



GLASGOW BRIDGES AN ABERLOUR FAMILY SERVICE

Final Action Research Report
by the University of Stirling

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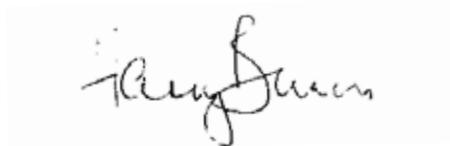

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Foreword

In pressing financial times, it's easy to lose sight of the problems that existed before the economy faltered. The difficulties experienced by children affected by problematic parental substance misuse, have haunted our society through good economic times and bad and have, if anything, only worsened and become more prevalent in the jaws of the downturn. Children and young people who live in a family home where drugs are a factor face a huge range of challenges and barriers to a normal upbringing. How we as a society help them to answer that challenge is one of the more pressing social questions of our time.

Over the past four years, the University of Stirling, in partnership with Aberlour Child Care Trust, has completed an action research project to evaluate the work and outcomes of Aberlour's Bridges Project. This family outreach service has worked diligently with families in Glasgow who without the holistic and focused support of Aberlour's dedicated staff team could well have been torn apart by substance misuse. Over the course of the project, Aberlour has offered these children and their parents a flexible, practical and whole family approach to a more stable and sustainable coexistence in which families are helped not only to stay together, but to grow and to thrive.

The techniques and strategies employed by Aberlour are not complex, but they are evidence based and they are effective. The research and findings presented in this report provide a compelling narrative of a service which should act as a blueprint for all future work undertaken in this critical field.



Sir Harry Burns
Chief Medical Officer for Scotland



"We talk about how we feel and if we're sad or happy. We do songs and poems, we get stars. We don't like noises. It's time to talk, talk, talk, talk."

*Feedback from child about
'Time to Talk' session*

Acknowledgements

There are a number of people to thank for their contributions to this research study and to all the reports which have been produced over the three years of this action research project. Firstly, thanks to Sandra Sweeten and Ruth McDonald, Aberlour Glasgow Bridges Service Managers and all the team at the service for their hard work and collaboration in the research project. Thanks also to members of the Stakeholder Group and the Research Advisory Group, particularly Prof Brigid Daniel, who oversaw the project, and Morag Redford and Dr Sarah Wilson from the University of Stirling.

Thanks to the funders for making the work of the service possible. The funders were:

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- Glasgow City Council, Greater Glasgow and Clyde NHS and Glasgow Addiction Service
- North Glasgow Community Health Care Partnership
- The Robertson Trust
- Scottish Government who contributed to an extension of the funding for an extra six months.

I would like to acknowledge the part played by teaching staff and head teachers in completing the SDQ forms so regularly. Thanks also to Dr Harry Burns, who gave the service the impetus to seek further funding and inspired staff, parents and carers to hope for a better future.

Thanks also to the John Lewis Partnership for their donation of toys and equipment to the service.

And most importantly, thanks very much to the children, parents and carers who talked with me about their lives and their experiences of the service.

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Names and identities have been changed to protect the privacy of parents and children.

Photographs feature models.



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1) Introduction

The Aberlour Glasgow Bridges service was established in June 2008 in the Possilpark area of North East Glasgow to work with families affected by parental substance misuse. The staff team came from a range of disciplines including education, health and social work services. The aim of the service was to develop and deliver interventions with parents, carers and children which make a difference to children's educational, health and well-being outcomes. The work with children was resilience-based with particular emphasis on enhancing protective factors in the areas of educational experience and attainment, peer relationships and social networks and activities.

The service had an Action Research component, with a part-time researcher from the University of Stirling whose remit was to review and evaluate the work of the service on an ongoing basis in order to develop evidence about what sort of interventions can be effective in improving outcomes; support changes which other services can make to similarly improve children's outcomes and embed sustainable evaluation processes and skills within the service. The service was funded until June 2011 by Radio Clyde - Cash for Kids, The Robertson Trust, Glasgow Addiction Service and North Glasgow Community Health Care Partnership (CHCP) with the Scottish Government providing additional monies to extend the service funding until September 2011.

2) Service development

- The service arose from discussions between Aberlour Child Care Trust (Aberlour) and funding agencies which identified particular local needs. This approach enabled the organic development of the service to take place and led to ongoing and active participation by representatives of the funding agencies in the work of the service, including the design of outcomes appropriate to the service user group.
- Involving partner agency staff and service users in planning and designing the service was valuable. However, it may be that insufficient consideration was given to how families who were not directly visible to or involved with targeted services such as Children and Families Social Work Teams and Community Addiction Teams would be referred. Clear referral routes or pathways for families not involved with statutory services were not in place prior to the establishment of the service, in part due to a last minute change of location. Accessing families who may have required additional support to that routinely offered by universal services, but whose problems have not yet triggered formal statutory involvement, was not straightforward. The identification of key potential referring agents within universal services, such as local schools and health centres, eased this process considerably. The Getting it Right for Every Child approach, which involves agencies working together to provide appropriate services to children and families rather than referring them on to other agencies, should ease this. The need for this is clearly illustrated by the experience of the Glasgow Bridges service.
- In time, word began to spread amongst families and local networks that the service could be beneficial and this encouraged more families to become involved. The word on the street is an important element in parents' willingness to engage with services and reduces some of the stigma associated with asking for help.
- The pressures on the service from funders to start working with families quickly meant that, given the high level of need in the area, social workers not surprisingly referred families with high support needs. This then had implications for the service's practice in that it had to work more intensively with families than had been envisaged.

2) Service development

The families

The Aberlour Glasgow Bridges service worked with 30 families during the period from 1st June 2009 to the end of March 2011 and this included 53 children. The service worked primarily with mothers and female carers although efforts were always made to engage with fathers where they are actively involved with their children. In addition, twenty-five other children were involved in group work taking place in three different schools, particularly 'Seasons for Growth' groups. These were not children whose families were directly working with the service but who benefitted from the service's work.

The service amended the referral criteria to all children from 0-14 years when it was recognised that there were not sufficient referrals of children in transition age groups. The geographical area from which referrals would be accepted was also widened and the service endeavoured to meet local need by accepting referrals of kinship care families for a six month period. In time it worked with families across the spectrum, from those considered to be at low risk to some 'in crisis'. In reality, many families considered to require 'early' intervention have been found to have high support needs due to hidden and often deep-seated difficulties.

The main reasons children were referred were poor social skills, inability to manage the school environment and lack of interest and activities. Emotional and attachment issues also featured highly as a reason for referral of the children in the third year. A smaller number of children were referred because of concerns about physical health issues. The main referral reasons for parents were substance misuse and a need for input to help with household management and routines and caring skills. A large number of those referred in year one had low self-confidence, problematic family relationships and were lacking in social supports. Domestic violence and mental health problems featured in the lives of over half those referred.

For many of the parents, daily life was characterised by difficulties associated with poverty, inadequate and insecure housing and a struggle to provide emotional, social and educational support for their children. This was particularly so for parents whose own needs had not been met, for whom there was little support from family and friends and who could see no glimmer of hope for a way out of their difficulties for themselves or for their children.

