

EVALUATION OF FED UP

INTERIM REPORT

Rachel Cass & Prakash Fernandes
NSPCC Evaluation Department

October 2014

NSPCC

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Impact and Evidence series

This report is part of the NSPCC's Impact and Evidence series, which presents the findings of the Society's research into its services and interventions. Many of the reports are produced by the NSPCC's Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.

Contents

ACKNOWLEDGEMENTS	4
KEY FINDINGS: YOUNG PEOPLE'S VERSION	5
KEY FINDINGS	7
EXECUTIVE SUMMARY	9
MAIN REPORT	13
Chapter 1: Introduction	13
1.1 Background	13
1.2 Theory of change	14
1.3 Method	16
Chapter 2: Outcomes for children and young people	20
2.1 Change in emotional and behavioural problems	20
2.2 Change in children and young people's self-esteem	22
2.3 Changes in children's ability to process their thoughts and feelings	23
Chapter 3: Factors affecting outcomes for children and young people	25
3.1 Facilitators	25
3.2 Barriers	29
Chapter 4: Outcomes for parents	32
4.1 Parents' perceptions about changes in their parenting	32
4.2 Change in behaviours that contributes to risk: CAPI	33
4.3 Facilitators that helped parents change	34
4.4 Barriers experienced by parents	39
Chapter 5: Conclusion	43
Suggestions for improvement	43
Next steps	43
Bibliography	45
APPENDICES	46
Appendix 1: Programme details	46
Appendix 2: Research instruments	51
Appendix 3: Ethics overview	57
Appendix 4: Statistical analysis and qualitative data management	59

ACKNOWLEDGEMENTS

The authors would like to thank:

- The children and parents who consented to take part in the evaluation and give their time to complete questionnaires through the programme.
- Children and parents who consented to take part in the interviews and share their perspectives and insights about the programme.
- Team managers, practitioners and admin staff in the FED UP service centres of Blackpool, Cardiff, Coventry, Crewe, Foyle, Glasgow, Grimsby, Hull, Lincoln, Liverpool, Manchester, Sheffield, Stoke, Warrington and West London¹ who have supported the implementation of the evaluation by explaining the importance of the evaluation to children and parents and ensuring that data has been captured for analysis.
- Members of the FED UP Commission Delivery Group for their on-going advice, suggestions, encouragement and promoting the evaluation within the service.
- Matt Barnard and Richard Cotmore for reviewing the evaluation plans and reports.

¹ The FED UP programme was implemented in Foyle, Glasgow and Lincoln, Manchester and Sheffield from September 2011 to October 2013.

KEY FINDINGS: YOUNG PEOPLE'S VERSION

Family Environment, Drug Using Parents (FED UP), is a service that helps families where there is a mum or dad who is addicted to drugs or alcohol.

Children on FED UP go to a group with other children who have a mum or dad who is addicted to drugs or alcohol. Mums and dads get help from an NSPCC worker. At the end children and parents tell each other about what they learnt. They also make a plan that tells them how to keep safe at home.

The NSPCC did some research to find out what these families thought of the service. They asked children and parents to answer questionnaires. They also did interviews with children and parents. These are the main things that they found:

- Children and young people said they felt happier about themselves after going to FED UP. They thought they had fewer problems at home, at school and with their friends.
- Children found these parts of FED UP helpful: learning about ways of staying happy and calm; meeting children who were like them and finding out that other children have mums and dads who are addicted to drugs and alcohol; being in a safe space, where they could talk without their mums or dads hearing; making new friends; and getting help from the NSPCC workers.
- Some children thought that FED UP was not helpful. These were some of the reasons why: if the other children in the group were much younger than them; if the other children in the group did not know as much as they did about drugs or alcohol because it made things a bit boring; if at the end of the group they felt sad and worried about missing the fun things they did in the group and/or spending time with friends they had made; if the worker from the NSPCC kept changing.
- Mums and dads said that they felt less worried and more happy at the end of FED UP. They also thought that they knew how to take better care of their children after going to FED UP.
- Mums and dads said the things they liked about FED UP were learning about: how their drug or alcohol use made their children feel; ways to take better care of their children; and getting help from the NSPCC workers.

- Some mums and dads thought that FED UP was not very helpful. They thought it was difficult to talk about sad things that were going on or that had happened in their lives. Some thought that everyone in their family should have come to FED UP to make it as helpful as possible.

The NSPCC is going to ask more people to answer questionnaires and take part in interviews about FED UP. A final report will be written with all the new information later in 2015.

KEY FINDINGS

Family Environment: Drug Using Parents (FED UP) is a face-to-face intensive intervention for families in which there is parental substance misuse. It aims to reduce the negative impact of parental alcohol and drug misuse on children and ensure they are kept safe. This interim evaluation report explores outcomes for children and parents based on the self-reported measures that they completed at the beginning and end of the programme. In addition, the report includes the analysis of qualitative interviews with children and parents who completed the programme to examine those aspects of the programme which families felt were most or least helpful. The key findings from this report are:

- Children and young people reported a decrease in their emotional and behavioural problems at the end of the programme. At the start of the programme 37 per cent of children and young people reported a clinical level of difficulties, but by the end of the programme only 25 per cent still reported a clinical level of difficulties.
- The factors identified by children that helped facilitated change included: developing their skills to deal with their emotional well-being; providing a safe space to discuss issues that they previously found difficult to talk about; enabling them to meet other children in similar situations, thereby helping them realise that they were not alone and to build new friendships; and having supportive practitioners who made them feel valued.
- Some children and young people said that the barriers to achieving positive change included: being in groups with varying levels of knowledge about drugs/alcohol; being the youngest or oldest child in a group; not being prepared for the group ending where is no alternative provision in place; and changes in lead workers delivering the group work.
- Parents reported being less unhappy; being more confident about their parenting; and having a greater knowledge about children's needs at the end of the programme.
- The factors parents identified as helping them bring about changes in their parenting included: having the time to reflect on how their drug/alcohol taking behaviour impacted on their child; beginning to see situations from their child's perspective; learning new skills to address challenging behaviours; having a greater understanding about their strengths, thereby increasing their confidence; and having supportive practitioners.

- Some parents said that the barriers they experienced included: dealing with reflecting on the past; the exclusion of some family members such as teenage children from the group work; external stressors at the time of the programme; and their initial negative view of the NSPCC image focussed on preventing child abuse.
- The evaluation does not currently include a comparison group, so further research is required to be confident that the improvements in outcomes are a direct result of the FED UP programme.

The continuing evaluation study will aim to resolve some of the limitations of this interim report in terms of: having more robust quantitative data from parents; gathering data from a comparison group and interview data from NSPCC practitioners and referrers. This will be published in 2015.

EXECUTIVE SUMMARY

Background

Family Environment: Drug Using Parents (FED UP) is a face-to-face intensive intervention for families in which there is parental substance misuse. It aims to reduce the negative impact of parental alcohol and drug misuse on children and ensure they are kept safe. This interim evaluation report is based on the evaluation data collected since the project began in September 2011 to January 2014.

Methodology and aims

The evaluation of FED UP sought to evidence whether the following key outcomes were achieved: increased self-esteem amongst children/young people; reduced emotional and behavioural difficulties for children and young people; and enhanced protective parenting behaviour. It was expected that these changes would strengthen the parent-child relationship by improving communication within the family and contribute towards keeping children safer. The key elements of the evaluation design include:

- ‘Pre’ and ‘post’ design where a series of measures are completed at the start of the work, at the end of the work and then again six months later, in order to understand longer term changes. These measures gather quantitative data from the perspective of children, parents and practitioners (full details of all measures can be found in Appendix 2). Included in this interim report is measures data from the start and end of the programme, but not that collected six months after programme completion.
- Qualitative interviews with a sample of children and parents at the end of the work to understand the factors that helped or hindered them achieving outcomes (included in this report).
- Qualitative interviews with a sample of practitioners to understand the processes that may have helped children and parents achieve outcomes (not included in this interim report).
- Qualitative interviews with a sample of referrers to understand their perceptions of the programme (not included in this interim report).

Key findings

Decrease in young people's emotional and behavioural difficulties

Findings on changes in difficulties for children indicate an overall improvement in their emotional well-being by the end of the programme. There is a statistically significant reduction in the proportion of children in the 'clinical' level of difficulty as they move into the 'normal' range at the end of the FED UP programme.

Children/young people's self-esteem remains the same

Children and young people have not reported any change in their self-esteem by the end of the programme. However, there is evidence of a positive change in their confidence to talk to their parents and other trusted people in their lives, about worries related to their parents' drug/alcohol related behaviour. Their increased confidence to seek support also suggests an increased sense of optimism about positive change.

Change in parent-child relationship

Parents have reported an increased confidence in their parenting; greater knowledge about their children's needs and feeling better supported in taking care of their children. They have perceived that they are happier at the end of the programme but have not reported an overall change in their protective parenting at the end of the programme. It is important to remember that these findings are based on a low completion from parents and hence will need to be revisited in the final report that will contain more data from parents.

Facilitators and barriers in achieving change for families

This interim report does not contain any data from the comparison group and hence it is not possible to attribute change to the FED UP programme. The interviews with parents and children have provided insights into aspects of the programme that were found helpful in achieving change and those that were not so helpful.

Children valued the group work processes that enabled them to meet other children in similar situations; having a safe space to discuss issues; building new friendships; and having supportive practitioners. Parents valued the discussions around the impact of drug/alcohol use on their family. In particular, they found helpful that the child's perspective was kept at the centre of discussions; that they were provided with practical tips to better manage their children's challenging behaviours and that the practitioners always focussed on their strengths.

Some children and young people said that the barriers they experienced in achieving positive change included: being in groups with varying levels of knowledge about drugs/alcohol; being the youngest or oldest child in a group; not being prepared for the group ending where is no alternative provision in place; and changes in lead workers delivering the group work. Parents highlighted that the factors that were obstacles to them achieving change were: dealing with reflecting on the past; the exclusion of some family members such as teenage children from the group work; external stressors at the time of the programme; and their initial negative view of the NSPCC image focussed on preventing child abuse

Implications

Importance of the FED UP programme

These interim evaluation findings demonstrate the potential of the FED UP programme in achieving positive change for families with parental drug or alcohol use. The key changes at the end of the programme have been that both children and parents have a better understanding about the impact of drugs and alcohol on family life and have an increased confidence to talk about this with each other. The findings also highlight the complex process of change for those families where increased children's self-esteem and parents' protective behaviours were not reported at the end of the programme. This suggests the importance of longer term follow up with families to understand if, and how, they are able to use their knowledge and skills learnt through the FED UP programme to achieve these changes.

