mother of three children

Referred to Breaking the Cycle in 2007, Julie was a pregnant amphetamine user with two young sons, and with a pending court case from Children’s Service regarding custody of her children.

BtC treatment and support lasted just under a year. She was finally discharged as treatment completed after a successful period in a residential rehab and a positive result from her custody case, with the children remaining in the care of her family.

Upon being referred to the Breaking the Cycle service, Julie was pregnant with her third child. Julie and her two young sons were living with her parents due to a temporary care order following her continued drug use and domestic violence incidents involving her partners.

Julie had been raped as a teenager, and she was victim of domestic violence from both fathers of her two sons. The children were exposed to the abuse in the family home, and on one occasion her eldest son witnessed his father break her arm.

Although not using while pregnant at the time of referral, Julie had been a habitual user of amphetamines and was referred to the BtC service by a healthcare professional following her concerns that Julie would use again once her child had been born.

During a difficult court case the BtC practitioner supported Julie and her family, providing advocacy and guidance with Children’s Service and courts throughout. Julie said “[The BtC practitioner] was there for us.....I didn’t understand what was going on. They [Children’s Services] were coming at us with a lot of big terms and I didn’t understand what basically was happening and [the BtC practitioner] was explaining it all to us. She sat us down, she asked us why I used, she let us vent, she let us cry, you know what I mean. And she just helped pulled us out of it, slowly but surely.”

After the birth of her third child, Julie began to use again, and the court decided that Julie’s children should be removed from her care and adoption would be considered. However, through continued support and assistance from the BtC programme, Social Services were persuaded to place the children in the custody of her family.

Desperate to address her relapse with amphetamines, Julie felt unable to change her substance use whilst living in the community. Through assistance from the BtC service and local agencies, she accessed a residential rehabilitation centre which “worked brilliantly”. Following her discharge from rehab, she was provided aftercare support by the BtC service and a local agency to help build her confidence, develop her parenting skills and regain control of her life.

The BtC service also continued to provide one to one and group support to Julie’s family who were particularly impacted by her substance use and the difficult court case. Through the BtC practitioner’s support and help, the family were able to begin to strengthen their relationships again, and to rebuild their lives and provide a stable home for the children.

At Follow-up interview:

All three of Julie’s children have remained in the care of Julie’s mother and family, who now have a residency order for the children. Over recent years, Julie has been able to increase the amount of contact she has with her children, the court having applied a condition that Julie has to be drug free, in a suitable relationship and be in employment, all for a minimum period of two years, before any consideration would be given to returning her children.

Julie is currently substance free and has stable employment, working for the same company for four years. Julie’s children are now all doing well at home and at school, and none of the children have known substance issues (although arguably, they are too young to be experimenting). Two of the children have good relationships with their fathers. However, the eldest child’s father does not want to know him, which upsets him. Happily, Julie feels better prepared to manage this now, through applying parenting skills learned from her time with BtC. Julie’s mother has told her when she feels confident with her behaviour she would be happy to support custody arrangements again, and they are preparing to take a formal request to the courts.

Reflecting on the lasting impact of BtC, Julie feels very proud of herself and has presented her story to peers as a service user representative of recovery; she also expressed an interest in volunteering further. She said she would recommend BtC to those in need and their families. “Just to give them a try, not just one time, a couple of times and then just to see how easy it is to talk to somebody who is on your side, who is there for you, not who is just there to do their job... somebody who is willing to help and believe in you.”

Julie attributed her greatly improved situation to the confidence gained and support received from her time with BtC, stating that “they laid the foundations for me to realise I was a better person, that I could’ve done it. I really don’t think I’d have been in the situation I’m in now if it wasn’t for Addaction”.

Impact summary

Abstinent from Substance use

Reduced Social Services involvement

Reduced Child protection issues

Secure Housing

Improved Parenting skills and self-efficacy

Improved Family functioning

Improved Health

Improved Family relationships

Improved School attendance/performance

Improved Community Networks

Again, these findings were reflected in comments obtained from the semi-structured interviews. Interviewees reported how the Breaking the Cycle service was key in working with them or offered support to their family members. This family-focused approach was viewed to be positive, in order to recognise the impact on all family members and ensure their needs were being addressed. For example, individuals highlighted some of the work BtC services delivered and subsequent impact on family relationships:

- Counselling for one service user's son, to address his anger and lashing out – which the service user reported had worked;
- Helping parents and children bond and spend more time together;
- Improving family environment and nurturing family ritual (such as making one family's first Christmas together meaningful and special);
- Helping family members to overcome feelings of guilt, anger and resentment;
- Helping to relieve the stress/concerns individuals had with regards to stressful family issues;
- Facilitating discussion of, and addressing, ongoing and difficult issues between family members (e.g. one individual outlined how the Breaking the Cycle service had helped her to discuss her husband being in prison with their son, and to be more assertive with her family who were putting pressure on her to leave her husband).

For many, the relationship between service users and their children had significantly improved due to the BtC service and other agencies supporting them with their parenting skills. This provided a catalyst to significant family life improvements, such as spending time together as a family, the utilisation of rules and boundaries, creating a close positive bond with a more stable adult/parent figure, and greater parental self-efficacy. It was recognised that a number of other factors contributed to improving the relationship between parent and children, including individuals not being focused on substances and their addiction, or other issues such as negative relationship issues. Individuals interviewed described the support provided by the BtC service as helping them to make a change in their priorities, which included spending time with their children and putting their children's needs first.



Furthermore, during the interviews almost everyone stated that one or more BtC interventions had had a major impact on their approach to their problematic substance use and on their interactions with other family members. Specific interventions highlighted by service users and families as having a particularly significant impact, are outlined below:

One to one support sessions

The most commonly reported intervention was individual support sessions, which participants often described as being like “informal chats” within the home or within service users’ local communities. Part of the skill of delivering BtC interventions is in providing a structured and meaningful therapeutic session which is perceived by the recipient as being informal, and one that they can engage with, as opposed to being a “professional interview”. There is strong evidence that this method was achieved successfully, with all service users reporting that their BtC practitioner’s approach in these sessions enabled them to be open about, and discuss, a range of personal and family-related issues.

Home visits

This mode of delivery was reported by the vast majority of service users as a positive aspect of the BtC service, citing it as helpful when managing family life (such as mitigating childcare issues). This mode of support also helped service users and their families to feel more comfortable in their own environment.

Group work and support groups

A large number of service users accessed group work via the BtC service in order to help them with their substance misuse issues. In addition, a number of others were referred or signposted to local peer support groups – these were also cited as helpful because both substance users and affected others were able to sit and talk with other people in similar situations.

Advocacy and mediation service

A number of service users reported how their BtC practitioner mediated with other services they were involved with, such as Social Services, Children’s Services and the Courts. This advocacy work and mediation support also included working with schools and CAMHS teams to help parents understand issues relating to their children and their needs.

Relationship support

In addition to providing mediation between service users and professionals, the BtC service also provided mediation between service users and their partners, enabling them to talk through issues including substance misuse problems, the feelings and emotions relating to these problems, and their relationship issues. For example, the role of the BtC practitioner was largely reported to be one of a mediator who enabled each individual to see things from the perspective of their partner, in addition to helping them to look at ways they could communicate more effectively and resolve their issues.

