PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

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Evaluation of the Innovation Fund St Helens Building Bridges Project: Final Report

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About this Report

In 2018, Public Health England allocated £10.5 million to help improve the lives of parents and children impacted by alcohol. This included a £4.5 million Innovation Fund (from the Department of Health and Social Care and the Department for Work and Pensions) for local projects across England working with families, and a £6 million capital fund to improve access to alcohol treatment within the community. The Innovation Fund was awarded to nine local projects across England for demonstrating a creative approach to reach and support families affected by alcohol. St Helens Building Bridges Project was one of the nine awarded projects. In March 2021, St Helens were awarded funding to extend Building Bridges for an additional six-months. The Public Health Institute, LJMU, were commissioned to carry out an evaluation of the Building Bridges project.

Acknowledgements

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Executive Summary

Parental Alcohol Misuse

Alcohol misuse is a significant cause of premature mortality and morbidity in the UK. The wider harms of alcohol misuse are evident at individual, community and societal level. Of particular importance is the impact that parental alcohol misuse can have on children and families. Evidence suggests that children affected by parental substance misuse, including those who have experienced Adverse Childhood Experiences (ACEs) and have grown up in a household with the 'toxic trio' (an interaction of domestic abuse, parental substance abuse and parental mental health issues), have complex needs, particularly relating to their mental health and wellbeing.

In 2019, Public Health England (PHE) published alcohol harm guidance that stressed the need to ensure alcohol services are designed to work collectively to support individuals, families and communities. Specifically, support for children such as building resilience, developing positive support relationships and networks, and access to early intervention and ongoing support has been shown to mitigate against the negative impact of ACEs. This 'whole system approach' has been advocated in national and international policy and guidance as an effective way to tackle complex public health problems.

In 2018, PHE allocated £10.5 million to help improve the lives of parents and children impacted by alcohol. This included a £4.5 million innovation fund (from the Department of Health and Social Care [DHSC] and the Department for Work and Pensions [DWP]) for local projects across England working with families, and a £6 million capital fund to improve access to alcohol treatment within the community. The Innovation Funding was awarded to nine local projects across England for demonstrating a creative approach to reach and support families affected by alcohol. Additional funding was also made available to each of the nine projects as part of the reducing parental conflict programme. The St Helens 'Building Bridges' project was one of the nine awarded projects.

The St Helens Building Bridges Project

The St Helens substance misuse service CGL (Change. Grow. Live) were awarded Innovation Funding to work with St Helens children's services (including schools) to recognise when alcohol is a problem. The ethos of CGL is to provide a whole person approach and aims to 'help people change the direction of their lives, grow as individuals, and live life to its full potential'. The overall aims and intended outcomes of the Building Bridges Project are to:

- Provide value for money as it builds on and uses existing infrastructure;
- Work in partnership with the police/children's services/schools to better identify those in need, and target families where alcohol has been identified as an issue and provide effective interventions and signposting;
- Support parents through better access to early help/prevention and treatment, pro-social modelling and peer support, evidence-based programme delivery and awareness raising and education around parental conflict;
- Support children through child-led whole family assessment and planning, programme delivery, better partnership to access specialist care and support;
- Reduce the requirement for families in St Helens to have their 'children looked after' by building abstinence, resilience and improving family dynamics.

The Innovation Funding was used to fund three new posts for the Building Bridges project. Resources and timelines were built into the project for recruitment and training for the following posts:

Early Intervention Coordinator: Developed to carry out outreach work, providing specialist advice to professionals and one-to-one support with families at Children's Centres and supporting the programmes delivered at CGL.

Complex Case Worker: Two complex case social worker roles were developed. Social workers create and maintain crucial relationships with statutory sector partners to support the navigation, for both service users and staff, of the complex social care systems, as well as providing specialised substance misuse training to partners. In times of changing thresholds, social workers enable the Substance Misuse Service to manage more complex cases, mitigate risk and improve outcomes for the families.

Family Recovery Champion: Developed to incorporate invaluable lived experience to the team. This role provides families with the opportunity to speak with someone who has had similar experiences to them and a personal understanding of the issues they are facing.

Delivery of Training: A training package was developed to upskill professionals, increase their knowledge around alcohol, relationships with alcohol and the consequences and impact, and increase their confidence in having conversations with clients and patients around alcohol use. The training was delivered to teachers, Social Workers, student Social Workers, Midwives, Domestic Abuse Team and Housing Officers across St Helens.

The funding provided increased capacity to deliver a number of initiatives to 270 families per year. CGL offers support to families, depending on their specific needs, through three key programmes:

The **First Steps programme** is a brief intervention and advice programme which in underpinned by systemic theory. The brief intervention programme runs weekly for six-weeks (six sessions) and focuses on reducing the impact of alcohol use on families. The sessions cover: physical health, mental health, the family system, self-development and harm reduction. The programme provides a range of resources, tools and a digital app, and facilitates access to mutual aid groups/apps.

The **Confident Families programme** is a 12-week parenting programme for parents who are misusing alcohol. The programme uses transactional analysis to help improve communication and behaviour, create positive role models, build parenting skills, enhance parents understanding of children's developmental needs, identify the impact of neglect, explore consistent parenting and safe supervision, and to help develop positive coping strategies and positive ways of managing challenging behaviour.

The **Moving Parents and Children Together (M-PACT) programme**, developed by Action on Addiction, is a whole family support 12-week programme designed to work with children and families with multiple complex needs who are affected by substance use. The programme utilises a psychosocial and educational approach and has been running within a wide range of organisations across the UK since 2006. The Innovation Funding and Building Bridges Project provided St Helens CGL with the opportunity for to expand their treatment offer for families and deliver the M-

PACT programme on a more regular basis; the funding meant a further two programmes could be delivered, doubling capacity.

Local Evaluation of the Building Bridges Project

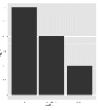
The Public Health Institute (PHI), Liverpool John Moores University (LJMU), were commissioned to carry out a local evaluation of the impact of the Innovation Funding. The evaluation was commissioned to run throughout the duration of the Building Bridges Project (between March 2019 and December 2021). PHI became a member of the Building Bridges project Steering Group. The primary objectives of the evaluation were to:

- **Capture the impact** of the Building Bridges project on families, exploring how and where families are being supported.
- Examine the implementation and effectiveness of the **whole system approach**: exploring staff perceptions and experiences of training; the impact of the integrated approach to the delivery of Building Bridges on partnerships and pathways; and family experiences of the referral process, awareness and expectations of the Building Bridges project
- Explore the **value for money** of the Building Bridges project.

Evaluation methods

The study received full ethical approval from the Liverpool John Moores Research Ethics Committee (approval reference: 19/PHI/035) and data collection methods were designed in accordance with National Government Covid-19, local Government and LJMU guidelines. Evaluation activities included:

A rapid literature review and review of programme delivery documentation to provide context to the research and aide the interpretation of research findings and development of recommendations



Quantitative analysis of available anonymous secondary data for the Building Bridges project, including pre and post analysis of GAD-7, PHQ-9 and the Stirling Children's Wellbeing Scale (SCWBS) for children and young people

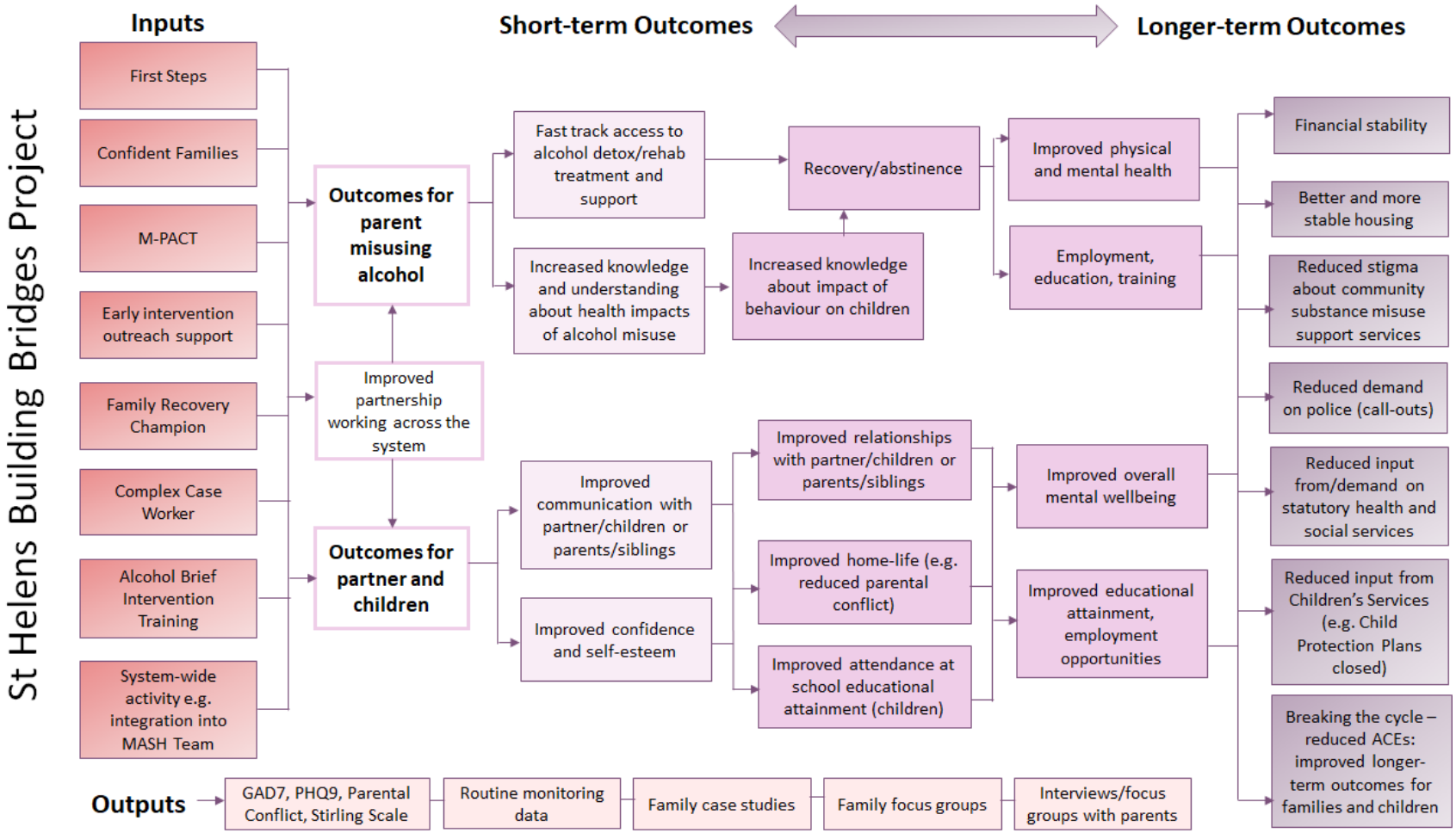
Engagement with service users engaging with the CGL M-PACT (n=24 parents and n=21 children), and wider stakeholders through multiple meetings and through interviews (n=2), allowing for the development of case studies

An online survey with professionals (n=30) attending the alcohol brief interventions training

Findings

Through Building Bridges, St Helens have developed a place-based whole borough response to supporting children of alcohol dependent parents. The Building Bridges evaluation has highlighted the effectiveness of the Innovation Fund in expanding capacity and provision, enabling support for more families and demonstrating effective whole system change. As a result, the funding has enabled CGL to become an adult service that has a child focus. Each Building Bridges programme has been examined and the findings triangulated to inform the development of a logic model to illustrate the short, medium and longer-term impacts of the Building Bridges project.

Building Bridges Project Logic Model



Evidencing Outcomes

Evaluation findings highlighted that families had access to a wealth of support that they would not have had access to without the Innovation Funding. The Confident Families and M-PACT programmes provided a non-judgmental and supportive environment for families to engage with support and develop relationships and peer support networks with other families.

> *"I've got people that I can talk to each day. Coz I don't speak to my family at the moment because of me addiction and stuff like that so as I said before they make you feel like you're not alone…I don't ever want to go back into that hole." (Parent)*

> *"It has proper changed my life….just like seeing other people…just seeing other people who were in that situation" (Parent)*

> *"(I) don't know what I'd do without the staff. Because they've helped me so much, all of them, every one of them. I can't pick me favourite because there is none. Because they're all the same, they've saved my life" (Parent)*

Impacts of the support included improved and strengthened family relationships, a better understanding of the impact of alcohol misuse on children, peer support, reduction in alcohol use and improvements in wellbeing. A number of families were reunited for children who had resided outside of their parent's care, with a number children returning home to live with their parent during their time engaging with the Building Bridges Project.

> *"The effect that it's had in my family home already is absolutely massive. Me boys are a lot happier. There's no shouting. There's no screaming. It's really good stuff and wouldn't have been possible if there was no Confident Families." (Parent)*

> *"M-PACT has really helped me lift a whole lot of weight off my shoulder because there is other people who have kind of been through the same thing as me, and I feel like I can talk to the people in here" (Young person aged 13+)*

> *"I think M-PACT is helpful because it has helped me to build a stronger relationship with my mum and siblings" (Young Person aged 13+)*

Families completed a series of pre and post validated measures at the start and end of the engagement with the Building Bridges project. This included the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires, and the Stirling Children's Wellbeing Scale (SCWBS) for children and young people. The pre and post data shows a substantial decrease in anxiety and depression for parents and an increase in positive wellbeing for children and young people.

PHQ-9: mean score at start - 17.7 moderately severe depression ➡ 3.5 no depression at end

GAD-7: mean score at start - 15.2 severe anxiety ➡ 3.3 minimal anxiety at end

SCWBS: mean score at start - 31.0 ➡ 48.0 (maximum positive wellbeing score 60) at end

The total mean score for 84 parents completing the pre and post PHQ-9 questionnaire decreased from moderately severe) to 3.5 at the post assessment (no depression). The majority (96.5%) of the 84 parents were experiencing depression at the start of their engagement with the Building Bridges Project. A large proportion (n=59, 70.3%) were moderately severely or severely depressed, which

decreased to just three (3.6%) parents still rating their depression as moderately severe (and no parents rating severe) at the end of treatment. Almost three quarters of the 84 parents (n=61, 72.6%) scored no depression on the post assessment. The total mean score for 83 parents completing the GAD-7 questionnaire, decreased from 15.2 at the pre assessment (severe anxiety) to 3.3 at the post assessment (minimal anxiety). The majority (96.5%) of the 83 parents were experiencing anxiety at the start of their engagement with the Building Bridges Project. Almost two thirds of the parents (n=54, 65.1%) had rated their anxiety as severe at the start compared to only two (2.4%) parents still experiencing severe anxiety at the end of the project, 79.5% (n=66) parents self-rated their anxiety as minimal at the end of the project.

The total mean scores for the 64 children and young people completing the SCWBS shows an improvement in wellbeing for positive outlook increasing from 16.2 to 24.2 and positive emotional state increasing from 14.8 to 23.8 (out of a possible maximum score of 30 for each category). The overall total wellbeing score also increased from 31.0 to 48.0 (out of a possible 60), with the score improving for every one of the 64 children and young people.

Evidencing Whole System Change

In order to summarise the effectiveness of Building Bridges on transforming system change, the evaluation findings have been mapped to the principles for achieving a whole system approach to community-centre public health (sustaining outcomes, involving communities, strengthening capacity and capability, scaling practice, and values and principles). This has allowed in-depth consideration of the mechanisms affecting whole system change.

Values and Principles

It was evident throughout the evaluation that key members of the Building Bridges project were committed to developing system change and had a shared vision for the approach. The development of trust and sustainable relationships was evident throughout the Steering Group, in terms of the commissioners, the service providers and everyone involved in providing and supporting the Building Bridges project. A driving factor behind the success of the project was strong strategic buy-in and leadership from the start and throughout. A shared vision was developed across the Steering Group and it was clear that the willingness and trust between commissioners and providers had an impact in successfully developing and delivering Building Bridges.

Giving Children a Voice

CGL have been able to successfully capture the voice of the child and evidence the impact and value of Building Bridges from the child's perspective. As a result, CGL have been able to feed this back to professionals including judges, social workers, Child Protection Conference Chairs and Independent Reviewing Officers, alongside ensuring it is fed into care plans for children and parents. CGL also use this evidence to direct service provision for parents, and inform local training and awareness raising initiatives. The evaluation highlighted how parents and children would value some form of aftercare programme, to include meetups for the children who had formed friendships with others on the course.

Sustaining and Maximising Outcomes

Within the literature, it is suggested that outcomes are sustained where new relationships, generated through whole system initiatives, have been maintained and strengthened. This evaluation has highlighted the importance of the whole system approach to family support. Of particular importance were the peer-led activities and information peer support networks in enabling parents and families

to sustain their positive behaviour change. With the support of the Innovation Fund, CGL have provided a service which has a child focus, which many services struggle to achieve. The evaluation found that stakeholders had mixed awareness of Building Bridges across the broader system; this suggests there is potentially unmet need, and further impact that the programme could have on children and families affected by parental alcohol misuse.

Involving Communities

Involving communities in identifying their needs and priorities is a key aspect of an effective whole system approach to community-centred public health. It is clear that the Building Bridges project has a strong standing in their community, and this was evidenced through its service users describing a reduction in stigma and the positive standing that the initiatives (particularly CGL) have within the community. The project also collects extensive insights from their community in the form of letters, artwork and case studies, further demonstrating impact.

Strengthening Capacity and Capability

St Helens children's services operate a 'Front Door' MASH[1] service; an integrated approach and multiagency point of access for families in need to prevent needs escalating further. This includes domestic abuse referrals from the police and schools (via the St Helens Operation Encompass Project), referrals from the Troubled Families Programme, and referrals for families that require early help support and interventions. As part of the Building Bridges Project, a member of CGL was based within the 'Front Door' service on a daily basis, to improve the identification of parental alcohol misuse in referrals and target the unmet need in St Helens. As part of the project, CGL aimed to screen 800 referrals over the life course of the project (an estimated 60-70 per month). However, once the project became implemented, CGL were screening between 130 and 200 referrals per month; approximately one-third of total referrals to children's social care. Of those referrals screened, up to 90% had some element of substance use (including alcohol) (see Table 1 for further details regarding project performance).

Table 1. Key Performance Indicators for the Building Bridges programme

Key Performance Indicator	Outcome
1). Increase number of ADPs accessing treatment.	KPI's met and exceeded, with the exception of classifying clients as tier 2 (the majority of clients are taken onto structured caseload).
2). Increased number of children of ADPs receiving support.	KPI's met and exceeded.
3). Increase rate of successful treatment completion of Alcohol Dependent Parents	KPI for the service was too ambitious and impacted by Covid-19 pandemic[2].
4). Number of ADPs engaging in reducing parental conflict programmes.	KPI's met and exceeded.
5). Number of staff trained/sessions held in interventions delivered by the programme.	KPI's met and exceeded.
6). Increase number of Children's social care front door screens.	KPI's met and exceeded (met KPI for the whole year in one quarter)

[1] The Multi Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively https://www.sthelens.gov.uk/social-care-health/children-and-families/

[2] Data analysis of an NDTMS extract for April 2019-March 2021 (see page 21), shows that of 373 parents, n=262, 70.2% were discharged as treatment complete, this included alcohol free (n=102/373, 27.3%). Please note that there may be discrepancies in analyses due to the different parameters, definitions and methodology used by NDTMS.

Building Bridges has had a positive impact on the capacity and capability of professionals working across the system, through the training that has been provided and the joint working across agencies and professionals. Further, the project actively seeks to support its service users to take up volunteering and training opportunities, thus further strengthening capacity within the community. These activities are central to the ability of individuals and families to make a positive contribution to society, limiting the impact of adverse childhood experiences and creating inter-generational long-term change.

Scaling Practice

Building bridges have successfully integrated a holistic behavioural change model looking at all aspects of a parents within service including substance use, the impact on children, parental conflict and domestic abuse. The success of the Building Bridges project in supporting system level change has been evidenced through the ability of the project to systematise approaches across St Helens. Through the Innovation Fund, Building Bridges has developed partnerships which impact on the wider early help system and with clear integration into the MASH. The benefits of this approach are clearly evidenced within this evaluation, with key partners now sitting on groups and panels that influence decisions. As a result, key partners now provide specialist advice to help inform decision making and are now part of the wider system, beyond the Building Bridges project.

Measuring Wider Outcomes

In addition to the immediate impacts of the Building Bridges project, a wide range of broader social value outcomes have been identified (as highlighted in the logic model). These ranged from CGL actively supporting service users to become involved in volunteering, undertaking training courses and ultimately leading to ambitions of employment. Outcomes were also identified where children had returned to school or were now attending regularly, as a result of engaging with the Building Bridges project.

A dataset is currently being developed by CGL that will detail much wider outcomes that are not routinely collected at CGL. This has been an onerous task and involved inputting individual data by hand from individual case notes. It is anticipated that this dataset will evidence data that is usually anecdotal, yet could demonstrate huge impact for parents and for the Building Bridges project. This could include steps downs within social care, families reunited, parents returning to education, training and employment, and parents gaining voluntary and paid employment. This data could be invaluable to the project going forward; the legacy of this data set could be used to help attach detail to case studies and used as evidence to help inform future funding applications. This data exercise would need to be routinely carried out and could be embedded within standard and routine data monitoring and the Building Bridges outcomes framework.

Recommendations

Scaling Practice

- The success of the Building Bridges model should be identified as an example of best practice, and the learning from the holistic behaviour change approach adopted nationwide.
- The children who engaged with M-PACT benefited from spending time with other children in similar situations in a safe space where they could be honest (for the first time) about how they were feeling and the impact of addiction on them and their lives. This needs to be continued and opportunities provided for children to have an active role in the recovery community. An extension of the work with children could be considered by local

commissioners to include direct one-to-one support for children and ongoing M-PACT aftercare.

- The integrated working between Building Bridges and the MASH should be further developed; there have been several cases where families have been supported and escalation beyond level two/early help has been avoided. The local authority should consider a funding a specific post to further support this activity.
- Awareness raising activities should be undertaken across statutory and non-statutory services in St Helens, to increase the understanding of the pathways into specialist alcohol services that can support families, parents and children. The impact of this should be closely monitored to explore how this affects service capacity and demand, and to avoid further stretching resources.
- Given the value for money of the Building Bridges programme, as demonstrated through the case studies, participant and stakeholder feedback, programme outcomes and Key Performance Indicators, the funding for this programme should be continued. Critically, the ability of the programme to meet the demand should be closely monitored, again, to avoid further stretching resources.
- The impact of increasing demand (particularly given the current performance of the Building Bridges programme in exceeding original assessments) should be closely monitored to ensure that caseloads do not exceed 40, and that groups sizes remain manageable (as referenced through participant experiences within the current evaluation and recommended in current policy.

Monitoring Outcomes

- CGL regularly undertake novel activities to engage families in sessions. This allows families to engage in activities and communicate their feelings in different and accessible ways, such as through using artwork and letters to recovery. This has been important for families and useful for facilitating sessions, but also is an invaluable way of capturing impact of the project in different formats allowing families to have a voice, provide feedback and help shape the support that they receive. CGL should continue to use these activities to inform routine data capture.
- A number of parents who engaged with the Building Bridges project have gone on to become volunteers at CGL, support groups and working within the recovery cafe. One parent had gone on to become a volunteer at CGL, supporting the delivery of ongoing and future M-PACT programme, highlighting the importance of lived experience and the benefits of peer support for other parents engaging with the programme. CGL should consider a way of formally capturing the volunteering activities at Building Bridges, and the outcomes of these.
- Parental conflict was initially measured using the Parental Conflict Tool, however, this was deemed unsuitable. In line with the further roll out of parental conflict focused work within CGL, a bespoke measure should be used to effective capture the impact of the parental conflict based initiatives.
- During the latter phase of the evaluation, the First Steps programme was extended from six to ten weeks to cover topics including conflict, connections, and relationships. Further work is recommended to measure and understand the impact of this on the families who receive it.