Structure of the programme

The structure of the programme, involving a mix of group work with children, individual sessions with the parents and joint work between the parent and child, was viewed positively by all participants. In addition some parents also suggested that they would have liked to have worked with their entire family, involving older siblings as well as extended family and also have more opportunities to have more parents work in a group. This suggests the relevance of a family oriented approach in supporting children and parents with drug or alcohol use.

Delivery of the programme

The importance of the relationship with the NSPCC worker was seen by both children and parents as a key factor in helping them achieve change. The aspects of the practitioners' approach that were valued related to their non-judgemental attitude, flexibility and ability to explain issues in an honest way. This suggests the importance of building relationships especially through the assessment phase to ensure that a healthy rapport is established with the family.

Next steps

The ongoing evaluation will aim to resolve some of the limitations of this interim report in terms of: having more robust quantitative data especially from parents; follow up measures with parents and children six months after they have completed the programme to understand the longer term outcomes of FED UP; comparison group and more qualitative data from parents and children especially those who may have dropped out; and interview data from NSPCC practitioners and referrers.

MAIN REPORT

Chapter 1: Introduction

Family Environment: Drug Using Parents (FED UP) is a face-to-face intensive intervention for families in which there is parental substance misuse. It aims to reduce the negative impact of parental alcohol and drug misuse on children and ensure they are kept safe. The current interim evaluation report is based on the evaluation data collected since the project began in September 2011 to January 2014. This introductory chapter summarises the FED UP programme and describes the evaluation design.

1.1 Background

It is estimated that there are between 250,000 and 350,000 children of problem drug users in the UK (Home Office, 2003). More recent research (Manning et al, 2009) concludes that the number of children living with substance misusing parents exceeds earlier estimates. Although parental substance use does not always result in harm for children, research indicates that there is an association between parents misusing drugs or alcohol and a range of negative outcomes for children, including a higher risk of neglect and physical abuse (Forrester & Harwin, 2011). Parental substance misuse is a common factor in both serious case reviews and children on child protection plans (Forrester & Harwin, 2006; Brandon et al, 2010).

The FED UP intervention is based on a programme originally developed by the NSPCC in Grimsby and subsequently delivered by the SMART group in Selby (also an NSPCC service). FED UP adopts a whole family approach, combining group work with children and individual work with their parents or carers as well as joint working sessions for the parent and child to address key issues together. The programme is delivered over 12 weeks, with families going through a four-week assessment process before commencing on the programme.

The NSPCC work with parents aims to challenge their behaviour, help parents understand the impact of substance use on their child, develop skills to meet the needs of their child and reduce the risks children may face. Many of the parents involved will be on a substance misuse treatment programme although they do not have to be in order to access the service. The parenting work aims to involve all adults involved in the care of the child but the focus is on the primary care giver, whether or not they are the substance user.

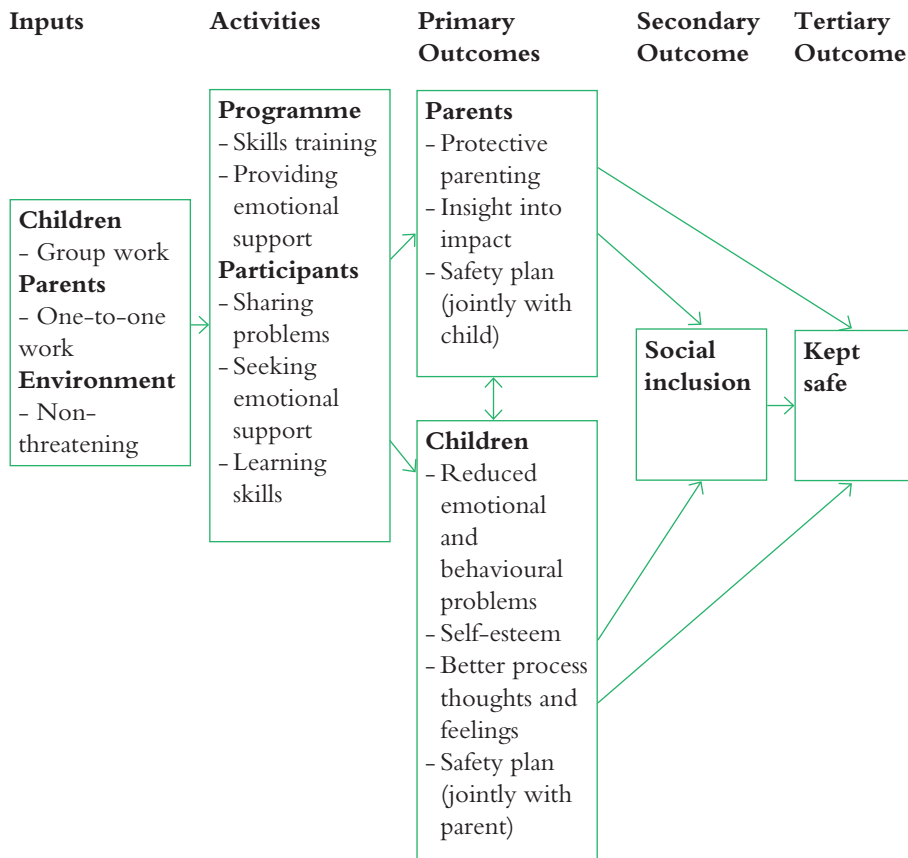
NSPCC practitioners deliver 10 weekly group sessions (maximum of five participants) with children aged between 5 and 12 years who are experiencing parental substance misuse. The final two sessions include the parents as well so that they can develop a safety plan with their children. The groups aim to provide children with a safe space; mutual support to build self-esteem; a better understanding of drug and alcohol problems; and the opportunity to develop life skills to increase their resilience. Sessions centre on structured tasks involving discussions, games, role plays and craft activities but also let the children relax and have fun. Group work topics include family secrets and domestic violence, first aid, healthy eating, safety in the home and bullying. The details of the child and parent sessions are included in Appendix 1.

Throughout the programme practitioners assess whether the child is safe at home or whether further child protection measures are necessary. Children in the groups will have complex needs and some will be subject to a child protection plan or child protection registration. Practitioners work with each family to produce a personal safety plan for the child. The NSPCC runs the FED UP programme in Blackpool, Cardiff, Coventry, Crewe, Grimsby, Hull, Liverpool, Stoke, Warrington and West London. Up until October 2013, it was also run in Foyle, Glasgow, Lincoln, Manchester and Sheffield.

1.2 Theory of change

The theory of change conceptualises the programmes in terms of inputs, activities, and outcomes. As outlined in Figure 1 the key **primary outcomes** for children and young people are: to have reduced emotional and behavioural problems; to increase self-esteem; to better process their thoughts and feelings about their parents' drug/alcohol use. For parents the key outcomes are: to provide them with a greater insight into the impact of their behaviour on their child and to develop their protective parenting skills. A joint outcome for both child and the parent is to develop a safety plan for the child.

Figure 1 : Theory of change for the FED UP programme



Social inclusion is conceptualised as a **secondary outcome**, because it is not something that the programme can directly affect. This outcome also depends on a range of other factors, such as the perceptions of other people, opportunities and the behaviour of other family members.

Being kept safe is categorised as a **tertiary outcome** because there are many factors that can affect it, with the programme being just one. Within the theory of change it is proposed that being kept safe will be influenced directly by both the primary and secondary outcomes. That is, parents adopting a more protective style should increase the degree to which a child is kept safe directly, but increases in social inclusion (for example the child attending school more often), are also likely to promote the safety of the child as there are more people who will monitor their situation. As a range of other factors, including the child's local environment, their peer group, the role and behaviour of other family members, and their parents' health, can affect whether a child is safe, the programme would be expected to have the least impact on this outcome.

1.3 Method

FED UP is evaluated using a mixed method design that includes a pre-test and a post-test element to examine the extent to which the programme's intended outcomes for children and parents are achieved. In addition this report also analyses qualitative data from interviews with children and parents who completed the programme. The aim of the qualitative interviews was to identify the facilitators and barriers to service users achieving positive outcomes and to understand their experience of the programme. A total of 12 interviews with children and 13 interviews with parents/partners/carers were undertaken.

Evaluation measures

Children and parents were asked to complete evaluation measures for Time 1 at the end of the four-week assessment period (prior to children starting their group work and the parent beginning individual work). The evaluation measures at Time 2 were completed at the end of the joint session with the child and their parent. Where it was not possible to undertake the joint work between the parent and child, the measure was completed for the second time at the end of the final peer group session for children or final individual session with the parent. The outcomes of the programme and the evaluation measures used are outlined in Table 1. Details of each of these measures are discussed in Appendix 2.

Table 1: Overview of pre and post measures and number of completed questionnaires

Outcome	Tool	Perspective	Number of Time 1 & Time 2
To enable children and young people to feel better about themselves	Adapted Rosenberg self-esteem scale	Child	89
	Children's evaluation wheel	Child	108
To reduce children and young people's emotional and behavioural issues	Goodman's Strengths and Difficulties Questionnaire (SDQ)	Child/Parent	91
	HoNOSCA	Practitioner	90
To enhance parents' protective parenting/ to improve safeguarding of children	Child Abuse Potential Inventory (CAPI)	Parent	31
	Parents' evaluation wheel		43

Sample of children and parents for qualitative interviews

Children and parents were selected purposively. Purposive sampling is used to enable the evaluation to describe and understand the full range of views and experiences within the study population. It involves setting quotas using criteria that are based on dimensions that reflect key differences in the study population that are relevant to the study's objectives, rather than trying to ensure that the sample is statistically representative.

Our key criterion in choosing children or parents to be interviewed was whether they perceived an improvement (on one or more of the standardised measures) or not. In addition we included: children and parents who had refused consent to complete evaluation measures; and the non-substance misusing parents to understand their experiences of the programme. Whilst we attempted to get equal numbers across categories this was not possible due to difficulties in contacting children for whom there had not been an improvement (according to one or more standardised measure) or parents who had not completed the evaluation measure.