Furthermore, a number of service users reported how the BtC service worked with them or offered support with their family relationships, as well as directly supporting affected others and other family members. For example, BtC practitioners would meet with and talk to the service user’s children, parents and partners to ask them how they were and also to inform them of the service user’s progress. This approach also identified whether any additional work was required to meet the needs of individual family members. This support work ranged from “checking in” with family members to referring individuals to other relevant support services, such as specialist children’s counselling.

Parenting support

Many individuals interviewed also reported they received support to improve their parenting skills. This support was provided by BtC practitioners in the majority of cases, with a smaller number of service users also being referred to parenting courses either through the BtC programme, Social Services or other specialist support services. This impacted on service users' lives by helping them to cope more effectively with family life, establish a routine and boundaries, and spend quality time with their children. Therefore, parenting support from BtC ensured that service users could put these practices in place when being a parent. Many service users reported that this support also helped them to communicate better with their children, ensuring children's education was a priority for the parents and that children were progressing well at school, as well as helping parents and children to spend more time together.



4. To what extent did the Breaking the Cycle service: a) decrease the risk service users and their families have experienced and b) increase the protective factors developed by BtC service users and their families?

The basis of the Breaking the Cycle programme is to create resilience in the children and families of the BtC service users with substance misuse issues, so that the intergenerational cycle of transmission is broken. The keys to developing resilience are the reduction in risk factors and the increase or development of protective factors (Velleman & Templeton 2007).

a) Decrease in the presence or experience of risk

There was substantial evidence from both the quantitative and qualitative findings to suggest that the BtC programme has had a significant impact on minimising the risks to children and the families in which they live. A number of risk factors are examined below:

i) Reduction in substance misuse

Firstly and principally, service users reported a reduction in the use of substances, particularly in drug use. From the Family Survey, only 13.5% indicated that they had used drugs as their primary substance (other than alcohol) during the previous 30 days. 40% reported using alcohol as their primary substance in the previous 30 days and nearly half (46%) of the participants reported that they had not used any substances at all in the previous 30 days. Of the 40% who reported using alcohol in the previous 30 days, further analysis of the survey responses suggest that just under half of these individuals (47%) had consumed alcohol within UK unit guidelines.

If we assume that the previous 30 days is representative of these participants' usual consumption patterns at this stage following input from their BtC service, this research suggests that nearly two thirds (65%) of all BtC Family Survey respondents are either not using substances at all or are not using drugs and are drinking within recommended guidelines. The reliability of this conclusion is reinforced by the answers given to other questions within the survey. Embedded within a different short questionnaire within the survey, was the question "Are you able to manage any alcohol or drug use". 68% of respondents ticked the box stating that "things are OK" and, in another short questionnaire, when asked to respond to the statement "I am not misusing alcohol or drugs", 62% stated that they had achieved this goal, with a further 14% stating that they had made "great progress" towards reaching this aim. Another 19% stated they had made "some progress" towards achieving that goal, with only 5.4% (2 individuals) reporting that things had got a lot worse recently with respect to their progress.

This change in substance use is supported by responses from service users within the interview sessions. Nearly all reported the Breaking the Cycle service had a positive impact on their substance use and supported them with a range of issues related to their misuse of substances. Individuals reported that BtC practitioners worked with them on why they started drinking/using drugs, what their triggers were and how they could avoid these. BtC practitioners also helped them to frame what they wanted to achieve in relation to their substance misuse and to define goals and outcomes, as well as providing reassurance following any lapse/relapse.

For the few individuals who had begun to misuse substances again, the increased use was usually associated with significant life events occurring after their discharge from the Breaking the Cycle programme. For example, this was the case of two interviewees; one individual increasing her use of alcohol/drug due to her daughter's issues around anxiety and threats of suicide, and for another, her substance misuse had started again around the time of her pending court hearing for committing drug-related offences.

Nevertheless, at the time of interview all but three individuals had fully sustained the changes they had made to their substance misuse. All service users reported that working with the Breaking the Cycle service had helped them to significantly reduce their substance use or become abstinent from all presenting problematic substances.

ii) Stopping violent or abusive episodes

Past issues with domestic violence were reported by the majority of service users. This ranged from verbal arguments and controlling behaviours, to aggression, physical and sexual violence. These issues occurred between service users and their partners (past and current), parents, siblings and, in one case, between the parent and their children. For a large number of individuals, the police were often called to the family home due to disturbances being reported. Furthermore, as highlighted in answer to one of the study's research questions, many reported that their children witnessed (or heard) this activity. In addition, all individuals cited this domestic violence as a catalyst for their substance abuse and for many in perpetually abusive relationships, the cause of relapse.

Some individuals described how they had a history of entering into relationships with similar types of men – possessive, violent, and sometimes substance using – and how they had experienced incidences of abuse within these relationships. For one of these service users, they also experienced intimidation and aggression from their partner's "associates" and people known to her, and reported not feeling safe in her house, which increased her levels of substance misuse, paranoia and her inability to leave the house. According to another service user, one of her main issues was taking on other people's problems, which had led her to being taken advantage of, which included an incident of indecent assault.

From the 22 interviews conducted, 2 out of every 5 people interviewed had been victims of violent relationships (41%): either domestic violence (27%) or serious conflict with partner(s) and/or family members (14%), such as verbal or physical aggression (which in some cases was reciprocal). A further third described ongoing relationship issues prior to their involvement with the Breaking the Cycle service.

Bearing in mind the extremely distressing and difficult issues outlined above, one of the most significant findings of the BtC follow-up research study so far is that in every single one of the interviews where past issues of violence were highlighted, all interviewees reported no current issues associated with violence or serious conflict ongoing in their lives. Through the help and support of the Breaking the Cycle service, either the violence and harmful conflict had stopped altogether or the interviewee had distanced themselves from the individual(s) causing them or their family harm, such as by splitting up with a partner, moving away from a family member, or putting boundaries in place to remove the issue(s). Furthermore, for many interviewees, the relationship issues evident at presentation to the Breaking the Cycle service were now resolved at this follow up stage, via similar approaches to those described above.

As one affected other shared (a service user's mother), at the time she felt she was "waiting for the knock on the door to say she [her daughter] was dead". Her daughter was taking amphetamines and was in a violent relationship, which was more of a concern for her, stating, "if the drugs hadn't killed her, her partner would have". Through the BtC practitioner's support, interventions and advocacy, particularly with Social Services, the interviewee "...was just pleased they were helping [the service user] all they could, because all I wanted was my daughter back. I wanted the kids with me but I wanted my daughter back."

iii) Reduction in problematic parenting

In terms of effective and consistent parenting, at initial assessment only 25% of this group felt that they had made significant progress towards the development of their parenting skills. This rose by the time of discharge from the BtC service to 50% feeling that they had made significant progress and to a further 37.5% feeling that they had achieved their goals. At the time of this follow-up, everybody considered that they had made progress – 67% reported feeling they had achieved their goals, a further 8.3% felt they were making significant progress, and the remainder reported that they had made some progress or that they had retained the same positive state that they had been in at the time of discharge.

These findings, demonstrating a considerable reduction in the risk factors related to "inconsistent, neglectful and ambivalent parenting" (Velleman and Templeton 2007: 82), are corroborated by looking at the larger group of 37 respondents to the survey, where more than 8 out of 10 individuals (81%) indicated that they had achieved their goals and that "as parents, we make sure our children's healthy development comes first". Furthermore, around two thirds also agreed with the

following statements about their current situation: that "as a family, we try to be healthy in our day to day lives" (68%); "we have improved our parenting skills" (65%); and "as parents, we get along with other people and solve disagreements & make friends" (65%).