Strengthening Capacity and Capability

- The training survey highlighted gaps in basic awareness around the impact of alcohol misuse on the family. Moving forward, the training offer could include two training sessions, including a basic and enhanced training package.
- Parents highlighted the importance of having such opportunities available to them and the impact of this on their confidence, self-esteem and skillset. This opportunity should continue to be made available to parents where possible. Where possible, Building Bridges should capture these wider outcome to further evidence their effectiveness.

Contents

1. Introduction

1.1 Parental Alcohol Dependency: The National Picture

Alcohol misuse is a significant cause of premature mortality and morbidity in England, contributing to more than 200 health conditions (PHE, 2019). The wider harms of alcohol misuse are evident at individual, community and societal levels. Of particular importance is the impact that parental alcohol misuse can have on children and families, with recent evidence suggesting that children affected by parental alcohol misuse have complex needs, particularly relating to their mental health and wellbeing (Roy, 2020).

Recent data (from 2018-2019) showed that there were 120,552 alcohol dependent parents living with children in England and of these, 25,435 were in treatment PHE (2020). The data suggest an unmet need of 79%. In 2019-2020, data showed that parents new to treatment (for both alcohol and drug use) had an average of 1.8 children living with them (PHE, 2020). From a mental health perspective, recent data show that at the start of treatment, 56% of parents or adults living with children (n=15,520) and 61% of parents not living with children (n=24,522) had a mental health treatment need (2019-2020, PHE).

In England, 2019-2020 data shows that 26% of parents/adults living with children and 19% of parents not living with children were receiving children or family support (figure 1).

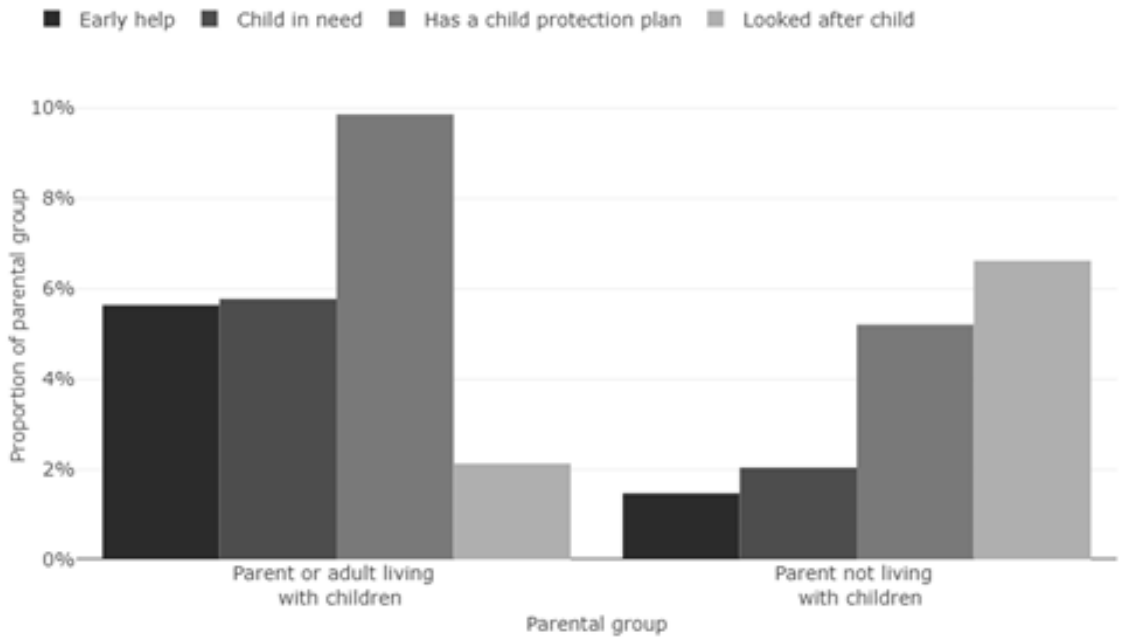


Figure 1. Proportion of clients (alcohol and drugs) receiving early help and child social care support at the start of treatment, for new presentations, England, 2019-20 (PHE).

New presentations to treatment in England (2019-2020) highlight how many alcohol dependent parents are also experiencing problem drug use (figure 2).

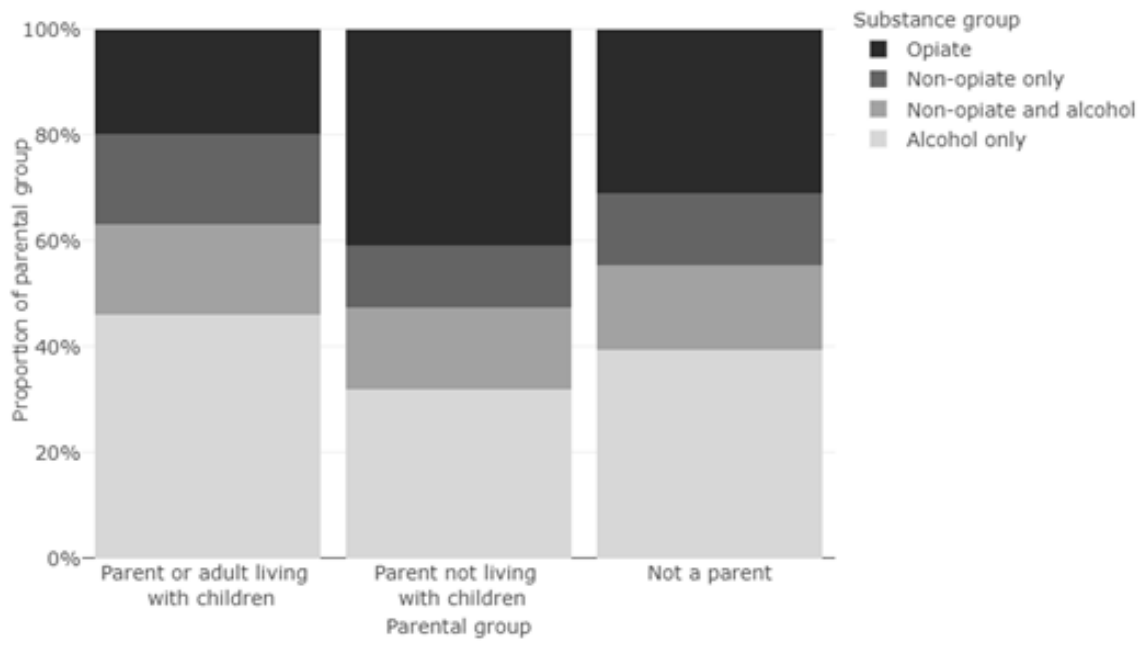
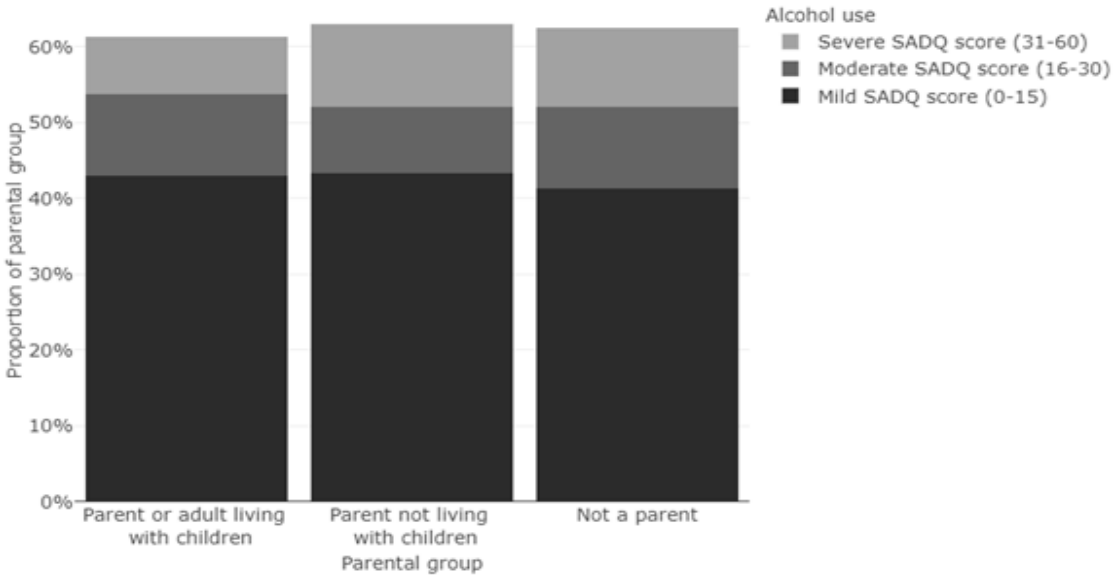


Figure 2. Treatment Data from 2019-2020 (PHE)

From an alcohol-specific perspective, data show that the severity of alcohol dependence (as measured by the Severity of Alcohol Dependence Questionnaire [SADQ]) was classed as moderate or severe for 19% of all parents or adults new to treatment who were living with children. For parents not living with children, 20% presented with moderate or severe alcohol dependence (figure 3).



Data was not available or inconsistent for 38% (10,698) of parents/ adults living with children, 36% (14,734) of parents not living with children, and 37% (23,555) of those who were not parents.

The number of clients declining to answer the question amounted to 0% for all groups (95 parents/ adults living with children, 194 parents not living with children, and 248 those who were not parents).

Figure 3: Alcohol use for new presentations in England measured using the Severity of Alcohol Dependence Questionnaire (SADQ), 2019-2020 (PHE)

1.2 Parental Alcohol Dependency: The Situation in St Helens

St Helens is one of the 20% most deprived districts/unitary authorities in England, with a lower life expectancy for both men and women lower than the England average (St Helens JSNA, 2020). In relation to alcohol-related harm, data reports there are 867 stays per 100,000 population (representing 1,524 stays per year), worse than the England average (636.4-100,000). There are higher numbers of adults in St Helens more likely to self-harm, be overweight and physically inactive, when compared the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are, however, better than average (PHE, 2018).

St Helens has the fifth highest rate in England of hospital admissions caused by alcohol, the tenth highest mortality rate due to alcohol conditions and second highest for women, three times the national rate of alcohol specific hospital admissions for under 18's and double the national rate of looked after children (PHE, 2018). PHE data (2019-2020) show that 66% of all clients in treatment in St Helens were parents, with (26%, n=411) living with children and (39%, n=620) not living with children. Of those new presentations to treatment, 25% (n=200) were parents or adults who were living with children and (45%, n=350) were parents not living with children. Figure 4 shows the proportion of new presentations to treatment in St Helens for the respective substance groups.

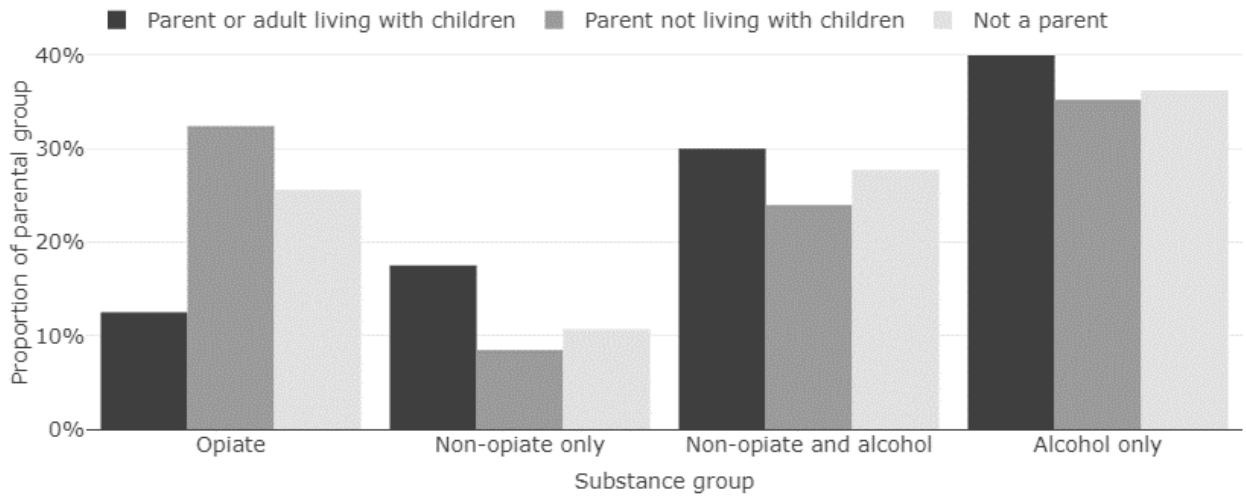


Figure 4. Breakdown of substance groups for new presentations to treatment in St Helens

In terms of new presentations to treatment in St Helens, 70% of parents/adults living with children were receiving no children or family support (compared to 75% nationally). Of the 30% receiving support, 12% had a child on a child protection plan, 8% were in receipt of early help support, 8% had a child in need and 2% had a looked after child. Of those parents not living with children, 83% had no children or family support (compared to 78% nationally). Of the 17% receiving support, 6% had a child on a child protection plan, 3% were in receipt of early help; 3% had a child in need and 4% had a looked after child (PHE data, 2019-2020).

The proportion of new presentations to treatment with a mental health treatment need were highest for those who were parents not living with children. These figures were also higher when compared to the national average (figure 5).

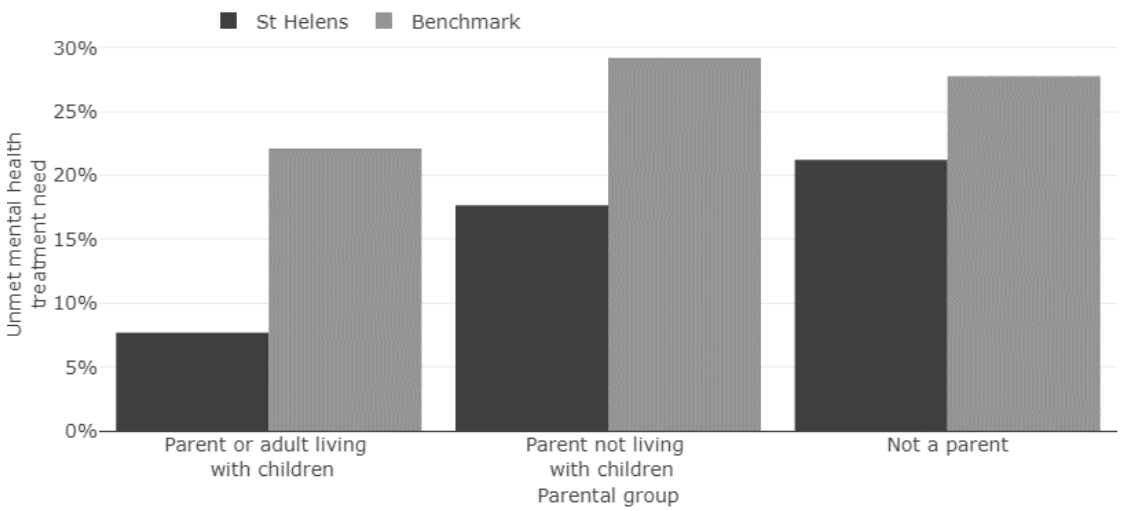


Figure 5. Proportion of new presentations to treatment with a mental health treatment need 2019-2020 (PHE)

Childhood Local Data on Risks and Needs provides information about the number of children at risk. This information (figure 6) shows that the proportion of children living in households where a parent has alcohol or drug problems, domestic abuse and severe mental health is 11 per 1000 (the same as the national average).

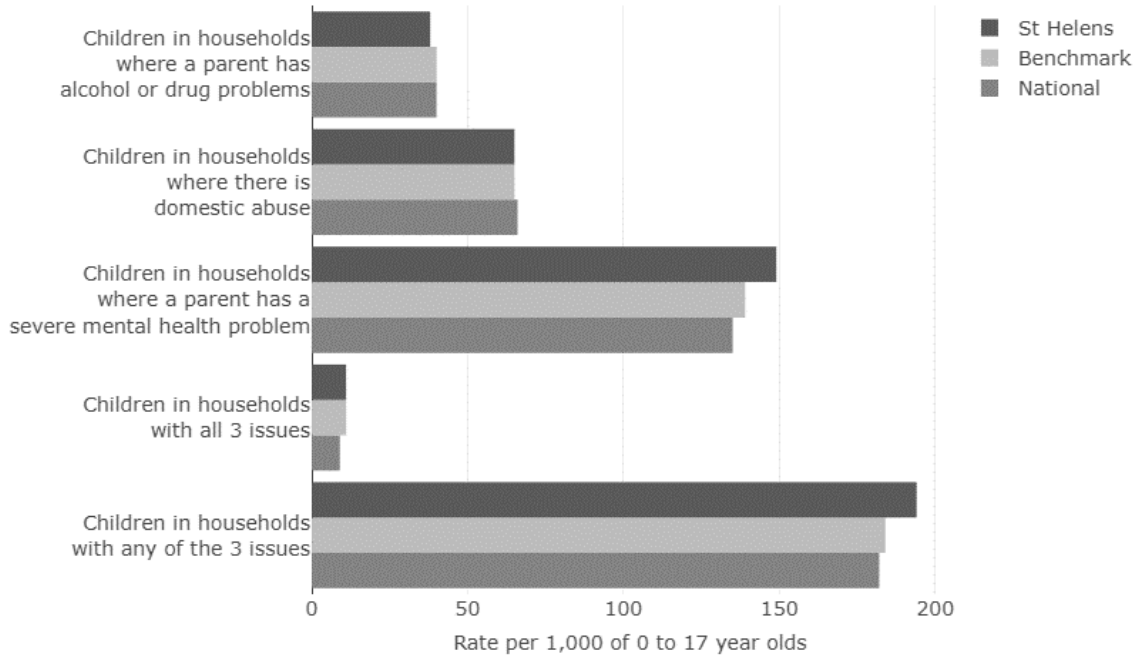


Figure 6. Co-occurring parental alcohol and drug problems, mental ill health and domestic abuse (PHE, 2019-2020)

1.3 Impacts of Parental Alcohol Dependency

Families affected by substance misuse can experience a range of impacts, including physical and mental illness and harms, parental conflict, violence and homelessness. It can also impact upon parental capacity, a factor in child maltreatment and neglect (Kroll and Taylor, 2003). Parental

substance use was recorded in 39% of serious case reviews between 2014-17 (carried out when a child has died or been seriously harmed) (DfE, 2020).

When estimating the prevalence of children living in households with the 'toxic trio' (an interaction of domestic abuse, parental substance abuse and parental mental health issues), the Children's Commissioners Office (2018) found that 70% of adults in England and Wales who grew up in a household with substance misuse also experienced domestic abuse and/or child maltreatment. Further, an estimated 100,000 children lived in a household with the 'toxic trio' (Children's Commissioners Office, 2018). Children are considered more vulnerable to death and serious harm when the 'toxic trio' exists (DfE, 2020). The NSPCC report receiving up to 200 contacts (10,207 calls and emails) per week from children, in relation to parental substance use (NSPCC, 2018). Following on from this, the NSPCC also reported a 66% increase during the Covid-19 pandemic in the number of monthly contacts they have received from people with concerns about drug and alcohol misuse amongst parents (from 700 contacts per month between January to March 2020, to 1,178 contacts per month (NSPCC, 2021).[3]

Recent evidence suggests that children affected by parental substance misuse have complex needs, particularly relating to their mental health and wellbeing (Roy, 2020). Living with a parent with alcohol issues has been identified as one of the key ten Adverse Childhood Experiences (ACEs); stressful or traumatic experiences that children can be exposed to whilst growing up (Bellis et al., 2014). ACEs are associated with increased risks for multiple health harming behaviours, and poor health and social outcomes throughout the life course and in adulthood. Intergenerational social care involvement has also been identified as characteristic of parental substance misuse, alongside wider parental and environmental risk factors for poor health outcomes (Roy, 2020).

PHE Innovation Fund

In 2018, Public Health England (PHE) allocated £10.5 million to help improve the lives of parents and children affected by alcohol. This included a £4.5 million Innovation Fund (from the Department of Health and Social Care [DHSC] and the Department for Work and Pensions [DWP]) for local projects across England working with families, and a £6 million capital fund to improve access to alcohol treatment within the community (PHE, 2018b). The Innovation Fund was awarded to nine local projects across England for demonstrating a creative approach to reach and support families affected by alcohol. St Helens Building Bridges Project was one of the nine awarded projects.

1.4 The St Helens Building Bridges Project

The St Helens substance misuse service CGL (Change. Grow. Live) were awarded Innovation Funding to work with St Helens children's services (including schools) to recognise when alcohol is a problem. The ethos of CGL is to provide a whole person approach and aims to 'help people change the direction of their lives, grow as individuals, and live life to its full potential'. The funding provided increased capacity to deliver a number of initiatives to 270 families per year. CGL offers support to families, depending on their specific needs, through three key programmes:

[3] Before the first national lockdown there was an average of 709 contacts to the NSPCC helpline about parent/adult alcohol/substance misuse a month (based on a 30-day average for 6 Jan – 22 March 2020). Following the first national lockdown the monthly average number of contacts increased to 1,178 (based on the monthly average for 1 April 2020 – 31 January 2021).

First Steps Programme

The First Steps programme is a brief intervention and advice programme which in underpinned by systemic theory. The brief interventions programme runs weekly for six-weeks (six sessions) and focuses on reducing the impact of alcohol use on families. The sessions cover: physical health, mental health, the family system, self-development, and harm reduction. The programme provides a range of resources, tools, and a digital app, and facilitates access to mutual aid groups/apps.

Confident Families Programme

The Confident Families programme is a 12-week parenting programme for parents who are misusing alcohol. The programme uses transactional analysis to help improve communication and behaviour, create positive role models, build parenting skills, enhance parents understanding of children's developmental needs, identify the impact of neglect, explore consistent parenting and safe supervision, and to help develop positive coping strategies and positive ways of managing challenging behaviour.

M-PACT Programme

The Moving Parents and Children Together (M-PACT) programme[4], developed by Action on Addiction, is a whole family support programme designed to work with families with multiple complex needs who are affected by substance use. The programme was established in response to the Hidden Harms (ACMD, 2003) report that highlighted the impact of parental substance use on children. The programme utilises a psychosocial and educational approach and has been running within a wide range of organisations across the UK since 2006.

Where resource is available, CGL deliver M-PACT as part of their treatment offer across their services (St Helens delivered two programmes before). The Innovation Funding and Building Bridges Project provided St Helens CGL with the opportunity for to expand their treatment offer for families and deliver the M-PACT programme on a more regular basis. The funding meant a further two programmes could be delivered, doubling capacity. The St Helens Building Bridges Project M-PACT is a 12-week programme, designed specifically to support children. The programme aims to support parents and children to talk more openly and safely about the impact of parental alcohol misuse on the whole family and build family resilience.

CGL hold the M-PACT programme sessions during the evening, making it accessible for children to attend after school. It also means that the rest of the CGL service is closed and no other service users are present, meaning all delivery is family focused. CGL also provide a taxi service, using the CGL minibus to transport a number of families to and

[4] M-PACT, Action on Addiction https://www.actiononaddiction.org.uk/addiction-treatment/families-and-children/m-pact

from the M-PACT group. At the beginning of each session, the families and M-PACT workers join together to eat a meal, provided by the Building Bridges Project.

Other sessions available at CGL include 'After the Storm', a domestic abuse victim support and therapy group, and a range of other peer led groups including, creative recovery, meditation, and Family SMART Recovery.