Table 2: Numbers of children and parents interviewed based on pre/post change

Pre/post change reported on measures	Children	Parents/ carers
Improved	7	2
Same/Got worse	5	4
Refused consent to complete measures	1	5
Partner/Carer (who did not participate in FED UP sessions)	0	1
Total	13	12

The other criteria that were considered in choosing a diverse range of participants were: the age of the children (below 10 and 11 to 13 years) and the type of parental addiction – drug or alcohol. The tables below highlight these aspects of the participants in the sample.

Table 3: Age and gender of interviews with children

	8 years to 10 years	11 years to 13 years	Total
Girls	2	4	6
Boys	2	5	7
Total	4	9	13

Table 4: Nature of parental substance misuse

Diagnosis	Number
Drug	4
Alcohol	7
Partner/Carer	1

Finally, the sample was selected from different locations across the UK as outlined in Table 5.

Table 5: Distribution of interviews according to location

Location	Number of children	Number of parents/carers	Number of families
Blackpool	1	0	1
Cardiff	3	1	3
Coventry	2	3	2
Grimsby	3	4	3
Warrington	1	1	1
West London	3	3	3
Total	13	12	13

The interviews with each child and parent were done individually (except for one interview in Southampton that was done jointly with the child and mother) and lasted approximately 45 minutes. The interview schedules are attached in Appendix 2.

Ethics

The key ethical considerations that influenced the evaluation included ensuring that service users could give informed consent; confidentiality and its limits were understood by participants; they were aware of their option to withdraw from the evaluation or any aspect of it; the principle of no harm to participants as a result of the evaluation was kept in mind whilst explaining measures or conducting the interviews; participants had access to advice or support related to the evaluation and participants, practitioners and the evaluation officers had access to debrief sessions to process any concerns raised through the evaluation. A note on the ethical considerations is attached in Appendix 3.

Prior to the study commencing it was approved by the NSPCC's Research Ethics Committee (REC). The REC includes external professional experts and senior NSPCC staff members. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council (ESRC, 2005) and Government Social Research Unit (GSRU, 2005) Research Ethics Frameworks.²

Analysis

The responses to the evaluation measures were analysed using a range of statistical tests to determine if the changes were due just to chance or not. This report uses the convention that a change is considered statistically significant if there is less than a five per cent chance of it happening randomly. Further information about the analysis of

² www.esrc.ac.uk/about-esrc/information/research-ethics.aspx

measures is outlined in Appendix 4. A validity indicator that is part of the CAPI measure was used to exclude questionnaires completed by parents that suggested that they were answering in a socially desirable or inconsistent manner. The qualitative data from the child and parent interviews and the focus groups were analysed using a framework ‘case and theme’ approach. The list of themes used is attached in Appendix 4.

Limitations of the research

This interim study currently does not include any comparison group so is unable to directly attribute change in outcomes to the FED UP programme. The ongoing evaluation will aim to address this gap with the introduction of the naturally occurring ‘waiting to start’ comparison group. The numbers of evaluation returns from parents (CAPI or parents’ evaluation wheel) are limited and hence findings need to be interpreted with caution. The final report, in addition to including greater numbers of completed measures, will include the data from interviews with practitioners and referrers to understand their perspective of change for families as well as their views of the FED UP service.

Chapter 2: Outcomes for children and young people

The programme's key outcomes for children and young people, as outlined in the theory of change are for children and young people: to feel better about themselves; and to better process their thoughts and feelings about their parents' drug/alcohol use. Data from the standardised measures and non-standardised questionnaires measured change for children and young people before and after the programme. This chapter examines the extent to which outcomes for children have been achieved at the end of FED UP.

2.1 Change in emotional and behavioural problems

The changes to the emotional and behavioural problems experienced by children and young people were measured through the Strengths and Difficulty Questionnaire (SDQ) to get the perspective of children or parents and the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) to capture the practitioners' perspective of changing levels of difficulty amongst children with whom they worked.

Parents' and children's perspective: SDQ

The SDQ measures children's difficulties across four sub-scales (conduct, emotional, hyperactivity and peer problems) and one pro-social (helpfulness) scale. It provides an insight into children's level of emotional and behavioural difficulty. The SDQ is usually completed by the child but may be completed by the parent instead where the child is not able to do so themselves. Out of the 91 SDQs that made up the evaluation sample, 60 were completed by children and 31 by parents. Data from all of the SDQs shows a decrease in mean scores between pre- and post-programme. The data shows a decrease in mean score from 15.8 pre-programme to 14.4 at the end of the programme. This change in mean score on the SDQ is statistically significant, indicating a trend in scores reducing over the course of the programme and reflecting an overall reduction in emotional and behavioural problems experienced by children and young people at the end of FED UP.

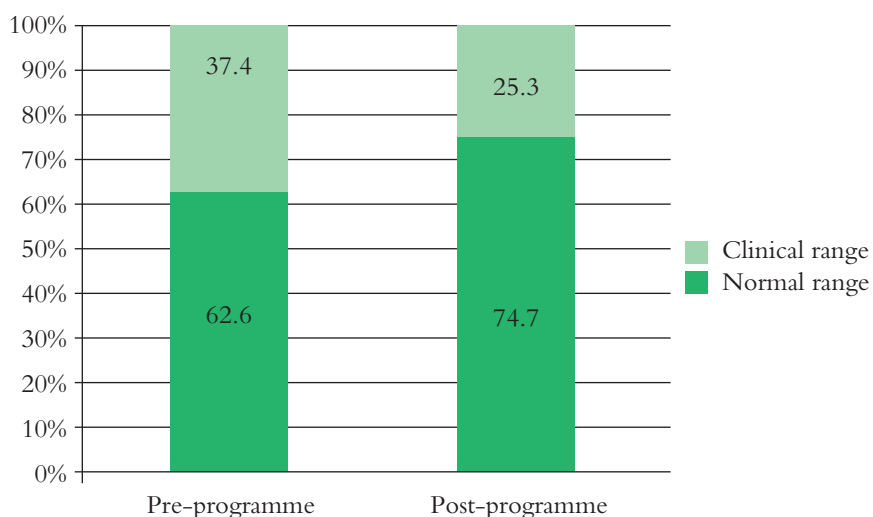
Change in level of difficulties experienced by children

The SDQ has been normed and has defined cut-off points for scores that identify varying levels of difficulty for children. Cut-off points define normal, borderline or abnormal levels of difficulty. Scoring criteria that determine the band of difficulty which children fall into differ for child-completed and parent-completed SDQs. Details regarding cut-off points for each band of difficulty can be found in Appendix 2 of this report.

A clinical level of difficulty was deemed to be a total score in the SDQ that fell within the abnormal scoring band. Figure 2 indicates that more than a third of the young people fell within the clinical range of difficulty at the start of the programme, but at the end of the programme only a quarter had a clinical level of difficulty. An exact McNemar's test determined that this difference in the proportion of children experiencing a clinical level of difficulty pre- and post-involvement in FED UP was clinically significant.

The data indicates both a decreasing trend in the level of difficulties among children post-FED UP and a statistically significant reduction in the proportion experiencing a level of difficulty that is of clinical concern.

Figure 2: Proportional shift in children experiencing an abnormal level of difficulty (based on SDQ scores) n=91



The data indicates both a decreasing trend in the level of difficulties among children post-FED UP and a statistically significant reduction in the proportion experiencing a level of difficulty that is of clinical concern.

Practitioners' perspective

The HoNOSCA, which captures practitioners' perspective on children's behavioural and emotional difficulties, mirrors the interim findings from the SDQ. Practitioners provided a score between 0 and 4 for each of 13 criteria set out in the HoNOSCA which cover four broad categories, which are: behavioural problems; impairment;

symptomatic problems; and social problems. There are no clinical cut-off points for HoNOSCA; rather it allows for a change in average scoring to be detected over the course of the programme. The mean score for the HoNOSCA (n = 90) at the beginning of the work was 6.8 which decreased to 5.8 at the end of the FED UP service. This small change was also statistically significant, reflecting a trend in decreasing difficulties amongst children from practitioners' perspectives. Due to the absence of any cut-off points for the HoNOSCA, it cannot be deduced whether this decrease in difficulty is clinically significant but it reinforces the finding from the SDQ data that practitioners have observed a reduction in emotional and behavioural problems of children.

2.2 Change in children and young people's self esteem

The adapted Rosenberg self-esteem questionnaire (n=89) has been used to measure changes in children's self-esteem over the course of the FED UP programme. This data shows the mean score increasing from 20.3 at the start of the work to 21.2 at the end (see Figure 3). However, this increase in mean score is not statistically significant (p=0.07) indicating that there is not a clear trend in the self-esteem of children and young people increasing between pre and post programme.

Figure 3: Bar chart showing mean adapted Rosenberg self-esteem questionnaire scores pre-programme (T1) and post-programme (T2)



Since this measure has been adapted, there are no cut-off points defining clinical levels of high or low self-esteem. It is therefore not possible to deduce from the data whether the scores are within a high or low band. Changes to children's self-esteem will be explored in greater detail in the remaining phase of the FED UP evaluation with interviews with practitioners and referrers. Additionally the data will be analysed based on whether children are living with a parent with continued drug/alcohol use or not in order to understand whether this is associated with changes to children's self-esteem.

2.3 Changes in children’s ability to process their thoughts and feelings

The children’s evaluation wheel captures how confident children feel in accessing support, talking to their parents about their drug or alcohol use and making friends and having fun. The wheel enables children to see visually how their outlook has changed over the course of the programme. Children rate six items on a scale of 0 to 5 (0 being the most negative and 5 the most positive) to reflect how they feel about each item on the wheel.

Table 6 : Data from children’s evaluation wheel (n=108)

Dimension	Pre-programme	Post-programme	Statistically significant
I can talk to someone if I’m worried about my parent’s health	3.56	4.22	Yes
I can talk to my parent about how their drug/alcohol use affects me	3.12	3.64	Yes
I can easily make friends	4.10	4.37	Yes
I could talk to someone if I was being bullied	4.10	4.47	Yes
I am able to have fun when I want to	4.27	4.45	Yes
I feel supported by others around me	4.16	4.25	No

Data from the children’s evaluation wheel (n=108) indicates an increase in mean scores across all six items on the wheel (see Table 6). This increase is statistically significant for all items with the exception of children feeling supported by others. Whilst this mean increase is not statistically significant, the scores for this item do remain at a high level (mean scores pre- and post-programme are above 4 points), suggesting that children remain feeling supported by others at the end of the programme.