Similar improvements were found in other related areas such as "prioritising children". At initial assessment, 29.2% felt that they were making significant progress but no-one felt that they had achieved their goals in this area, and 25% stated that there had been a significant deterioration in the amount that they prioritised their children. At discharge from the BtC service, these figures had changed to 45.8% stating that they had significant progress and 37.5% stating that their long-term goals in relation to prioritising children had been met (and with no-one feeling that there had been a deterioration in this area, or that there had even been "no change"). At follow-up in this research study, only one person (4.2%) stated that there had been no change to the positive rating they had given at discharge, and one other stated that there had been some progress. Significantly, almost all of the respondents (91.2%) reported that they had achieved this goal of prioritising their children.

iv) Family functioning

Velleman and Templeton (2007) also highlight that the key risk factors for families and the well-being of children relate to family problems, rather the substance use alone. "Promoting a safe and stable family environment (maintaining family roles and rituals, ensuring family harmony) is vital" as a major factor in reducing risk and practitioners should concentrate on interventions addressing 'family disharmony, in particular violence (including physical, verbal or sexual abuse), parental conflict, parental separation and loss; and inconsistent, neglectful and ambivalent parenting' (Velleman and Templeton 2007: 84). Apart from the substance use itself, the BtC programme aims to reduce dysfunction in these important areas associated with risk, such as improvement of family functioning and parenting skills, as well as supporting the development of positive family relationships and effective communication between partners and family members.

There is a great deal of evidence gathered in this research study to suggest that the BtC service achieved these aims and significantly reduced these areas of risk in the long-term. This was demonstrated through improvements in family functioning, routines and rituals. Many respondents reported that "we spend time doing things together (meal times, bed times, homework, fun activities)" and that "we try to make good use of our time (with children, volunteering, working)", with 65% and 62% respectively of the main sample of 37 stating that they had achieved these goals, and another 11% and 8% respectively stating that they had made "great progress" towards that goal.

Furthermore, in terms of the establishment of a secure home – a foundation for a stable family environment – quantitative responses from the Parents Questionnaire examining service users' global outcomes show that more than 8 out of 10 respondents (84%) report "my family has secure housing". Quantitative results from the sub-sample of 24 individuals' data from initial assessment, discharge and now longer-term follow-up show major improvements in many of these areas over these three time periods, as do collated results from all 37 respondents to the overall survey.

v) Other risky behaviours

Although we have presented substantial evidence gathered from the interviews and questionnaire responses to indicate that services users and their families are at less risk now, there was some indication that elements of risky behaviour were still present in the lives of some service users and their families. Despite some evidence to suggest that some risky or harmful behaviour was being addressed by individuals (19%), less than half of respondents (46%) indicated that their family had "stopped harmful behaviours (e.g. conflict, property damage, offending)", and it was telling that well over an additional quarter (27%) had not provided any information about their progress towards this goal.

When exploring this in the interview sessions, it was clear that the presence of harmful behaviours were, substance use aside, mainly due to involvement in offending and the criminal justice system, and some remaining conflict issues between family members – mostly family disagreements or family members not in contact with each other rather than aggression and violence. For example, one individual's mother (an affected other) was granted the residency order for her children

and that the service user did not have good relationships with the fathers of her children. More seriously, there were some individuals interviewed who indicated involvement in the criminal justice system (i.e. the service users' family members and ex-partners were in prison, and one service user was also awaiting a court case to find out whether she was being sent to prison).

However, the large majority of individuals interviewed had reduced or stopped their involvement with the criminal justice system, in particular with the police. For example, at the time of referral to the BtC service, one individual was constantly fighting with his partner and causing disturbances late at night at her home where she lived with his son, during which the police were frequently called out. Following his eventual involvement with Social Services and the BtC service, this service user addressed his issues by resolving his alcohol problem and distancing himself from the disruptive friends in his life. He reported that he now has no involvement with the police or the criminal justice system. In fact, he was appalled by his conduct at the time and reflected on how he had permanently change his life for the better.

“The whole situation has helped me realise that I want more out of life... people look at me a lot differently now – I said ‘you needed to stay away from them, you’re much better’ – I won’t go back to where I was.”

Risk factors – overall

These results show clearly that in both the full sample of 37 and the smaller sample where initial, discharge and follow-up data can be compared, there has been a very substantial reduction in the range and amount of risk that children in these families have been exposed to, especially in terms of reported improvements in substance use and misuse (both drugs and alcohol), improved parenting skills, improvements in prioritising their children, improved family functioning, and obtaining and maintaining secure housing.

Furthermore it is significant that the majority of people in these samples continued to make improvements in the reduction of risk factors over the time, between their discharge from their BtC service and this present follow-up research.



b) Increase the protective factors developed by BtC service users and their families

As well as reducing risk factors, the BtC service sought to increase the protective factors in the service users' and their families' lives, which Velleman and Templeton (2007) also drew attention to in their paper. Data obtained through this study demonstrates both the establishment of protective factors in these respondents lives and the continued development of these factors in the period between discharge and follow-up, suggesting that the BtC programme has provided a sustainable legacy of improvement in its service users and their families. The protective factors evident are presented below, with a few key examples to highlight the significant areas:

i) Family harmony and cohesion

Many respondents reported serious relationship issues between themselves and other family members (parents, partners or children) at the time of entry into the service. Following well-received advice and support from BtC practitioners, many individuals reported that they finally could take control of their situation and deal with issues in a way that was most constructive and helpful to them and their family. Service users also reported how their BtC service worked with, or offered support to, key members of their family. This family-focused approach was viewed to be positive; all interviewees recognised the impact on all family members, how this ensured their needs were being addressed, and how this approach helped greatly with family harmony and cohesion. The survey results showed that, at the time of follow-up, 86.5% of respondents answered positively to the question “How does your family get along?”, with the same amount (86.5%) also answering positively to the question “Can you and your family usually solve problems when day to day hassles happen?”, and 70.3% answered positively to the question “Does your family spend time together? (for example going to the park or playing together)”.

Similarly, when asked about their progress in achieving the goal of “spending time doing things together as a family (meal times, bed times, homework, fun activities)”, 65% of the survey respondents stated that they had achieved this goal, with a further 11% stating that they had made great progress, and 8% stating that they had made some progress towards that goal. Moreover, this fits with other findings in this study and as reported above, when participants were asked to identify which domains had been important in assisting them in their recovery, 81% stated that their family had been important and 89% stated that their children had been important.

All these data imply that significant progress has been made in enhancing family harmony and cohesion in this sample.





Case Study Three – Helen

Mother of two children

Referred to **Breaking the Cycle** in late 2009 by the police after continued involvement with **Social Services**, Helen had two episodes of treatment with **Breaking the Cycle (2009-2011 and 2012-2013)**.

Both episodes resulted in an unplanned discharge, with Helen dropping out of structured treatment prior to their conclusion. However, at this follow-up contact, her family’s outlook is good and Helen is achieving her goals.

Helen had relationship issues with her substance-using partner which often resulted arguing and fighting, particularly when they had been using. Helen also had problems with substance misuse, particularly alcohol, which had caused her to become regularly involved with the police and Social Services after being arrested for several domestic incidents and breaches of peace (ultimately resulting in her being put on probation).