In addition to expanding the provision described above, the Innovation Funding was also used to fund three new posts for the Building Bridges project. Resources and timelines were built into the project for recruitment and training for the following posts:

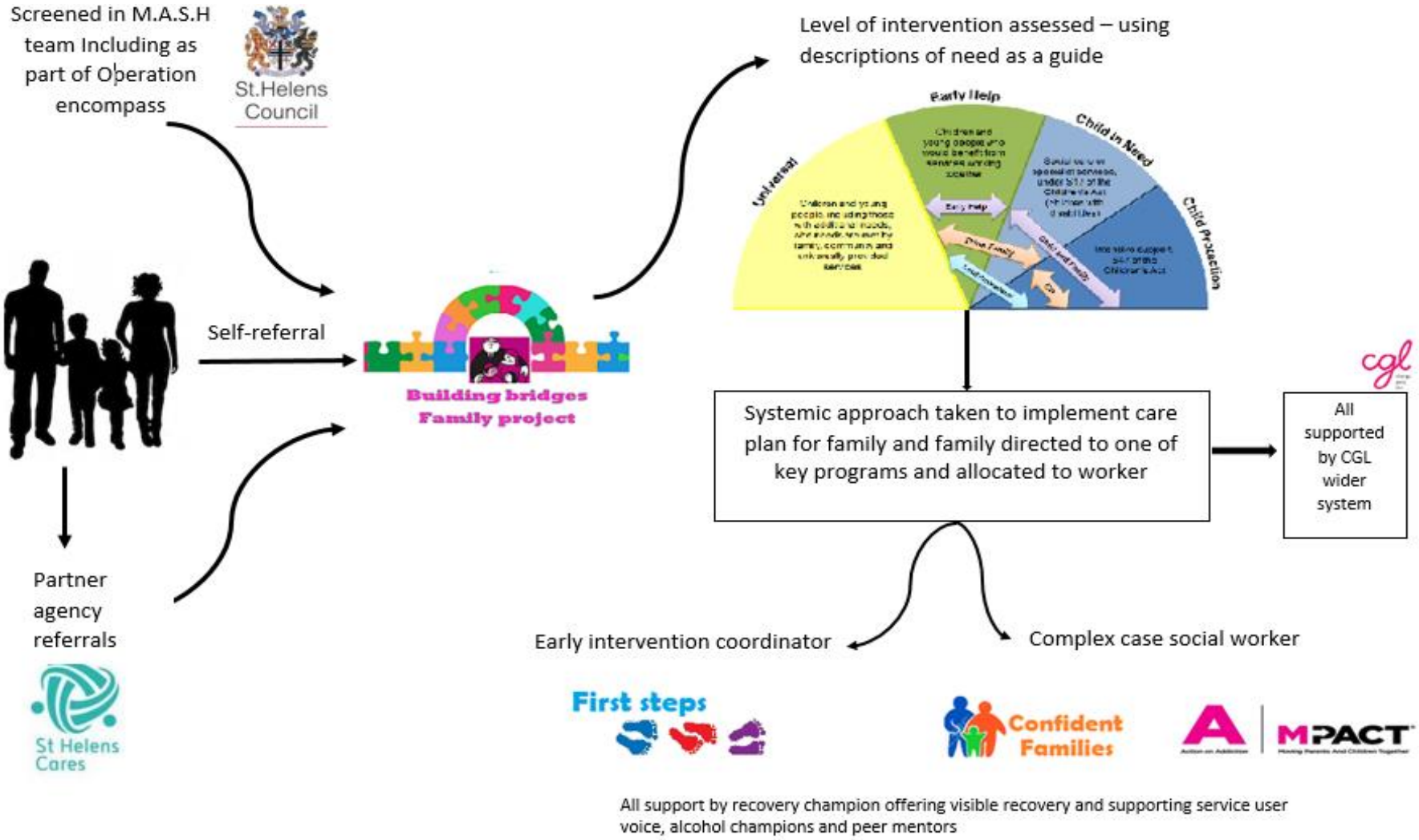
Early Intervention Coordinator: This role was developed to carry out outreach work, providing specialist advice to professionals and one-to-one support with families at Children's Centres and supporting the programmes delivered at CGL.

Complex Case Worker: Two complex case social worker roles were developed as part of the Building Bridges project, to be based at CGL. Social workers create and maintain crucial relationships with statutory sector partners to support the navigation, for both service users and staff, of the complex social care systems, as well as providing specialised substance misuse training to partners. In times of changing thresholds, social workers enable the Substance Misuse Service to manage more complex cases, mitigate risk and improve outcomes for the families. The social workers have a dual caseload of 65 families (up to 35 cases each, in addition to delivering the M-PACT programme). The social workers use a holistic approach to engage families into treatment and provide essential safeguarding support.

Family Recovery Champion: developed to incorporate invaluable lived experience to the team. This role provides families with the opportunity to speak with someone who has had similar experiences to them and a personal understanding of the issues they are facing. This role also helps to dispel myths and provide reassurance around engaging with services.

Figure 7 provides an overview of the Building Bridges model and asset-based community pathway. In addition to the specific Building Bridges Project are whole family initiatives which are outlined within the model (roles and programmes). The CGL treatment model provides a wraparound service, meaning families have the opportunity to engage with different aspects of treatment. This includes psychological therapies, clinical treatment, Fibroscan and health checks and access to one-to-one and other group support.

Figure 7. The Building Bridges Project model



*Developed by the Building Bridges Project, CGL

A Whole System Approach

Complex public health interventions require a whole systems approach. The principles of systems approaches have been applied to a range of complex health, social and environmental challenges and advocated in national and international policy and guidance (Kleinert & Horton, 2015; Mabry & Bures, 2014; Rutter, 2011). It is recognised that a coordinated and collaborative approach is required for interventions to be effective in the longer-term. Despite this, public health interventions tend to focus on individual-level interventions rather than community-based support that will address the broader determinants of health behaviour and ultimately tackle inequalities (Stansfield, South and Mapplethorpe 2020).

In their alcohol harm guidance, PHE (2019) highlight the impacts of alcohol misuse on individuals, families and communities, and advocate for alcohol services to work collaboratively across structures and interventions. PHE (2019) highlight the importance of understanding local needs and recommend that commissioned services address the needs of the whole population. Place-based approaches acknowledge the influence of the wider determinants of health across the life-course and recognise that a one-size fits all approach will not be effective. A place-based approach involves organisations working in partnership to reduce silo working and improve outcomes for the 'place', not just individuals (PHE, 2019, p.20).

Recent research has explored the mechanisms behind whole system approaches. A review by Bagnall, Radley, Jones et al (2019) explored the successful approaches reported in whole system interventions and a study by Stansfield et al (2020) identified principles for achieving a whole system approach to community-centred public health. The key principles identified in both studies overlap and include bold leadership; shifting mindsets; collective bravery for risk-taking action and strong partnership approaches; co-production; and recognising the complexity of protective and risk factors.

Through Building Bridges, St Helens have developed a whole borough response to supporting children of alcohol dependent parents. St Helens aims to provide an integrated response to working with parents and families by working collectively with a range of key partners across the system, including CGL, children's services, police, and schools with links to the child and adult psychological therapy services and young carers.

To achieve this place-based whole system approach, several activities have been implemented to support the success of the three key Building Bridges programmes:

Delivery of Training: A training package focusing on alcohol brief interventions for professionals across St Helens (delivered to teachers, Social Workers, student Social Workers, Midwives, Domestic Abuse Team and Housing Officers). The training aimed to upskill professionals, increase their knowledge around alcohol, relationships with alcohol and the consequences and impact, and increase their confidence in having conversations with clients and patients around alcohol use. Training was delivered throughout November 2018 to April 2021 to 854 professionals across 33 sessions. The training content aimed to:

- Explore nature and extent of alcohol use in the UK and St Helens
- Explore nature and extent of alcohol use in the UK and St Helens
- Highlight effects, risks and harms associated with alcohol use
- Recognise the varying different levels of alcohol misuse
- Understand the social and psychological effects of alcohol misuse
- Explore the impact of alcohol use on parenting, children and families including safe supervision

- Provide information about support, harm-reduction, and next steps
- Raise awareness of local referral process and pathways into specialist treatment in St Helens including available support and resources

System-Wide Activities: A range of activities have been implemented across the system to identify children and families where alcohol is a problem in the family. For example, the use of evidence-based screening tools; implementation of child-led, whole family assessments; Joint Working Protocol/arrangements with children's services including an information sharing agreement; delivery of project work from key Children's Centres (when Covid-19 restrictions allow), and the provision of intensive whole family support targeting parents whose children are at immediate risk of escalating to child protection plans or becoming a Looked After Child.

Integration into MASH Team: St Helens children's services operate a 'Front Door' MASH[5] service, which is an integrated approach and multiagency point of access for families in need to prevent needs escalating further. This includes domestic abuse referrals from the police and schools (via the St Helens Operation Encompass Project), referrals from the Troubled Families Programme, and referrals for families that require early help support and interventions.

As part of the Building Bridges Project, a member of CGL was based within the 'Front Door' service on a daily basis, to improve the identification of parental alcohol misuse in referrals and target the unmet need in St Helens. The workers began this role in August 2019 to integrate with children's services to screen referrals and provide specialist advice and support around specific cases and to provide training and support for other professionals working within the Front Door. The workers also attended daily BRAG[6] meetings to provide specialist alcohol treatment advice. As part of the project, CGL aimed to screen 800 referrals over the life course of the project.

The overall aims and intended outcomes of the Building Bridges Project were to:

- Provide value for money as it builds on and uses existing infrastructure;
- Work in partnership with the police/children's services/schools to better identify those in need, target families where alcohol has been identified as an issue, and provide effective interventions and signposting;
- Support parents through better access to early help/prevention and treatment, pro-social modelling and peer support, evidence-based programme delivery and awareness raising and education around parental conflict;
- Support children through child-led whole family assessment and planning, programme delivery, better partnership to access specialist care and support;
- Reduce the requirement for families in St Helens to have their 'children looked after' by building abstinence, resilience and improving family dynamics.

1.5 The Building Bridges Local Evaluation

The Public Health Institute (PHI), Liverpool John Moores University (LJMU), were commissioned to carry out a local evaluation of the impact of Innovation Funding on families affected by alcohol in St Helens. The evaluation was commissioned to run throughout the duration of the Building Bridges Project (this was initially between March 2019 to March 2021, with an extension to December 2021

[5] The Multi Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively https://www.sthelens.gov.uk/social-care-health/children-and-families/

[6] The MASH has piloted an extended screening model for domestic abuse, known as (BRAG.) This process will enable services to intervene earlier and more effectively.

following additional funding), and aimed to explore how the fund is used to expand service provision and the impact of this for families. PHI became a member of the Building Bridges project Steering Group.

The primary objectives of the evaluation were to:

- **Capture the impact** of the Building Bridges project on families, exploring how and where families are being support.
- Examine the implementation and effectiveness of the **whole system approach**: exploring staff perceptions and experiences of training; the impact of the integrated approach to the delivery of Building Bridges on partnerships and pathways; and family experiences of the referral process, awareness, and expectations of the Building Bridges project
- Explore the **value for money** of the Building Bridges project.

2. Methods

2.1 Data collection

A number of methods were implemented to gather evidence to meet the objectives for this evaluation. This included specific evaluation activities to explore the effectiveness of the programmes funded by Building Bridges. To evidence the outcomes of the Building Bridges project in creating system wide change (including improved partnership working across organisations to better identify families in need, and providing better partnership for families to access specialist care and support), a range of system-level data collection methods were also implemented:

Quantitative analysis of routinely collected data from each of the services within the programme, including pre and post measures carried out with families and individuals at the start and end of treatment/support:

St Helens CGL provided treatment data for the time period that the Innovation Funding was in place (this included April 2019 – March 2021, and not the extended delivery between April-December 2021[7]). An extract of anonymised secondary data for structured treatment (National Drug Treatment Monitoring System [NDTMS]) was provided via a secure One Drive. This information provides wider context about the demand for drug and alcohol treatment across St Helens. CGL have also developed a data set to capture the non-structured and wider treatment.

Families also completed a series of pre and post validated measures at the start and end of the Building Bridges project, this included the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires, and the Stirling Children's Wellbeing Scale (SCWBS) for children and young people. CGL carried out a deep dives exercise and provided a snapshot of assessment data for evaluation analysis. Assessments were anonymised, scanned, and uploaded to the secure One Drive by CGL, and input and analysed by the research team. The parental conflict scale was developed by DWP and the Tavistock Institute. The scale was designed to be used at the start and end of treatment, and has two versions, one for parents who are currently in a relationship, and one for parents who are separated, however, due to difficulty completing the tool and difficulty interpreting the data, the parental conflict scale was not used within the analysis.

Qualitative engagement with the families and individuals receiving support through the programme:

Six focus groups (with n= 24 parents and n=21 children) were carried out in total with families and individuals who received support through Building Bridges. This included three focus groups in person with families engaging with the M-PACT programme (n=9 parents and n=19 children [a parent's group, older young person's group, and younger young person's group]). Two online focus groups were carried out with the online Confident Families Programme (n=13). One follow-up family focus group was carried out online with a family (n=2 adults and n=2 children) who had engaged with the M-PACT programme and engaged in the earlier face-to-face data collection at CGL. Focus

[7] The evaluation was extended to December 2021 following an extension of funding that was provided to Innovation Funded projects. The extension to evaluation enabled the research team to focus on analysing all pre and post assessment data and conduct additional stakeholder interviews.

groups explored the family's experiences of the Building Bridges project and what changes they had experienced as a result of engaging with the project. Additional data was also collected with the young people through the use of Lego models, art-work and written answers during the face-to-face data collection. CGL, with permission from families, also shared artwork produced by both parents and children, and young people's letters to recovery.

Engagement with key Building Bridges partners and other key stakeholders

Information about stakeholder's experiences of the Building Bridges project were gathered through Steering Group meetings, project meetings, collaborative PHE national visits and learning event preparation. Two in-depth interviews were also carried out with key wider stakeholder who have worked alongside the Building Bridges Project. Here, information was gathered to inform the evaluation; this included stakeholder's perceptions and knowledge about outcomes and impact, challenges to delivery and thoughts about longer-term sustainability.

An online survey with professionals attending the alcohol brief interventions training:

An online survey was distributed by CGL to all professionals who attended the alcohol brief intervention training. Thirty responses were received from professionals representing organisations from health, education, and social care.

Case Studies to Assess Value for Money:

As part of their existing routine monitoring, CGL gathered a number of case studies from families who engaged with the M-PACT programme. These case studies have been used to develop cost themes for each family. This data has been used to generate an estimate of the cost-benefits (for the year following intervention) for each case study family who engaged in the Building Bridges project. The Public Health England Value for Money tool[8] has been used to estimate the cost-benefit of interventions to support parents with alcohol and drug problems.

Review of programme delivery documentation:

Documents relating to the strategic direction and delivery of Building Bridges project (such as Annual Reports and Performance Reviews) were reviewed throughout the lifetime of this evaluation to inform the context and provide any additional details about the process and implementation of Building Bridges.

Identifying the impact of COVID-19

As the evaluation progressed beyond March 2020, questions regarding the impact of COVID-19 were incorporated into the interviews and stakeholder engagement workshops. Findings are incorporated throughout.

Social Value

The evaluation methods included questions regarding the wider (and often unintended) social, economic, and environmental outcomes of the Building Bridges project, to help explain and understand the change brought about by the programme. This included questions about the

[8] https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-using-case-studies-to-estimate-the-cost-benefit-of-interventions

beneficiaries of the Building Bridges outcomes across the system (such as individuals, communities, and partner organisations) and the growth and sustainability of innovation funded activities. This approach also helps us to identify harder to measure outcomes and impacts such as wider social benefits, reduced use/engagement with services, and increased awareness and use of community assets.

Ethical Approval

University Research Ethics Committee granted approval for this research to be conducted (ethical approval reference 19/PHI/035).

2.2 Analysis and Reporting

Quantitative Analysis of Treatment Data: Characteristics of People Engaging in Treatment

The National Drug Treatment Monitoring System [NDTMS] data extract were analysed to provide an overview of the number of parents in treatment in St Helens, specifically:

- Number of parents in treatment and details about parental status, including whether the children live with the client or elsewhere, and the number of children living with the client, and whether the family are engaged with support from early help and social care;
- Numbers of parents referred into treatment by month, and referral source;
- Parent demographics, including gender, ethnicity and whether they had previously accessed treatment;
- Needs of parents in treatment, including disability, mental health needs (and whether they are already receiving support for this), accommodation need, and employment status;
- Alcohol use including Severity of Alcohol Dependence Questionnaire (SADQ) scores;
- Treatment details including interventions accessed;
- Treatment completion details including successful and unsuccessful discharges from treatment;
- Treatment Outcomes Tool (TOPs) score for self-rating psychological health, physical health, and overall quality of life.

Qualitative Data Analysis: Experiences of People Engaging with Building Bridges

Data generated through qualitative engagement with key partners, stakeholders and families have been analysed thematically using an inductive thematic approach. Key themes and sub-themes were developed and are presented within the results section.

Quantitative Analysis of M-PACT Data: Understanding Impact

For the local Innovation Fund evaluation, the following measures were analysed using the validated methods for analysis for each tool:

- Patient Health Questionnaire (PHQ-9)
- General Anxiety Disorder questionnaire (GAD-7)
- Stirling Children's Wellbeing Scale (SCWBS).

Completed pre and post surveys were scanned by the service provider and uploaded onto a secure SharePoint. This information was then entered into SPSS v.26 by the research team, before being cleaned and analysed.

Case Studies to Assess Value for Money: Evidence of Wider System Change

Two value for money case studies were developed to demonstrate examples of cost savings associated with the Building Bridges project. Case studies are advocated for use in evaluations of this type to gather in-depth insights about the types of interventions received by families accessing Building Bridges, and to highlight how and why the interventions are effective (PHE, 2021). A specific tool for use with case study data has been developed by PHE (2021) to estimate the cost-benefit of interventions to support parents with alcohol and drug problems and is specifically recommended for use with projects funded through the Innovation Fund scheme.

The PHE social cost-benefit tool estimates how much social and economic cost they can avoid by supporting families experiencing alcohol and drug problems. There are three types of costs in the PHE unit cost database:

1. Direct costs which are estimated monetary costs that directly relate to providing treatment and support – for example, costs to the local authority, NHS or criminal justice system;
2. Indirect costs which are generally related to productivity losses from people being ill or dying prematurely;
3. Intangible costs which represent disease burden, meaning the effect a condition has on someone's quality of life and how long they will live – this is quantified as quality-adjusted life years (QALYs) and valued at £60,000 per QALY.

An example of these costs are provided by PHE (2021) in their following table:

PHE (2021) Examples of cost breakdown in the Value for Money tool[9]

Cost theme	**Direct costs**	**Indirect costs**	**Intangible costs**
Social care	All costs are direct	Not applicable	Not applicable
Kinship care	Not applicable	Lost employment opportunities from having to look after children	Not applicable
Education	Providing alternative education following exclusion	Loss of future earnings following exclusion	Not applicable
Health	Medical and ambulance services Prescriptions Specialist treatment for alcohol and drug use	Not applicable	QALY losses
Crime	Police and prison costs	Insurance costs	QALY losses from being a victim of crime

[9] https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-using-case-studies-to-estimate-the-cost-benefit-of-interventions

It is important to note that the estimated costs represent potential benefits specific to that family and not the average benefits of the intervention. The social benefits presented are those estimated to occur a year following treatment intervention.

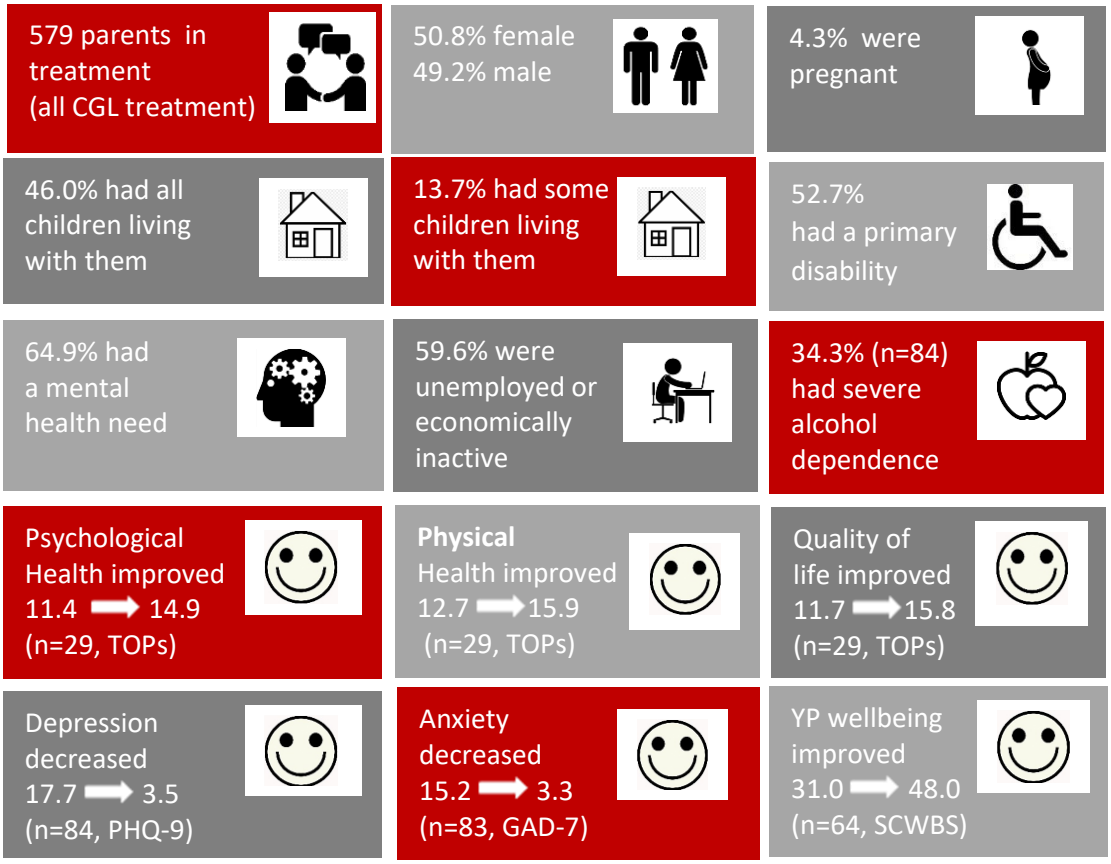
Logic Model: Triangulating Findings

The findings from each evaluation element have been triangulated and a logic model has been developed to illustrate the short, medium, and longer-term impacts of the Building Bridges project. The logic model captures the social value and wider benefits that have not been included within the PHE value for money tool and provides a comprehensive overview of the scale of the benefits achieved by the programme. The findings have also been mapped to research that identifies the key principles of a community-centred whole systems approach: strengthening capacity and capability, scaling practice, sustaining outcomes and values and principles (Stansfield et al 2020).

3. Characteristics of People Engaging with Treatment in St Helens

Analysis of secondary NDTMS[10] structured data extract

St Helens CGL provided an extract of treatment data for the initial time period that the Innovation Funding was in place (this includes April 2019 – March 2021, and not the extended delivery between April-December 2021). This included an extract of anonymised secondary data for structured (National Drug Treatment Monitoring System [NDTMS]) which is presented here[11]. It is understood that the majority of parents engaging with the Building Bridges Project required structured treatment support. CGL have also developed a data set to capture the non-structured and wider treatment.



Between April 2019 and March 2021, 579 parents[12] engaged with structured treatment at St Helens CGL (including the Building Bridges Project). The parents engaged with treatment across 674 episodes (an individual may enter treatment on more than one occasion across the two-year reporting Innovation Funding period[13]).