The evaluation wheel is not a standardised measure and therefore does not have any identified thresholds for high or low scoring. It is notable that, for most of the items on the wheel, mean scores were quite high from the outset of the programme. The lowest mean score pre-programme was that of 3.12 points, for the item around being able to talk to parents about how they were affected by their drug or alcohol use. This may reflect lower levels of confidence amongst children, at the start of the programme, in articulating their needs and concerns to their parents and reflects interim findings from the adapted Rosenberg self-esteem questionnaire. The scores for the item ‘being able to talk to someone if worried about their parent’s health’ increased significantly. This further highlights children’s improved confidence to address anxieties that may experience about their parents’ drug or alcohol behaviour.

The evaluation wheel data suggests an overall increase in children's confidence to talk about their worries of having a parent with an alcohol/drug use problem and in their ability to access support and enjoy themselves socially at the end of FED UP.

In summary, the key findings from the quantitative data on outcomes for children and young people indicate that:

- emotional and behavioural problems decrease amongst children post-FED UP;
- there is a shift in the proportion of children experiencing difficulties at a clinical level to a normal level;
- the mean score for self-esteem increases post-FED UP, though this is not statistically significant;
- and there is an overall increase in confidence about talking about their worries related to the impact of parental drug/alcohol use and their ability to access support.

The evaluation wheel data suggests an overall increase in children's confidence to talk about their worries of having a parent with an alcohol/drug use problem and in their ability to access support and enjoy themselves socially at the end of FED UP.

Chapter 3: Factors affecting outcomes for children and young people

Children and young people identified a number of features of the FED UP programme that helped, or sometimes hindered, them from feeling that they had benefited from the programme. This chapter analyses the key facilitators and barriers experienced by children and young people in achieving positive outcomes.

3.1 Facilitators

There were four key factors that were seen as contributing to the success of the programme. These reflected the children and young people's value of the skills they learnt in the group and their social contact with other young people and practitioners.

Learning strategies to improve emotional well being

Children and young people valued the wide range of methods and activities that helped engage them in the FED UP programme and enabled them to develop strategies for coping with their emotions. They also appreciated the work to help them grasp complex issues around dealing with drug and alcohol misuse and its effect on the body, bullying and keeping safe at home. Children particularly enjoyed using arts and crafts, interactive storytelling, and creative experiments to demonstrate emotion management, as well as playing various games. This mixture of approaches was pivotal to maintaining their interest and encouraging them to learn.

Children and young people reported that the FED UP group work sessions had equipped them with a range of skills to deal with complex emotions they might be experiencing at home, in school and with their peers. These skills included: dealing with anger; focussing on strengths; being more assertive in communication; and expressing feelings positively. An improved ability to deal with feelings of anger and aggressive behaviour, in particular, was a key change identified amongst children, and parents of children, who completed the FED UP programme. Children learnt strategies for dealing with anger which they were able to put to use within the home environment. These included taking some time out to be alone and calm down; and shouting into a pillow to help manage feelings of anger and aggression.

[My son] thinks about what he says a lot more. And he's not so angry. He'll just go up to his bedroom, take five, and then come and talk. Not always, but most of the time.

Parent, drug user

FED UP provided an appropriate environment for some children to improve confidence, which both children and parents were able to recognise at the end of the programme. Some children demonstrated that they had developed a more positive outlook and sense of what they were capable of achieving.

I used to pretty much not like myself. I thought I was stupid, I thought I was dumb. But since [coming to FED UP], I was actually proud of what I did in my SATS.

Boy, 11 years

Some parents recognised a change in the way in which their child was able to focus on their strengths and feel good about themselves at the end of the programme.

[My son] was always depressed, it was like he was always down and he weren't getting in with a circle of friends and I was actually looking for an outlet for him because I didn't know what was going on, I've tried the GP, I've tried CAHMS counselling, I've tried the lot and then he come to NSPCC and it's built his confidence from zero to like he's going to art school, performing art school and stuff so it's really, really good.

Parent, drug user (cannabis)

Children demonstrated an ability to talk to parents and assert their concerns in order to ensure that their voices were heard and their needs taken into account.

If he starts saying something and I try to interrupt, he says, "No mum, listen to me", and he couldn't do that before.

Parent, alcohol dependent

Being more able to speak to parents and express their thoughts and concerns surrounding substance misuse represented an important change for children, who felt that the programme had helped them communicate better with their parent.

Being more able to speak to parents and express their thoughts and concerns surrounding substance misuse represented an important change for children, who felt that the programme had helped them communicate better with their parent.

I just thought that I couldn't talk to her about a lot of things, but now I know I can talk to her about loads.

Boy, 13 years

Further to children demonstrating an improved ability to deal with angry emotions and behaviours, children also showed an ability to manage their emotions and behave appropriately in order to support their parents during periods of difficulty.

I mean there's been a couple of occasions, because I'm coming off it, that ... I can be really ill sometimes with it, headaches and stuff. And he can always tell when I haven't, so he'll come up and he'll give me big cuddles and just making sure I'm ok. So, yeah, he's got a lot more insight into how it affects me when I'm not on it.

Parent, drug user (cannabis and speed)

An improved understanding of parental substance misuse, combined with increased emotional resilience enabled children not only to deal with their own emotions but to support their parent in dealing with their own difficulties.

Meeting other children and young people facing the same difficulties

The programme provided children with the opportunity to meet peers experiencing the same difficulties at home as themselves. Children often felt isolated and alone in their situation and, until joining FED UP, had not been aware of other children, similar to themselves, who were also coping with parental substance misuse. The peer group provided children with a space where they could listen to others and exchange experiences with children similar to themselves.

It made me feel like 'oh there's other people out there that have got the same, going through the same experience that I am'.

Boy, 13 years

I always felt like I was the only one who had problems; but since I've met other people I don't think that anymore. Since I go to my other new group [FED UP], it feels nice not being the only person ... thinking you're the only person with problems.

Girl, 10 years

Sharing their experiences with others helped children feel less isolated because they realised it was not something that they had to cope with by themselves. It could also help make them feel more positive since it helped them recognise that their parents' substance misuse was not a reason for them to under-value themselves.

The peer group also provided a space for children to build new friendships, which enhanced their enjoyment of the group experience and enabled them to get the most out of participating in the programme.

Sharing their experiences with others helped children feel less isolated because they realised it was not something that they had to cope with by themselves.

The boy ... we got put in the same car to go and be brought back [from FED UP group] We got along even though he was younger, we got along and [the practitioner] always said we were like brothers and sisters.

Girl, 13 years

Children developed close bonds with their peers during the group work. Older children were able to maintain friendships beyond the group, enabling them to continue feeling supported, less isolated and happier about themselves beyond the end of the programme.

Having a confidential space separate from parents

The peer group provided an environment for children and young people away from the stresses of their home lives. The fact that children and young people were able to speak freely in the group in the knowledge that parents would not hear their discussions was key to children feeling able to share their feelings and contribute their ideas during sessions.

I think it did help him a lot, you know, to talk about some of the things that he didn't want to talk about with me.

Parent, alcohol dependent

The group just gave her – you know she was able to talk about her feelings and everything that maybe she didn't want to tell me because she didn't want to upset me. So it gave her that, just a little bit away from ... you know sometimes mums are a bit too close and she got really a good relationship going with (the practitioner) and everybody else so yeah it did her good.

Parent, drug user (heroin)

Supportive practitioners

Children appreciated the way in which practitioners who delivered FED UP enabled them share their thoughts and feelings over the course of the programme.

They helped us with stuff, helped us express ourselves, helped us with our feelings didn't make it too hard for us.

Girl, 12 years

The facilitative approach taken by practitioners in supporting children to share their thoughts without making them feel that they had to speak if they did not feel comfortable to was recognised by children as something that made it easier for them to enjoy and contribute to group discussions. The way in which practitioners made sessions fun and engaging was also important to children.

The facilitative approach taken by practitioners in supporting children to share their thoughts without making them feel that they had to speak if they did not feel comfortable to was recognised by children as something that made it easier for them to enjoy and contribute to group discussions.

3.2 Barriers

Age appropriate session content

Where young people felt that the sessions weren't pitched according to the knowledge of the children in the group, they sometimes complained that attending the group had not provided them with any new knowledge and they were likely to disengage from the programme. In particular, where practitioners had to spend longer explaining a single issue to younger children, older children in the group were likely to lose interest since they already had a good grasp of the subject being discussed.

Like it was getting kind of boring because we would sometimes like we would go over the same things again and again and then it would start getting boring. And then we would, like all four of us, would just go off track and we'd just start speaking about different things.

Girl, 13 years

Having appropriate activities and ensuring there was variety in content which filled gaps in children's knowledge around substance misuse and keeping safe, were important to children. Where children did not feel this was happening they were less likely to describe positive outcomes from being part of the programme.

Age range of groups

The importance of grouping children with others of a similar age is linked closely to the previously explored factor of ensuring that sessions are pitched appropriately. Where children and young people were in groups with children much younger than themselves, who struggled to keep up with the content and momentum of the session, they were held back and were not able to take as much from the programme as they may have liked.

Where children and young people were in groups with children much younger than themselves, who struggled to keep up with the content and momentum of the session, they were held back and were not able to take as much from the programme as they may have liked.

Because they were younger some of the children, so I think they needed it explained in a different way. So they should do it like the closer age groups together not from like primary to secondary. It should be like if you're in secondary it should be secondary; if you're in primary in the juniors then it should be them and then the infants.

Girl, 13 years

They (practitioners) did go over and explain but at first they (younger children) were a bit confused. Then it took more time whilst they were explaining it and then most of us had already finished the activity so we were just standing there waiting.

Girl, 12 years

Lack of opportunities after the programme had ended

Managing the way in which the programme ended was important for ensuring that outcomes for children could be sustained beyond their involvement in the service. Data that captures the longer term impact of FED UP have not been explored in this report but will be included in the final evaluation report for FED UP. However, the difficulties that children faced in 'letting go' of FED UP once the group had ended suggests that some of the improvements may not be sustained.

Yeah when it ended, (my daughter) got quite needy again ... (she) felt that everybody that she got close to she lost; so everybody that she cared about, they wasn't true and that they'd lie to her and they don't really care and she very much said "but mummy she only cared because she was doing her job" and I said "no that's not true, she really does care about you" ... I think there could be something put in place that they could keep in touch.

Parent, drug user (heroin)

Changes in staff delivering the programme

As previously explored, practitioners played a key role in facilitating the group and supporting children to achieve positive outcomes from participating in FED UP. Where the lead practitioner changed regularly and sessions were frequently delivered by a different practitioner from week to week, children struggled to build trusting relationships and to warm to them during sessions.