After a difficult break-up with her partner, Helen was placed on anti-depressants. Helen also had one son from this partner. At the time, Helen’s mother had custody of her son and she was finding it very difficult to free herself from her cycle of substance use and depressed mood regarding her relationship break-up and life situation.

Helen began residential rehab treatment via six month funding arrangement organised by the BtC service. Unfortunately, shortly after entering the rehab centre, she had to leave due to personal reasons and could not return as she revealed she was pregnant, falling outside of the admission criteria for an extended stay. When the baby girl was born, she was eventually placed in the custody of Helen’s parents, along with her brother.

It was during her second period of work with BtC in 2012 that Helen began to make real progress. Attending a regular group run by BtC, she began to cut down on her drinking and eventually cut it out altogether, also managing to reduce her daily cannabis intake significantly. Through one to one work with her BtC practitioner, she also began to move on from negative feelings about her relationship and understand other points of view.

The BtC service also helped Helen to access volunteering opportunities which was an extremely positive experience for her, as was the course of auricular acupuncture complementary therapy she received. At the same time, BtC partnered with Social Services to try and reunite Helen with her children, secure permanent housing and establish a home for them. BtC worked closely with Helen and her family to improve her parental skills and household management. Despite all this progress, as with her first episode with BtC, Helen’s attendance began to become erratic and after disengaging altogether, she was discharged from treatment.

At Follow-up interview:

Helen is now doing very well and has been abstinent from alcohol for two years. She still smokes cannabis regularly but has reduced her daily use significantly – she acknowledges that she would like to reduce even further and try to give up altogether, as it can make her a little edgy and paranoid at times.

Helen has also moved on in her close relationships and gets on well with her ex-partner and father of her two young children. Her parents now have full custody of both her son and daughter and they are currently liaising with Social Services about housing for the family, with an aim to Helen taking back the children.

Her son and daughter are happy in their home life and now regularly attend school and nursery respectively. They are both doing very well there – learning and having fun, as well as having good friendships with their fellow pupils and playmates. The eldest used to have behavioural issues both at school and at home, but Helen has been able to manage these episodes by using parenting techniques learnt from her time with the **Breaking the Cycle** service.

Helen regularly helps out at her son’s school with events like discos or open days, and also formally volunteers as an assistant to help supervise the children during lessons and school trips.

Helen now also aspires to further her life and career and talks about going back to college to complete her GCSEs. “I would like to let my Mam have her life back and me look after my own kids – which is what I should have been doing anyway”. With the support of her family and the new confidence, experience and skills she attributes to the BtC service, she now has ambition to achieve her goals and become independent, stating “I need to get off this [cannabis] and get my own house and then get my kids back. That is my three goals. That is what I want. After I have got my kids back, I can look at my own career.”

Impact summary

Abstinent from Alcohol Use

Reduced Drug Use

Reduced Social Services involvement

Reduced Child protection issues

Improved Parenting skills and self-efficacy

Improved Family functioning

Improved Health

Improved Family relationships

Improved School attendance/performance

Improved Community Networks

ii) Positive and stable parenting

The reduction in the risk factors of “problematic parenting” is described above. As well as reducing *problematic* parenting; however, there is evidence that *good* parenting (i.e. parenting that is effective and consistent) is also a protective factor. There were also many examples demonstrating the presence of protective factors associated with positive and stable parenting cited by the service users and affected others we interviewed.

Areas of improvement outlined were:

- Establishment of a close positive bond between adult and children;
- The presence of a stable adult figure (in most cases a non-substance user);
- Development of a positive style of parenting (using characteristics of warmth, love, attachment);
- Parental self-efficacy and having family responsibilities;
- Parental modelling of the behaviours expected of, or wished for from, their children;
- Development of discipline/authoritative skills, including the utilisation of rules, boundaries, and routine (explored below);
- Successful school experiences for both parents and children (explored below);
- And effective communication throughout the family.

All of these examples are elements of positive parenting that Velleman & Templeton (2007) cited as demonstrating protection for children in these circumstances.

Most interviewees acknowledged the significant role the BtC service had to play in helping them establish and maintain these protective factors, highlighting the effect this had on their children. As stated, many indicated that the relationship between them and their children had significantly improved due to engagement with the BtC service and other agencies supporting them with their parenting skills.

It was also recognised that a number of other factors contributed to improving the relationship between parent and children, helping them to change their priorities and spend time with their children, putting their needs first. Individuals reported how having the workers advise them, or show them how to relate and provide for their children, was key for them in making improvements with their parenting skills. Many of the interviewees reported that their BtC practitioner would observe them interacting with their children and give them constructive feedback on what worked and what could be improved.

As examples, one individual reported that the BtC service taught her and her daughter how to “*sit down and talk*” about their issues, as opposed to fighting and arguing. This individual reported significant improvements in her relationship with her daughter.

Another individual described their new ability of being able to listen to their children, instead of shouting and blaming them.

“Yeah. I think it’s sort of helping you understand... that disagreements where, I don’t know, in the beginning I would jump right in without thinking and maybe just say stuff, but it’s stopping and thinking and rather than, as I would do as my son is the oldest, blame him for things, then listening to what’s gone on and then not making out I blame one rather than the other, just typical parenting stuff, stuff that should come naturally but it didn’t for me.”

iii) Parent-child related protective factors

Discipline/authoritative skills, including the utilisation of rules, boundaries, and routine

According to service users, the BtC programme also had a positive impact on helping them, as parents, to put a routine in place in the home. Many interviewees reported that their home life prior to engaging with the BtC service was disorganised and lacking routine. This resulted in no fixed meal times or bedtimes, with their children being late and unprepared for school. Implementing a routine helped service users to balance spending time with children and work around the house, in addition to improved family functioning and the home environment. Furthermore, the BtC practitioners also worked with service users to help them to put boundaries in place to show children what was acceptable behaviour. A number of service users reported that this had helped them to have more authority, in addition to improving their children’s behaviours.

Successful school experiences for both parents and children

An example of how a lack of routine impacted on service users’ family lives and their children, was poor school attendance and appearance at school. Many reported that school uniforms were often untidy or had not been washed in time and that children were often late for school and/or their attendance was poor. Service users reported significant improvements in these areas stating that their children were now generally on time for school, in addition to attending well, making friends, and that they were of presentable appearance. Some individuals commented on how they were also more involved in activities at and with the school, for example, helping out at discos, making cakes for the school cake sale, and raising money for the school and associated charity events.



iv) Support networks beyond the family and engagement in a range of activities

Many of the interviewees commented on how effectively the BtC practitioner had worked with other agencies, helping service users and their families to make progress in a number of ways as individuals themselves, and as a family as a whole, as well as developing their support networks beyond the family. Good partnership working was specifically mentioned with statutory services such as Social Services, CAMHS, solicitors, and non-statutory organisations like substance use treatment and support services/networks.

Furthermore, individuals and their families reported vast improvements in the relationship(s) with their children's school(s), as well as continued engagement with community support groups. A number of service users also commented upon the excellent local knowledge the BtC practitioners had of support services and community groups.