2) Service development



The interventions

Interventions were informed by research findings and theoretical frameworks which drew on ecological approaches, the concept of resilience-promotion and educational theories which focused on the child's holistic well-being and personal development as well as their educational attainment. There was a 'menu' of interventions which service staff could undertake with families according to individual needs. This included: practical, social and emotional support of parents/carers, such as early morning support to establish routines to get children ready and to school on time; individual and group parenting programme work; joint adult and child play sessions and educational support through individual and group work in school and outwith school, such as homework support for children and their parents.

Engagement and approach

While the interventions in themselves were important, the way they were delivered was also crucial. It was the view of service staff that the approach taken to the work was as important, if not more important, than the interventions themselves. Without good working relationships with staff, parents and children would not attend. The approach included:

- Creating a welcoming and informal environment which encouraged parents and children to keep coming back after the initial visit to the service. It was important to 'get alongside' families and, by finding an individual way to relate to each adult and child, make them feel special.
- Service users' engagement with staff and participation in interventions could fluctuate from time to time when life events, such as family bereavements occurred; a flexible approach to this and persistence in re-engaging families proved to be effective in some cases.
- Parents can feel overwhelmed by difficulties and staff must acknowledge that some changes may take longer or be harder to achieve than others. A realistic level of expectation encouraged service users to work at their own pace.
- Service users need time to build a trusting and open relationship with staff. Once this is in place they are more open and motivated to make changes and less likely to feel judged and criticised, even when challenged by staff if their actions are not acceptable. Staff were able to balance a strengths-based approach with the necessary realism and 'respectful scepticism' required.
- A nurturing approach with parents, many of whom had not experienced this themselves while growing up, as well as with children helped to create a relaxed and sharing environment within which the work took place. Tea and toast and a caring attitude modelled by staff contributed to this.
- Interventions were developed and delivered in a creative way. Practical and enjoyable tasks, such as baking, crafts and playing board games offer many opportunities for learning, for example literacy, numeracy, sharing and communication and making connections to various aspects of parenting. While conveying the message that parenting is a very responsible task, the importance of fun and enjoyment in family life was also highlighted.

2) Service development



Outcomes

Outcomes information was collated from a range of sources, including the use of validated measurement tools such as the “Strengths and Difficulties” and the “Parenting Daily Hassles” questionnaires in order to measure the progress made in relation to 15 outcome indicators identified for work with families.

In assessing the outcomes indicators for each family, most families have been recorded as having made progress in some, but not necessarily all areas. However, in looking at the overall results the following picture emerges.

- Seven of the 19 families (37%) achieved greatly improved outcomes across all the main indicator groups, ie in relation to children’s experience of school, their health and well-being and parenting awareness, skills and confidence.
- Nine of the 19 families (47%) made some (or in two cases, inconsistent) progress towards improved outcomes across some or all of the main indicator groups.
- Three of the 19 families (16%) made little or no progress towards improved outcomes, primarily due to inconsistent engagement.

Parents and children were also consulted about the ways in which they felt the service had helped them.

Linking outcomes and interventions

It is not possible to state with any certainty that any one particular intervention or combination of interventions had greater impact than others in helping families to achieve positive short-term educational, health and well-being outcomes.

However it is possible to indicate the ways in which some interventions contributed to improvements in these. For example, school attendance rates were improved through early morning ‘ready for school’ support and children’s ability to manage the school environment, concentrate in class and co-operate with their peers was assisted by the individual and group work provided by Glasgow Bridges children’s and educational development staff. Similarly, individual and group parenting work, literacy, numeracy and emotional literacy work and play and creative activities with parents and children together had an impact on parenting capacity and, as a consequence, children and parents health and well-being.

Evaluation processes

There are challenges in putting evaluation processes and tools in place when referral of families and engagement with them are necessarily the first priorities. It can take time for some staff to recognise the importance of and routinely collect evaluation information about families.

Experience showed that some evaluation/impact measurement tools are viewed positively by service-users and can be used as a way of prompting discussion. The use of SDQ and PDH questionnaires were particularly valuable. Those who commission services which require an outcome-measurement element may need to consider the practical challenges this involves.

2) Service development

Key learning points

The development and delivery of the Aberlour Glasgow Bridges service provided opportunities to learn about the most effective ways to work with children and their families affected by current parental substance misuse. The service has piloted methods and approaches of working with families which have succeeded in engaging a number of families in a way which has led to progress towards positive outcomes.

- Local knowledge is required to identify key people who can generate appropriate referrals. The process of developing crucial contacts who were in a position to refer families at an 'earlier intervention' level, within agencies such as health and education services, took longer than expected but in time led to smoother referral pathways. The GIRFEC approach will hopefully improve the process of families' access to services without the need for referral in the recognised sense.
- The holistic approach to family support with multi-disciplinary staff working with children and adults in parallel and at times together is effective and valued by families. The indications are that work with children to enhance their educational and health and well-being outcomes is likely to be more effective if reinforced by work with parents to address their needs, and help them recognise how they can make a difference to their children's future.
- Key elements of the service are the accessibility of the service base to the local community, the welcoming and comfortable spaces within which the work with families takes place and a nurturing approach, including the provision of hot drinks, warm toast, treats, soup and healthy food which some parents may have rarely experienced but then go on to emulate at home with their children.
- The staff employed an approach which used their interpersonal and professional skills combined with a welcoming attitude to both children and adults treating them as individuals, and taking an interest in all aspects of their lives. It was important to offer encouragement, empathy and support, balanced with the ability to challenge when appropriate, are important. Staff practised positive attitudes and actions amongst themselves and with service users to encourage positive interaction between parents and their children.
- The service was set up to allow for flexibility of staff roles which could be adapted to the needs of families. The effective model that emerged reflected the key roles of educational support, interventions which bring parents and children together, parenting support and practical support, latterly by way of Family Literacy and Numeracy work.
- Staff were accessible to service users, with open access to the service base during office hours, and available through mobile phone use - calls and texting, including some out-of-hours time. Phone calls came through the administrator who knew the families and responded to calls in an informal and personal way.

2) Service development

Key learning points

- A persistent approach to engaging parents, when required, proved effective in some but not all cases. Some families engaged cautiously or inconsistently, particularly at first, and it was necessary to revise time-scales and planning and to gently encourage parents to engage or re-engage at their own pace. In some instances, taking part in a new and interesting activity was instrumental in drawing a parent into the service. Service staff were able to engage some fathers, although this work requires further development and imaginative interventions.
- Flexibility was important in relation to the type of interventions and how they were delivered to match individual learning styles. Flexibility about timing was also key, for example arranging group work and meetings to fit around other demands on parents' time or how many weeks a piece of work might take because of crises or unexpected events which may occur in families.
- The service used a 'menu' of creative and interactive interventions which parents and children enjoyed participating in while also learning and developing their skills. Many parents had not had opportunities as children to enjoy play and reading with their own parents and often needed to experience this for themselves before they could do it with their children. If families are to engage effectively, particularly when engagement is voluntary, and learn from their participation, the interventions must hold their interest and be relevant to them.
- The education component worked particularly well and was most effective within schools which prioritised a health and well-being approach to all aspects of school life. School staff saw the benefits of the service's focus on working with both children and their parents/carers.
- There were challenges for staff in piloting recording, communication and evaluation systems which were regularly amended. There was also scope for further development in joint working between adults' and children's workers and more crossover in roles between the two. More effective ways of working with older children requires further development.
- The experience of the service indicates that some parents require long-term or intermittent support, and that a short-term 'fix' is often not sufficient. Service design should ensure that families can return for a 'top-up' of support at a less intensive level, if required.
- The service contributed to the process of parents' recovery, not just from substance use, but also from mental health problems for example, by providing interests and activities, and stimulating an interest in improving their community. A constructive use of time is an important element of the recovery process (Matthews, 2010). Some parents demonstrated an interest in becoming involved in local community asset building which is now in early planning stages.
- The contribution of local agency and funding representatives through the Stakeholder Group was valuable and enabled them to play an active and on-going role in shaping the service. This model is one which funders have expressed an interest in developing further and replicating in future projects.