Ensuring that children in the group felt comfortable with the gender balance of practitioners also emerged as key. Where there were no male practitioners present in the group, children suggested that male group members sometimes felt uncomfortable about sharing certain thoughts and feelings.

There was two girls and two boys in the group and there was no male that worked in the group ... So I think the boys felt a bit awkward.

Girl, 13 years

Chapter 4: Outcomes for parents

In addition to the group work with children, an integral part of the FED UP model is the individual work with the parent who misuses drugs or alcohol. The aim for this work is to reduce parenting behaviours that contribute to the vulnerability and risk in the child and to enhance the parent and child relationship.

This chapter evaluates the changes for parents/carers related to their protective parenting. It seeks to: outline the changes reported by parents through the parent evaluation wheels and the Child Abuse Potential Inventory (CAPI); and to identify facilitators and barriers experienced by parents in achieving these changes.

4.1 Parents' perceptions about changes in their parenting

Parents were asked to rate their level of confidence, knowledge and support in their parenting on a scale of 1 (low) to 5 (high). They did this at the beginning of the work and then again at the end. Table 7 below highlights the changes reported by parents. However, the proportion of parents completing measures both before and after the programme is low and hence the results have to be viewed with caution because it may be a self-selecting sample.

Table 7: Average scores reported by parents who completed the measures before and after the programme (n=44)

Dimension	Pre-programme score	Post programme score	Statistical significance
How confident I feel that I am doing the best I can for my child	3.7	4.5	Yes (p<0.001)
How confident I feel in asking for help when I need it	3.6	4.3	Yes (p<0.001)
How much knowledge I have about children's needs	3.9	4.4	Yes (p<0.01)
How supported I feel in taking care of my child	4.0	4.4	Yes (p=0.02)

The data indicates that at the end of the FED UP programme parents reported:

- an increased confidence that they were able to address their children's needs;
- that they felt more confident that they could access support for their family;

- that they had a better knowledge about their children’s needs;
- that they felt supported in taking care of their child.

4.2 Change in behaviours that contributes to risk: CAPI

The previous section explored whether parents experienced any change in their knowledge and confidence. This section now examines whether those changes translated into perceived changes in their protective parenting behaviour. The key standardised measure that was used to assess this change was the CAPI. This questionnaire captures parents’ perspective across six domains. Three of these domains relate to ‘psychological difficulties’ in terms of distress, rigidity and unhappiness. The other three domains relate to ‘interactional’ problems with their child, their wider family and with their wider social network. Table 8 outlines the changes reported by parents who completed the CAPI at the beginning of the work and then at the end of the work and indicates if this difference is statistically significant or not.

Table 8: Average scores reported by parents who completed the CAPI before and after the programme (n=31)

Subscale	Pre-programme	Post-programme	Statistically significant
Distress	153	138	No
Rigidity	9	9	No
Unhappiness	29	25	Yes (p=0.03)
Problems with child and self	8	7	No
Problems with family	12	12	No
Problems with others	15	16	No
Total score (cut-off 215)	226	207	No
Ego strength scale	16	18	No
Loneliness scale	10	9	No

The average overall total score of parents on the CAPI decreased. However, this is not a statistically significant change, suggesting we cannot detect an overall change in parents’ protective behaviours at the end of the programme. Parents have reported a decrease in their levels of unhappiness at the end of the programme which was statistically significant. However, as the numbers of CAPI returns are low at the time of writing this interim report, it would be important to check the significance of changes reported on the CAPI in the final report that will have more data from parents.

In summary, the quantitative data collected from parents (though limited) indicates that parents perceived a greater confidence in their parenting skills at the end of the programme but did not report a change in their protective behaviours. The follow-up data after six months would enable a better understanding of the behavioural change experienced by these parents in the long term.

Parents felt the FED UP programme helped bring about this change by giving them the time to reflect on the impact of their drug/alcohol taking behaviour on the family and giving them an opportunity to see things from their child's perspective.

4.3 Facilitators that helped parents change

While the quantitative measure did not indicate any change in protective parenting, parents reported in their interviews a range of changes in their parenting. These included suggesting more joint activities as a family, having a greater honesty while communicating with their children and generally being more available.

I think they probably feel that they can talk to me now instead of talking to each other and you just get a calmer, like, vibe, if that makes it clearer, so yeah, I can make time out for them more than I did.

Parent, alcohol dependent

Yeah we would spend quite a little bit more time together and stuff and it has worked, we're getting on a lot better and there's a lot more smiling and less shouting and yeah things are getting better, a lot better, I'm happy for a change.

Parent, drug dependent

Parents felt the FED UP programme helped bring about this change by giving them the time to reflect on the impact of their drug/alcohol taking behaviour on the family and giving them an opportunity to see things from their child's perspective. They also said that the programme was useful in helping them learn skills to better manage their children's challenging behaviour. The way in which the programme was delivered, particularly the fact that practitioners focussed on their strengths, contributed to them feeling more confident in their parenting. These are discussed in more detail below.

Time to reflect on the impact on the family

Some parents said that the FED UP programme had helped them to be more reflective of their overall parenting approach. For many of them it was their first opportunity to think about how their actions may be affecting their children.

The circle activity was really good. It got me thinking how I thought it (drug/alcohol taking behaviour) was affecting the children because once I was actually getting into it that's when it was all kicking in and the barriers were gradually coming down again. Because it's amazing how much you do realise the impact to the kids when there's no drink involved because you look back and you think, 'Did I do that? Yes, I did.' Yeah.

Partner of alcohol dependent parent (took part in programme)

For many parents realising the financial and emotional impact of their behaviour on their children was the prompt for them to want to bring about change in terms of listening more to their children and a motivation to stop their drug/alcohol use.

I've learnt from FED UP to just stop and think before I act; when I have a bad day it's hard. I'm not chaotic anymore but realising that when I do make a decision to do something, it can have a rollercoaster effect. You don't want to think that one little blip is really going to affect your kids but if they did find out, then they might get worried again.

Parent, drug user (heroin)

Parents reported that previous interventions they had been involved in had focussed more on their triggers as adults, whereas the FED UP work had enabled them to focus more on the impact of their behaviour on their child.

Opportunity to get an insight into children's perspective

In addition to having a greater understanding about the impact of their own behaviour, some parents reported that the programme has helped them to see situations more from the perspective of their child.

I learned a lot about, you know, I hadn't thought before about how things had affected [my son]. In particular of him feeling insecure and as if people didn't want him and things like that ... I hadn't before thought that he must have felt these things. So I did learn things from his point of view that I hadn't thought about before.

Parent, alcohol dependent

Parents reported that previous interventions they had been involved in had focussed more on their triggers as adults, whereas the FED UP work had enabled them to focus more on the impact of their behaviour on their child. They found that having the lens of the child had helped them in their parenting.

Basically all my previous counselling was looking at all my triggers, but what I should have been focusing on what I learnt from FED UP was what it was doing to [my son]. Since then I've been able to address it and we're working through it. And [my son] is so happy now, being back at home and back into the swing of home life, because every time I was drinking he was having to go back to Mum's, so he didn't know where he was, and obviously it was very upsetting for him.

Parent, alcohol dependent

Learning new skills to better manage children's challenging behaviours

Parents said that the programme had given them new ways of managing challenging behaviour through providing advice on setting boundaries. They also said the suggestions on reducing family stress and involving children more in tasks were very helpful.

Before I didn't really get them more involved in my stuff as well. Like, before I used to do everything and the chores and everything and now I'm getting them more involved, so that makes us able to spend more time with each other and things like that, just little differences that have like made a big difference. For example last week when I come back and the place was a mess, before I would just come back and just clean it but this time I was like "No, you made the mess; you clean the mess." So I didn't stress over it, whereas before I would stress over it, so, yeah, you just look at it [parenting] in a different way.

Parent, alcohol dependent

Parents observed that the FED UP programme had helped them realise the importance of talking rather than shouting and the tone of voice they used as a strategy to minimise conflict.

When [son] is kicking off usually, I'd end up kicking off and we'd have an argument. Now not so much. I actually speak to him rather than shout at him. I didn't realise how much I shouted and stuff, especially when we were outside.

Parent, alcohol dependent

Parents felt that after attending the FED UP programme they were better able to communicate with their children as they had an increased understanding of their needs. This had resulted in less conflict and a happier family atmosphere.

It makes a big difference and I've realised what their needs are because normally I just listen to both of them and I try and do as best I can but now they'll actually explain to me what they want more and I've got that. I wasn't making that time for them and now that I am I think they're much more happier and content, so I'm feeling good, yeah.

Parent, drug user (cannabis)

Focussing on strengths and building confidence

Parents felt that the FED UP work had helped increase their confidence as it focussed on their strengths, motivating them to bring about positive change.

I never used to speak up (before FED UP) , but then I did, I found my voice finally. And they've (NSPCC) given me the address of the refuge centre to go to them, do a weekly course with them as well; which I did. Yeah. And I passed as well. (laughs) So I was like, 'Yeah.' So everything I was doing I was getting positive feedbacks which drove me more.

Parent, alcohol dependent

The increased confidence, along with a better understanding of their children's needs, also helped parents believe that they could change their drug or alcohol use.

Yeah (after FED UP), I mean I'm stronger, a lot stronger, with the children, and I listen to them more, a lot more than what I used to. And I'm a lot more confident in myself, that I can beat the drugs.

Parent, drug dependent

Parents highlighted that the programme had helped them with their confidence in dealing with children services and encouraged them to express their views. This made them feel more positive about themselves and consequently helped with their parenting.

Parents highlighted that the programme had helped them with their confidence in dealing with children services and encouraged them to express their views. This made them feel more positive about themselves and consequently helped with their parenting.

I think the course gave me the confidence because social services have kind of pinned me and maybe I was hanging my head a little, like I'm a bad person rather than standing there and going "Hang on a minute" and I think, yeah, it gave me the confidence to start maybe to come back and say "Hang on, what are you on about?" I don't know what way it should go but it did give me the confidence to say "Why are you putting all that pressure on me and saying the things you are saying?"

Parent, alcohol dependent

Approach of practitioners

The aspects of the approach taken by practitioners that parents valued included: the ability to provide weekly support during the programme; flexibility to adapt the programme to the individual needs of the parent; and not being judgemental.