In addition, engagement with wider activities and interests helped encourage service users and their families to become more meaningfully occupied. There were also many examples within the interviews, of continued use of wider support networks and meaningful occupation as a protective factor being utilised by service users and their families. According to service users, the Breaking the Cycle service also referred them to a range of local services and groups, some of which were still being accessed by individuals and families. For example:

- Housing services (such as “Stonham Homegroup” for housing issues/rent arrears);
- Parenting courses (to improve parenting skills);
- Arts and crafts groups (to start new hobbies and activities);
- Residential rehab and counselling (for substance misuse);
- The Prince's Trust (to try new things);
- Acupuncture (for addiction and relaxation);
- Carer's groups;
- Parent-child development groups (such as father-son bonding group);
- Numerous peer support groups for both substance misusers and affected others;
- Other protective factors.

Results from the detailed interviews corroborate the conclusion that a great number of protective factors present in service users and their families had been significantly enhanced as a result of the BtC intervention. Many respondents told us that the support from the BtC practitioner had them and their families develop other protective factors such as:

- Helping parents and children bond;
- Spending significant time together as a family;
- Helping family members overcome feelings of guilt;
- Helping to relieve the stress/concerns individuals had with regards to stressful family issues;
- Observing family traditions and rituals (cultural, religious, familial);
- Helping to create positive family environments.

Furthermore, although engagement with Social Services and other authorities is not a protective factor¹, this BtC follow-up research study found that this area was highlighted by many participants as a key intervention. Many service users reported receiving significant support from their BtC service in their engagement with other support services (Social Services and Children's Services especially), as well as receiving help with accessing and developing wider support networks than the family.

¹ As identified by Velleman and Templeton (2007) in their review and discussion of what enables and creates resilience in children from families where parents misuse substances.

A prime example is one family's BtC practitioner assisting in reinstating the “Team Around the Children” (TAC) meetings for the family, resulting in the provision of more support for the daughter of the BtC service user. For another family, through their BtC service they received an independent Social Worker's assessment funded by the Zurich Community Trust, which the service user attributed as helping the family win their court case for the service user's mother to be granted a residency order for her children. Ultimately, through support with services and network this helped the family to remain together.

One service user stated, **“she [the BtC practitioner] said the same as Social Services but in a different way”** and acknowledged the impact of the Breaking the Cycle service had in helping him to engage constructively with Social Services, and subsequently gain custody of his son.

“If it wasn't for [BtC practitioner] I would have lost my son, 100% I know that's true. I could have done with seeing [BtC practitioner] earlier in life, I wouldn't be in such a bad position.”

Of the 17 service users who were involved with Social Services upon their referral to BtC and/or during working with the service, over 4 out of every 5 people had no Social Services involvement at the time of the follow-up interviews (14 individuals; 82%). Furthermore, all 17 interviewees found working with Social Services easier whilst receiving support from the BtC service, as the practitioner often acted as an advocate and even sometimes “translator” to ensure clarity and smooth diplomacy between the client and Social Services (particularly in difficult situations, such as custody court cases).

“I think I'd have cracked up through the court case if it hadn't of been for [Breaking the Cycle practitioner] helping, somebody to speak to other than me husband eh. Because he was as bad as me and he would sit and say to me, ‘well we're sitting paying all this money out and what if it goes to the very end and we still don't get the kids? They put them up for foster care’. And I would say, ‘we've come as far as we can and when the kids grow up they'll know we've done as much as we can’... Of a night, we'd cuddle the kids asleep and then we'd get them up in the morning and get them ready for school and we didn't know if we'd have them that night. It was heartbreaking and I wouldn't wish it on my worst enemy. It was down to, and I've said it time and time again to [Breaking the Cycle practitioner], it was with Addaction's help and Zurich's help that we got them kids.”



In addition, for another family:

“Social Services seemed to back off, and when everybody backed off I could breathe and I wasn’t worried about the kids being taken off us, me house getting took off us, losing me wife, losing me dog, losing me kids, losing me car, everything. It is a good service and it did, [the Breaking the Cycle practitioner] did a lot, told them [Social Services] to give us breathing space and see what they can do themselves. And with the help of him, it was brilliant, absolutely brilliant.”

Interviewees described the ongoing support provided by BtC practitioners and subsequent confidence instilled in the BtC service users as very positive when dealing with Social Services. One individual even reported she had been able to engage independently and effectively with Social Services following discharge from her BtC service.

Protective factors – overall

Again these results show clearly, in both the full sample of 37 and the smaller sample where initial, discharge and follow-up data can be compared, that there has been a substantial increase in a wide range of protective factors from which children in these families have benefitted. These benefits for children and their families include: substantially improved family harmony and cohesion, secure housing, positive and stable parenting, the use of rules, boundaries, and routine by parents and an increase in authoritative parenting, the improvements in successful school experiences, and greater and more positive engagement with social services and other authorities.



Development of resilience since leaving the BtC programme

In one sense it is still too early to answer questions about the resilience of the children of these ex-service users of the BtC programme. This is because the children of the vast majority of families are still too young to be using or experimenting with substance use (85%) – there were only a few families with older children (children of 11+), four where the child(ren) lived with the service users and two more with their grandparents.

There were also a three families where the children were over the age of 18 and had left home. It wasn't clear whether the service should/would have worked with these individuals; the focus of the BtC programme was on children living at home or in other care.

In total, from the BtC service users and affected others, 37 children were involved with the BtC service, either directly via BtC practitioner interventions (one to one, or family group sessions) or through BtC support via the parent(s) or responsible adult(s). This figure increases to 45+ children¹ if this calculation is widened to include all those children indirectly associated with participants of the BtC programme.

Following the in-depth interviews with service users and affected others, details of the progress of the children and any current issues they have since their family's discharge from the BtC service were analysed. From the families involved in this research study, almost 9 out of every 10 children directly involved with the BtC programme (89%) had no reported issues with substance use, their health, education, self-worth or relationship skills. There were only four children who were identified with issues. One was currently in prison, one was in local authority care, and only two children were reported to have problematic substance use (both using alcohol and cannabis). It should be noted that two of these individuals are now over 18, and two also have ongoing mental health problems evident at the time of referral to the BtC programme resulting in one of them being held in care.

As the children of service users and affected others were not interviewed directly, this research study investigated other areas which could be indicators of resilience, through exploration with parents and family members into the children's current situation. Therefore, via both the quantitative surveys and the detailed qualitative interviews, parents were asked a number of questions about their children and about factors which imply resilience.

As stated above, data analysed from the Family Survey suggests that the vast majority of families and their children are doing very well now, since leaving the BtC service. When asked to report on a variety of key areas exploring the question “how are you, your family and your children doing now?”, responses were extremely positive. In fact, 8/9 out of 10 respondents indicated over a range of areas that “things are OK”:

- “My children are doing well, they are reasonably healthy” (92%);
- “My children can make friends and spend time with their friends” (89%);
- “How does your family get along?” (87%);
- “Can you and your family usually solve problems when day to day hassles happen?” (87%);
- “My children are going to school”(84%);
- “My children are doing well at school” (81%).

¹ Figure purposely left as 45+ to acknowledge and account for one service user's very large family of 7 children, 38 grandchildren and 22 great grandchildren.