[10] Please note that there may be discrepancies in analyses due to the different parameters, definitions and methodology used by NDTMS

[11] A number of data variables have missing data and therefore percentage are calculated from the available data, a denominator is provider with each percentage to demonstrate this

[12] NDTMS record parent, parental status, number of children living with parent, pregnancy and early help/children's social care – not all fields are completed accurately or consistently, for example one client may be recorded as 'not a parent' but may also be recorded as 'all children living at home'. Therefore, the full data extract which includes some form of parental detail included has been used for analysis.

[13] Please note that the data extract is cut for the two year period April 2019 to March 2021, and therefore numbers for individuals in treatment may be higher when looking at individual reporting years, for example April 2019 to March 2020 and April 2020 to March 2021 (taking into account individuals re-entering treatment on more than one occasions across the two year Innovation Fund reporting period)

Referral into treatment[14]

During this time, St Helens CGL received 532 referrals into treatment (78.9% of all episodes of treatment). This included 209 referrals in 2019/20 and 323 referrals during 2021/21. A number of parents were already in treatment when the Innovation Funding came into place and continued to be supported at CGL (n=142/674, 21.1%). Referrals increased during the Covid-19 pandemic, following the first national lockdown with referrals consistently on a monthly basis since July 2020.

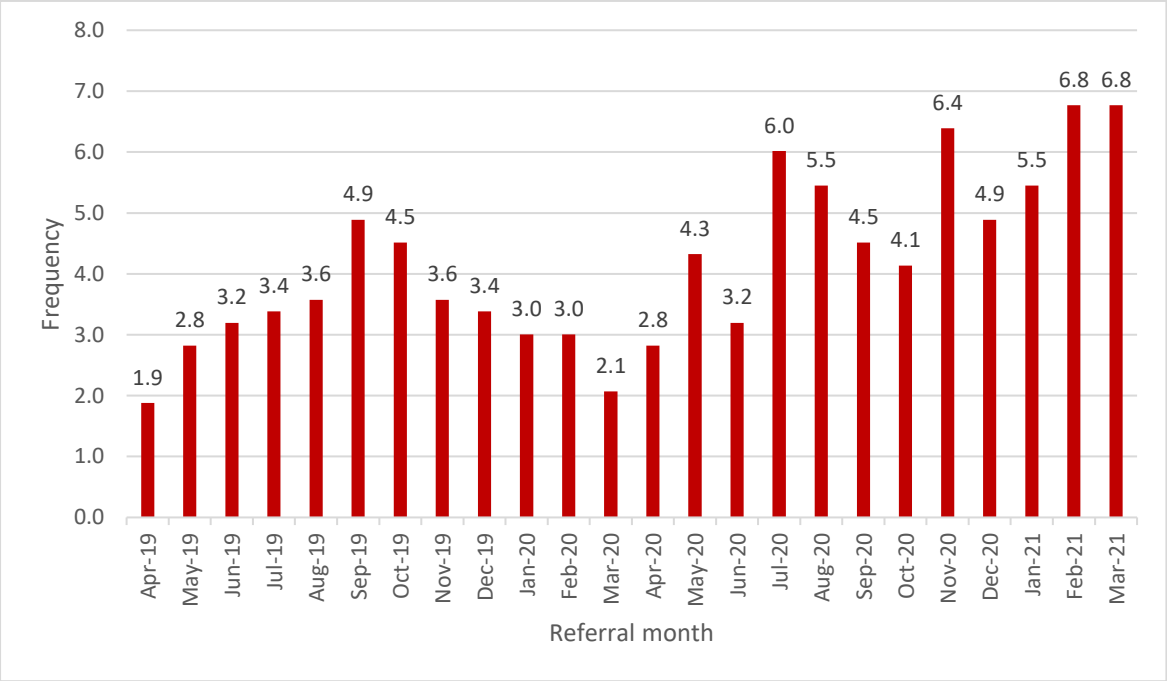


Figure 8. Referrals into treatment 2018/19 to 2020/21

Over half of all referrals into treatment were self-referrals[15] made by parents (n=383/674, 56.8%), with a small proportion being made by a concerned other, including family members (n=5/674, 0.6%). Social care, which included adult and children's service made up the majority of other referrals (n=156/674, 23.1%). This is reflective of the brief intervention training, which was delivered to stakeholders from social care, alongside the established relationships built through CGL staff being based at the Front Door. Mental health services only made up 0.3% (n=2/674) of the health referrals, yet 64.9% (n=361/556) of parents assessed at point of triage at CGL self-reported a mental health concern.

Table 1. Referral source

Referral source	N	%
Social care	156	23.1
Self	383	56.8
Criminal justice	40	5.7
Health	51	7.5
Concerned other	5	0.6
Education & Employment	2	0.2

[14] Referral data is explored by episodes rather than individuals to truly reflect the full demand on services

[15] Often a self-referral can include individuals that have been signposted from services such as social services and health professionals; however, this would be recorded as self-referral within NDTMS.

Other support service	16	2.3
Other	21	3.1
Total	674	100

Demographics of parents engaging in treatment

All of the clients resided in St Helens and there was a fairly equal split of males (n=294/579, 50.8%) and females (n=285, 49.2%) (National NDTMS data is usually two thirds male clients), and the majority were White British (n=555/579, 95.9%). Just under half had previously accessed treatment (n=264/577, 44.8%), with 54.2% (n=313/577) new to treatment.

Parents had between 1-6 children living with them. Almost half (n=255/554, 46.0%) of the parents had all their children (aged under 18) living with them, 13.7% (n=76/554) had some of their children living with them, a small proportion (n=6/554, 1.1%) had older children at home and 4.3% (n=23/491) of clients were pregnant. Whilst a large proportion (n=255/554, 34.8%) had children not living with them, they may still have contact with their children, therefore, it is important to consider the potential impact of their alcohol use on their parenting and their relationship with their child/children.

When starting treatment, clients are asked if any of their children (biological, step, foster, adoptive or children they are guardian for) including any children living with them, are receiving any early help or children's social care support. Just over half (n=297/539, 55.1%) of parents had children not receiving any help or support. A number of families were open to early help (n=49/539, 9.1%), whilst other families were subject to higher tiered statutory support, including plans relating to child protection (n=101/539, 18.7%), child in need (n=62/539, 11.5%) and looked after child (n=30/539, 5.6%).

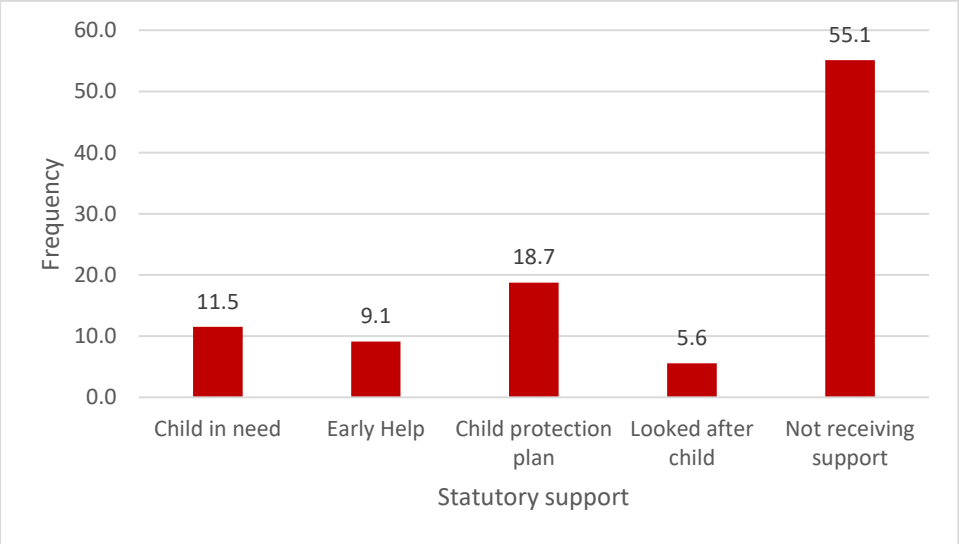


Figure 9. Children receiving early help and children's social care support

The needs of families in treatment

Most parents did not have a housing problem (n=497/578, 86.0%), however 11.2% (n=65/578) did, with 2.8% experiencing an urgent housing problem (no fixed abode n=16/578). Almost a third (n=166/559, 29.7%) of parents in treatment were in regular employment, whilst 59.6% (n=305/559) were economically inactive or unemployed.

Half of parents had a primary disability (n=296/562, 52.7%), whilst a further 13.3% (n=77) had a secondary disability and 2.4% (n=14) had a tertiary disability. Disabilities included mental health

difficulties, learning disabilities and difficulties, physical disabilities, sight and hearing disabilities, mobility impairment and other long-term conditions, highlighting the multiple complex needs experienced by clients. Behavioural and emotional disabilities were the most reported (n=205/296, 69.3% or primary disabilities). A high proportion of clients were recorded as having a mental health need (n=361/556, 64.9%), with most parents already receiving support for this. The majority were receiving mental health support from their GP (n=278/404, 68.8%), with others receiving support from community mental health teams and the IAPT service. 17.8% (n=72/404) had a mental health need identified but no support already in place.

CGL provide alcohol and drug treatment support, and therefore both are reflected within the analysis for parents engaging with the service during the Innovation Funding period (half of parents identified alcohol as their primary substance). The Severity of Alcohol Dependence Questionnaire (SADQ) was implemented at the start of treatment which asked individuals to reflect on a heavy drinking period and asked them a series of questions about how often they experienced effects associated with the drinking period. Total scores (out of a possible 0-60), indicated no dependence for a score of 0, mild dependence for scores below 16, moderate dependence for scores ranging between 16-30, and severe alcohol dependence for total scores of 31 and over. For the parents scoring on the SADQ (n=245 scoring 1 and above), 34.3% (n=84/245) had a mild alcohol dependence, 31.4% (n=77/245) had a moderate dependence and 34.3% (n=84/245) had a severe alcohol dependence. The mean score for parents was 25 (moderate).

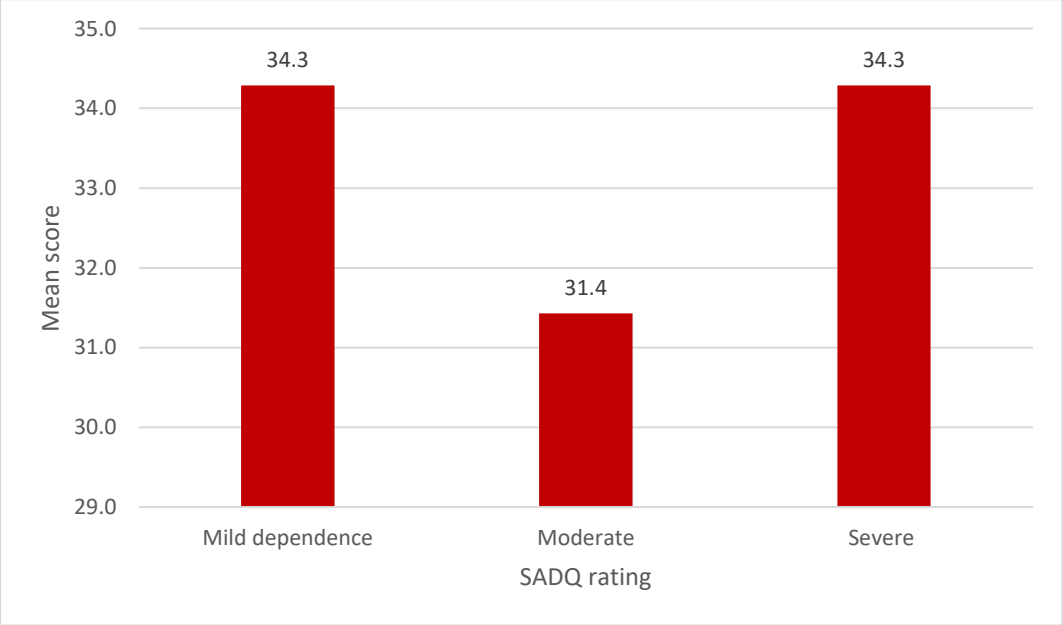


Figure 10. SADQ scores

Treatment engagement and outcomes

Between April 2019 and March 2021, almost two-thirds (n=373/579, 64.6%) of parents were discharged from treatment, with the remaining 35.6% (n=206/579) still engaged in treatment at end of March 2021. Most parents were successfully discharged as treatment complete (n=262/373, 70.2%), this included alcohol free (n=102/373, 27.3%). For those finishing treatment incomplete (n=101/373, 27.1%), the majority dropped out of treatment (n=93/373, 24.9%).

Individuals engaging with drug and alcohol treatment complete the Treatment Outcomes Profile (TOP) at the start and end of their treatment, and at review points (every 12 weeks), this is the national

outcome monitoring tool for all substance misuse services across England. The TOP asks the individuals to reflect on the previous 28 days and asks individuals to self-rate their physical and psychological health and their general quality of life on a scale of 0-20 (poor-good). In total, 227 TOP forms were complete (by episodes of treatment) at treatment start (n=91), review (n=100), treatment exit (n=29) and post-treatment exit (n=7). Exploring mean scores, the data shows that scores improved on all three measures from the start to end of treatment.

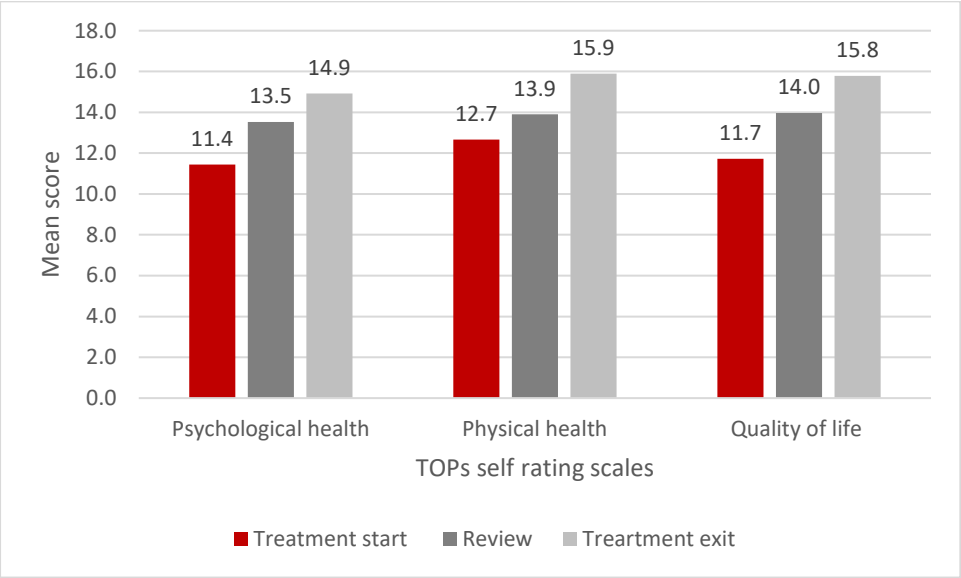


Figure 11. TOPs self-rating scales for physical and psychological health and general quality of life

4. The Impact of the Building Bridges Project

4.1 Referrals to the Building Bridges Project

As part of the project, CGL aimed to screen 800 referrals over the life course of the project (an estimated 60-70 per month). However, once the project became implemented, CGL were screening between 130 and 200 referrals per month: approximately one-third of total referrals to children's social care. Of those referrals screened, up to 90% had some element of substance use (including alcohol).

In total, in year 3, CGL had screened 2,000 referrals and provided a case analysis and made recommendations on the outcome and associated plan. An assessment of the project Key Performance Indicators (KPI) demonstrates an increase in key outcomes for the project (Table 2).

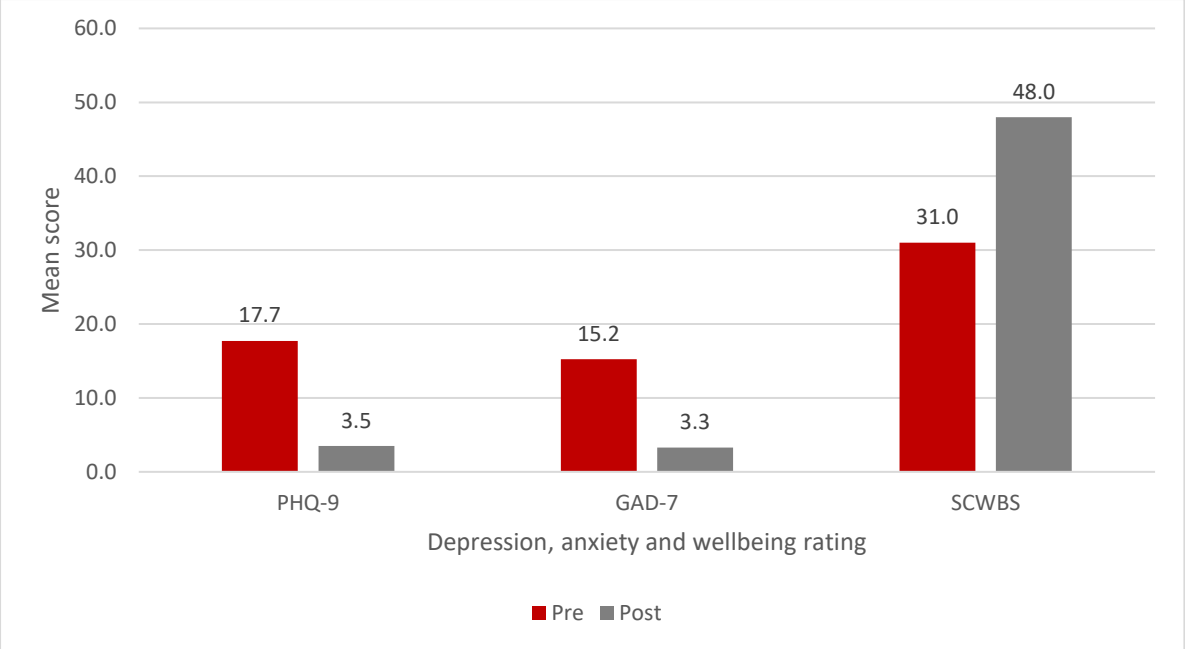
Table 2 KPI data (Year 3 to project end)

Key Performance Indicator (Year 3)
1.) Increase number of ADPs accessing treatment (By the end of the project: Tier 2 to increase from 8 to 44 and Tier 3 from 211 to 243). **KPI's met and exceeded, except for classifying clients as tier two (the majority of clients are taken onto structured caseload).**
2.) Increased number of children of ADPs receiving support (to increase from 213 to 320 by the end of the project). **KPI's met and exceeded (number of children supported via their parents).**
3.) Increase rate of successful treatment completion of ADPs (to increase from 52% to 60% by the end of the project). **KPI for the service was too ambitious and impacted by Covid-19 pandemic[16].**
4.) Number of ADPs engaging in reducing parental conflict programmes (to increase by the end of the project to: (MPACT) 16; (Confident Families) 110 and (Stay Safe) 50%). **KPI's met and exceeded.**
5.) Number of staff trained/sessions held in interventions delivered by the programme (to increase to 12 by the end of the project). **KPI's met and exceeded (three sessions per quarter).**
6.) Increase number of Children's social care front door screens to 720 per year. **KPI's met and exceeded (met KPI for the whole year in one quarter)**

4.2 Quantitative Measures Completed by Families Engaging with the Building Bridges Project

Families completed a series of pre and post validated measures at the start and end of the engagement with the Building Bridges project. This included the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires, and the Stirling Children's Wellbeing Scale (SCWBS) for children and young people. A summary of findings for each is provided in Figure 12, with further description of findings below.

[16] Data analysis of an NDTMS extract for April 2019-March 2021 (see page 21), shows that of 373 parents, n=262, 70.2% were discharged as treatment complete, this included alcohol free (n=102/373, 27.3%). Please note that there may be discrepancies in analyses due to the different parameters, definitions and methodology used by NDTMS.



Key: PHQ-9: 17.7 moderately severe depression ➡ 3.5 no depression
GAD-7 15.2 severe anxiety ➡ 3.3 minimal anxiety
SCWBS 31.0 ➡ 48.0 (maximum positive wellbeing score 60)

Figure 12. Mean scores for PHQ-9 (n=84), GAD-7 (n=83) and SCWBS (n=64)

The Patient Health Questionnaire (PHQ-9)

The Patient Health Questionnaire (PHQ-9)[17] is a self-completed questionnaire used to assess health and to screen and monitor the severity of depression. The questionnaire is used widely across health-related services. The questionnaire asks individuals how 'bothered' they have felt by a series of statements in the past two weeks:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?
3. Trouble falling or staying asleep, or sleeping too much?
4. Feeling tired or having little energy?
5. Feeling bad about yourself - or that you are a failure or have let yourself or your family down?
6. Trouble concentrating on things, such as reading the newspaper or watching television?
7. Moving or speaking so slowly that other people could have noticed?
8. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?
9. Thoughts that you would be better off dead, or of hurting yourself in some way?

Individuals are asked to rate whether they felt this way not at all (score 0), several days (score 1), more than half the days (score 2), nearly every day (score 3), resulting in a total possible score of 27. A total score of 0-4 indicates no depression; 5-9 mild; 10-14 moderate, 15-19 moderately severe and 20+ severe depression.

[17] PHQ-9 https://onlinelibrary.wiley.com/doi/full/10.1046/j.1525-1497.2001.016009606.x

The PHQ-9 questionnaire was completed with all parents at the start and end of their engagement with the Building Bridges Project. A snapshot of the assessments was provided for evaluation purposes for 84 parents.

The total mean score for the 84 parents decreased from 17.7 at the pre assessment (suggesting on average, the parents rated their depression as moderately severe) to 3.5 at the post assessment (no depression). The majority (96.5%) of the 84 parents were experiencing depression at the start of their engagement with the Building Bridges Project. A large proportion (n=59, 70.3%) were moderately severely or severely depressed, which decreased to just three (3.6%) parents still rating their depression as moderately severe (and no parents rating server) at the end of treatment. Almost three quarters of the 84 parents (n=61, 72.6%) scored no depression on the post assessment. Almost all of the parents' (82 of the 84 parents) total score for depression had decreased during treatment (ranging from 1-27 [mean decrease in score was 15]), evidencing substantial reductions in depression.