Well I didn't say that to [NSPCC worker] but it was ... the way that she was with me that made me think that she didn't think that I was some kind of monster, do you know what I mean. I mean at first I didn't know whether I was looking forward to it or not because I thought everybody, you know, whoever was coming here was going to sit here and judge me and think that I was this and that and the other but [the NSPCC worker] wasn't like that at all.

Parent, alcohol dependent

Some parents reflected that the positive engagement with the NSPCC worker enabled the practitioner to have a more realistic understanding of the dynamics in the family and hence were better able to discuss ways of addressing issues affecting the family.

Since she's been in our life she's actually put her reports across as more of an accurate report, better than my social worker was even doing. So I think anyone involved in maybe social services and things, it's a good course maybe to get a better opinion on that particular family, because some of the things she wrote was like "Wow! Thank you." Do you know what I mean? Someone finally sees."

Parent, drug user (cannabis)

Parents also valued the fact that the practitioners were very accessible and felt that they could contact them whenever they needed to.

Yeah I just feel it's because of the support, because of the moral support, any ... like if I needed trouble with a meeting or, you know even if I've got things on my mind there was always somebody there I could pick up the phone and tell them even if I'm just ranting about one thing in particular they're there, you know so that was ... it's good to know that there's somebody there, someone's always there to pick up the phone.

Parent, drug user (cannabis)

4.4 Barriers experienced by parents

Reflecting on the past

The individual work for some parents had been a difficult experience as it involved reflecting on their past, which brought back some painful memories. At the end of the process, some parents could see the value of having gone through it as it had given them a new perspective to their situation.

Hard but it's happened and I can't get away from it. No it's not very nice talking about it but it's done me good because it's made me think and maybe even come to terms with and to start forgiving myself a bit because I'm probably my own worst critic

Parent, alcohol dependent

For other parents, however, it was too difficult to begin work looking at the past and they felt they were not yet ready to begin this process of reflection.

It was upsetting at times 'coz obviously you've got to think about what you've gone through and past experiences and how my decisions have affected the kids along the way, so yeah, I mean hindsight's a wonderful thing but you can't change what's happened, just learn from it.

Parent, drug user (heroin)

These parents appreciated that the NSPCC worker's flexibility in re-organising sessions based on their needs, because if they had been pressured to complete the timeline activity (outlining significant events in one's life) at the beginning, they may have withdrawn from the programme.

Some parents would have liked more work with the family unit as a whole, especially group work with teenagers and young adults who did not meet the FED UP age eligibility criteria.

So I think, yeah, that was quite difficult to go on a timeline. She (NSPCC worker) was able to manage it, yeah, but I think then the following week she came she wanted to do timeline again and I just was opting out the whole session. I don't want to like – wow – what was going on that year and what was going on? I think it depends on the family and maybe I think with a lot of drug use, domestic violence can be tied in, so maybe to be a bit open-minded about that. Yeah, didn't like the timeline.

Parent, drug dependent

Not enough joint and parent group work

Some parents would have liked more work with the family unit as a whole, especially group work with teenagers and young adults who did not meet the FED UP age eligibility criteria. Parents felt that there were very few services for these young people and the absence of such services negatively impacted on the progress for the family.

But if she had been involved, then maybe she wouldn't have felt so excluded, because [NSPCC worker] did meet [my daughter] when she came out to the house and she did say, 'She's very angry,' because she was very angry, and that's something that she has to address for herself. Because she's over 18 now, she is able to get counselling from CADT, where I go, of which she's filled out all the forms and everything, but she seems to be falling through the net, it still hasn't happened and it's six months down the line.

Parent, alcohol dependent

Parents also felt that a greater involvement of extended family and the child in sessions would help develop more effective support plans for the family.

So ideally, I wanted us all to sit down with [my son] and tell him what we were going to do, because he knew the meeting was taking place, how we were going to move forward from that, and that didn't happen like that. But as it is, we've all worked through it and that was fine, it's just with hindsight and looking back at how it might have helped us more.

Parent, alcohol dependent

Some parents also felt that it would have been helpful to have more joint work with their child and more group work for parents. They felt that this may have increased an understanding about the learning that parents and children had got out of the programme.

It would have been good for them at the end, even though they had like a party here, it would have been good if, at the end, all the parents and the children came together and did something all together, and to do something like they've just done, the bowling. It would be better to bring the parents and the children together, because it was very separate, and it would have been nice to have done some work together, and also it would have been nice to meet the other parents and hear how other people were coping.

Parent, alcohol dependent

Not having the time to engage

Some parents felt that they did not get the most out of the work because they already had a considerable time commitment to other programmes.

I was having counselling, [my son] had a support worker, we were doing the FED UP, and we were doing Supporting Families. I was just wanting to get everything working, but looking back now, it was too much, because I'm bipolar and it's sort of like that: it's 'got to do, got to do, got to do'.

Parent, drug dependent

Parents also felt that they often struggled to find the time and space to engage with the programme, especially if other children/teenagers were at home during the course of the work. This made some parents more conscious of how they were expressing emotions.

A barrier for some parents when they started the programme was their negative perception of the NSPCC based on an image of the NSPCC as removing children from parents' care.

It was just sometimes it was a bit awkward here because I've got other children, I mean I've got teenagers here and even though I'd say to them, "I've got this appointment," they'd still be in and out and in and out and in and out and annoying you. I remember one session I had with [the practitioner] and we were talking about things and I got quite upset and my daughter came in and started going, "What's up Mum? What's up?" as if to say [the NSPCC worker] had made me cry and I said, "It's not [the NSPCC worker's] fault," I said, "It's just things we're talking about," you know.

Parent, alcohol dependent

Perception of the NSPCC

A barrier for some parents when they started the programme was their negative perception of the NSPCC based on an image of the NSPCC as removing children from parents' care.

Yeah. I think I was more scared that they were going to take the children into care, that's why the barriers went up. But as time went on I realised the only way they would get taken off me is if I didn't cooperate, so that's why I did.

Parent, alcohol dependent

Parents also expressed some suspicion about the relationship of the NSPCC with children's services. As the assessment phase of FED UP involves drawing information from various sources, parents at times confused the relationship between the NSPCC and children's services. They would have preferred clearer understanding that the NSPCC was independently undertaking the assessment.

I didn't have a problem with them knowing the social workers and other people's thoughts on it, but I just felt that that should have come after, not before.

Parent, alcohol dependent

Chapter 5: Conclusion

This interim report has found evidence that, at the end of the FED UP work, the well-being of children and young people increased and parents' awareness about the impact of their drug/alcohol use on the family also increased.

The report also found that children and parents who participated in the programme expressed a greater confidence in speaking about the impact of drugs and alcohol within the family. This suggests the importance of the programme in supporting families to talk about drugs and alcohol in a more honest way with each other, developing a positive environment for families to discuss their worries, feel valued and seek support.

The report also draws attention to the complexity of change for these families. The increases to children's self-esteem and parents' protective behaviours may take longer before any positive change is observed, highlighting the importance of longer-term follow-up with these families.

Suggestions for improvement

Despite the positive findings, there were suggestions from children and parents about ways to improve the programme. These included a review of the assessment process to ensure that the groups for children are well-balanced in terms of age and gender. Parents in particular felt that a more positive image of the NSPCC would have made them feel more comfortable about attending the programme from the outset. Parents emphasized the importance of involving all family members, including extended family members, in the joint work to ensure that the family feels supported in achieving change that is sustained after the end of the programme. Both children and parents spoke about how they would have valued the provision of longer-term or drop-in support once the programme had finished, or signposting to other services that could provide such support on a more ongoing basis.

Next steps

This evaluation has found that the outcomes for parents and children have improved, even if some of the changes appear to be relatively small. Without a comparison group, however, it is not possible to directly attribute the changes to the intervention. The planned addition of comparison group data will help to strengthen evaluation findings and should enable greater confidence that any changes are attributable to the FED UP programme. The findings from this additional element to the evaluation will be included in the final

evaluation report, along with more qualitative data from parents and children, especially those who may have not have completed the programme, in addition to interview data from NSPCC practitioners and referrers.

Bibliography

- Brandon, M., Bailey, S. and Belderson, P. (2010) **Building on the learning from serious case reviews: a two-year analysis of child protection database notifications 2007-2009 (PDF)** . London: Department for Education (DfE).
- Forrester, D. and Harwin, J. (2011) **Parents who misuse drugs and alcohol: effective interventions in social work and child protection**. Chichester: Wiley-Blackwell.
- Forrester, D., and Harwin, J. (2006) **Parental substance misuse and child care social work: findings from the first stage of a study of 100 families**. *Child and Family Social Work* 11(4): 325-335. [Freely view abstract or access full text by subscription: **Child and Family Social Work 11(4): 325-335**].
- Harbin, F. and Murphy, M. (ed.) (2006) **Secret lives: growing with substance: working with children and young people affected by familial substance misuse**. Lyme Regis, Dorset: Random House.
- Home Office (2003) **Hidden harm: responding to the needs of children of problem drug users: the report of an Inquiry by the Advisory Council on the Misuse of Drugs (PDF)** . London: Home Office.
- Kroll, B. and Taylor, A. (2003) **Parental substance misuse and child welfare**. London: Jessica Kingsley.
- Manning, V. et al (2009) **New estimates of the number of children living with substance misusing parents: results from UK national household surveys** . *BMC Public Health* 9: 377.
- Sahin N. (2010) **Childhood Trauma, Types of marriage and self esteem as correlates of Domestic Violence in Married Women in Turkey**. *Journal of Family Violence* 25 (7): 661-668.
- Sawyer, E. (2009) **Building resilience in families under stress: supporting families affected by parental substance misuse and/or mental health problems: a handbook for practitioners**. London: National Children's Bureau (NCB).
- Spade, Julie A. **The Relationship Between Student Bullying Behaviors and Self-Esteem**. Electronic Thesis or Dissertation. Bowling Green State University, 2007. <https://etd.ohiolink.edu/>

APPENDICES

Appendix 1: Programme details

Overview of sessions

Overview of sessions for children:

Session 1: Can you break the FED UP code?

This introductory session begins the process of forming the group and allowing children to get to know each other and facilitators. It is also to enable the group to agree rules that will form the written agreement.

Session 2: Getting to know you.

This session explores where the child sees themselves in relation to their family and the roles taken on by the child and other family members. The session aims to support children in understanding that families are all different, have different support systems and may have different rules, but that they all share a common bond of living or having lived in a substance-using environment.