All of these areas are of key importance, as each demonstrates that these children are showing strong signs of resilience and are therefore at much less likelihood of repeating the intergenerational cycle of substance misuse and other problems. There was additional evidence from the survey indicating that the family unit is doing well since leaving the BtC service, and that service users are able to discuss drug and alcohol use with their children. The majority of respondents reported positively, with roughly 7 out of 10 service users stating that “things are OK” to the following statements:

- “Is your family getting support if they need it?” (73%)
- “In general, how does your family cope with change?” (73%)
- “I can speak to my children about alcohol or drug use” (73%)
- “Does your family spend time together? (e.g. going to the park or playing together)” (70%)

Furthermore, it is reassuring that a “things are NOT OK” response was only reported by under 10% of respondents for the majority of the questions. Only 4 questions were higher than 10%, in particular “Does your family spend time together?” (16%) and “In general, how does your family cope with change (13.5%)” with the rest remaining well below 1 in 10 respondents.

As would be the case in any sample of parents and their offspring, participants in the interview sessions did outline some more problematic issues with their children. These negative effects on children could be linked to the adults’ substance misuse and the issues within the home prior to working with the Breaking the Cycle programme, but equally of course they could be related to factors which are unrelated to the parents’ previous substance problems.

Some of the problematic issues that some parents reported were related to:

Substance use – three children were reported as known to be using substances; two were drinking alcohol, the interviewees oldest sons, which was felt by the participant as being related to what they had learned/witnessed. Also one affected other stated her grandson (now 18) was using cannabis. He has autism and cannot read or write, and following an unsuccessful period in a specialist school is doing community service after involvement with the criminal justice system (shoplifting and physical aggression towards his girlfriend).

Criminal justice involvement – as well as the example above, one service user’s son was currently in prison, serving a sentence for pointing a loaded gun at his father; although the service user stated that she thought her son had not wanted to actually shoot his father. She believed that this violent act only served to show the depth of feelings and upset he had towards his father; feelings of rejection after his father had left their family home after an affair with another woman, and an extreme reaction to witnessing the father’s physical violence towards the service user when they were in relationship together. The service user felt that all of these issues had greatly impacted upon her son. In addition, one of the affected others interviewed, whose husband was now in prison, stated how this had presented current issues for their son as he was sad and upset that he could not see his father.

Physical health – one individual, an affected other, reported that two children of the substance user had experienced issues with physical development in the womb. One was born with tracheloapnea and the other is deaf. Both children also had to be detoxed from opiate addiction at birth.

Psychological health and well-being – one child, as described by this grandmother the affected other, held a great amount of guilt because his mum (substance user) blamed him for telling Social Services about some of the issues within the family. As a result this child has suffered socially and was described as a “loner”. Furthermore, he was also involved in an incident with his father where his father tried to get him and his younger sisters drunk, over which he experiences blame as he could not protect his sisters (all the children were sick after being forced to drink alcohol by their father, who was later exposed as a paedophile).

Relationship issues – a few individuals reported relationship problems and issues of mistrust between them and their children. For example, one individual described how her child “keeps living in the past” and is always talking about what it was like when “Mummy was drinking”. This service user reported how her child did not like the kitchen in the family home as this is “where her mum drank” and where “Mummy changed”, with her eldest daughter (now 11) continuing to ask to smell her mum’s breath to make sure she had not been drinking.

Thankfully, the negative issues outlined above were not widespread and were limited to a low proportion of the families interviewed. The overall majority of service users reported that their children and families were doing very well since leaving the BtC programme.

Although children of BtC service users were not participants in this research study themselves, there was some evidence of children’s and family resilience gained from the interviews with service users and affected others and this is presented below:

Improved contact and relationships between parent(s) and child(ren)

A number of service users’ children did not live with them, and were under the care of other family members. Prior to engagement with Breaking the Cycle and whilst working with the service, many service users were on limited supervised contact or had no access to their children. However, evidence from the research study demonstrates a significant step forward. At the time of interview, all service users had regular unsupervised contact with their children and were building positive relationships with them.

Children’s development

Although it was difficult to associate whether their parents’ substance misuse and other issues had directly impacted on the children’s development, the majority of service users reported no significant problems with their children’s progress.

Improved child well-being and behaviours

Overall, service users reported that children were happier since their home life and the relationships with their parents had improved. Where one family had not managed to improve relationships with their parents (due to the parents’ continued drug use and no contact between children and parents), the children were happier living with their grandparents in a stable environment. In addition, a number of service users also reported that their children had an improved attitude to life, and with them as parents.

Furthermore, there was evidence of children’s behaviour changing since engaging with the BtC programme. After the BtC service worked with service users to help them to put acceptable behaviour boundaries in place, a number of individuals reported that their children had improved their behaviour. For example, one service user reported that his son had been lashing out prior to working with their Breaking the Cycle service and that this had improved after they both received counselling to help them communicate better. This child continues to positively engage with a counsellor and mentor through his school, which was instigated and facilitated by the Breaking the Cycle programme.

Improved engagement with school

Many service users reported that their home life prior to engaging with Breaking the Cycle was disorganised and lacking routine, resulting in no fixed meal times or bedtimes, as well as the children being late or unprepared for school. Service users reported, implementing a routine had helped the children and families to establish a balanced and productive home environment, particularly in engaging positively in family activities and continuing a stable school life. For example, a number of service users reported significant improvements for their children at school in performance, attendance, appearance and relationship building.

It is therefore very clear that since completing the BtC programme service users and their families have consistently demonstrated across both the quantitative and qualitative findings a reduced amount of risk currently present in their lives, and an increased level of protective factors. Both the reduction in risk areas and the increase in protective factors are central to the development of resilience in the lives of these families and their children. There are good indications from these data that these children, although still too young to be developing substance problems, are showing positive signs of resilience, such as those outlined above. Evidence emerging from this study suggests that the long-term effect of the BtC programme on service users and their families has had a significant impact on their lives and helped them to make sustained positive change for the better.

Continuous improvement since discharge from the BtC service

It is often a major concern that positive changes made during engagement with services start to fall away after service users are discharged, even though they may still maintain a strongly positive therapeutic relationship with their support worker. It can often be the case that at longer term follow up, many people show some significant deterioration. Contrary to this, the evidence gathered suggests, that in a key and hugely important finding of this research study, the majority of people in these samples continued to make improvements over the time between their discharge from their BtC service and this present follow-up research.

Of course, the sample gathered for this study is self-selected and may not be representative of all individuals and families who have passed through the BtC programme (as outlined in the Limitations section above). Nevertheless, these results show that there has been almost no reported deterioration in any of the areas of functioning explored; and that a great many people who were already much improved by the time they were discharged from the BtC service continued to make major further improvements in their lives in the intervening time. Specifically, these changes occurred between assessment and discharge, and between discharge and at follow up (please see the accompanying table and graph for full details of service users global outcomes at a variety of timepoints). As the data shows, these changes continued to occur even after families were discharged from the service, indicating that the majority of parents were learning to manage challenges in their lives. Therefore, there is strong evidence to suggest that the BtC programme managed (at least within these services and with these individuals) to teach and develop skills service users and their families could continue to utilise and improve upon after discharge, even after their BtC practitioner finished supporting them.