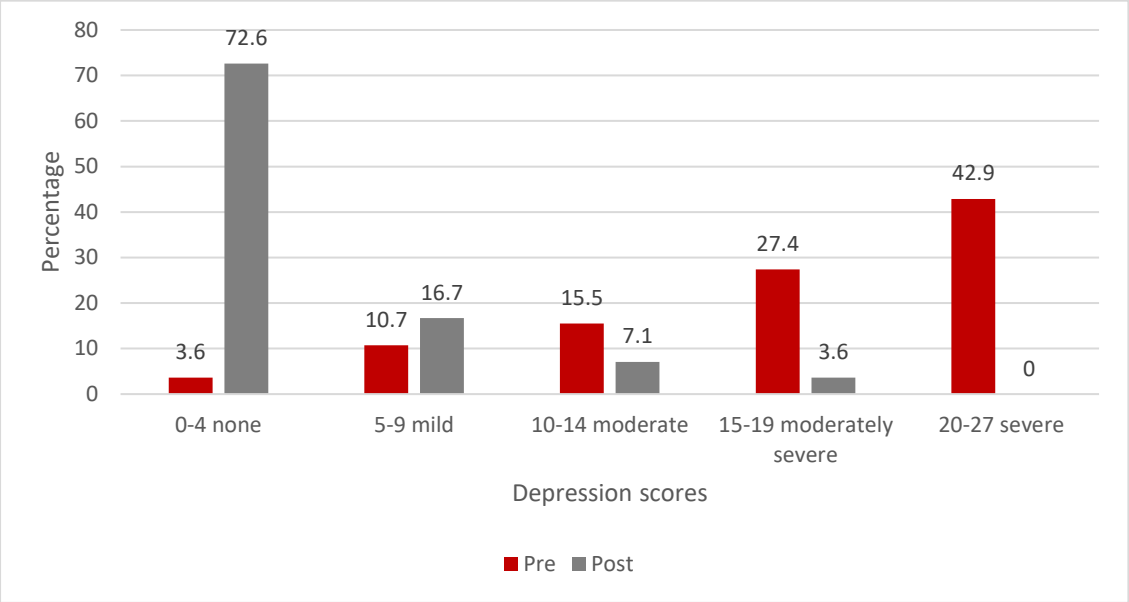


Figure 13. Patient Health Questionnaire (PHQ-9) pre and post scores for 84 parents

The Generalized Anxiety Disorder Questionnaire (GAD-7)

The Generalized Anxiety Disorder (GAD-7)[18] questionnaire is a self-completed questionnaire used widely across health-related services to assess health and to screen and monitor the severity of anxiety. The GAD-7 questionnaire asks individuals about how 'bothered' they have felt by a series of statements in the past two weeks:

1. Feeling nervous, anxious or on edge?
2. Not being able to stop or control worrying?
3. Worrying too much about different things?
4. Trouble relaxing?
5. Being so restless that it is hard to sit still?
6. Becoming easily annoyed or irritable?
7. Feeling afraid as if something awful might happen?

[18] GAD-7 http://archinte.jamanetwork.com/article.aspx?articleid=410326

Individuals are asked to rate whether they felt this way not at all (score 0), several days (score 1), more than half the days (score 2), nearly every day (score 3), resulting in a total possible score of 21. Scores of 0-5 indicate mild anxiety; 6-10 moderate anxiety, 11-15 moderately severe anxiety and 15-21 indicates severe anxiety.

The GAD-7 questionnaire was completed with all parents the start and end of their engagement with the Building Bridges Project. A snapshot of the assessment data was provided for evaluation purposes for 83 parents.

The total mean score for the 83 parents decreased from 15.2 at the pre assessment (suggesting on average, the parents rated their anxiety as severe) to 3.3 at the post assessment (which was classed as minimal anxiety). The majority (96.5%) of the 83 parents were experiencing anxiety at the start of their engagement with the Building Bridges Project. Almost two-thirds of the parents (n=54, 65.1%) had rated their anxiety as severe at the start compared to only two (2.4%) parents still experiencing severe anxiety at the end of the project (79.5% [n=66] parents self-rated their anxiety as minimal at the end of the project). Almost all parents' (81 of the 83 parents) total score for anxiety had decreased during treatment (ranging from 1-21 [mean decrease in score was 12]), evidencing substantial reductions in anxiety.

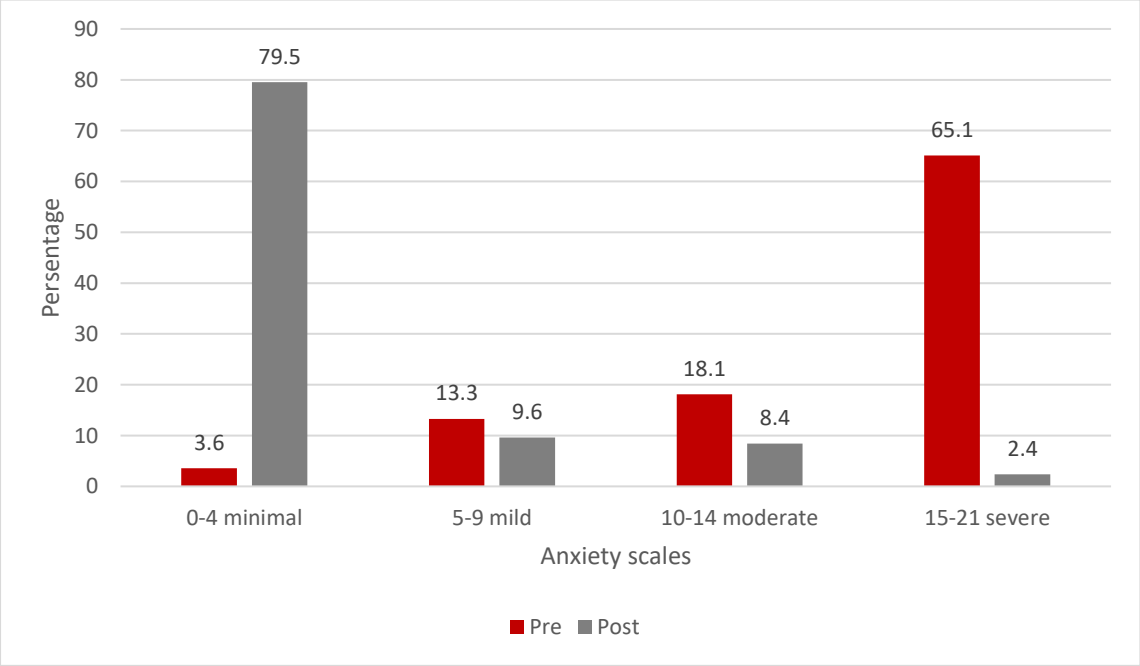


Figure 14. Generalized Anxiety Disorder Questionnaire (GAD-7) pre and post scores for 83 parents

Stirling Children's Wellbeing Scale (SCWBS)[19]

Children's wellbeing was captured using the Stirling Children's Wellbeing Scale (SCWBS) which was completed at the first and last session of the M-PACT programme. The SCWBS is designed to holistically measure emotional and psychological wellbeing for children aged 8-15 years. The scale consists of 12 items to measure wellbeing (including positive emotional state and positive outlook). Young people are asked to rate each of the following statement for never (score 1), not much of the time (score 2), some of the time (score 3), quite a lot of the time (score 4) and all the time (score 5).

[19] Liddle, I., & Carter, G. F. (2015). Emotional and psychological well-being in children: The development and validation of the Stirling Children's Well-being Scale. Educational Psychology in Practice, 31(2), 174–185.

The scale results in a total score of 60 for wellbeing; 30 for positive emotional state and 30 for positive outlook:

- I think good things will happen in my life
- I've been able to make choices easily
- I can find lots of fun things to do
- I feel that I am good at some things
- I think lots of people care about me
- I think there are many things I can be proud of
- I've been feeling calm
- I've been in a good mood
- I enjoy what each new day brings
- I've been getting on well with people
- I've been cheerful about things
- I've been feeling relaxed

A snapshot of the completed Stirling Scales was provided for evaluation purposes for 64 young people. The mean scores show an improvement in wellbeing for the young people with the mean score for positive outlook increasing from 16.2 to 24.2 and positive emotional state increasing from 14.8 to 23.8 (out of a possible maximum score of 30 for each category). The overall total wellbeing score also increased from 31.0 to 48.0 (out of a possible 60), with the score improving for every one of the 64 children and young people. The individual scores increased from a range of 1-40 (the mean increased score was 17), showing a substantial improvement in wellbeing.

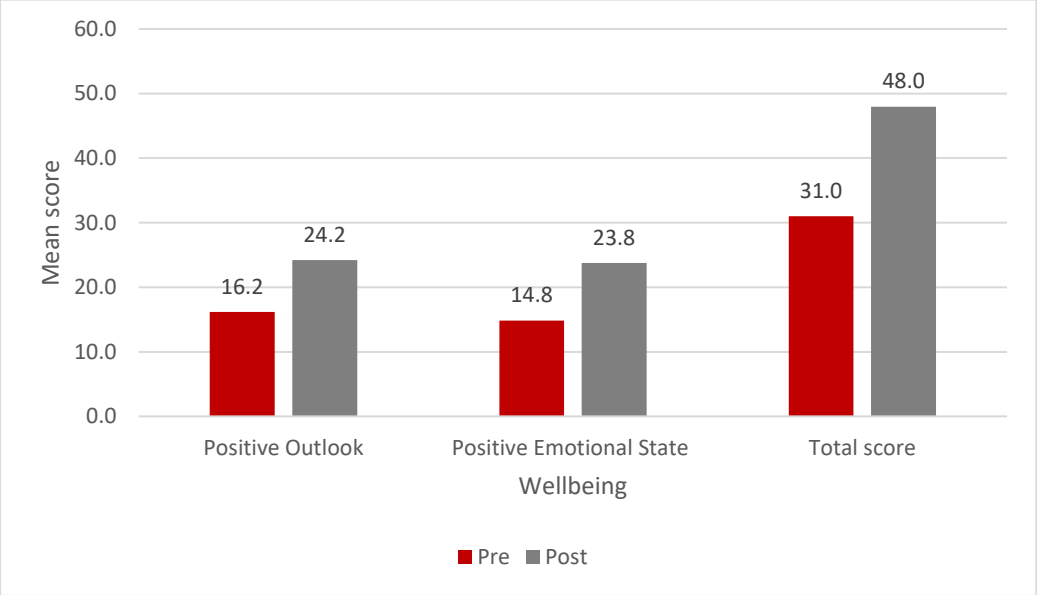


Figure 15. Stirling Scale pre and post scores for wellbeing for 64 young people

4.3 Parent Experiences of Engaging with Confident Families

Confident Families was originally delivered face-to-face and moved to online delivery during the Covid-19 pandemic. Across 2020/21 the programme was delivered on a weekly basis to up to 30 parents. The evaluation team engaged with the 13 parents accessing the project to explore their experiences and outcomes of engaging with Confident Families. The findings have been analysed thematically; these themes are presented below, with quotes and other materials used to illustrate key points.

Becoming Involved with CGL: *"there's a **little bit of light**"*

Parents described the complex nature of their lives, and the breadth of support needs they had prior to engaging with CGL. Alcohol and drugs were often described as a coping mechanism and many described being involved with Social Services for some time. Many described being referred to CGL and not expecting it to help.

> *"I just wasn't coping like before I started with CGL, in January. Before Christmas, I was in a really very, very dark place. So yeah, so they it was the Social Services, who referred me to CGL…..And at first I thought, you know, because they referred me at around Christmas, there was a little bit of a waiting list. And at first I thought, this is not going to help me…Because when you're in that dark place, you're in your own head." (Parent)*

> *"I was only doing it because of Social Services when I first come into it because I'd had to. I didn't want to do it for myself…"I used to go into groups and I didn't want to be in them groups. I'd be dead judgemental, you know because I was still always under the influence [of drugs]." (Parent)*

> *"I literally woudn't get out of bed for days. Wouldn't answer the phone to anyone. Wouldn't speak to anyone. There'd be two bottles of wine next to me bed. I was just in a bad, bad place. And when I got referred to them [CGL] I was thinking, nah this isn't gonna work I'm just gonna always be like this. But yeah I just went on group and on the first two sessions I did I had me camera off just to ya know to gauge it, because it is scary, but everyone just made ya feel at home…" (Parent)*

Some of the participants described how CGL had helped them realise extent and impact of their behaviour, with many attributing the success of their recovery to CGL. One participant described how they had tried rehab, detox centres and being in a psychiatric hospital, but that it was CGL that worked and she has now been clean and sober for the longest she has ever been. This was echoed by many others, who described similar experiences.

> *"You've gotta be willin' when you come into CGL you've gotta be willin' to put it down for yourself, whereas I was doin' it for family and for social services ya know at first. But I'm just grateful that I've finally managed to do that and I wouldn't've been able to do it without CGL, without these groups." (Parent)*

> *"I didn't see drink as an issue and had a domestic with me partner where things got very out of hand…I admitted to me social worker that I had a drink problem. I already knew about CGL. I self-referred and then was put on the courses and I'm gaining great insight learning the ripple effect of what effect it's havin' on the kids." (Parent)*

> *"CGL have helped me realise that obviously I have got a problem, even after the test I didn't think I had problem. And so they've helped me recognise that" (Parent)*

Non-judgemental and Supportive Environment: *"it's just the **amount of support** that CGL honestly gives ya, it's just **it means so much**"*

Participants described the process of being assigned a key worker at CGL, and the one-to-one support they provide. Many described how their key worker had supported them through the service, identifying the bespoke support they needed and being at the end of a telephone call whenever extra support was required. Some participants explained how they felt their key worker would remind them

that they are accountable for their own actions, with some describing how they would feel embarrassed if they relapsed; however, it was the non-judgemental and supportive approach that helped them remain with the service.

> *"we all get assigned a key worker, so every week you'll sort of say right well we'll do a one on one session but if you want sort of you need more than once a week, so I know there's been times when I've been dead upset and I've just rang her" (Parent)*

> *"[Key worker] has been workin' with me for three years and I can't thank her enough for the support…even though I treated them awfully when I first come into them" (Parent)*

> *"With my recovery it's not all the time I've done well, and I've relapsed. And mine was admitting you know when me key worker usually 'have you had a good weeked', I was like urh I'm gonna have to tell her what've done. An ya know she never, I thought she's gonna, ya know I feel so embarrassed, but she said 'take that, learn from it and move on' and do ya know, that's the best advice I've ever 'ad because normally with me Mum if I relapse, she's like, 'ah you've done it again', where there's no judgment [at CGL]" (Parent)*

> *"It works with me and me partner and the whole family…knowing that someone else is at the end of the phone. At first sometimes I thought it was like a nine to five thing.." (Parent)*

Developing Relationships: *"I **wasn't realising** why there was lots of **conflict** in my house. It was how I was reacting to things".*

Many participants spoke about the way that being involved in Confident Families and CGL had enabled them to share experiences and develop relationships with others who were going through similar. Many described finding comfort and support in the groups and in knowing they were not the only people experiencing these challenges.

> *"Being in a group with everybody that's in the same position really does help. I used to think, I'm only young and nobody's going to understand…but it's amazing how everyone's so different, but so compatible if that makes sense…" (Parent)*

> *"It's all about helping each other. That's what it's all about. It's like it's as if you're a family d'ya know, that kinda thing…you can reach out to anyone in the recovery centre." (Parent)*

> *"The amount of friends and we have different WhatsApp groups as well for different support groups. So you know, we can just talk to each other on there, we have a laugh, we have a giggle. And even all the all the support workers because like, as I said, my one [name], she's been off for the past two weeks, but I was feeling a little bit low at the weekend. So [name] who runs the 12 steps one he gave me a quick call" (Parent)*

Some participants described how having the virtual Zoom meetings had impacted on their ability to engage with the service. Some described the Zoom meetings as not being as good as meeting in person, but for others it 'really helped'. Some described that the Zoom meetings provided a convenient opportunity for them to log into the groups on a daily basis, and this may not have happened if the meetings were held face-to-face.

"I mean it's lovely seein everybody's faces on video but it's not the same as when you can actually see the flesh and bones. Even if lockdown carried on coz we can't control that, I'd still be going on me groups every day." (Parent)

Experiences of Confident Families: "*when the group's that **large**, it's **hard at times** to **talk**"*

The focus group participants described their experiences of Confident Families; it was clear that many had experienced the various types of support offered by CGL. Many described how the structure of Confident Families was good, covering a range of topics within each of the sessions. Some described specific aspects of the programme that had been important to them.

"How it impacts the kids. How they've been feeling towards it. Understanding what's gone wrong in your life and learning to cope with that. Learning coping strategies" (Parent)

"Having to accept that I need to learn how to be a Mum. I need to learn to communicate with me kids and see how I've affected them." (Parent)

"Some of the sessions do look at how your emotions affect it, but it talks about how they feel. Like my son he's only just turned one my son, and he's living with his Nan at the moment. So I can still relate to what they say. So even though [name] might relate to it in a different way, like I can still relate, and it'll still teaching me something, if that makes sense." (Parent)

Many participants described the importance of the group work and described how the opportunity to learn from others, share their experiences and develop relationships with people who had similar backgrounds was important in supporting their recover.

"The trust I have with people in the groups, it's nice and it gets me through the day. If I didn't have a group to do online, or a group to do keeping motivated….I don't know what I'd be like….I'm just dead proud of meself and how I've managed…this is longest I've ever been clean and sober….it makes me stronger every day." (Parent)

"The groups are great. I get quite a lot out the groups as well. So CGL have been great and they've helped me recognise a problem and I've not drank now for nearly three months." (Parent)

"There's a wide variety of people like so you've got people who don't have their kids with them, you people who you know, do have their kids with them, you have people who only see them, you know, and it just, it sort of opens your eyes like each session that we do." (Parent)

"Hearing other people, it's amazing I just love the groups, I get so much from them and it gives me strength." (Parent)

Some focus group participants described how they sometimes felt the large group sizes could make it difficult for everyone to engage and share their experiences.

"The only problem with the Confident Parenting is the groups are that large that it's sometimes hard to get a word in…when the group's that large, it's hard at times to talk…I think it'd be more beneficial with smaller groups." (Parent)

"We did a group the other week and I struggled with it. I was able to speak to me old key worker about it." (Parent)

Outcomes: *"If **it wasn't for these groups** I think I'd **go back** into that hole again"*

All the focus group participants described the impact of Confident Families in supporting their recovery. In addition, many examples were given of how the programme had supported the development of improved and stronger relationships. People described how they were using the tools they had learned through the programme and reflected on how far they had come since engaging with CGL.

"Honest to god I'd come into CGL literally on the floor. I'd be dead angry; I'd have resentment towards everybody and everyone. I'd be kicking off at my key worker at CGL you know it was all their fault. Kicking off at social services and if anybody said something I'd react to it and think it's all about me. Whereas now I'm learnin and I'm still learnin every day…this is the longest I've ever been clean. I'm comin up to me three months and that's massive for me." (Parent)

"I used to be terrible with CGL you know doin samples and tests knowin full well they were goin to be positive. It's opened me up, you know like a plant and the seed and it's growin. I feel like I am and that's' what CGL has done for me….I've changed as a person." (Parent)

Participants described the impact of Confident Families on their relationships and lives at home with many described a reduction in conflict.

"I've never been, maybe a bad Mum probably yeah through my choices, but they sort of teach ya, ya know, let's not dwell on that, that's what the past is an not we're gonna give you these tools and the information that you need to understand not just your emotions, but how that will affect your children in the future." (Parent)

4.4 Experiences of Families Engaging with M-PACT

The M-PACT programme aimed to work with 16 families over the duration of the Building Bridges Project, and went on to engage with 36 families in total (approximately 100 individuals, including 63 children). This included six families in 2019, 16 families in 2020 and 14 families in 2012 (this included a 12 month gap in programme delivery due to the pandemic).

The evaluation team engaged with the 11 parents and 21 children accessing the programme to explore their experiences and outcomes of engaging with M-PACT. CGL also provided the evaluation team with examples of creative ways that young people had expressed their thoughts about M-PACT (such as letters and artwork). The data have been analysed thematically; these themes are presented below, with quotes and other materials used to illustrate key points.

Supportive Environment: *"I **could talk to the other children** because they knew what was going on and they knew like, how you have to keep it all in, you thought oh I have to keep it all in or **my Mum will get in trouble** or **we'll get taken away**."*

M-PACT provides an environment that enables families to communicate and strengthen and build relationships with their family members. Both the parent/carer and children/young people groups described how M-PACT created an environment that was non-judgemental; this was felt to be crucial in supporting the families to open up about their experiences. One of the young people explained how

talking to others with similar experiences had been positive, as they felt that they would understand what they had been through. Being able to do this allowed them to talk about how they were feeling, rather than keeping it to themselves like they had previously done.

> *"M-PACT is somewhere where you can have some fun with your mates and parents and you can talk to people and not get judged about what you say" (Young person aged 13+)*

> *"So like when we come here because we've all like, been through the same thing, like worrying about our mums and stuff so it's our like – no one will judge you or anything. Where like you can't tell anyone in school and stuff because they obviously don't understand… I don't know like it's like a big weight off your shoulders because you're telling people how you feel instead of keeping it in" (Young person aged 13+)*

> *"When you walk through the door it's like a lot of weights gone off your shoulders because there's people in here who has been put through what you have but when you're outside you can't just walk through a door and the weight can't go off your shoulders and you can't go and tell someone what you've been put through but you can in here" (Young person aged 13+)*

> *"I think as well it helps the kids to see that it's not just them going through it. They meet their friends and see other kids who's going through the stuff they are so they're not on their own. Because my – one of the things one of my daughters wrote on the board. she wrote 'I'm scared of being judged'… but they've met other people who, they're not on their own so they're not that scared of being judged anymore because they're realising that they're not on their own" (Parent)*

One of the family members who attended the group described how the group enabled quieter attendees to open up, demonstrating the supportive nature of the MPACT environment that is created by the facilitators.

> "*There was there was a couple of girls who came, women, and they didn't speak at all, whey were really shy but by the end of the course, they were giving their opinion and telling their story but at first for weeks and weeks it was no I don't want to just say anything I'll just sit and listen. But it brought them out, they weren't frightened of speaking.*" *(Parent)*

The families all described the importance of being able to develop meaningful, respectful, and trusting relationships with the people delivering M-PACT, and highlighted how important this support had been in terms of their recovery. All families described feeling comfortable talking to M-PACT staff if they were struggling with anything or needed to talk.

> *"They've saved my life, it's like they've got me back on my feet again and when I'm feeling like shit, they bring me back up, they know the right things to say to me and they know where I'm at and what mood I'm at and all, and they help. And you know, and it needs to be – to be with someone, talking and one to one with someone who knows where you're coming from, I needed that stuff… I don't feel the fear of going to any of them and speaking about anything that sometimes is embarrassing, I just don't get that, I just come to these." (Parent)*

> *"I do enjoy it having a chat with the staff to talk about my mum's problems and how I can help solve that." (Young person aged 13+)*

"Yeah, if we do think about drinking or drugs, we've learnt how to distract yourself and get past it. And if we are struggling or anything, we know we can go to any member of staff and just have a word and they'll talk it out with us and try sort something out. It's just massive the support and things that we get in here." (Parent)

One parent who we spoke to a year after they had completed M-PACT described how constant support, especially during Covid-19, was beneficial. This family had continued to receive ongoing support from the programme staff, which had a positive impact on the family.

"I think MPACT kept them [daughters] focused and cos CGL was ringing and checking on the girls and things and their progress and their wellbeing and like checking in with them at school, that helped. I think it kept them focused. Especially with the CGL if they couldn't talk to school they had someone at CGL they could talk to. It massively helped them." (Parent)

M-PACT is a service available to the whole family. As part of our evaluation, we spoke to one family who attended with the Grandmother and children. The Grandmother had cared for the children whilst the Mother had been receiving support for alcohol dependency. She explained how beneficial she had found the programme and felt other wider family members would also find the programme supportive.