3) Context and introduction



The extent of problematic substance use by parents in Scotland and more widely in the UK and the need for targeted interventions to help children who are adversely affected by this have been outlined in a number of recent policy documents (Scottish Executive, 2001; Scottish Government, 2006). Following on from these, research studies undertaken in Glasgow (Scottish Executive, 2005; Glasgow City Council, 2006) highlighted the prevalence of problematic drug use in some areas of the city, the numbers of children affected by parental drug use and a gap analysis in relation to the availability of services in the areas where most affected families lived.

Children affected by problematic parental substance use are often at high risk of experiencing disadvantages in their health and social well-being including low self-worth, confidence and difficulty in forming positive peer relationships (Templeton et al, 2006). It has been identified that improving the educational experience and attainment of children in this situation can be an important factor in helping to mitigate the longer term effects of exposure to parental substance abuse (Luther et al, 2000). Children living in alcohol and drug using households are more vulnerable to poor school attendance, low academic achievement and less involvement in social and extra-curricular activities at school (Velleman and Templeton, 2007). The parents of many of these children will have had negative experiences of school themselves and encouraging them to participate in their children's learning has been shown to be particularly beneficial (Desforges, 2003).

Improving children's educational experience is part of a broader resilience-led approach, now embedded in the 'Getting it Right for Every Child' (GIRFEC) framework in Scotland (Scottish Executive, 2005). Glasgow Bridges was set up to work with children and their families in a resilience-based way. Consultation with service users during the service planning stage highlighted that some parents are unlikely to cease using drugs or alcohol and that there is a particular need for services which work with these families. Studies have highlighted the need to work with the whole family - both parents and their children (Woolfall et al, 2008).

Aberlour has considerable experience of working in the residential and community-based substance use sector with both parents and children. As a result of the identified gap in targeted services and in collaboration with other agencies, Aberlour developed a proposal for a service that would work with families affected by problematic substance use with the aim of developing and delivering interventions. By working with both children and their parents this would make a difference to children's educational, health and well-being outcomes.

3) Context and introduction

What is Aberlour Glasgow Bridges service?

The Aberlour Glasgow Bridges service was established in June 2008 in the Possilpark area of North East Glasgow to work with families affected by parental substance misuse. The area is one of multiple deprivation in relation to a range of indicators including low income levels, unemployment and health (Scottish Index of Multiple Deprivation, 2009). Recently, North East Glasgow was placed at the bottom of the league table for educational attainment levels across the UK. Child Protection statistics for the Glasgow East and North Community Health Care Partnerships (CHCP) area are the highest across the city and were recorded at between 100 and 150 each month in the period 2009/2010. The Nurse Advice line at the Greater Glasgow and Clyde NHS Child Protection Unit received substantially more calls from the North and East CHCP than others across the city.

The service was funded for three years by Radio Clyde - Cash for Kids, The Robertson Trust, the former Glasgow Alcohol Action Team (now Glasgow Addiction Services) and North Glasgow Community Health Care Partnership. The approach taken to funding the service was unusual in that it arose from discussions between Aberlour and the funders about a recognised need in the area for a service which worked with both children affected by parental substance misuse and their parents. It also fitted with the Local Authority's aims of reviewing the nature of family support services. This enabled the organic development of the service to take place and led to ongoing and active participation by representatives of the funding agencies in the work of the service, including the design of outcomes appropriate to the service user group.

The work was targeted at parents recovering from or currently using substances, however the aim was to identify families at an 'earlier' stage of intervention. The term 'earlier intervention' is a complex one that is often used to refer to a wide range of situations. It may mean working with families whose support needs do not warrant compulsory measures of social work involvement and who may or may not require this at a later stage. It can also be taken to mean working with families at an even earlier stage, that is before they come to the attention of non-universal services or working with children during their early years. The service aimed to work with families across this spectrum.

The staff team came from a range of disciplines including education, health and social work services. Broadly, the team delivered individual and group interventions in school to support children with their learning and at the service base, where family support, parenting work, literacy, numeracy and emotional literacy work, health-based sessions, children's group sessions, parent and child play and bonding sessions took place. Families were also supported at home with practical help, routine-setting and with early morning support to enable children to attend school.

The original criteria for referral to the service was limited to children affected by parental substance misuse who were within educational transition stages and attended a small group of nurseries and schools in the area. Referral issues, which are outlined in detail in the report, led to this being amended over the life of the service to include all children affected by parental substance misuse from 0-16 years in the Possilpark area, and for six months from March 2009 referrals were accepted for children cared for by kinship carers.

The work with children was framed within a resilience perspective with particular emphasis on enhancing protective factors in the areas of educational experience and attainment, peer relationships and social networks and activities.

The work with families was measured by outcome indicators¹ for children and parents which link with the Getting it Right for Every Child (GIRFEC) Well-being Indicators. The service's work also addresses some of the outcome indicators from a number of other areas of national and local policy strategies including the Scottish Government Early Years Framework, the Curriculum for Excellence and Getting Our Priorities Right. All the indicators contribute, either directly or through the work with adults, towards the promotion of children's resilience.

The service was set up with a flexible structure to afford the opportunity to pilot different approaches to working with families and to enable learning to take place to inform partnership agencies' future strategy and practice development.

¹ These can be found in Appendix A

3) Context and introduction

Action Research

In order to maximise the learning opportunities, an Action Research component was included in the project. Its remit was to review and evaluate the work of the service on an ongoing basis to:

- identify the issues involved in developing and delivering work with families;
- help the service consider any changes necessary to make the work more effective;
- evaluate to what extent was meeting its aims;
- disseminate learning from the service's operational experiences to other agencies working in the area.

The focus of the research was clearly on the practice learning from the work of the service, so that this could inform the development of support services for families affected by parental substance misuse. There was no requirement to look at a cost benefit analysis, now often a key element in research briefs. Reference is made in the last section of the report however to the potential savings this type of service can make in financial, social and human costs and the evidence is documented elsewhere².

In my role as researcher, I have worked with the staff team to encourage the use of a range of recording and evaluation materials. In compiling this report I have collated these materials, the data from which forms the basis of this evaluation report.

This report is the last of three annual reports. The initial report³ reported primarily on the development of the service and should be read for a full understanding of the background to the service and the first year of its work. The second year⁴ report outlined the extent to which the broad aims of the service had been met to May 2010; it also examined the early outcomes for the families who had worked with the service over the previous year.