Session 3: Safety in the home and community

This session is focussed on both educating and raising awareness of how children can keep themselves safe at home and in the community through development of basic strategies and who they can turn to as a trusted adult if they have worries or concerns.

Session 4: Living with chaos

This session aims to help the children process some of their memories connected to house moves and acknowledge the impacts.

Session 5: Good and bad habits and the ripple effect on families

The session aims to help the child begin to understand the problems and begin to share feelings about the impact their parent's behaviour has upon them.

Session 6: Friends and bullies; healthy relationships.

This session is aimed at helping children to explore their experiences of bullying and to consider the impact of being a bully themselves. Towards the end, the session introduces the concept of 'when adults bully'. This is aimed at leading the group into the next session to talk about relationships at home where control, bullying and violence may be a feature.

Session 7: Angry adults: family secrets

Many of the children who attend the FED UP group will also have experienced the impact of domestic abuse. This session has often enabled children to tell their own stories, although they will often do so in third person.

Session 8: My feelings

This session links to the last session in continuing to support children to talk about their experiences in a safe and confidential environment, except where clear child protection issues emerge.

Session 9: First aid: presented by a qualified first aider

Substance using parents are often suspicious of emergency services and external agencies. This session aims to demystify the emergency services and help the children see them as a place they can turn to for help.

Session 10: Goodbyes

A key outcome for our work is to ensure that children are cared for safely, that their needs are being met and identifiable risks are reduced. A key message is that children should not be responsible for managing their own safety. However, it is intended this group work programme will have raised the child's understanding and awareness of what they can do to help keep themselves safe.

Overview of parent sessions:

Session One: My child's story

Aim of session: To focus upon the child's needs and safety. To understand the child's experience of family life so far and for the parent to highlight key strengths and areas of difficulty that they identify from their child's story

Session Two: My child's story (continued)

Aim of session: As described in Session One. The child's story may be complex and there may have been a lot of changes taking place e.g. periods of alternative care, exposure to domestic abuse and violence, involvement of statutory agencies etc.

Session Three: The caring circle

Aim of session: To identify current support systems and key relationships. To assess how these impact on parenting and the child's world.

Session Four: Every child has needs

Aim of session: The parent is clear about their responsibility and role as a parent. The parent has an improved understanding and knowledge of their child's needs that is developmentally appropriate and begins to consider ways in which these are met, partially met or not met.

Session Five: Living with the elephant

Aim of session: To enable the parent to see their substance as another family member. To support the parent in understanding the impact of their substance use upon the child. To challenge the myth that their child does not see what is occurring in their family.

Session Six: The parent's cycle

Aim of session: To explore with the parent their substance using history and to link this to the cycle of change. To help the parent identify where they are now on the cycle of change. To identify possible goals that can achieve change.

Session Seven: The rollercoaster of change

Aim of session: To help the parent understand the emotional impact their substance use has upon their child. To explore the child's vulnerability and resilience. To explore in more detail the parent's motivation to make or sustain change in their parenting behaviour.

Session Eight: Keeping my child safe

Aim of session: To develop a safety plan that looks at all aspects of safeguarding the child from harm.

Session Nine: Coming Together

Aim of session: To bring together the parent and child to recap on the work they have both done through group work and one-to-one sessions. The aim is to enable the parent and child to share their experiences and learning from the programme and to open up the communication between them about family life. For the child to have their feelings acknowledged by the parent and for the parent to seek to release the child from taking responsibility for their behaviours.

Session Ten

Aim of session: This will be a joint session with the parent and child to develop a safety plan that both can own and share ownership of.

Programme inclusion and exclusion criteria

Threshold: Children can be referred across the spectrum of need but as this is a targeted service the minimum expectation is that children will be subject to Common Assessment if not a Child in Need plan, Child Protection registration or a Child Protection plan.

If the parent does not engage or drops out of the programme:

The inclusion criteria make clear that no child should be penalised for their parent not engaging or disengaging in this programme. It is vital that all children have the opportunity to receive a service unless their own needs are a barrier. Children who also live with alternative carers but who continue to be exposed to their parent's lifestyle through contact will also be included. See below.

Exclusion criteria – children: Children who have severe behavioural difficulties will be too disruptive to manage within a group work setting and are likely to impact negatively upon others in the group. It is also not appropriate for children who are known to be experimenting with substances to be included as their needs require a different service and a referral should then be made.

Experience has told us that some children have parents who are highly resistant and are not supportive of their child attending the group; nor do they wish to engage themselves. Such situations are likely to have a negative impact upon the child as they will not be supported emotionally to attend and sabotage is likely.

Siblings: Experience has also shown us that it is not possible to work with more than one sibling in a group work setting. The child lacks the freedom to be themselves. They may have the role of carer within the family or have taken on a level of emotional responsibility for their parent or sibling which would then impact on their level of engagement if another sibling is present. It is possible to include the sibling in a later group programme.

Treatment: The parent does not have to be in treatment in order to access this service. However, it will be important to establish through the initial assessment process that the parent is sufficiently stable and that there are no known identifiable factors that would disrupt the programme of work. This is an important factor as experience has shown that if the parent is too chaotic in their use they are unable to sustain a programme of work and the child often then drops out of the group programme too. It will be important to instigate child protection procedures if the impacts upon the child are assessed as being harmful.

We hope that there will be some parents at the end of the programme that feel sufficiently motivated to seek treatment and support.

Non-substance using parent: We are hoping to establish whether the level of engagement from parents may be a factor in improved outcomes for the child. The focus of the parenting programme will therefore be on the primary care giver, whether or not they are the substance user.

We consider that it is important to involve where possible all of the adults involved in caring for the child.

Non-using parents have a crucial role to play in ensuring the child's needs are met by understanding the impact upon the child of the other parent's/carer's misuse and in establishing an effective safety plan for the child.

Role of fathers/cohabitees: Other consistent/constant adults in the child's life should be assessed and offered the programme of work. Men who are on the periphery need to be known about, particularly when assessing risk, and appropriate steps taken to share information with relevant agencies if concerns arise.

Alternative carers: The parenting programme is also designed to include carers who provide alternative care to children.

Appendix 2: Research instruments

FED UP standardized measures

Outcome	Tool	Summary of measure
Protective parenting (parent perspective)	Child Abuse Potential Inventory (CAPI)	<ul style="list-style-type: none"> • Instrument to help towards distinguishing between parents who may be at risk of physically abusing their child and those that are not. Subsequently used as an assessment tool and for evaluation purposes. • Developed in the 1970s by Joel Milner to assist social services in the US to screen parents who ‘potentially’ may be at risk of physically abusing their child. • Used for FED UP as an evaluation tool only and not for predicting abuse. It is a reliable tool for measuring change in protective parenting. • The author of the scale identified six aspects through literature and existing research that would distinguish parents who were a risk compared with those who were not. Three relate to the attitude of the parent and three relate to relationships. • Validated to determine six key aspects: <ul style="list-style-type: none"> – Attitude: rigidity, distress, unhappiness – Interpersonal: problems with child and self, problems with family, problems from others • Also includes scales to measure ego strength and loneliness. • Inbuilt validity scales to filter out parents who may be faking good responses or being inconsistent or random in their responses. • More than 1,000 journal articles, chapters, books, dissertations, theses, convention papers, and unpublished reports describing the psychometric characteristics and/or applications and/or limitations of the Child Abuse Potential (CAP) Inventory. (2/2012) • CAPI scale cut-off score: 215, indicating scores above this threshold suggest parents have low protective parenting. • We would be looking for a statistically significant decrease in the mean scores of parents engaged in FED UP between the beginning and end of the programme.

Outcome	Tool	Summary of measure
Children's self-esteem (child's perspective)	Self-esteem scale (based on Rosenberg)	<ul style="list-style-type: none"> • The self-esteem questionnaire is based on the Rosenberg self-esteem questionnaire (most widely used self-esteem measure) but since it has been adapted for use by children it is not a standardised measure, therefore no normative data is available. • Research shows that children who care for parents who misuse drugs or alcohol are more likely to have lower self-esteem. Therefore, this is a valuable tool for measuring changes in children's self-esteem over the course of the programme. • Relatively short (10 statements); includes reversed scoring. • Total scores range from 0–30 with a higher score indicating a higher level of self esteem. • Rosenberg has been used in studies of domestic abuse (Shahin et al., 2010), substance abusers (Eastman & Bunch, 2009), bullying (Spade, 2007). • We would be looking for a statistically significant increase in the mean scores of children's self-esteem questionnaires between the beginning and end of the programme.
Children's emotional wellbeing (child's perspective)	Goodman's Strengths and Difficulties Questionnaire (SDQ)	<ul style="list-style-type: none"> • Measures the emotional and behavioural problems of children and young people – measures strengths as well as difficulties. • It has been used in the Framework for the Assessment of Children in Need and their Families (Department of Health et al., 2000) and by CAMHS Outcome Research consortium (CORC). • It is completed by the young person where they are aged 11 years or over or where the practitioner feels that the child is able to complete it alone. It is completed by the parent if the child is younger than 11 or unable to complete it themselves. • It contains four difficulty subscales: hyperactivity, conduct problems, emotional symptoms and peer problems, plus a strength subscale of pro social items. • The higher the total score, the higher the level of difficulty. Where parents completed the SDQ high scores are deemed to be 17 or over and where self-completed, 20 or over. Borderline scores fall into the range between 14 and 16 for parent completed SDQs and between 16 and 19 for those completed by the child. Anything below these thresholds falls into the normal category. • We look for a statistically significant decrease in the mean score of SDQs between the beginning and the end of the programme.

Outcome	Tool	Summary of measure
Children's social functioning	HoNOSCA (Health of the Nation Outcome Scales for Children and Adolescents)	<ul style="list-style-type: none"> Measures the range of physical, personal and social problems associated with mental health. Contains four subscales: behavioural problems, impairment, symptomatic problems and social problems. Rating for each subscale (between 0 and 4) is based on the judgement of the practitioner. There is no cut-off point for a high level of mental health problems. It is easy to use and sensitive to change, making it a useful tool for measuring change in practitioners' perspectives between the beginning and end of the programme. We look for a statistically significant decrease in mean scores of HoNOSCA's between the beginning and end of the programme.
Children's safety skills	Evaluation wheel	<ul style="list-style-type: none"> Evaluation wheels are completed by parents and children at the beginning and end of the programme to measure softer outcomes; it is not a standardised measure. Respondents rate themselves between 1 and 5 (1 being low, 5 being high) against 5 criteria (parents) and 6 criteria (children), such as confidence in being able to do the best for their children (parents' wheel) and being able to talk to parents about their drug or alcohol misuse (children's wheel). We expect to see the way in which parents and children rate themselves against the criteria on the evaluation wheels increase between the beginning and end of the programme.