"I found it really beneficial. Because, obviously, from a Mum's point of view, because it was me who had the children when X was at her worst. And so it's affected us all, and that, but I've found it good because there was things there that I could say to X that I felt I couldn't otherwise, I but in that environment I did, we were totally honest. Because there were things I wouldn't say because I was frightened of upsetting her, or setting her off again and that. But there it was controlled, it was good. I mean, don't get me wrong. There was a lot of crying going on with all the service users and a lot of laughing too and that you know, and I know these found it beneficial, because obviously the other children who were there were in the same boat as these. And so they didn't feel they had to hide anything." (Parent)

It was a shame because there was only me, I was the only sort of family member there wasn't I. And some of the girls when I was telling me story they were crying and saying I wish me Mum would listen and it's sad. So it would be good if they could encourage family members." (Parent)

Improved Family Relationships: *"I really am truly grateful for the MPACT programme. **It definitely made a difference to my family**".*

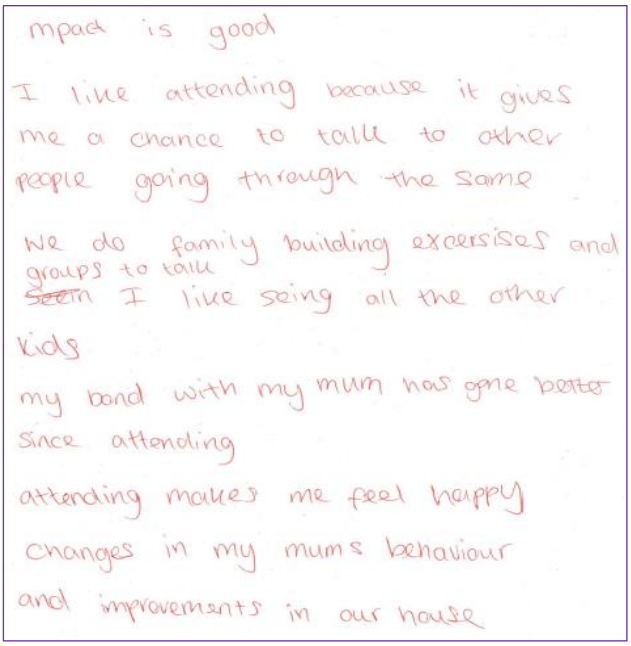
The families who attended M-PACT discussed how the programme had brought their families closer together. The children and young people explained that since attending M-PACT, their relationships with their siblings and parents had improved. This included having better connections, with one young person explaining that they felt that M-PACT had saved their relationship with their Mum.

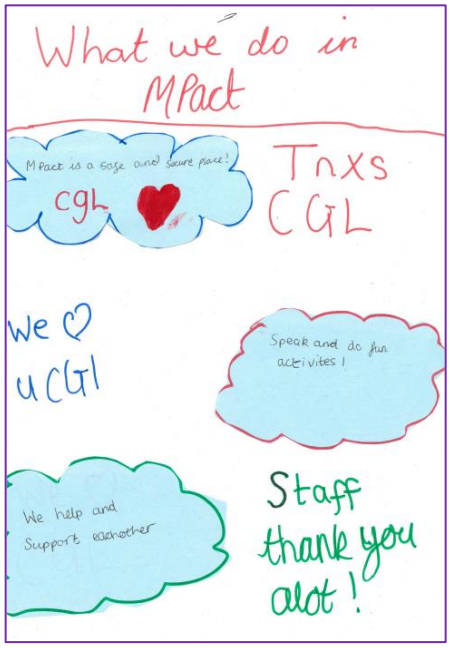
The parents also felt that M-PACT had improved family relationships; one of the parents explained the impact of their feeling of shame and guilt had led them to feel unable to connect with their children. From attending M-PACT they had made progress with and they now felt able to hug and kiss their children. Improved relationships went beyond improvements with just their children to also their own

parents. One of the parents spoke about how her mum also attended the group with them, describing how M-PACT helps to bring families together.

"M-PACT brings families together and help them build a better connection. Family's stronger together with CGL." (Young Person aged 7-12)

"My relationship with my mum has dramatically improved as we have gone through the programme. I haven't lived with my mum since I was 2 so I have never felt like we have had a mother-daughter relationship and it was always awkward and forced when we spoke. Even though this programme is only a short period of time I feel it has saved my relationship with my mum, because before this programme I had lost hope that we would ever have a relationship." (Young Person aged 13+)





Examples of art-work carried out by children and young people attending M-PACT (provided by M-PACT for this evaluation and collected during focus group activities)

The parents also felt that M-PACT had improved family relationships. One of the parents explained the impact of their feeling of shame and guilt had led them to feel unable to connect with their children. From attending M-PACT they had made progress with and they now felt able to hug and kiss their children. Improved relationships went beyond improvements with just their children to also their own parents. One of the parents spoke about how her mum also attended the group with them, describing how M-PACT helps to bring families together.

"My connection with my children was that poor that I couldn't even hug my own child because I felt uncomfortable because of the guilt, the shame. And through M-PACT - (child) has 15 kisses now. (child) has a hug and a kiss – (child) and like (child) she lets me hug and kiss her (child) does. You know, and it's amazing, it is." (Parent)

"It helps all the rest of your family as well. Erm, because my mum actually comes here now as well. And my sisters due to come the start of next week. So it is like they say, it's a ripple effect. It does – it affects your family but as well it brings all your family, it brings them together." (Parent)

"It really did it had a massive impact on all of us. It brought us closer together. The programme itself don't get me wrong. It's, it's raw. But it's, it's needed. It's necessary." (Parent)

Improved Family Communication: *"It was good for her to hear **exactly how the children felt** and what they went through, actually **hearing from them** how heartbroken they were."*

M-PACT provides families with the opportunity to communicate their feelings with one another. The children and young people described how M-PACT supported them to be able to tell their parents how they were feeling, which was something that had been unable to do until this point. Before M-PACT, the children and young people had been worried about talking to their parent/carer about how they were feeling as they were concerned about how they would react. One of the young people described how, before attending M-PACT, they felt their parent/carer did not listen.

"Like I don't know, just because they understand how we feel and that, because we don't really get like, a chance to speak to them without them like – because they don't normally listen, do you know what I mean? But here, they have to. If you know what I mean." (Young person aged13+)

For the parents and carers, this made them realise that before M-PACT, they had been unaware of the effect that their alcohol or drug use was having on their children. One parent explained how being at M-PACT made them have to listen and helped them to understand what their children thought and how they felt. Several the parents described how they were unaware of how they children felt; this was especially apparent when some of the parents did not realise that their children knew that they were drinking alcohol or using other substances.

"Yeah I was in touch with CGL and I was telling everyone I've not even affected my kids, they don't know. And we did a thing and they wrote on it 'me Mum thought it was a secret but we all knew' and I was like 'Oh My God'." (Parent)

"I need to be hurt because it's killed me listening to what they thought but I needed to listen to that because it's what I need to do and it's made me think I've got responsibilities now and I've always had them but I've chose the bottle over them. But now I've got courage and I've got responsibilities and it's time – I've got to be there for them so that's why I am." (Parent)

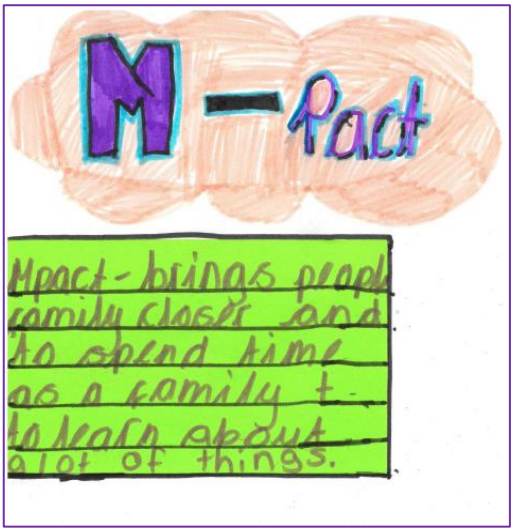
"Having to listen to their voices and the letters that they've written, it's just like they need me. And I need them but I've been searching all my life for this love, and it's there. Just listening to (child)'s write that, say that stuff. I know they love me, them. And I'm thinking that – I've always thought they don't, they don't need me. And I'm the most important person to them. But I never felt that, but I do now and it's because of this." (Parent)

The parents described the importance of hearing how their children felt, as this helped them to realise how much of an impact their actions were having on their children, and also motivated them to make changes. The safe environment created by M-PACT was felt to be important in supporting the families to open up. Many parents explained how M-PACT enabled them to tell their children to tell them how they really felt, with the children feeling unable to do so before attending M-PACT. Although several parents had been receiving support from CGL prior to attending M-PACT, they felt that the different

with M-PACT was the support offered to the children and the whole family, something not offered before the course. Parents felt that having somewhere that the children were able to get support and talk about how they were feeling was important as they were also dealing with their parents' alcohol and drug use.

"We've all learned…about our behaviours and how to talk and how to open up but the kids have never had that." (Parent)

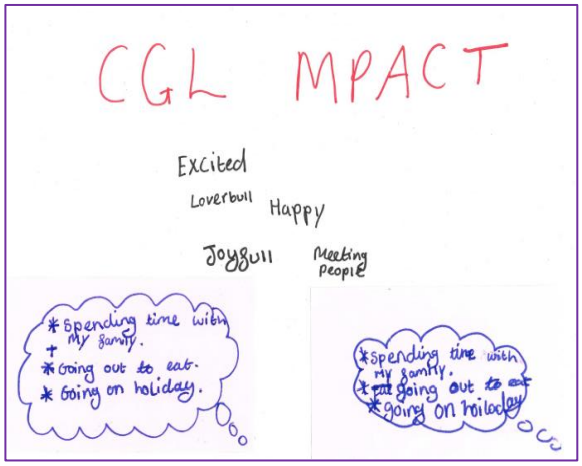
"They love coming here, the kids love it. I think we've got recovery coming here but the kids get recovery through M-PACT because what they got? We had addiction and we got recovery, what do the kids get? They don't. The kids get a voice when they come here and I think it should carry on because it – a lot of families need this, it's massive. It saves so many families." (Parent)



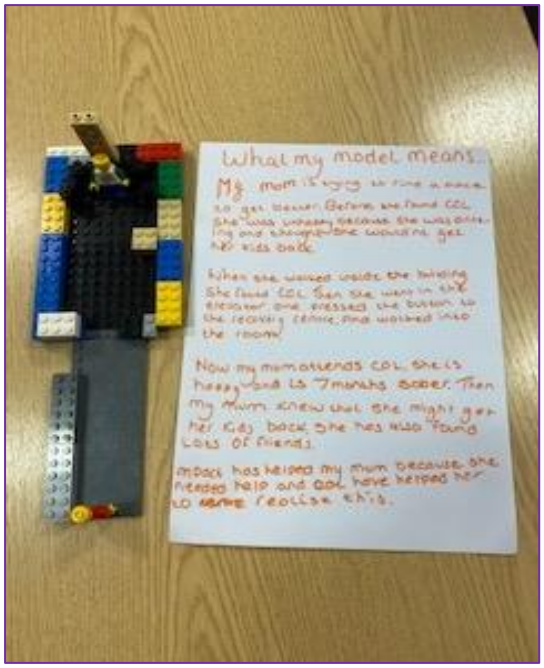
"She absolutely loves coming here, she loves it. And she's got a voice, she's able to say things that might be bothering her and yeah, it's really done us good... And she knows she's got full support from staff as well if she needs anything." (Parent)

"It's hard, it's really hard but it's completely broke my heart if I'm being completely honest with you but in a good way. Because I need to hear that stuff but I never even thought that my two boys ever wanted to come home with me. So by listening to that here, it's like, it's been a safe place for him to tell me. And I didn't think they wanted to come back with me but they do. So it's been – it's nice but horrible at the same time." (Parent)

"It helps the kids more than anything and then it builds that relationship – because when we realise the kids do know, the kids are feeling all these feelings. Then it helps us build – it's like it strips us all down and it breaks our hearts because these get the kids to open up. Do you know what they even do? They get the kids to all write how they feel on a sticky note and the mums are not allowed to know who's wrote what. So the kids can write whatever they want and they stick it on a board and then we all have to go in and read them all." (Parent)



Examples of artwork carried out by children and young people attending M-PACT (provided by M-PACT for this evaluation and collected during focus group activities)



"I did do a house because M-PACT feels like home" (Young Person under 13)

Lego models built by the children to describe what M-PACT means to them (supported by the LJMU evaluation team, to aid focus group discussions)

Relationships with Others on M-PACT: *"it helped because **I had someone to talk to**".*

It was evident that the relationships formed between families on the M-PACT programme had a positive impact on everyone who engaged with the course. Parents/carers and children/young people discussed the close relationships that they formed with others. The parents discussed how they supported one another and as they have built relationships throughout the course, they have been able to ask each other for help when needed. For two of the parents, they formed a relationship where they were able to help each other outside of the group.

> *"I was struggling because I'm unmanageable at home because I'm in here every day, meetings every day. So, I don't get no time to myself so I've just been like – I couldn't be arsed doing it. But – so instead of just – I can still keep things in now, so instead of coming and telling what was going on, I just let it pile up, pile up, pile up and so I ended up breaking down to (other parents) and we ended up in mine and we both cleaned up together… So that's what we've decided to do, both take it in turns once a week, do each other's house. And do you know what, it was really therapeutic and nice to be able to talk." (Parent)*

> *"I just like coming here. I don't have much in life but I've got you guys." (Parent)*

> *"I think I see a lot of hope in us all more. Because at first we was doubting each other a lot. Where now, because we've done all this together and then we're sharing it with our other peers as well it's like give us more hope for the future as well like." (Parent)*

> *"I think we was all frightened of letting each other down and stuff, well that's the way I was thinking in my head. If they can do it, I can do it." (Parent)*

"It's not just that though, we're learning each other how to be mums as well. Like if I like see (P1) on the couch with her kids and I'm thinking 'how does she do – I'll ask her' you know, just like – I've never been able to do that because my pride would stop me." (Parent)

Outcomes: "I wouldn't have been able to do this by me own, I'd be dead now"

Parents described the impact of attending the programme on their physical and mental health, with many describing that it was M-PACT that motivated them to sustain changes to their behaviour. We followed up with one parent a year after they had engaged with M-PACT. They reflected on their experience and described to us why it had been successful in supporting them, where other programmes had not.

"I've trying to get well for ten years… When I first started the M-PACT, I was waiting for rehab… You see it in the raw, when you were neglecting them because you wasn't with them." (Parent)

"(M-PACT) helped them work through their Mums behaviour. I was drinking then but then when I was reducing and I was getting ready to go into [detox]. They understood that I still had to have a drink and they could talk to you Mum and they knew that they couldn't come home until I'd been to detox and until I was better but all of it definitely helped keep them focus. Now in school they're excelling. They're really doing well now and I'm just glad I'm here to guide them." (Parent)

The children and young people discussed the changes that they had noticed in their parents since attending M-PACT. For some, this was around the way that their parents interacted with them, showing them their emotions. This was also echoed in comments by the parents, feeling that they were able to settle disagreements and talk to their children, rather than it causing an argument which would lead to them drinking. This had led to changes in the way that the family interacted in the home and also the children's behaviour at home.

"So I can talk to my kids, I can get on their level, I know how to – I love – I'm learning conflict with my two little ones, them two having conflict together. Normally that would cause big massive arguments or I'd separate them and I'd drink because it would get on me nerve. But none of that happens since I've started M-PACT, something's turned. Because I'm not – I've thought of the alcohol but I haven't done it because I've used me tools and I've spoke to staff about it, gone to meetings, blew the power out of it, spoken to me sponsor and I'm still a mum for them." (Parent)

"It's also as well because like – it's learnt me like, because when my kids were playing up at home, when they was with me. They always used to play up and I never knew why. I thought it was because they wanted to be naughty but they was all doing it and it was for my attention and I never knew that. And that's what it's learnt me. And they don't like, they'll mess about a bit but not like – my kids was out of control, bouncing off walls, I couldn't control them. Where now, they sit round that table – because at first they wouldn't even do that. And they're sitting down round the table with me. And like communication with me and it's just amazing because we never did none of that. None of that was happening." (Parent)

Some of the young people discussed how the changes that they had seen in their parents had led to changes in their own feelings and behaviours around their parents. Two of the young people explained how they now had more trust in their parents and this had in turn led to changes. For example, for one young person, trusting their mother allowed them to not worry about her going to the shops or a friend's house on their own. For another, this led to changes around lending their mother money. One parent spoke about how the changes within their family were so significant, that they had been noticed by professionals working with their family.

> *"Like I'm trusting her to go the shop on her own and go out on her own, or go round her mates. Because before this I used to go with her because I didn't trust her. So she'd tell me she was going the shop and I'd rush and get ready and go with her… It feels better. It feels like freedom because I've not got to be worrying, I don't have to worry anymore.e" (Young person aged 13+)*

> *"Like when my mum like asks to lend money off me now, like I can actually give it her and not like be thinking oh, whether she's going to buy drink with it or stuff like that. I just trust her more." (Young person aged 13+)*

> *"The woman who chaired my meeting today, she said that the 20 years she's been working … she said that she's never seen as much positive work from what me and the kids have done in such short space – like nearly 7 month and how much they've done. She said she's blown away by it. So I was just like – yeah we have done a lot of work together." (Parent)*

> *"I have also seen a new side to my mum during this programme, I have seen that she actually has emotions as before I believed she wasn't bothered by how it affected her children but that was because she didn't want to show me her emotions for whatever reason. This programme has made her feel comfortable enough to share her emotions with me, my sister and the staff as that she can finally get the help she need.s" (Young person aged 13+)*

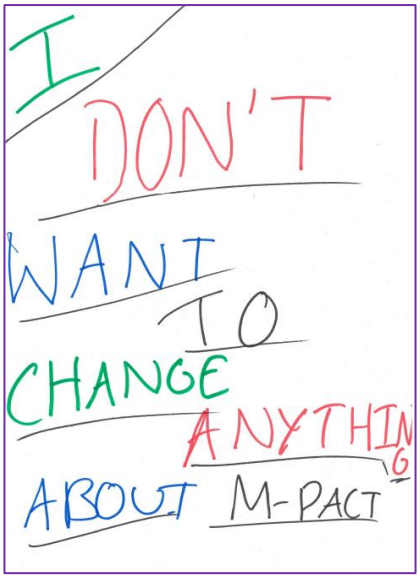
The parents also discussed changes that they had seen in their children since attending M-PACT. Several parents mentioned improvements in school for their children, both regarding their grades and their behaviour. Other parents described how they had noticed an increase in confidence. Some parents explained that their children were shy and did not want to take part in activities such as dance classes, which since attending M-PACT they now wanted to do. For others, this increase in confidence meant that their children were more happy and able to talk to others.

> *"They was getting excluded from school and then I've come here and got clean… they was being naughty in school and I've gone today and I've got an amazing report. They're getting Masters which is the highest they can get because they are really, really clever. But – and they were saying they're star pupils, the input. Teachers – I was only supposed to see 3 for one and 3 for the other and other teachers are dragging me over like shouting me over when we're going past like saying how amazing the children are and I just can't believe how much of a turnaround it is." (Parent)*

> *"… like everybody's said, it does give your children a voice. When they're upset – our (child), he's only 8. He was really in himself like before this started and he wouldn't really talk to many people or anything. He's standing up in there singing, he's so happy. And for him to say that to me 'oh my mum doesn't have any drink or drugs or anything*

anymore' that makes me feel amazing. It really does work. It does, it's absolutely amazing." (Parent)

Parents also discussed their feelings about M-PACT coming to an end. Whilst parents described feeling confident that they could sustain the positive changes that M-PACT had led to, it was suggested that the ability to meet up once the programme had finished would be helpful. Parents felt that these meetups after the group would be particularly useful for their children, who had made friends with the others on the course.



"We'll be alright, we're all strong enough and the kids have got out of it what they need. We're just going to all be gutted because we love this. We love coming." (Parent)

"I think more for the children because like you say, we come here 3, 4 times a week but once this finishes, it would be nice for the children to have a little bit of a safe environment where they can all be together for an hour or so." (Parent)

Wider Social Value Outcomes

In addition to the immediate impacts of the Building Bridges project, a wide range of broader social value outcomes have been identified. These ranged from CGL actively supporting service users to become involved in volunteering, undertaking training courses and ultimately leading to ambitions of employment. One parent had gone on to become a volunteer at CGL, supporting the delivery of ongoing and future M-PACT programme. CGL had also provided support and advice for families around housing, finances and debt management planning which contribute to stability for the family. Outcomes were also identified where children had returned to school or were now attending regularly, as a result of engaging with the Building Bridges project.

"I've been doing meetings, almost five days a week, sometimes 2 in a day. I've took up two courses. I've just submitted me understanding level two children's mental health just submitted two assignments for that and I've already completed this is during COVID I've already completed understanding Mental Health First Aid and Mental Health First Aid advocacy in the workplace. I've just passed that as well, me level two. I've got a counselling course coming up. I'm gonna do me Health and Social so I can work with the Recovery Team at CGL Yeah, and not only that, I've been a national wellbeing event. It was a breakout of 50 rooms. I've got to host the human library twice. And it was a roaring success. So I'm doing well at the minute. I am." (Parent)

"Coffee and chat group and support the service users, creative recovery on a Monday peer to peer on a Tuesday, service user forum on a Wednesday, smart meeting on a Thursday morning. We've just started this new group arts for healing, which is on Friday mornings. So see, we go on, because as I said, the more reps we can get on the meetings, the more we can get em connected. The more we can promote the other group." (Parent)

4.5 The Voice of the Child

As part of the M-PACT programme, the children and young people took part in an activity that involved writing 'letters' to recovery. Whilst this activity was not part of the evaluation, the children and young people requested to share these with the research team, on the evening that focus groups were carried out. These letters further demonstrate the impact of M-PACT on the lives of the families who access the programme, from the perspective of the children and young people themselves, in their own words. Permission was obtained by the individuals to include this work within the evaluation. A case study, provided by CGL, has also been used to further illustrate the impact and experiences of the children's journey.

"Dear recovery, I love it when you make my mum better and better, she loves it too. When my mum was recovered I was crying, it's like a miracle. It was the best moment of my life. Now my mum is better and I'm living my dream life. I felt emotional, happy and trustworthy. I love your work and I love you" (Young Person aged under 13)

"Recovery means that people that have been a drug addict are in the process of getting better and have been helped by CGL to stop and show a good role model to their children and be as good as they can to stop. Recovery is important because they will get better and not take drugs and some children didn't see their parents because their parents took drugs and couldn't look after them, so they had to live with another family or something but now they are in the process of getting better. They see their parents and their parents will be able to look after them again. Recovery makes me feel happy that my mum can come here and get help to stop taking drugs but also they can't make her stop. So she has to take responsibility to stop and be good" (Young Person aged under 13)

"Dear recovery, recovery means to me that our mummy's get better and when my mum is not drinking I feel secure and I feel a lot better because I get to spend time with my mum. My mum has changed since 6 months so if she keeps going she's 100% to get us back. When my mum is drinking I feel distracted, unsecure, frustrated and demoralised. In school I can't do my work because I get distracted because every time I think of my mum I think that something is wrong and in the middle of lessons I get angry because I feel angry because I feel under pressure because I have got lots of worries. When I talk about my worries with my mum it makes me cry sometimes because some of my worries are hard to tell and make me cry even more But when my mum is in recovery my mum will give me cuddles. Feelings, I sometimes feel scared when I leave my mum something might happen, like I'm scared if she drinks but that will probably not happen. That won't happen because she hasn't drank in 6 months and she is in CGL now. Also I trust her now and I can't wait to move back in with her because then we can do fun things together and be happy again. I feel happy that my mum is finally better and I get to spend time with my mummy being sober. Also, I can't wait to spend time with my family once we are back together and we can finally do things together as a family." (Young person aged under 13)

The Child's Journey: A Family Case Study

Colourful 'feeling faces' were used to discuss positive and negative feelings and when we may feel these. The children reported that they were sad and missed there mum. The children had an appropriate understanding of their mums drinking. They were aware mum was getting help from CGL so she did not start drinking beer again.

- **Children's views helped influence mum's own recovery in relation to identifying how her alcohol use impacted on the children.**
- **Mum started to engage more proactively with group support in CGL after recognising the impact her alcohol use had on the children.**

CGL worked with the children for four weeks while they were in foster care and also for four weeks after they had returned home;
Completed the support as a sibling group to support the younger children's involvement.

Younger children pointed to their cups to evidence their understanding of mums alcohol use and expressed their feelings around this via facial expressions pulling sad and angry faces.