This report outlines the extent to which the aims of the service have been met over the last three years by:

- evaluating the effectiveness of the interventions used,
- explaining how evaluation processes can be developed and sustained and
- suggesting how practice learning from the operation of the service might inform other services on the ways to improve outcomes for families affected by parental substance misuse.

In so doing it also examines the outcomes for the families who have worked with the service during its operation. It begins with an overview of the four stages of service development and an outline of the characteristics of families referred. It is then structured around the three main points above.

A research briefing, which will incorporate the three report summaries, will be made available by Aberlour.

² Burns, H. (2011) *The Financial Impact of Early Years Interventions in Scotland*. Scottish Government/ HMSO Edinburgh.

³ *Aberlour Glasgow Bridges Service: Action Research Report of the First Phase of the Work of the Service June 2008-May 2009*.

⁴ *Aberlour Glasgow Bridges Service: Action Research Report of the Second Phase of the Service June 2009-May 2010*.

4) The initial and on-going development of the service

(a) Planning the service

Local context

North East Glasgow is not a straightforward area within which to establish a new service. The area presents a complex picture in relation to the configuration of the main statutory services, some of which cover overlapping or differing geographical patches. It is acknowledged by service managers from across agencies that this makes the co-ordination of services and some aspects of inter-agency collaboration quite challenging. Additionally, the past three years have seen some major restructuring of services. For example the formation of the CHCPs brought social work and health services together, with one result being the creation of the PACT teams which involves the integration of health visitors and social workers. There was also the introduction of small social work teams or pods headed by a Practice Team Leader and further changes subsequently took place with the introduction of 'corridors' which divided the larger geographical area into smaller patches with services delivered on a more local basis. Recently, the CHCPs themselves have been disbanded and some social work and health visitor teams reconfigured.

Involvement of partner agencies

Representatives of local statutory and voluntary agencies were fully involved at all stages of planning and developing the service. A Stakeholder Group of staff from funding organisations and local partnership agencies met regularly during the life of the service to advise on operational matters. As described earlier, funding agency representatives played an active role in developing the service alongside service managers and local partnership agency staff. All members were committed to helping the service to identify referrals but in practice this proved challenging for a number of reasons which are outlined later.

Involvement of service users

An important component of the design of the service was inclusion of service users in the development and on-going delivery of the service. During the development stages, the service manager and two part-time development workers held consultation sessions with service users from Phoenix Futures⁵ and Aberlour's Glasgow residential services. Their views about the most effective approaches to working with families affected by substance use were taken into account in developing the service's structure and practice.

The service was relocated shortly before the main staff team were appointed and it was necessary to find and refurbish new premises and to build relationships and promote the service in a range of different schools, social work offices, health centres and partnership organisations.



⁵ Phoenix Futures is a leading provider of services across community, prison and residential settings for people with drug and alcohol problems across the UK.

4) The initial and on-going development of the service

(b) Developing the service

Service environment

The service is based in an ex-school building primarily used as offices for community-based services. The entrance hall to the building is unwelcoming and run-down but its situation close to the main shopping street in Possilpark makes it easy for families to access. The Aberlour Bridges service has an open-plan office space and two bright, well-furnished and comfortable rooms for families (a Children's Room and a Parents' Room) on the first floor. Service staff have taken a great deal of care in furnishing and equipping the rooms in a child and parent-friendly manner.

Structure and staff roles

The aim of the service was to be flexible in relation to its structure and staff roles so that different working methods could be tried and tested for effectiveness. The Action Research was included to aid this process, with an annual cycle of evidence collection, review and assistance to facilitate any changes considered to be necessary. The service staff team was multi-disciplinary and initially comprised a service manager and administrator, two children's workers, an education development worker, a family support worker (all full-time) a parenting worker and two development workers (each half-time). The team was a skilled and experienced mix of mainly professionally-trained staff from a range of disciplines including education, social work and health. Over the three years this composition changed in part as staff members left and flexibility ensured that the needs of service users could be matched with the staff skill-set. (See on-going development.)

Structurally the service was designed to directly meet the aims and outcomes for its service users. It was envisaged that the service would be structured to work with families within a three stage process of contact:

- Assessment of needs and strengths, identification of intervention elements required and resulting care planning
- Provision of structured interventions such as parenting work, practical and emotional support for parents⁶ and educational and social support for children, in order to meet identified goals and outcomes
- Maintenance support for families with flexibility to move back to a more intensive form of intervention.

It was recognised however, that the services delivered would need to be flexible in order to meet the needs of families and that how this operated in practice would be part of the learning, both for the service and for other agencies.

⁶ In general, the term 'parent' is used in the report to denote parent or carer, except where there is a need to be more specific, for example in relation to kinship carers. The service worked with four kinship carers.

4) The initial and on-going development of the service

Referral sources

The key focus in the early months of the project and well into the second year was to find ways to maximise referrals of families who fitted the initial vision of the service i.e. providing support for families before compulsory measures of social work involvement were required. A number of referral routes were explored and referral strategies put in place, with the help of partnership agencies⁷. In order to understand the possible barriers to accessing referrals of families in this group, two multi-agency focus groups were held with professionals in April 2010 and a summary of the points made were as follows:

- Many parents were perceived to be resistant to intervention and wanted to do the minimum required in order to avoid the involvement of social work or even more informal services. Parents often only agreed to an intervention when a pivotal point was reached, such as the involvement of social work services or the police.
- Having sufficient evidence to determine when an intervention was required was often an issue and the extent of the complexity of some families' situations made it harder to assess their capacity to care for children. It was thought that informal family support sometimes shored up difficulties which might be better addressed with help from professional agencies.
- Given the levels of deprivation locally some participants were surprised at the expectation that a service such as Bridges would receive early intervention stage referrals as the priority was to work with those in the greatest need, that is, in many cases, already subject to compulsory measures.
- It was considered that the initial criteria for referral to Bridges were too restrictive and that the amended criteria had not been promoted widely.
- Some participants stated their reluctance to refer families to short-term funded services. Statutory sector staff had seen many good short term funded services come and go.
- Some participants felt that a number of families had so many professionals involved with them that they were reluctant to introduce more or refer them to services which were an unknown entity in relation to their working methods and reliability.

The GIRFEC framework promotes a new approach which removes the need for 'referral' in the established sense and which involves agencies working together to provide appropriate services to children and families, rather than referring them on and to other agencies. Agencies would need to be well connected and have strong communication processes for this to be effective. The need for this is clearly illustrated by the experience of the Glasgow Bridges service.

⁷ These are outlined in detail in the First and Second Phase Reports

4) The initial and on-going development of the service

Practice tools and procedures

A range of assessment materials, case recording forms, information and referral forms, procedural documents and practice tools were developed in the first six months of the service⁸. There was an emphasis on designing practice materials which would be congruent with the Getting it Right for Every Child framework and Integrated Assessment Framework being introduced across Scotland. There was extensive staff team input into their design and my role, as action researcher, was to provide a sounding board for ideas and considerations. A number of practice options were also tried, for example the use of a lead/key worker system and various formats to aid team communication.