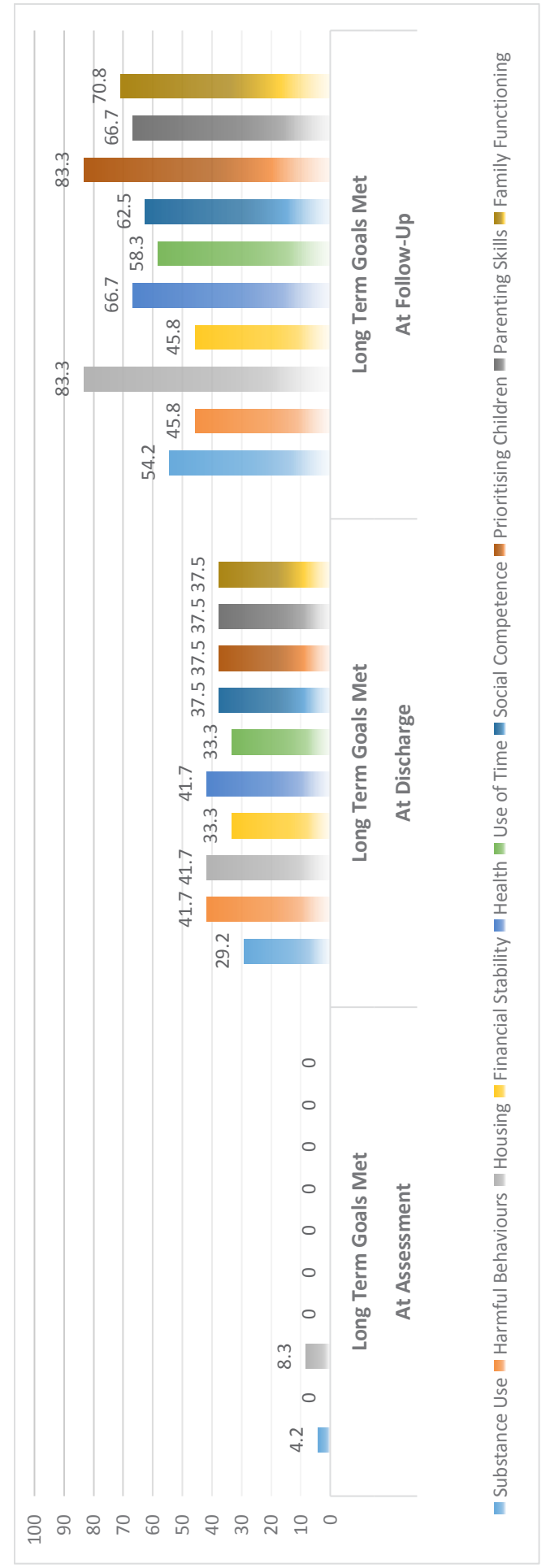


Breaking the Cycle: Long Term Follow Up Study

Table: Global family outcomes at Breaking the Cycle assessment, discharge and follow-up time points, focusing upon families who experienced longer term goal achievement (N=24 Families)

Time Point	Percentage Progress (%)	Substance Use	Harmful Behaviours	Housing	Financial Stability	Health	Use of Time	Social Competence	Prioritising Children	Parenting Skills	Family Functioning
Assessment	Long Term Goals Met	4.2	0	8.3	0	0	0	0	0	0	0
Discharge	Long Term Goals Met	29.2	41.7	41.7	33.3	41.7	33.3	37.5	37.5	37.5	37.5
Follow-Up	Long Term Goals Met	54.2	45.8	83.3	45.8	66.7	58.3	62.5	83.3	66.7	70.8

Bar Chart: Global family outcomes at Breaking the Cycle assessment, discharge and follow-up time points, focusing upon families who experienced longer term goal achievement (N=24 Families)



*This includes families who experienced an unplanned discharge.

Concluding comments

In summary, there was significant evidence that the Breaking the Cycle programme made a lasting difference to the lives of service users, affected others and families involved in the follow-up study.

Key areas of approach and interventions identified

All participants reported that working with their BtC service had a significant impact on at least some, if not all, of the issues they needed support with at presentation to the service. The approach of the service and its staff and key areas of intervention were attributed by all participants as integral to the success of the Breaking the Cycle service and their experience and outcome from participating on the programme.

Most importantly, and raised by all research participants, was the pivotal role the BtC practitioner had to play in the success of the treatment and support provided to BtC service users and their families. The practitioners' family-focused and holistic delivery was paramount in creating an effective approach to address the very complex problems service users and their families were presenting to them. These approaches adopted by each BtC practitioner, and the personal qualities of these workers, were highly praised by service users and were hailed by nearly everybody as key to the success of the Breaking the Cycle service they experienced.

The importance of an effective bond between client and practitioner was undeniable for the successful therapeutic relationship within the BtC services researched. Participants in the BtC follow-up study highlighted how this bond was established and strengthened in a number of ways:

Face to face time with BtC practitioners played a significant role for many individuals. One to one sessions, as well as joint sessions with partners and family members, were reported by a large number of BtC service users and affected others as enabling them to discuss and be open about a range of personal and family related issues, as well as strengthening their bond with the BtC practitioner. Anecdotally, these BtC practitioners were often cited as "having more time" for service users and their families than other agencies, and were perceived as friendly, yet professional and challenging.

Furthermore, BtC sessions and interventions were often conducted in the home or via a local family outing, such as taking the children to the park. This mode of delivery was reported by the vast majority of individuals as a positive aspect of the BtC service and very helpful when balancing BtC interventions with managing family life.



Also key was the impact of the advocacy support and assistance provided by the BtC service, particularly when dealing with statutory bodies such as Social Services, Children's Services and the judicial system (such as custody courts). All research participants were extremely positive about impact of the mediation with the external organisations provided by their BtC practitioner. Many individuals stated that the BtC practitioner added a stable, supportive and calming influence in meetings, as well as providing much needed clarity for the service users and families; a person "on their side" whom they could trust. Ultimately, for the service users and affected others interviewed, these actions and the partnership working of the BtC service resulted in very positive outcomes for the families involved. Either the child(ren) remained with (or were returned to) the service user, and/or custody of the child(ren) was allocated to a close family member through which the child(ren) could experience stable family life and even have some controlled contact with their parent(s).

Lastly, the relationship work conducted by the BtC service was highlighted as significant in helping service users and affected others to understand actions, thoughts and feelings of partners and family members, including those who were substance users themselves. Many research participants reported that, although initially difficult, working with the BtC practitioner on personal and family relationships was extremely beneficial and helped to increase communication and understanding between family members, which in turn reduced the stress and tension in their personal and home lives. Many interviewees stated at follow-up interview that they still utilise the techniques they learned within targeted one to one BtC sessions and family therapy, or that they reflect on their experiences within the community support groups they were signposted to by their BtC practitioner. Almost all the individuals interviewed stated that learning to communicate with others was highly significant in producing progress with their relationship issues, as well as improving functioning within their family today.

These skills were particularly poignant when communicating effectively with their children, and many interviewees acknowledged the BtC service's impact on this area of their lives. Many individuals had attended parenting skills groups delivered or organised by the BtC practitioner, through which they were helped to become a more stable adult/parent figure to their children. With greater parental long-lasting self-efficacy, service users were enabled to establish a positive environment and functioning home for their families. For many at this follow-up stage, the direct relationship between them and their children had significantly improved and was attributed to the counselling, support and guidance of their BtC service and partner agencies, which in turn had provided a catalyst to significant family life improvements.



Change in the presence of risk, protective factors and resilience of the family

As stated, the basis of the Breaking the Cycle programme is to create resilience in the children and families of the BtC service users with substance misuse issues, so that the intergenerational cycle of transmission is broken. Throughout this follow-up research study, there was significant evidence to suggest that there was a reduction in risk factors and an increase or development of protective factors within this cohort of families – promising signs that the children of these families are developing resilience via these key areas, as Velleman & Templeton (2007) suggest.