Children wanted their views to be shared with their mum and the social worker;
Also fed the views of the children back to the school and fosters carers as well to ensure appropriate support was in place.

Situation:
- **Children living in foster care**
- **Alcohol dependent Mother (engaged and receiving support from CGL)**

Used arts and crafts to helps the children depict their feelings specifically around their living environment and worries about mum.

When the children returned home used outside garden play to explore their feelings;
complete a family game were the children had to bounce on the trampoline and hold hands and not break the circle, we talked about the importance of siblings and supporting each other through this activity.

4.6 Improving Awareness of Parental Alcohol Misuse across the System

Training was delivered to 854 professionals across a range of services, including schools, early help, social care, student social workers, midwives, domestic abuse team, housing officers and health visitors. The survey was completed by 30 respondents[20].

Experience of Parental Alcohol Issues

Most stakeholders had either not encountered issues relating to parental alcohol use (n=10/27, %) or encountered it on a yearly basis (n=13/27, 48.5%). Smaller proportions encountered issues on a more regular basis (weekly n=1, 3.7% and monthly n=3, 11.1%). None of the respondents had encountered parental alcohol issues on a daily basis through their work.

Experiences of the Training

Stakeholders thought that overall, the training was very good (n=15/27, 55.6%) or good (n=11/27, 40.7%), and the content, information and supplementary materials were also rated positively. Only one stakeholder rated any aspect of the training as poor (for supplementary materials). The majority of the stakeholders did not feel that anything was missing from the training, describing it as clear, comprehensive and well presented. Two stakeholders suggested that additional strategies to employ to deal with alcohol related issues, would be helpful.

One person who completed the survey had engaged with training during the Covid-19 pandemic. They had engaged online and reported that the booking/arranging of the training, technology/connection, content and materials, engagement with the facilitator, group discussions and Q&A were all very good, rating their overall experience of the remote training as very good. They did not report any challenges of engaging with remote training and highlighted the benefit of less travel involved to attend the training.

"The training was comprehensive and informative." (Stakeholder)

"Very information and well presented." (Stakeholder)

"Clear steps – action to take if you think a student is affected by drug/alcohol use in the home." (Stakeholder)

"Excellent delivery informed, accessible presenters." (Stakeholder)

[20] The majority for questions were completed by 27 individuals. The denominator is provided with frequency/percentages to reflect this.

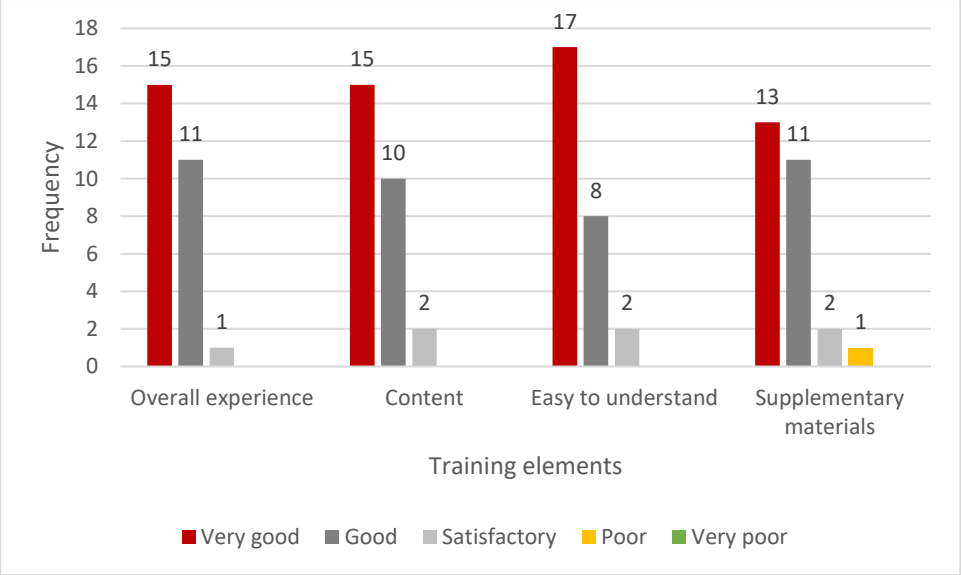


Figure 16. Experience of the training

Knowledge and Confidence

All stakeholders thought that training around parental alcohol dependency was important (n=19/27, 70.4% very important and n=8/27, 29.6%).

Sixteen stakeholders who answered the question felt they were motivated to help people with problematic alcohol use and alcohol dependency, and 81.8% (n=18/22) believed that their training had affected their knowledge. Stakeholders felt very informed (n=19/27, 70.4%) and somewhat informed (n=7/76, 25.9%) about the nature and extent of alcohol use in St Helens. The majority also felt very informed (n=18/27, 66.7%) and somewhat informed (n=6/27, 22.2%) out the impact of substance use on parenting. Two people reported feeling uninformed.

The survey asked stakeholders to rate their confidence following the training. Confidence levels varied in identifying the impact of parental alcohol use, having confidence to discuss alcohol use with parents, who may not recognise that they have problems or issues with their alcohol use, in delivering support to parents and their children and in signposting families to additional support for alcohol dependency.

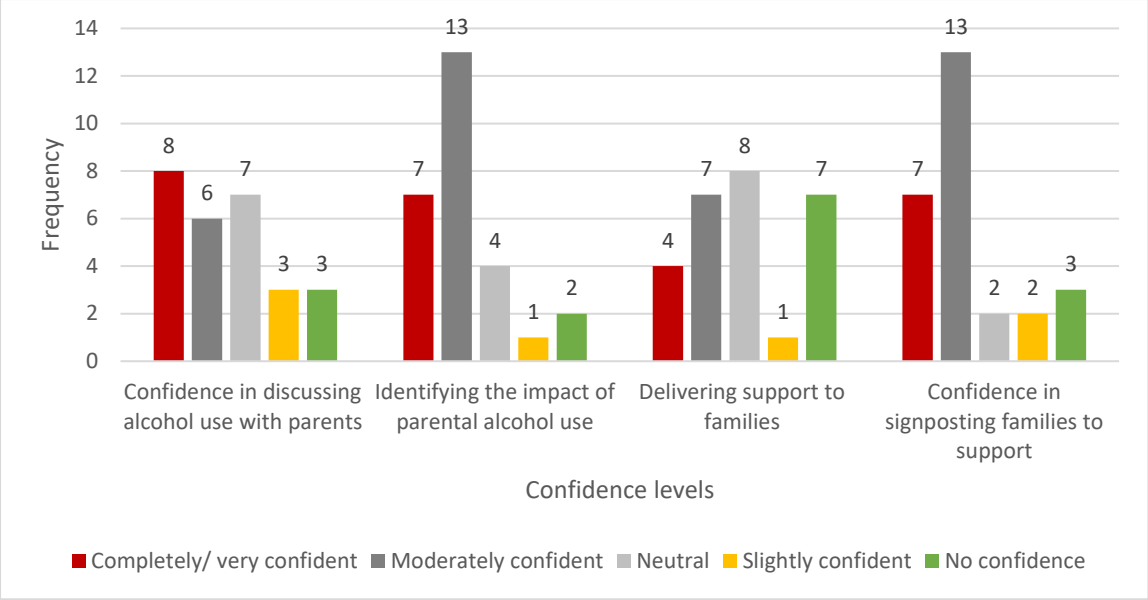


Figure 17. Confidence levels

Awareness

The stakeholders had mixed awareness of the Building Bridges projects available in St Helens, 59.3% (n=16/27) were aware of the innovation funded projects, with one stakeholder explaining this was *"fully explained during the training".* Although 40.7% (n=11/27) were not aware. The majority (n=20/27, 74.1%) of respondents were not aware of other support available in St Helens that support parents with problematic or dependant alcohol use, and their children (however this may because they would refer to CGL). Again, responses were mixed in terms of awareness of local referral processes and pathways into specialist alcohol treatment (n=12/27, 44.4% were aware and n=15/27, 55.6% were not aware). A small proportion of those attending the training had worked with other services as a result of the innovation fund (n=2/26, 7.7%). Several stakeholders felt that more could be done to offer support for alcohol dependent parents and their children in St Helens (n=14/27, 51.9%).

"Although I feel we have amazing service, we could always use more funding to be able to reach more families!" (Stakeholder)

"I do believe there is a lack of sufficient support across Merseyside." (Stakeholder)

"Speaking from experience it's underfunded. Limited access." (Stakeholder)

"The scale of the problem seems shocking in the area. The services are limited." (Stakeholder)

"Seems to be a lot of homeless people also lots of drunken people in town." (Stakeholder)

"It makes you aware of how easily something could be an issue." (Stakeholder)

"Aware of how to recognise the signs and pass on to the relevant person." (Stakeholder)

"It has made me more aware of how to help." (Stakeholder)

"It's enabled me to understand the effects and feel more able to discuss issues." (Stakeholder)

"Made me more aware of the need to help people." (Stakeholder)

"Makes me think more about intervening at an earlier level." (Stakeholder)

To further evidence the impact of the Innovation Funding on sider system change, information was gathered through routine monitoring, service documentation and interview with key wider stakeholders that described the system level changes that stakeholders had experienced. These included:

Improved partnership working across key organisations and stakeholders:

- Visibility, commitment, trust, and results: the project staff have developed excellent mature working relationships with social care staff and senior management resulting in improved working relationships between agencies and pathways. CGL have been able to develop partnerships and pathways of support for families, by engaging with key partners across St Helens, including the Multiagency Safeguarding Hub (MASH) partners such as social care, heath, police, and education.

"We relate very closely with CGL St. Helens, got a close relationship with them and the workers there. Whatever we need from them, they're always willing to provide it. Often they will refer clients over to us and vice versa." (Stakeholder)

- The partnership approach between the Building Bridges project and other organisations including the MASH, Footsteps family support service and other organisations based within St Helens allowed for the delivery of an integrated model. The child centred multiagency approach ensured a system was in place to best support families. This gave Building Bridges and other organisations better awareness of the family and if they were already known to services. The approach enabled organisations to come together to make joint and informed decisions and ensure a single point of contact was in place, with wraparound support for the whole family. This was seen as a way to provide early intervention, maximise contact and ensure opportunities to engage with families are not missed.

"Families only want to be working with one person. And sometimes you don't meet the threshold for social care intervention. But you know, conflict is actually the biggest thing in a kid's life, as well as the parents substance issues. So it needs to be holistic as a family and not as an isolated issue. With the family, not just looking at the drug, so not about the alcohol to look at the family as a whole. It's just so much better for children." (Stakeholder)

"CGL gets an email, at the end of every day to say this is this is the family and this was the decision. So that then gives him the opportunity to say, I'm not happy with that decision and we can have a conversation. I do think that there's good challenge in our team, I do think there's appropriate challenge. Sometimes I'll reflect and go, actually, yeah. Now you said that. I think we need to do this instead. I think we've got really good relationships as partners, I think that really does matter. We're all really, I think child focused in that way, and we do collaborate." (Stakeholder)

- Influencing other departments and/or working together such as Early Help Teams and Safeguarding Teams: developing and delivering Neglect training, parental conflict training and substance misuse training.
- Building on Recovery Capital/asset-based working, including pathways to peer-to-peer support, service user reps and volunteering.
- Contribution to the overall neglect strategy and parental conflict work in St Helens: Building Bridges Team has been instrumental in developing and facilitating parental conflict, neglect and graded care profile training across the partnership.

"We've got a lot of parental conflict within our referrals, and it's really hard to kind of decipher between welfare issues, domestic violence, plant, the conflict, all of that. To have a partner who works directly with parents were parental conflict is a feature. They can they take on that directly with the family. So I'm really excited about that parental conflict work with CGL. Because I know that that will tie in really nicely with a lot of other issues." (Stakeholder)

- Wider stakeholders praised the Building Bridges team, who were described as dedicated, skilled and enthusiastic who put the family at the heart of the service. They were seen as always available to support colleagues and keen to develop further collaboration.

"(CGL staff member) he's an advocate. He's such a good role model. he doesn't really know how much he helps me as well, because he contributes so well, to all the reflective discussions, all of your audits, he's so balanced, is so balanced in his view, you know, he doesn't have all that professional anxiety that some of the partners might with either. He's very knowledgeable and so approachable. There's never a barrier and they are always keen to help. It does it definitely help when you've got people with that frame of mind, who want to do right by families, then it makes a difference for that for the families. Because and the families pick up on that, building that rapport and trust." (Stakeholder)

Improved knowledge and awareness about parental alcohol dependency:

- Awareness raising via training on the impact of substance use on parenting and the children with professionals across a multitude of agencies.
- The Building Bridges team have worked closely with professionals and organisations across St Helens, providing colleagues advice and information and giving presentations and talks to members of staff and families engaging with other services.

"CGL come over and talk about the services that are on offer a CGL. My clients are always very interested in what goes on, because their loved one might talk about the workers and they get to meet them. So there's always that close connection. So they're always willing to speak to our clients. He communicates it very well. How it affects relationships and how the change has got to come from them. And then we had sort of a group discussion, it helps bringing everyone together. Whenever I ask, they are always forthcoming with it, they will always do what they can to help us." (Stakeholder)

- The close working relationship with MASH enabled joint decisions to be made between CGL and children's services; it also allowed CGL to provide key expert advice. Wider stakeholders reported an increased confidence in developing a support plan for families, with social

workers feeling more confident in speaking with families. This allowed for preventative work and prevented the escalation of statutory cases.

"We do a lot of preventative work as well. There's examples where CGL work and social work kind of work together, particularly with a parent who's struggling with substance misuse or alcohol, we put a plan together. So things that CGL could do so they'd say, Well, we're going to make an appointment on this day. We're going to offer this and then social workers can have the conversation with the parents to help get them on board. So talking to the parents about the plan together." (Stakeholder)

- Wider stakeholders also reported increased knowledge and awareness around parental conflict, highlighting the importance of the parental conflict support pathway developed via the Building Bridges Project.

"It's more dynamic (joint working with CGL), the relationship between the loved one and the, user, it helps me tremendously to have that backup as well. Because sometimes, I'm not sure from that perspective… Good bit of learning for me. The impact for families is evidenced by the feedback we get. It's always positive feedback. Always, always grateful for that from CGL." (Stakeholder)

"I spoke with CGL and now I feel armed with the right information. We can ask information about drugs and alcohol and what that mean for someone. Because we're not experts. CGL are in their own field. So I always reach out to them. And I think it does improve the confidence of the social workers when we're speaking to families and having that communication through CGL with families as well." (Stakeholder)

"How can we help this family because it doesn't necessarily meet the threshold for significant harm. But we know that families have got additional support needs. So you can make a referral to CGL and the M-PACT programme. Knowing the success that its had and the impact that has for kids and families, it's such, it's, it's nice for me to know that there's other services that I can we can tap into and feel it's because things are moving forward with CGL." (Stakeholder)

- Other services are seeing adults who are struggling with childhood experiences of parental alcohol use and ACEs, working alongside CGL helps prevent this and break the cycle of ACEs.

"I'm seeing people maybe in the 40s, 50s, 60s who have been just on their own struggling, you know, their parents were alcohol users and drugs themselves. And you can see the impact on them as older people, if only there was some kind of intervention with those when they were younger, they would be much more fulfilled with life. M-Pact programme recognises the effects it has on children." (Stakeholder)

Improved data sharing:

- The Building Bridges team have access to the Integrated Care System (ICS), enabling them to work alongside colleagues at MASH to screen assessments and contribute to joint decision making. MASH screening and recommendations for cases that are identified as Early Help to engage with Building Bridges as the key intervention to stop cases escalating. Access to the system was seen as key to the success of the Building Bridges project and positive outcomes for families. Without access to ICS, that level of collaborative working would not have been possible. This enabled timely and effective data sharing for immediate action.

"We all became integrated together on the ICS system, which is the integrated children's system. Which means that either multi-agency, we were responding to the referral together. And that was the core partners. So we are there's health education, and the police CGL came on board along with housing." (Stakeholder)

"With CGL, they're always looking for how else, what else can we do? What else can we help? So I am always mindful that I can almost tailor a package of support with CGL. And that's what's happened with our social workers. They have had advice from CGL who know the family on the best approach to take and it's helped to engage them. The collaboration between CGL and social care, where potentially we prevented something from reaching a crisis point, we prevented an escalation and the impact for the child." (Stakeholder)

"We don't run that risk of missing any communication. We can wholeheartedly say that our work and relationships are so much better. Information is shared so much quicker. And we make informed decisions together. It's an early opportunity. We want preventative work before the initial point of contact to social care, a lot of our referrals do step down to level two. Get a good support plan in place at that level two with the right people, the right support for the child at the right time. So having that partner the earliest opportunity, getting them on board on the first day, for me is crucial in all of that preventative, and the escalation because again, you're targeting families so much earlier." (Stakeholder)

- Confidentiality and data sharing agreements between CGL and partner organisations enabled effective data sharing to reach other family members whose support needs would not have otherwise been identified or met. This also maximised contact ensuring early intervention was put into place.

"They've been carrying all this kind of stuff in going around feeling isolated, feeling maybe guilty when they come here. Maybe the first time someone's listening to them and understand it from the their view. No self care, low confidence, feelings of guilt, most anxious and depressed, at rock bottom. And they all said they just wish they'd come in sooner rather than later. But they thought they could fix it themselves. And unfortunately, they need support. They need support and to function better with the user, coping better then the more you care for yourself, the more likely you are to cope better. We were able to do that close work with CGL." (Stakeholder)

- Within St Helens a 'shared care record' has been created for each St Helens resident with a GP. This means that important information about health and care can be seen by professionals in one place and they can make better clinical decisions about care and treatment. CGL have been identified as one of the key agencies that needs to be involved and they now have access to GP, hospital, mental health, social care, Lifestyle and other key health care information. Prior to this, with the project being physically co-located within the social care building and team it has improved the information sharing, networking, and specialist advice relating to alcohol and parental conflict, the shared care record will only improve this further.

"I think it's this is why we work so well, it's easier is because they are integrated on our system, because they can see the referral, they can see the management oversight, they can see the contribution from other partners. So they they've got that breadth of

information straightaway. Helps our service and all the services and their contribution. But it works both ways." (Stakeholder)

Reducing stigma and increasing engagement across the local community:

- Growing and nurturing a visible Family Recovery Community: Examples include dispelling family's fears of getting involved with the service, the team have earned a well-respected reputation locally for their energy, passion and success in starting conversations, supporting and caring about families. The service as a whole are excellent at building trusted relationships with families.
- Wider stakeholders highlighted the positive community spirt with St Helens and collective partnership response from key organisations. Further funding was highlighted as important in enabling this approach to develop to provide support for more families.

"It has been great for me to put it into focus, the good relationships. It's still quite community based here in St. Helens, the agencies do support each other. You can see the clients are very supportive of each other. And when I asked for help or support from all the agencies, they give it right away." (Stakeholder)

5. Transforming Change: Impacts on the Wider System

Effective public health interventions address determinants across the pathways that link wider environmental conditions with health behaviours (Stansfield et al 2020). In the case of Building Bridges, the project has endeavoured to transform change across the whole system, with a focus on identifying those families in need of help as early as possible and addressing the broader determinants of health behaviour. It is evident that the Innovation Funding invested in St Helens has been effective in establishing effective partnerships and networks across a range of relevant agencies. A number of family case studies have been used to provide evidence of partnership working and value for money of the Building Bridges project. These case studies provide examples of where Building Bridges has provided early help to families with a range of complex needs, and the subsequent impact of this. The case studies have been developed through the support that CGL provide to families across the range of support programmes they provide. These have then been used by the research team to develop cost themes and inputted into the PHE social cost-benefit tool to estimate how much social and economic cost has been avoided (per family) by the support that Building Bridges has provided (see Section 2: Methods for further details).

For each case study, their journey through with Building Bridges is provided, followed by the key themes used to estimate the value for money. Please see Appendix for copies of the Value for Money Workbooks for each family case study.

Case Study Family A:

Family A

Engaged with Building Bridges

Mum supported with one-to-one interventions, therapeutic work and alcohol reduction plan.

Mum attended Confident Families which included direct work around parental conflict

Mum has since gone on to become a peer mentor within CGL, now supports other parents accessing the building bridges program as does Child B, who offers support to children to engage in sessions. Mum is also now a volunteer in a local community recovery café with the hope of gaining employment in the future.

Before Building Bridges:

- Children emotionally affected by mums alcohol use.
- Parents emotionally abusive to each other.
- Child B hostile relationship with her father, no contact with mother for over 15 months at time of entering into treatment. Refused to go to school, no education for over 4 months.
- Child C young carer for Mum, took on household responsibilities.
- Negative sibling relationship.
- Child Protection Plan in place (Mum not engaging).

Dad was asked to engage with the Building Bridges, included one-to-one work around conflict.

Child B has moved back home, relationship between siblings has now developed and is positive.

Family A:
Mum: alcohol dependent on entry into treatment, alcohol use for past 6 years as a result of trauma experienced.
Dad: poor relationship with mum and children, ineffective communication resulting in conflict within the family
Child B: living with dad but did not want to, not attending education, poor self esteem and confidence;
Child C: young carer, living with mum.

Family referred to M-PACT; family attended and completed work around the impact of substance abuse on families.

Child B supported to access school and is now in mainstream school full-time.

The whole system impact of the Building Bridges programme can be clearly seen within Family A's case study. Before engaging with Building Bridges, the family relationships were characterised by the emotionally abusive relationship between the parents, the emotional impact of their Mum's alcohol dependency on the children, and poor relationships between the children and their Dad. The children had not been to school for over four months and one of the children was a carer taking on household responsibilities and caring for their Mum. Further, despite there being a Child Protection Plan in place, the Mum was not engaging with this. Building Bridges provided support to each family member through its suite of interventions. Intensive work was implemented to support the Mum which included an alcohol reduction plan, therapeutic work and work around parental conflict. The Dad was engaged in one-to-one work regarding parental conflict and the whole family were referred to M-PACT, where they received support around the impact of alcohol dependency on families. A wide range of outcomes were seen, ranging from the children attending school to developing positive relationships between themselves and their parents. The Mum went on to work as a peer mentor for CGL and is looking to return to employment in the future.

The PHE Value for Money Tool (2021) can be used to identify potential cost savings associated with Family A. Although it will not cover costs specific to each service and outcome, the tool has been developed to provide an estimate of the savings associated with the support received. The costs associated with Family A's case study can be split into costs and social benefits. The costs refer to the cost of treatment and ongoing support from early help or social care. Here, the costs include:

- Child protection plan (n=2 children);
- Young person adopting carer role (n=1 children);
- Truancy from school (n=1 children);
- Domestic abuse (emotional) (n=2 adults);
- Alcohol and drug treatment (treatment for alcohol use n=1 adult) (specialist support for children n=2).

The tool calculates the potential benefits of addressing these issues (such as truancy from school and domestic abuse). The table below provides details of the estimated cost that has been avoided as a result of the support provided by Building Bridges, as calculated by the Value for Money Tool (PHE, 2021). The lifetime costs of the impact of these will be greatly reduced if these outcomes are maintained. It is important to note that the estimated costs represent potential benefits specific to Family A and not the average benefits of the intervention. The costs avoided are benefits associated with Family A specifically. It is unclear whether other people receiving the same intervention would see the same benefits. Also, while this calculation includes the cost of community alcohol treatment it does not include any extra support the family may have received.