Some of the materials and practice options were later amended or replaced by alternative versions. While there were benefits to be gained by having the flexibility to develop practice and materials on an on-going basis, it can be challenging for staff when the pace of change is swift and seemingly continuous. Time needs to be taken for practice to 'bed-in' but in a short-term funded service this is not always feasible.

Evaluation processes and tools

A key element of the service was the use of evaluation tools for measuring outcomes for families in relation to the service outcome indicators and, where possible, to incorporate resilience-enhancing factors. After extended discussion two widely used validated measurement scales, the Strength and Difficulties Questionnaire (SDQ)⁹ and the Parenting Daily Hassles scale (PDH)¹⁰ were chosen. The first year of the service's operation focused on accessing referrals of and engagement with families. This had an impact on the introduction of evaluation tools in the work with individual families. A systematic approach to the use of the SDQ and PDH tools was in place by June 2009 with service staff and teachers (SDQ only) completing them at six monthly intervals.

As action researcher, I developed a number of customised outcome measurement tools in collaboration with service staff, and service managers also instituted recording systems and formats. Over the life of the service a range of recording and impact tools have been piloted and the most useful ones retained. A brief outlining the process for individual family evaluation can be found in APPENDIX B.



⁸ A full description of these can be found in the Report of the First Phase of the service's work. <http://www.aberlour.org.uk/publications>

⁹ <http://www.sdqinfo.com/b1.html> The Strength and Difficulties Questionnaire (Goodman, 1997) is a brief behavioural screening questionnaire to measure emotional, conduct and peer relationships in 3-16 year olds, completed by teachers and parents/carers.

¹⁰ http://ciscaf.ceredigion.gov.uk/files/DH_parenting%20hassles.pdf The Parenting Daily Hassles Scale (Crnic and Greenberg, 1990) scale aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children.

4) The initial and on-going development of the service

(c) On-going service development

Staff roles

The composition of the staff team has changed over the life of the service and new appointments made or designations changed to meet the needs of the service and its users. One development officer left in July 2009 and the other became assistant service manager at this time, with a greater supervision and management role. The parenting worker left in June 2010 and was replaced by a Family Literacy and Numeracy worker. Sessional family support staff have been employed when required and befriending and play therapy staff co-opted from other Aberlour services to meet the needs of individual children.

Where required, staff have proved to be flexible within their own roles. For example, the children's workers have assisted the educational development worker in group work within schools and all the staff have helped the family workers by providing early morning support to parents to enable children to attend school.

Inter-agency collaboration

Representatives from partnership agencies and from funding providers have played a very active role in discussions about the direction of the service's work. This took place through participation at the regular Stakeholder Group meetings and meetings called specifically to look at funding and practice issues, for example in relation to resetting referral criteria. Service managers found this generally helpful and reported that it was valuable to have input from a wide range of local agencies.

At practitioner level, communication between service staff and other agencies working with families varied. It was generally positive with individual staff within the agencies who had worked with the service over a period of time, and very collaborative with staff in some of the schools and with two General Practitioners. The social workers who were consulted reported that the Bridges service staff were good at keeping them informed about families. On the other hand, service staff felt that, particularly in the early stages of the service, the information flow tended to be one-way and there was sometimes difficulty in eliciting a response from other agencies. This improved over the lifespan of the service. Service staff understand that case loads are very high in the local area and that this may account for difficulties in making contact with social workers.

4) The initial and on-going development of the service

(d) The service's ending process

Practice issues

It was clearly from the outset that a service would be funded for three years, and that this would be long enough period of time to enable learning to be developed and possibly transferred to other services about what interventions and approaches were effective for families affected by parental substance misuse. However, given the ability of the service to engage and support families, the desire to continue the work of the service was understandable, both for families known to the service who continued to need support and to help more families in the future. The last year of the service has therefore been focused on a dual-track approach of winding it down as the initial funding period came to an end while exploring funding opportunities by meeting with key people to investigate the options and by the completion of lengthy funding applications. Adult service users have been instrumental in this process and some have participated fully in discussions to try to find ways to make the service sustainable. If the funding does end service staff are committed to trying to find on-going support for service users and ways in which they can develop the social networks which their involvement with the service has brought about. Some adult service users are now motivated to make changes in their lives and their communities and it is important that their potential is harnessed, especially in relation to community asset building.

Staffing and support issues

Three staff members have left over the last six months due to funding uncertainties, most of the staff team have had interviews for alternative employment and the assistant manager has been seconded to another service within Aberlour. Adapting the service to meet staff reductions has been an on-going challenge. It has just managed to stay viable but the type of provision has had to change, for example, more group rather than individual work. The service manager is to be commended for managing her depleting staff team well and coping with waning staff morale. The importance of staff support when future funding is uncertain is crucial.

4) The initial and on-going development of the service

Key learning points

- The complexity of service configuration within the North East Glasgow area had an impact on the initial development of the service. This complexity must be taken into account when designing a service that aims to encourage multi-agency¹¹ collaboration and the potential challenges this poses addressed clearly at the start.
- Involving partner agency staff and service users in planning and designing the service was valuable. However, it may be that insufficient consideration was given to how families who were not directly visible to or involved with targeted services such as Children and Families social work teams and Community Addiction Teams would be referred.
- The particular approach taken to planning and funding the service enabled the organic development of the service and led to on-going and active participation by representatives of the funding agencies in the work of the service, including the design of outcomes appropriate to the service user group.
- The importance of a comfortable and welcoming space in which to work with families is crucial. It is possible to create a space in which families, once they have visited, know that they will feel comfortable even though the building may be run-down on the outside. A warm welcome from staff made them feel at ease and helped to create a positive and affirmative working atmosphere.
- Managing a multi-disciplinary team and a service which has an Action Research element is complex and requires particular skills. Communication within the staff team needs to be clear and the research aspect of the service, with its model of on-going change and review, must be regularly reiterated to staff.
- Clear referral routes or pathways for families not involved with statutory services were not in place prior to the establishment of the service. Links with key professionals from health and education who eventually referred families was achieved but, in some cases, took considerable time to become established. The GIRFEC framework with its new approach which involves agencies working together to provide appropriate services to children and families rather than referring them on and to other agencies should make the provision of services easier. The need for this is clearly illustrated by the experience of the Glasgow Bridges service.
- Accessing families who may require additional support to that routinely offered by universal services, but whose problems have not yet triggered formal statutory involvement is not straightforward. Early attempts at promoting the service to stimulate self-referral had not been effective and it was clear that some degree of prompting by another agency was usually required to motivate families to participate with the service. It was at least a year before word started to spread between families and networks that involvement with the service was beneficial.
- It takes time for a new service to build credibility with professionals and potential referring agents locally. One local head teacher recognised the value of the service quickly, however it took up to eighteen months for smooth referral pathways from health and education-based services to be established through key people within these agencies locally.
- The pressure placed upon the service from funders to start working with families quickly meant that, given the high level of need in the area, social workers not surprisingly referred families with high support needs. This then had implications for the service's practice in that it had to work more intensively with families than had been envisaged.

¹¹ Multi-agency in this context can be defined as all or most of the main local agencies providing services to families. The Getting it Right for Every Child approach requires services to communicate and work together to improve children's outcomes.