Interview schedule for children

1. Genogram: To understand more about you and your family.

2. About the programme: How many, how long ago, what you liked – why, what did you not quite like – why; exercises; what you remember about the group (spider diagram).

3. Specifically about the group experience

- How did you feel about working with the other children in your group?

Did you enjoy this most of the time or not? (explore: group dynamics)

(If yes) What did you like about this?

(If no) What didn't you like about this?

- How did you feel about talking about things which have happened to you and your parent?

If yes, did you find it any easier to talk about things after you had been at the groups a bit longer?

Did you feel any better or worse after talking about these things?

4. Changes before and after:

4.1 How you feel life is going for you overall

- Did they make you feel differently about yourself?

4.2 Change in understanding about your parent's drug or alcohol misuse

- Do you feel you learnt anything about your parent's situation?

4.3 Change in talking about your parent's behaviour with others

- Did they make you feel differently about your parent?

4.4 Change in your own behaviour

- Have you noticed any changes in yourself at home, with friends or in school?

4.5 Change in your parent's behaviour

- Do you think they feel better after this work or not?

4.6 Change in your relationships

- Have you noticed any changes in how you get on with others and your parents?

5. Comments on how the safety plan worked

- How did you feel about doing the joint work with your parent?

- Did you enjoy this most of the time or not?

(If yes) What did you like about this?

(If no) What didn't you like about it?

- Is there anything that could be done to make the FED UP programme better?

If yes, please explain.

Interview schedule for parents

- 1) On the whole, how would you describe your experience on this programme?
For example, has it been a mostly positive or negative experience?
- 2) Was there anything you particularly liked or disliked about the individual work?
(Prompts used if necessary) E.g. any particular sessions, anything in general about the sessions.
- 3) Do you think this experience has helped you in any way, or not?
(Prompts used if necessary) For example, coping with your past experiences, relating to your child, understanding your child better, feeling better about yourself.
 - 3a) (If yes) Please give details.
 - 3b) (If no) Are there any reasons you feel this work has not helped you?
- 4) Do you think the groups/work have helped your child in any way, or not?
(Prompts used if necessary) For example, coping with their past experiences, affecting their behaviour in any way, dealing with their emotions differently.
 - 4a) (If yes) Please give details.
 - 4b) (If no) Are there any reasons you think they have not helped?
- 5) Do you feel that your relationship with your child has been affected in any way by the FED UP programme?
 - 5a) If yes, how has it been affected?
E.g. positively or negatively?
- 6) How have you felt about talking about things that may have happened in your past to the worker?
E.g. have you found it hard/easy? What has been hard/easy?
- 7) How have you felt about talking about your experiences with your child in the joint work?
E.g. have you found it hard/easy? What has been hard/easy?
- 8) Has this programme made you think differently about anything which has been discussed?
 - 8a) (If yes) What do you think you have learnt?
- 9) Do you feel you would know where to go for further support if you needed it?
Where do you think you would go to get this support?

10) What did you think of the worker on the programme?

E.g. in terms of how well you related to them, how easy it was to talk to them, how they dealt with the group, how they dealt with sensitive issues?

11) Do you have any suggestions of how this service could be improved?

Appendix 3: Ethics overview

All NSPCC practitioners delivering FED UP attended evaluation training in order to gain an understanding of how the evaluation worked and the key ethical considerations in carrying out the evaluation. The ethical issues central to this evaluation are listed below:

- **Gaining informed consent from service users** – Practitioners explained the purpose of the evaluation to service users, their role within the evaluation and the way in which information they shared with the evaluation team would be used. Service users consented to the evaluation with a clear understanding of these issues. Consent forms were signed pre- and post-programme by parents who were happy to take part, and/or for their child to take part, in the evaluation. Verbal consent was obtained from children regarding their participation in the evaluation. The same process is also being used for those parents and children who are part of the comparison group.
- **Confidentiality** – It was explained to service users that all information that they shared with the evaluation team would be treated in the strictest confidence unless they shared something with the team that raised concerns about a child's safety.
- **Option to withdraw from study** – Service users understood at the time that they consented to be part of the evaluation that they could change their mind at any time and withdraw their involvement or contribution to the evaluation before the final report is produced.
- **Protection of participants** – Practitioners were requested to use their judgement when asking service users to take part in the evaluation, particularly regarding their capacity to cope with completing certain measures to ensure that doing so did not cause them any harm. This was especially crucial when administering the CAPI which is a lengthy measure containing some difficult and personal questions which may cause parents to reflect on their lives in such a way that causes them a level of distress. Practitioners were able to use their judgement regarding where the CAPI should not be completed; this was particularly important when working with parents with mental illness or drug or alcohol misuse problems. Similarly, practitioners were able to use their judgement to ensure that service users who may have felt vulnerable in an interview situation were not included in the sample for qualitative interviewing. In this way participants were protected from any potential harm. All interviews were gently wound down at the end to ensure that participants were left feeling as upbeat as possible at the end of the interview.

- ***Advice/support for participants*** – Should any evaluation participant be left feeling in need of extra support following an interview, researchers were able to suggest services that might be able to help them. Whilst practitioners administered measures with service users they were able to discuss any feelings that completing the measures had brought up and obtain advice and support directly from their NSPCC worker.
- ***De-briefing*** – All interviews and completion of measures ended with a discussion regarding how the service user found taking part in the evaluation to ensure that they felt comfortable with what they had just done and to provide them with the opportunity to ask any questions that they may have had.

Appendix 4: Statistical analysis and qualitative data management

I. Strengths and Difficulties Questionnaire data: Change in mean score, pre- and post-FED UP based on the Wilcoxon Ranked Sign Test (n=91)

SDQ subscale	Mean at T1	Standard Dev. at T1	Mean at T2	Standard Dev. at T2	P Value
Emotional difficulties	3.75	2.40	3.51	2.46	0.20
Conduct problems	3.64	2.48	3.34	2.20	0.08
Hyperactivity	5.51	2.66	5.19	2.67	0.02*
Peer problems	2.80	2.04	2.34	2.02	0.11
Pro-social	7.95	1.95	7.89	1.91	0.40
Total score	15.77	7.55	14.37	6.53	0.02*

* Statistically significant

II. (a) Strengths and Difficulties Questionnaire data: Proportional shift in children from a clinical level of difficulty (abnormal) to a normal or borderline level between the beginning and end of FED UP. Based on an Exact McNemar's Test (n=91)

Level of difficulties	Pre-programme	Post-programme	P value
Normal range (normal and borderline bands)	62.60%	74.70%	0.03*
Clinical range (abnormal)	37.40%	25.30%	

* Statistically significant

II. (b) Strengths and Difficulties Questionnaire data: Movement of children from a level of clinical need to non-clinical need (and vice versa) at the end of FED UP (n=91)

	Clinical level of need post-FED UP	Non-clinical level of need post-FED UP
Clinical level of need pre-FED UP	18	16
Non-clinical level of need pre-FED UP	5	52

III. Adapted Rosenberg self-esteem questionnaire for children: Change in mean score, pre- and post-FED UP, analysis based on the 1 tailed T Test (n=89)

	Mean at T1	Standard Dev. at T1	Mean at T2	Standard Dev. at T2	P Value
Total score	20.29	5.86	21.16	10.00	0.07

IV. HoNOSCA: Change in mean score, pre- and post-FED UP, analysis based on the 1 tailed T Test (n=90)

	Mean at T1	Standard Dev. at T1	Mean at T2	Standard Dev. at T2	P Value
Total score	6.35	5.22	4.95	4.25	0.01*

* Statistically significant

V. CAPI: Change in mean scores, pre- and post-FED UP, analysis based on the Wilcoxon Ranked Sign Test (n=31)

	Mean at T1	Standard Dev. at T1	Mean at T2	Standard Dev. at T2	P Value
Distress	151.68	75.4	137.94	79.06	0.09
Rigidity	9.65	8.98	8.81	10.28	0.37
Unhappiness	30.84	22.82	24.58	18.69	0.02*
Problems with child	8.29	8.83	6.71	8.36	0.25
Problems with family	13	13.8	12.32	12.82	0.55
Problems with others	15.9	7.72	16.32	7.25	0.96
Total score	225.65	104.81	206.68	102.37	0.07
Ego strength	16.26	11.47	17.74	11.42	0.39
Loneliness	9.77	4.95	8.84	4.73	0.15

* Statistically significant

VI. Parents' evaluation wheel score, pre- and post-FED UP, analysis based on the Wilcoxon Ranked Sign Test (n=44)

	Mean at T1	Standard Dev. at T1	Mean at T2	Standard Dev. at T2	P Value
How much I think my child is affected by my behaviour	3.57	1.28	4.02	1.19	0.04*
How confident I feel that I am doing the best I can for my child	3.68	1.12	4.55	0.55	0.000*
How supported I feel in taking care of my child	4.05	1.2	4.40	0.88	0.04*
How confident I feel in asking for help when I need it	3.70	1.30	4.36	0.87	0.001*
How much knowledge I have about children's needs at different stages of their development	3.91	1.01	4.43	0.66	0.002*

* Statistically significant

Framework themes and subthemes to manage qualitative data

- 1.0 Analysis of standardised measure
- 2.0 Practitioner case closure summary
- 3.0 Family environment
- 4.0 Changes after or during programme
 - 4.1 Talking about the issue and impact
 - 4.2 Knowledge or confidence in dealing with crisis
 - 4.3 Change in own behaviour and impact
 - 4.4 Change in other behaviour and impact
 - 4.5 Change in relationship and impact
 - 4.6 Change in family situation and impact
 - 4.7 Change in aspiration, motivation, hopefulness
 - 4.7 Change in understanding about issues
 - 4.8 Change in using other service
- 5.0 Role of the programme
 - 5.1 Activities that helped or not
 - 5.2 Practitioner support
 - 5.3 Peer support (for children)

- 5.4 Safety plan
- 5.5 External factors
- 5.6 Expectations met or not
- 6.0 Suggestions
- 7.0 Learning
- 8.0 Other

www.nspcc.org.uk

Registered charity numbers 216401 and SC037717. Photography by Getty Images, posed by models. 7080/11.