	£
Total cost	**3,400**
Gross social benefit (LA)	**36,000**
Net social benefit (LA)	**32,600**
Social benefit-cost ratio (LA costs)	**10.59**
Wider net social benefits (gross)	**86,800 - 101,000**
Wider net social benefits (net)	**83,400 - 97,600**
Wider social benefit-cost ratio	**25.53 - 29.71**

Case Study Family B:

Family B

Engaged with Building Bridges

Building bridges worker identified impact on children's emotional wellbeing resulting in them being very withdrawn and affected by mums alcohol use

Mum supported with one to one interventions including therapeutic work and inpatient detox (fast –tracked through Building Bridges)

Mum was able to identify the impact on the children and have a better understanding of their emotional wellbeing;
Children are happier in their family home;
Dad recognised he had enabled mum's ad-diction and both mum and dad recognised they had neglected the emotional wellbeing of the children;
The children have now been removed from child in need plan and are now closed to children's services.

Before Building Bridges:

- Mum in poor physical health, could not use legs, liver in poor condition;
- Dad struggling to cope with mums alcohol use, he worked long hours to maintain fami-ly home, pay bills and therefore children were often left managing mums behaviour when coming home from school;
- Mum and dad arguing a lot;
- Children often overlooked by professionals due to them doing well in school and dad being a protective factor.

One to one work completed with Dad and children. Dad supported to engage with additional support via Footsteps (support for relatives of those in addiction).

Mum is now alcohol free and has not used alcohol for 5 months

Family B:
Mum – 39 years old, long standing alcohol misuse dating back over 15 years, binge drinking
Dad – 45 years old, struggling to cope with managing family
Child A – 16 year old male, often involved in conflict between mum and dad
Child B – 13 year old female

Family referred to and completed M-PACT

One to one and joint work completed with parents around parental conflict, looking at communication styles, conflict and emotion-al management and compromise.

Again, the whole system impact of the Building Bridges programme can be clearly seen within Family B's case study. Before Building Bridges, the impact of the Mum's alcohol dependency and poor physical and mental health were severely affecting the family. The Dad was struggling to cope, working long hours to maintain the home and pay the bills, thus leaving the children to manage their Mum's behaviour on their return home from school. The fact that the children were in school and the Dad was in stable employment were seen to be protective factors, and the children were often overlooked by professionals as a result. Building Bridges provided support to the Mum who identified the impact of her behaviour on the emotional wellbeing of her children. Mum was fast-tracked to inpatient detox via Building Bridges, whilst one-to-one work was completed with the Dad and the children via the Footsteps programme. The family were then referred to M-PACT, where they received support regarding parental conflict and emotional support. As a result, the Mum has been alcohol free for a number of months, the children are happier and are no longer on a Children in Need Plan.

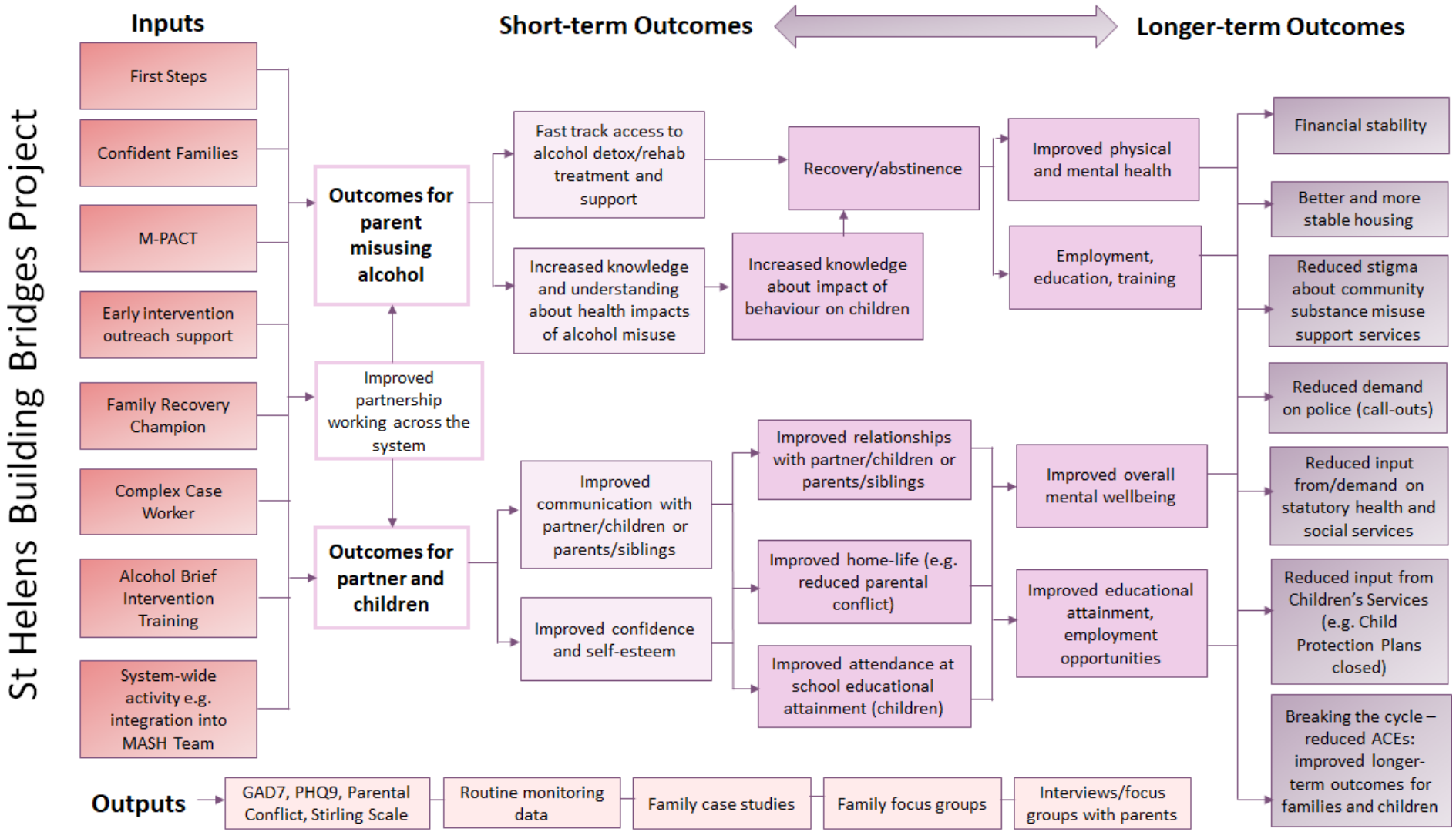
The PHE Value for Money Tool (2021) has again been used to identify the potential cost savings associated with Family B. Although it does not cover costs specific to each service and outcome, it provides an estimate of the savings associated with the support received. The costs associated with Family B's case study include:

- Child in need plan (n=2 children);
- Children's mental health support (n=2);
- Parental conflict (n=2 adults);
- Police call outs (figure used = 5);
- Physical health condition (Mother);
- Inpatient detox (Mother);
- Alcohol and drug treatment (treatment for alcohol use n=1 adult) (specialist support for children n=2).

Again, the estimated benefits represent the economic cost that has been avoided, as a result of the support provided by Building Bridges and do not include the wider social value outcomes that have been evidenced through the interviews and focus groups with families. This suggests that the Building Bridges would bring about a greater wider social benefit cost-ratio than the estimations provided within the family case studies.

	£
Total costs	**7,900**
Gross social benefit (LA)	**22,400**
Net social benefit (LA)	**14,500**
Social benefit-cost ratio (LA costs)	**2.84**
Wider net social benefits (gross)	**73,200 - 100,400**
Wider net social benefits (net)	**65,300 - 92,500**
Wider social benefit-cost ratio	**9.27 - 12.71**

A logic model has been developed to further illustrate the breadth of outcomes achieved by the Building Bridges programme.


St Helens Building Bridges Project
Inputs
Short-term Outcomes
Longer-term Outcomes
First Steps
Confident Families
M-PACT
Early intervention outreach support
Family Recovery Champion
Complex Case Worker
Alcohol Brief Intervention Training
System-wide activity e.g. integration into MASH Team
Outcomes for parent misusing alcohol
Improved partnership working across the system
Outcomes for partner and children
Fast track access to alcohol detox/rehab treatment and support
Increased knowledge and understanding about health impacts of alcohol misuse
Recovery/abstinence
Increased knowledge about impact of behaviour on children
Improved communication with partner/children or parents/siblings
Improved confidence and self-esteem
Improved relationships with partner/children or parents/siblings
Improved home-life (e.g. reduced parental conflict)
Improved attendance at school educational attainment (children)
Improved physical and mental health
Employment, education, training
Improved overall mental wellbeing
Improved educational attainment, employment opportunities
Financial stability
Better and more stable housing
Reduced stigma about community substance misuse support services
Reduced demand on police (call-outs)
Reduced input from/demand on statutory health and social services
Reduced input from Children's Services (e.g. Child Protection Plans closed)
Breaking the cycle – reduced ACEs: improved longer-term outcomes for families and children
Outputs
GAD7, PHQ9, Parental Conflict, Stirling Scale
Routine monitoring data
Family case studies
Family focus groups
Interviews/focus groups with parents

6. Conclusions and Recommendations

The Building Bridges evaluation has highlighted the effectiveness of the Innovation Fund in expanding provision, enabling support for more families, and demonstrating effective whole system change. Without the Innovation Funding, St Helens would not have had the capacity or provision to support families or children. As a result, the funding has enabled CGL to become an adult service that has a child focus. To summarise the effectiveness of Building Bridges on transforming system change, the evaluation findings have been mapped to the principles for achieving a whole system approach to community-centre public health (Stansfield et al 2020). This has allowed in-depth consideration of the mechanisms affecting whole system change. Where relevant, a number of recommendations are provided.

Values and Principles

It was evident throughout the evaluation that key members of the Building Bridges project were committed to developing system change and had a shared vision for the approach. Both Stansfield et al (2020) and Bagnall et al (2019) highlight the importance of establishing trust and sustainable relationships and this was evident throughout the Steering Group, in terms of the commissioners, the service providers and everyone involved in providing and supporting the Building Bridges project. A driving factor behind the success of Building Bridges was strong strategic buy-in and leadership from the start and throughout. A shared vision was developed across the Steering Group and it was clear that the willingness and trust between commissioners and providers had an impact in successfully developing and delivering Building Bridges.

Giving Children a Voice

CGL have been able to successfully capture the voice of the child and evidence the impact and value of Building Bridges from the child's perspective. As a result, CGL have been able to feed this back to professionals including judges, social workers, Child Protection Conference Chairs and Independent Reviewing Officers, alongside ensuring it is fed into care plans for children and parents. CGL also use this evidence to direct service provision for parents, and inform local training and awareness raising initiatives. The evaluation highlighted how parents and children would value some form of aftercare programme, to include meetups for the children who had formed friendships with others on the course.

Recommendation

- The children who engaged with M-PACT benefited from spending time with other children in similar situations in a safe space where they could be honest (for the first time) about how they were feeling and the impact of addiction on them and their lives. This needs to be continued and opportunities provided for children to have an active role in the recovery community.
- An extension of the work with children could be considered by local commissioners to include direct one-to-one support for children and ongoing M-PACT aftercare.

Involving Communities

Evidence from the literature suggests that involving communities in identifying their needs and priorities is a key aspect of an effective whole system approach to community-centred public health (e.g., Stansfield et al 2020; Bagnall et al 2019). In the case of Building Bridges, the project collects extensive insights from their community in the form of letters, artwork, and case studies. It is clear

that the Building Bridges project has a strong standing in their community, and this was evidenced through its service users describing a reduction in stigma and the positive standing that the initiatives (particularly CGL) have within the community.

Recommendation

- CGL regularly undertake novel activities to engage families in sessions. This allows families to engage in activities and communicate their feelings in different and accessible ways. For example, through using artwork and letters to recovery. This has been important for families and useful for facilitating sessions, but also is an invaluable way of capturing impact of the project in different formats allowing families to have a voice, provide feedback and help shape the support that they receive. CGL should continue to use these activities to inform routine data capture.

Strengthening Capacity and Capability

Building Bridges has had a positive impact on the capacity and capability of professionals working across the system, through the training that has been provided and the joint working across agencies and professionals. Further, the project actively seeks to support its service users to take up volunteering and training opportunities, thus further strengthening capacity within the community. These activities are central to the ability of individuals and families to make a positive contribution to society, limiting the impact of adverse childhood experiences and creating inter-generational long-term change.

Recommendations

- The training survey highlighted gaps in basic awareness around the impact of alcohol misuse on the family. Moving forward, the training offer could include two training sessions, including a basic and enhanced training package.
- Parents highlighted the importance of having such opportunities available to them and the impact of this on their confidence, self-esteem, and skillset. This opportunity should continue to be made available to parents where possible. Where possible, Building Bridges should capture these wider outcomes to further evidence their effectiveness.
- A number of parents who engaged with the Building Bridges project have gone on to become volunteers at CGL, support groups and working within the recovery cafe. One parent had gone on to become a volunteer at CGL, supporting the delivery of ongoing and future M-PACT programme, highlighting the importance of lived experience and the benefits of peer support for other parents engaging with the programme. Again, CGL should consider a way of formally capturing the volunteering activities at Building Bridges, and the outcomes of these.

Scaling Practice (Within and Beyond St Helens)

Building bridges have successfully integrated a holistic behavioural change model looking at all aspects of a parents within service including substance use, the impact on children, parental conflict and domestic abuse. The success of the Building Bridges project in supporting system level change has been evidenced through the ability of the project to systematise approaches across St Helens. Through the Innovation Fund, Building Bridges has developed partnerships which impact on the wider early help system and with clear integration into the MASH. The benefits of this approach are clearly evidenced within this evaluation, with key partners now sitting on groups and panels that influence decisions. As a result, key partners now provide specialist advice to help inform decision making and are now part of the wider system, beyond the Building Bridges project.

Recommendations

- Parental conflict was initially measured using the Parental Conflict Tool; however, this was deemed unsuitable. In line with the further roll out of parental conflict focused work within CGL, a bespoke measure should be used to effective capture the impact of the parental conflict-based initiatives.

- During the latter phase of the evaluation, the First Steps programme was extended from six to ten weeks to cover topics including conflict, connections, and relationships. Further work is recommended to measure and understand the impact of this on the families who receive it.
- The integrated working between Building Bridges and the MASH should be further developed; there have been several cases where families have been supported and escalation beyond level two/early help has been avoided. The local authority should consider a funding a specific post to further support this activity.
- The success of the Building Bridges model should be identified as an example of best practice, and the learning from the holistic behaviour change approach adopted nationwide.

Sustaining and Maximising Outcomes

The assessment scales (the PHQ-9 and GAD-7 questionnaires) and the Children's Stirling Scale all show positive changes for the parents and children who engaged with Building Bridges and completed both pre and post questionnaires (at the start and end of engagement). Within the literature, it is suggested that outcomes are sustained where new relationships, generated through whole system initiatives, have been maintained and strengthened. This evaluation has highlighted the importance of the whole system approach to family support. Of particular importance were the peer-led activities and information peer support networks in enabling parents and families to sustain their positive behaviour change. With the support of the Innovation Fund, CGL have provided a service which has a child focus, which many services struggle to achieve.

The evaluation found that stakeholders had mixed awareness of Building Bridges across the broader system; this suggests there is potentially unmet need, and further impact that the programme could have on children and families affected by parental alcohol misuse.

Recommendation

- In order to further maximise the impact of Building Bridges, awareness raising activities should be undertaken across statutory and non-statutory services in St Helens, to increase the understanding of the pathways into specialist alcohol services that can support families, parents and children. The impact of this should be closely monitored to explore how this affects service capacity and demand, and to avoid further stretching resources.
- Given the value for money of the Building Bridges programme, as demonstrated through the case studies, participant and stakeholder feedback, programme outcomes and Key Performance Indicators, the funding for this programme should be continued. Critically, the ability of the programme to meet the demand should be closely monitored, again, to avoid further stretching resources.
- The impact of increasing demand (particularly given the current performance of the Building Bridges programme in exceeding original assessments) should be closely monitored to ensure that caseloads do not exceed 40, and that groups sizes remain manageable (as referenced through participant experiences within the current evaluation [p.29] and recommended in current policy ([Dame Carol Black's Review of Drugs, 2021]).

Measuring Wider Outcomes

A dataset is currently being developed by CGL that details much wider outcomes that are not routinely collected at CGL. This has been an onerous task and involved inputting individual data by hand from individual case notes. It is anticipated that this dataset will evidence data that is usually anecdotal yet could demonstrate huge impact for parents and for the Building Bridges project. This could include steps downs within social care, families reunited, parents returning to education, training and employment, and parents gaining voluntary and paid employment. This data could be invaluable to the project going forward; the legacy of this data set could be used to help attach detail to case studies and used as evidence to help inform future funding applications. This data exercise would need to be routinely carried out and could be embedded within standard and routine data monitoring and the Building Bridges outcomes framework.

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8. Appendix

Value for Money Case Study: Family A

	Cost theme checklist	No. of children	No. of adults	Corresponding tab	Costs avoided in first year after intervention							
					Direct costs						Indirect	Intangible
					LA				NHS	CJS		
					Social care	Education	Housing	Treatment				
SOCIAL BENEFITS	Social care and early help support			Social, YP & kinship care								
	Looked after - not in high cost placement	0	n/a	Social, YP & kinship care	£ -							
	Child protection plan	2	n/a	Social, YP & kinship care	£ 20,800							
	Child in need	0	n/a	Social, YP & kinship care	£ -							
	Early help	0	n/a	Social, YP & kinship care	£ -							
	Troubled Families programme	0	n/a	Social, YP & kinship care	£ -							
	Young person adopting carer role	1	n/a	Social, YP & kinship care							£ 5,900	
	Kinship care	n/a	0	Social, YP & kinship care							£ -	
	Exclusion from school	0	n/a	Education	£ -	£ -			£ -			
	Truancy	1	n/a	Education	£ 2,800	£ 1,000			£ 100			
	Perinatal depression	0	n/a	Disorders					£ -			£ -
	Perinatal anxiety	0	n/a	Disorders					£ -		£ -	£ -
	Conduct disorder	0	n/a	Disorders	£ -	£ -			£ -			
	Foetal alcohol spectrum disorder	0	n/a	Disorders	£ -	£ -			£ -			
	Homelessness	0	0	Homelessness			£ -		£ -	£ -		£ -
	NHS treatment			NHS and LA Treatment								
	Cognitive behavioural therapy (CBT) for adolescents	0	n/a	NHS and LA Treatment					£ -			
	Counselling for children with mental or emotional difficulties		n/a	NHS and LA Treatment					£ -			
	Domestic abuse	n/a	2	DA & crime					£ 2,800	£ 2,000	£ 17,400	£ 42,800
	Crime			DA & crime								
	Violence	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	Shoplifting	n/a	0	DA & crime						£ -		
	Robbery	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	House burglary	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	Police call out	n/a	0	DA & crime						£ -		
	Are costs mutually exclusive?				**Yes**	**Yes**	**Yes**		**No**	**No**	**No**	**No**
	Total benefits (where costs are not mutually exclusive, a range is presented)				**£ 23,600**	**£ 1,000**	**£ -**		**(£100 - £2800)**	**£2000 - £2000**	**£5900 - £17400**	**42800 - £4280**
COSTS	Alcohol and drug treatment			NHS and LA Treatment								
	Treatment for opioid use	n/a	0	NHS and LA Treatment				£ -				
	Treatment for non-opioid drug use	n/a	0	NHS and LA Treatment				£ -				
	Treatment for alcohol use	n/a	1	NHS and LA Treatment				£ 1,300				
	Treatment for young people (alcohol and drugs)	1	n/a	NHS and LA Treatment				£ 2,100				
	Inpatient detoxfication	n/a	0	NHS and LA Treatment				£ -				
	Residential rehabilitation	n/a	0	NHS and LA Treatment				£ -				
	Other treatment cost should be added here							£ -				
	Any ongoing treatment or social support cost (for example, early help)				£ -			£ -				
	Total costs				**£ -**			**£ 3,400**				

	£
Total costs	**3,400**
Gross social benefit (LA)	**24,600**
Net social benefit (LA)	**21,200**
Social benefit-cost ratio (LA costs)	**7.24**
Wider net social benefits (gross)	**75,400 - 89,600**
Wider net social benefits (net)	**72,000 - 86,200**
Wider social benefit-cost ratio	**22.18 - 26.35**

Value for Money Case Study: Family B

	Cost theme checklist	No. of children	No. of adults	Corresponding tab	Costs avoided in first year after intervention							
					Direct costs						Indirect	Intangible
					LA				NHS	CJS		
					Social care	Education	Housing	Treatment				
SOCIAL BENEFITS	Social care and early help support			Social, YP & kinship care								
	Looked after - not in high cost placement	0	n/a	Social, YP & kinship care	£ -							
	Child protection plan	0	n/a	Social, YP & kinship care	£ -							
	Child in need	2	n/a	Social, YP & kinship care	£ 18,600							
	Early help	0	n/a	Social, YP & kinship care	£ -							
	Troubled Families programme	0	n/a	Social, YP & kinship care	£ -							
	Young person adopting carer role	1	n/a	Social, YP & kinship care							£ 5,900	
	Kinship care	n/a	0	Social, YP & kinship care							£ -	
	Exclusion from school	0	n/a	Education	£ -	£ -			£ -			
	Truancy	1	n/a	Education	£ 2,800	£ 1,000			£ 100			
	Perinatal depression	0	n/a	Disorders					£ -			£ -
	Perinatal anxiety	0	n/a	Disorders					£ -		£ -	£ -
	Conduct disorder	0	n/a	Disorders	£ -	£ -			£ -			
	Foetal alcohol spectrum disorder	0	n/a	Disorders	£ -	£ -			£ -			
	Homelessness	0	0	Homelessness			£ -		£ -	£ -		£ -
	NHS treatment			NHS and LA Treatment								
	Cognitive behavioural therapy (CBT) for adolescents	0	n/a	NHS and LA Treatment					£ -			
	Counselling for children with mental or emotional difficulties	2	n/a	NHS and LA Treatment					£ 2,400			
	Domestic abuse	n/a	2	DA & crime					£ 2,800	£ 2,000	£ 17,400	£ 42,800
	Crime			DA & crime								
	Violence	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	Shoplifting	n/a	0	DA & crime						£ -		
	Robbery	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	House burglary	n/a	0	DA & crime					£ -	£ -	£ -	£ -
	Police call out	n/a	5	DA & crime						£ 15,000		
	Are costs mutually exclusive?				**Yes**	**Yes**	**Yes**		**No**	**No**	**No**	**No**
	Total benefits (where costs are not mutually exclusive, a range is presented)				**£ 21,400**	**£ 1,000**	**£ -**		**(£100 - £2800)**	**£2000 - £15000**	**£5900 - £17400**	**£42800 - £4280**
COSTS	Alcohol and drug treatment			NHS and LA Treatment								
	Treatment for opioid use	n/a	0	NHS and LA Treatment				£ -				
	Treatment for non-opioid drug use	n/a	0	NHS and LA Treatment				£ -				
	Treatment for alcohol use	n/a	1	NHS and LA Treatment				£ 1,300				
	Treatment for young people (alcohol and drugs)	2	n/a	NHS and LA Treatment				£ 4,200				
	Inpatient detoxfication	n/a	1	NHS and LA Treatment				£ 2,400				
	Residential rehabilitation	n/a	0	NHS and LA Treatment				£ -				
	Other treatment cost should be added here							£ -				
	Any ongoing treatment or social support cost (for example, early help)				£ -			£ -				
	Total costs				**£ -**			**£ 7,900**				

	£
Total costs	**7,900**
Gross social benefit (LA)	**22,400**
Net social benefit (LA)	**14,500**
Social benefit-cost ratio (LA costs)	**2.84**
Wider net social benefits (gross)	**73,200 - 100,400**
Wider net social benefits (net)	**65,300 - 92,500**
Wider social benefit-cost ratio	**9.27 - 12.71**

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