4) The initial and on-going development of the service

Key learning points

- It is difficult for staff when referral rates are slow and the level of families' needs is such that engagement, especially initially, is intermittent. Staff have to learn to work at each family's pace while also keeping the momentum going and remaining focused.
- There are challenges in putting evaluation processes and tools in place when referral of families and engagement with them are necessarily the first priorities. It must be acknowledged that it can take time for some staff to recognise the importance of and get into the routine of collecting evaluation information about families. Some evaluation/impact measurement tools are viewed positively by service-users and can be used as a way of prompting discussion.
- The service was set up to allow for flexibility of staff roles which enabled it to adapt to the needs of families. The model that has emerged has reflected the key roles of educational support, interventions which bring parents and children together, parenting support and practical support, latterly by way of Family Literacy and Numeracy work.
- The multi-agency Stakeholder Group, which includes representatives from funding bodies, has provided valuable input from a range of local agencies. Communication with referring agents and practitioners involved with families has been generally positive and relationships with education staff and some General Practitioners particularly collaborative.
- Although the funding period of the service was clearly for a three year period, the last six months was particularly uncertain for staff. It was exacerbated by continually-changing end dates which could have resulted in the service ending in March, June or September 2011. In fairness to staff and service users there should be as much clarity as possible so that staff are able to stay in post and service provision can continue seamlessly until the end of the funding period. Lessons must be learnt from this experience about how better to manage the ending of a service, while also accepting that there will be an understandable wish to find future funding in order to continue a service which has benefitted families.
- In relation to staffing a service such as this, it may be that a model which employs seconded staff might be preferable. However, this would not address the issue of introducing a service into the lives of families who require long term support which is then no longer available when initial funding ceases.



5) The characteristics of families

Who were the families referred?

The Aberlour Glasgow Bridges service has worked with 30 families during the period from 1st June 2009 to the end of March 2011 and this included 53 children. This number includes four families where extended family members provide care of the children (kinship families) and these families look after eight children between them. Although these numbers are limited, this should be viewed in the context of the Action Research emphasis, with its focus on detailed learning about effective practice.

The service has worked primarily with mothers and female carers to date although efforts are always made to engage with fathers where they are actively involved with their children. There are currently two fathers who have direct involvement with the service and one of these fathers is a single parent.

Some families worked with the service throughout the three year period so in some cases the numbers are cumulative. Over the three years of the service's operation the numbers of children and families working with the service were as follows:

- Year One: 20 children (from 14 families) of which 12 children (from 8 families) were still working with the service into Year Two
- Year Two: 12 additional children (from 7 families) worked with the service. Of those 24, 18 children (from 11 families) were working with the service in Year Three
- Year Three: 21 additional children (from 9 families) worked with the service.

Table 1 Ages, at point of referral, and gender of children involved with the service 30/06/08 - 31/03/11

	MALE	FEMALE	TOTAL
Under 5	5	9	14
5-7 years	11	6	17
8-10	7	3	10
11-14	7	5	12
Total	30	23	53

There were more boys than girls referred to the service except in the under five age group. This was proportionately a fairly large group and mainly comprised siblings of older children referred. There were nearly twice as many boys as girls in the 5-7 age group. Interestingly, although the original referral criteria, which had been targeted at children at transition ages (3-4 years, 5-7 years and 11-12 years) had been changed to reflect low referral numbers, a high proportion of the children were within these age-groups.

Ten children were subject to statutory Supervision Orders and a further ten were on the Child Protection Register. It is possible that some or all of those on the Child Protection Register were also subject to Supervision Orders.

In addition, twenty-five other children have been involved in group work taking place in three different schools, particularly 'Seasons for Growth' groups*. These were not children whose families were directly working with the service but who can be considered to have benefitted from the service's work. These were children whose participation meant that they were effectively receiving an 'earlier intervention' service. Those who took part in the 'Seasons for Growth' groups had referred themselves because of loss and change in their lives as a result of which they felt they needed help.

* <http://seasonsforgrowth.co.uk>

5) The characteristics of families

Referral criteria

Initial scoping work estimated that there were around 1,400 families affected by substance use in North Glasgow which suggested that the demand for services for families was likely to be high. It was decided to focus on children in educational transition stages as this is often a crucial time during which they can be helped to develop key skills to enable them to cope with changes in life. The original criteria for referral:

- Children aged 3-5 years and 9-12 years
- Children attending three particular local primary schools
- Children from families living within Possilpark
- Children affected by parental substance use

In practice, accessing referrals of families at an 'earlier intervention' stage proved problematic. The reasons for this and the changes in referral criteria which took place over the first two years as a result have been outlined in detail in the previous annual reports. In summary, a range of strategies for accessing referrals were put in place, including meetings with local agency staff at practitioner level to promote the service. Partner agency representatives from the Stakeholder Group continued to express their commitment to encourage practitioners to make referrals but these failed to materialise in significant numbers until the spring of 2010.

The service amended the referral criteria to include all children from 0-14 years when it was recognised that there were not sufficient children in transition age groups. The geographical area from which referrals would be accepted was also widened and the service also endeavoured to meet local need by accepting referrals of kinship care families for a six month period. In time, it worked with families across the spectrum, from those considered to be at low risk to some 'in crisis'. In reality, many families considered to require 'early' intervention were found to have high support needs due to hidden and often deep-seated difficulties.

By the beginning of 2010 valuable local links had been made with two GPs at a local health centre and referrals were beginning to flow from this source and through schools and nurseries. In addition, some families who had been involved with the service were 'spreading the word' that the service was worth-while and it was starting to gain credibility with both service-users and professional staff.

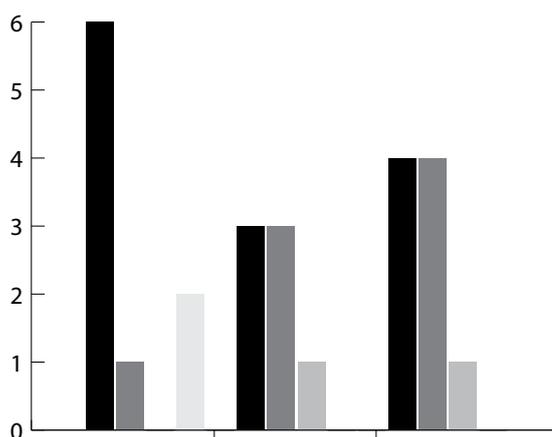


5) The characteristics of families

Referral sources

Initially referrals were received primarily from children and family social work teams and from Community Addiction Teams. Despite promotion of the service within other agencies, it took concerted efforts to forge local links, as described previously, in order for more referrals to be received from health service and education sources. The anticipated referrals by health visitors did not materialise, despite prompting, due in part to vacancies in the workforce and very high case loads. One head teacher had an instrumental role from an early stage in identifying families but had not made direct referrals, doing so through other agencies, such as social work services or encouraging parents/carers to self-refer.