Reduction in problematic substance use

Nearly all BtC service users interviewed had reduced their problematic use of substances or were abstaining from substance use altogether. For those who hadn't stopped using, many wished to, and stated in interview that they were still aiming to achieve their BtC goals around substance use – a feeling also reflected in the results from the survey. Nevertheless, at the follow up point in the research study, almost two thirds of survey respondents (65%) indicated that they were abstinent or consuming alcohol at a level within UK guidelines.

Elimination of domestic violence and harmful conflict

Another key reduction in risk, was the absence of any domestic violence issues or harmful conflict relationships within the interviewees lives. All BtC service users and affected others previously presenting with these issues had either removed these chaotic relationships from their lives completely or were managing them so the conflict did not occur, or into situations they could handle.

This is a significant achievement for the services users, children and their families of BtC and one which has had a lasting impact on their lives. Nearly all research participants accredited this to the work they had achieved with the support and advice of their BtC service and its partnership work with Social Services, judicial system and specialist support agencies. This important reduction in risk is also a key outcome for the BtC programme, particularly when considering that 41% of all participants interviewed at follow-up had presented to their BtC service with difficult issues of serious violence and conflict.

Better parents and families

At the time of follow-up, over two thirds of survey respondents reported they had achieved their long-term goals for their Parenting Skills and Prioritising their Children. Those individuals interviewed also stated that through receiving the BtC interventions highlighted above, they were more confident parents, and that on the whole, they had seen significant improvement in their relationships with their children and in their children's behaviour.

Many also identified improvements in their family's functioning, routines and rituals following support and advice from their BtC service, reporting that they now make good use of their time with the children and spend quality time doing things together, such as family or celebratory meals, bed times, homework sessions, and fun or leisure activities. Thus this approach to an all-round improvement within the family unit reflects the holistic nature of the BtC programme, seen by many individuals as key to their successful treatment.

Increase in protective factors

Although the removal of key risks should improve individual and family outcomes, the development and maintenance of protective factors can ensure that progress continues to be made. Results from the survey, outcome data and detailed interviews all corroborate the conclusion that there has been a substantial increase in a wide range of protective factors developed, and currently displayed, by this cohort of service users and their families, from which children in these families have benefitted.

Improved family harmony and cohesion

There was evidence to support that the development of protective factors had been significantly enhanced as a result of the BtC intervention. For example, all service users and affected others reported how their BtC service worked with them and/or key members of their family in bringing a greater and shared understand to all issues (including the substance use itself). This encouraged the development of family harmony and cohesion, with positive family bonds developed or strengthened, and negative ones discussed and managed.

Increase in good parenting and parental self-efficacy

There was also evidence of improved good parenting. Most parents, grandparents or carers interviewed reported that they were encouraged to attend parenting skills groups and one to one or joint sessions to discuss the relationships between them and the children in the family. Nearly everyone commented on how positive an experience this was, and at this follow up stage, demonstrated the development of positive and stable parenting with confidence in themselves as a responsible parent, as well as indicating improved parent-child factors, such as the appropriate use of discipline/authoritative skills when handling the children or the successful management of their child(ren)'s school experience.

Improved housing and home environment

Furthermore, through development of the areas above and by applying learning from the advice, support and organisation of their BtC practitioner, almost all research participants reported now engaging in fun and healthy family activities. The majority of individuals also reported an improved home environment and a stable housing situation since attending the BtC programme (at least 4 out of 5 individuals stated they had met their long-term goals for Housing within the Family Survey).

Development of community and support networks

Finally, through referrals from the BtC practitioners onto local support groups and signposting with potential partners, virtually all participants highlighted the development of successful support networks outside of the family. At follow up, these networks were reported by many to have continued if necessary and provided ongoing support to the individuals involved. There was also evidence that new networks had been developed by individuals and their family members post-BtC contact, such as voluntary work within schools or within the local community.



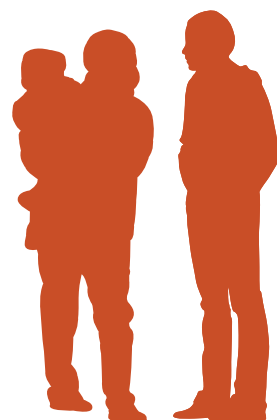
Development of resilience

It is striking that between this follow up research study and the time that the service users and their families were discharged from the BtC programme, all of the above protective factors have continued developing and the key risk areas previously present in these families lives have continued to reduce. Aligned with both this reduction of risk and the increase of protective factors, Velleman and Templeton (2007) also suggest the development of resilience within children as important in minimising the harmful effects of the substance misuse of their parents, even potentially protecting them against any negative impact.

Although at this follow-up stage it is too early to answer questions about the resilience of the children of these ex-service users of the BtC programme – the majority were too young to be using or experimenting with substance use – the research study did reveal other potential indicators which implied resilience could be developing, through exploration with parents and family members in the children's current situation.

The vast majority of families and their children were doing very well since leaving the BtC service and there was evidence from both the surveys and the interviews to suggest that resilience was present and had developed in children and families lives since their contact with the BtC programme. Most of the survey participants reported that their children and families were currently doing well in a number of areas: health; family harmony and problem solving within the family; school attendance and performance; making friends and spending time with them. These indicators of resilience were also evident during the research interviews with service users, affected others and their families. Interviewees made numerous references to their children's improved school attendance and performance, as well as the children's engagement with constructive activities with friends and developing support networks outside the home.

All of these areas are of key importance within each child's development to adulthood, as each demonstrates that these children are showing strong signs of resilience. Hence, there is less likelihood of them repeating the intergenerational cycle of substance misuse and other problems.



Continuous improvement since discharge from the BtC service

Finally, a key and hugely important finding is the continued improvement over a variety of key domains in which the majority of people in these samples continued to make over the time between their discharge from BtC and this present follow-up stage. Almost no-one reported deterioration in any of the areas of functioning asked about and a great many people who were already much improved by the time they were discharged from BtC service continued to make major further improvements in their lives in the intervening time.

When comparing archived outcome data from the BtC service with the research participants outcomes at follow up, the difference is striking and in nearly all domains, significant. This key finding from the research study stands out prominently, particularly when aligned with statements from those individuals interviewed. From outcome data obtained via the survey mail out and the interview sessions, over two thirds of all respondents reported they had now achieved their long term goals for: prioritising their children, their housing requirements, functioning within their family, their parenting ability, and their health needs. Furthermore, well over half also reported achieving their long term goals for: their social competence, the use of their and their family's time, and those associated with their problematic substance use, since discharge from their BtC service. These achievements were echoed by service users and affected others throughout the interview sessions, and evidenced by the continued reduction of risk and increase in protection factors within the families' lives, as outlined above.

For the individuals and families involved in this follow up research study, this implies that the BtC programme enabled the learning and development of skills and techniques which they could continue to use and improve upon after discharge, even after their BtC practitioner had finished supporting them. Furthermore, as well as reducing risk factors, it is clear that work with these BtC services increased the protective factors in these service users' and their families' lives, and with the continued development of these factors in the period between discharge and follow up, provided a sustainable legacy of improvement. This is a major achievement for the BtC programme.



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