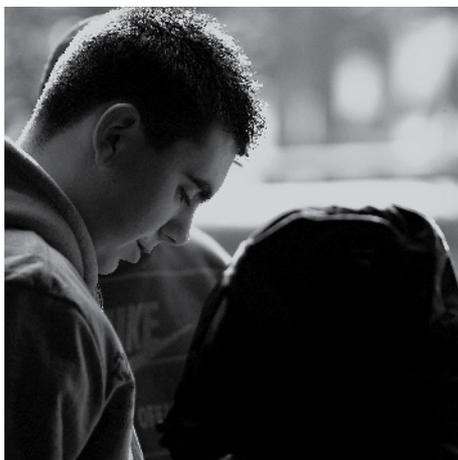
Bar chart 1 Referral numbers by year and source of referral



	Year One	Year Two	Year Three
■ Social work/CAT team	6	3	4
■ Health: GP/health visitor	1	3	4
■ School nursery	0	1	1
■ Voluntary agency	2	0	0

The numbers of families referred by social work teams and/or Community Addiction Teams fell from six in year one to three and four in years two and three respectively. The numbers referred by health service staff, primarily GPs, rose from one to four families by year three. The self-referrals (5) were almost all made by kinship carers at the end of year one. Referrals from education and voluntary agency staff remained low throughout. However, the head teacher of one local primary school was very actively involved in discussions with the service about families, although direct referrals came from elsewhere. Nursery and school staff were starting to make direct referrals by the end of the evaluation period.

5) The characteristics of families



Reasons for referral

When families become involved with the service, an initial care plan is drawn up to identify strengths and needs and plan the support and interventions that the service staff are able to offer over the next three to six months. Discussions will also have taken place with referral agents and in some cases there will be written information about the family's circumstances, particularly where there has been social work service involvement through the Child Protection System or if the child is on a Supervision Order. A longer assessment period (known as Stage One) then takes place using interactive and creative customised assessment methods and tools.

The reasons children are referred are described in terms of personal issues such as difficulties in managing school, problems making and sustaining peer relationships and their inability to express emotions. Some of these are manifestations of the adversities children may be experiencing at home. In addition, low school attendance rates and a lack of interests and activities are often identified.

The information in the table below and throughout this section refers only to children and families who were referred to the service and not to those children who participated in school-based group work only.

The main reasons for referral were poor social skills, inability to manage the school environment and a lack of interest and activities. Emotional and attachment issues also featured highly as a reason for referral of the children in the third year. A smaller number of children were referred because of concerns about physical health issues.

Adults' circumstances are framed both in relation to causal factors (such as domestic abuse, lack of social supports) and the consequences of causal factors (such as problematic substance use, low self-confidence and mental health issues).

Table 2 Main identified issues for children referred to the service (by year)

	YEAR 1 20	YEAR 2 12	YEAR 3 21	TOTAL 53
Low school attendance	9	6	8	23
Low educational attainment/ ability to manage school	12	6	11	29
Challenging behaviour	9	2	10	21
Negative peer relationships	9	4	11	24
Poor social skills	13	5	12	30
Emotional/attachment issue	9	3	13	25
Lack of interests/activities	9	5	15	29
Physical health issues	3	4	5	12

5) The characteristics of families

Table 3 Main issues identified for adults referred to the service (by year)

	YEAR 1 14	YEAR 2 7	YEAR 3 9	TOTAL 30
On-going or recovery from substance use *	10*	7	8*	25
Mental health issues	9	3	6	18
Domestic violence	6	4	6	16
Lack of social supports	7	6	6	19
Problematic family relationships	10	5	5	20
Attachment issues	8	5	5	18
Low self confidence	12	4	4	20
Low household management / care skills	12	6	6	24

*This did not apply to the four kinship carers (year 1) and one parent (year 3) where substance use was the issue for the parent's partner who had care of the children at point of referral.

The main reasons for referral were parental substance misuse and a need for input to help with household management and routines and caring skills. A large number of those referred in year one had low self-confidence, problematic family relationships and were lacking in social supports. Domestic violence and mental health problems featured in the lives of over half those referred.

For many of the parents, daily life was characterised by difficulties associated with poverty, inadequate and insecure housing and a struggle to provide emotional, social and educational support for their children. This was particularly so for parents whose own needs had not been met, for whom there was little support from family and friends and who could see no glimmer of hope for a way out of their difficulties for themselves or for their children.

The extent of some parents' difficulties was such that intensive input was required from service staff and staff from other agencies over an extended period of time in order to address some of the impact of these problems. Only when this process is underway can parents then put their efforts into increasing their awareness, skills and confidence in parenting their children. Similarly some of the children are likely to need on-going support to overcome their difficulties.

When discussion took place between service staff and service users care was taken to use non-jargonised terms to compile care plans in a user-friendly way. These always took into account the issues which were important to service users themselves. Similarly, discussions about outcomes were framed in a way which has relevant and meaningful to service users. The terms used in the tables below and in the outcomes section of this report would not be used in all cases with service users themselves.

The initial assessment and care plan is divided into five sections: risk reduction, including health, safety and safe relationships; parenting; dependency, including reduction of substance use; life skills, including household management and resilience, which relates to the work with children in enhancing the five resilience domains.

5) The characteristics of families

Case Study One ¹²

The Noble family, a mother and son, Darren, aged four, were referred by their health visitor who had been contacted by the nursery to say that Darren had not been attending regularly and that when he did, his behaviour was difficult to manage. The family had been known to social work services intermittently due to safety concerns in the home and it was known that Darren had been left alone at least once at a family member's home.

There was known to be drug use in the house and there had been a history of domestic violence. It was likely that Darren had witnessed physical and verbal abuse directed towards his mother, at least. Relationships with extended family members were not always positive and it was felt that the mother could be helped by increased social supports and some parenting work. Darren required support at nursery and during his move to primary school and there was scope for undertaking joint play sessions with mother and son.



Engagement and length of involvement

On the whole, more families have engaged well with the service over the past two years than in the first year, although there were still a small number who failed to engage to any significant extent or whose engagement tailed off after a few months. In two cases, support for the parent was accessed from other services such as ADDACTION.

Engagement: the five 'patterns'

- A) Positive start > continued good engagement: 11 families*
- B) Positive start > erratic engagement > good engagement: 1 family
- C) Slow start > erratic engagement > good engagement: 7 families
- D) Positive start > no engagement: 2 families**
- E) Slow start > erratic engagement > little or no engagement: 9 families

*The child in one 'kinship' family engaged but not the adult to any significant extent.

** One family disengaged because the child was accommodated

The approach taken by service staff in engaging and sustaining engagement with families is discussed in detail in the next section: Interventions.

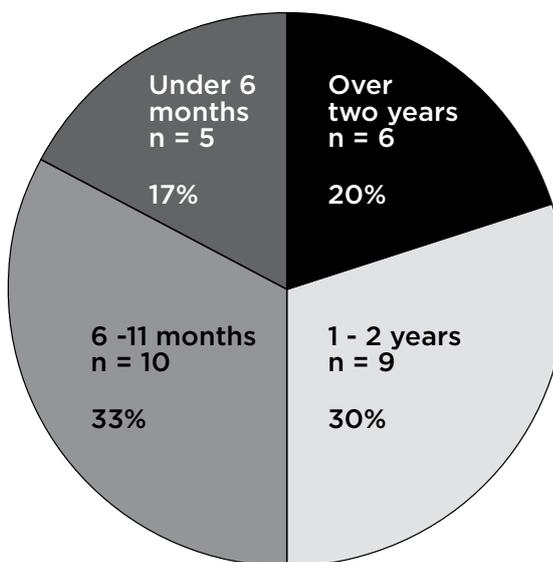
¹² The case studies have all been anonymised and pseudonyms used.

5) The characteristics of families

Length of families' involvement

The majority of families, 19 of the 30, were involved with the service over a period of six months to two years. A detailed breakdown of the length of involvement of families is as follows:

Pie Chart 1: families' length of involvement with the service



Six families worked with the service for over two years and continue to be involved. Two of the six families ended their involvement after 18 months but came back later as they required further support. Nine families worked with the service from between one and two years and two of these families continue to work with it. Ten families worked with the service from between six and eleven months and six of these families are still involved. Five families were involved for less than six months so their engagement was limited.

Case Study Two

The Short family has been involved with Glasgow Bridges for two years. The mother and son, Peter, aged eight, were struggling to cope with the death of the boy's father a few months before and they were referred by social work services because of the mother's substance use, their unstable lifestyle and Peter's unmanageable behaviour.

The service has provided a full range of supports to the family, including parenting work, practical, social and emotional support to the mother and education work with Peter, primarily at the service base, to help him to settle and concentrate on tasks, maintain eye contact and communicate. Joint parent and child sessions also took place to promote positive interaction and encourage attachment between mother and son. Much progress has been made in relation to the mother's understanding of Peter's needs and ability to care for him and his name has been removed from the Child Protection Register. However, ongoing involvement by service staff has been required in order to reinforce this and to continue to provide social and emotional support until the family can access alternative family supports in the community.



5) The characteristics of families

Agencies involved with families

Most of the families with whom Aberlour Bridges work are involved with other agencies and many are involved with three or more agencies.

Main agencies involved with families:

- Children & families social work
- Health service: GP/Health visitor
- Possil Futures
- Findlay Family Network
- Ruchill Family Centre
- Specialist health services, for example psychiatric services and the Community Autism Team
- Community Addiction Team
- Aberlour outreach services
- Barnardos Befriending
- Criminal Justice Team
- Phoenix Futures

These agencies each have a specific role with families and will have varying levels of contact with families depending on this role. In some cases the role may be with either the adult or child. Some parents have chosen to continue to receive support from other agencies, particularly if they are already working with community-based addiction services, while their children have worked with Glasgow Bridges staff.

Some agencies operate an appointments-based service and may not be in a position to offer intensive or flexible support. Glasgow Bridges is distinctive in its focus on support of both adults and children within the context of parental substance misuse and with its emphasis on improving educational outcomes.

Given the possible closure of the service, a major role for staff recently has been to arrange and prepare for 'transition' meetings with service users to identify other supports and to start the process of linking them in with any services identified.

6) Interventions

Which interventions were used and why?

Theoretical and evidence base

The structure of the service, with its staff team which work with both children and parents, both together and separately, and the interventions used by service staff reflect the use of an ecological perspective. This is based on the premise that work undertaken to improve children's health, well-being and educational outcomes will be most effective if it takes place in tandem with work within the wider family and children's broader social systems. This perspective suggests that child-related difficulties will have a less adverse effect on parenting in families where parents are psychologically secure and well supported, than on families where parents are under stress and have little social support. Secondly, parents' personality and psychological well-being can be expected to influence their access to and capacity to benefit from social support (Belsky, 1993 drawing on the work of Bronfenbrenner, 1979).

Interventions seek to support parents to address the issues that impact on their parenting skills and thereby enhance their parenting capacity. Empirical research into specific interventions that work best with families affected by parental substance misuse is in its early stages. However, studies show that an intensive family support model can help to minimise the impact of substance misuse (Cleaver et al, 2007) and the interventions used by service staff were designed to provide this level of support in practical, emotional and social ways. A resilience-based framework underpins much of the work. For example through the development of child/adult attachment, increasing opportunities for social activities and support and in supporting children to manage and enjoy school (Daniel and Wassell, 2002).

Educational theories which focus on the child's holistic well-being and personal development as well as their educational attainment (Armstrong, 2006; Powney et al, 2000) also inform the educational aspects of the work. The specific group work undertaken in school uses the 'Time to Talk' and 'Seasons for Growth' programmes. The focus of 'Time to Talk' is the development of oral language and metalinguistic skills, which are indicators of a child's potential for success in reading and writing ability (Rice and Kemper, 2003). In addition the group is aimed at enhancing co-operative and social skills and friendships, without which children are vulnerable in the classroom and playground. 'Seasons for Growth' is based on theories of psychosocial education in providing skills for young people to manage their reactions to change and loss (Worden, 1996). The group helps children to express their feelings about changes in their lives and ways to cope with and react to difficulties they may face in future. The importance of parental involvement in improving children's educational experience and attainment is also a key influence on the educational interventions with parents (Desforges, 2003).



6) Interventions

The interventions

A 'menu' of interventions was available which service staff could undertake with families according to individual needs. To some extent these were divided into those provided for parents by the primarily adult-focused staff and for children by the children's workers and education development worker. However there are some interventions which involve both parents and children, and staff can have cross-over roles; for example children's workers may provide advice on parenting skills, especially in relation to play and the education development worker provides homework support to parents. The main types of interventions were:

- *Practical, social and emotional support of parents/carers*
The family support worker and parenting worker (replaced by the Family Literacy and Numeracy worker in summer 2010) helps parents in a practical way with budgeting, shopping and cooking. They can provide early morning support in the home to establish routines and model the skills required for children to be ready for school. These staff members provide emotional and social support, for example in relation to parent's own problems, such as depression and anxiety and the effects of domestic abuse. They discuss the impact on parenting of substance use and ways to keep children safe at home and in the community. They accompany parents to meetings with other agencies if required and to social and educational activities. Service staff enable and encourage the development of peer support as a sustainable form of support for the future.

Case Study Three

The Rose family- father, mother and two boys, aged eight and ten, were referred to the service by a social worker because the boys were experiencing difficulties at school, mainly bullying by other children and problems in making friends. Their mother suffered from anxiety and depression and the parents were keeping the children off school because of the problems they were experiencing there. Substance misuse was an issue for one parent.

In addition to supporting the boys to attend school and take part in group sessions to build peer relationships, a key role of the service was to offer the parents emotional and social support. Staff helped to build the mother's confidence to leave the house and participate in parenting groups at the service base. Involvement with other parents in the groups helped alleviate her anxieties and encourage a less over-protective attitude towards her sons. Staff also offered support to liaise with the Housing Department and help the family move from temporary accommodation to a secure tenancy.



6) Interventions

Parents received specialist support for their substance use and addictions from other agencies within the community, for example the Community Addictions Teams, Phoenix Futures and ADDACTION. This is not a specific component of the Glasgow Bridges work, although discussions about the effects of addiction did take place in the course of other work, particularly in relation to its effects on parenting and on the children.

- *Individual and group parenting programme work*

Also run by the adult-focused staff, these included sessions on health and healthy eating and follow-up work to Triple P parenting programme sessions*. Staff endeavour to make sessions creative and engaging so that skills could be developed in direct and indirect ways. Baking and arts and crafts sessions have proven to be popular with parents and in addition to encouraging literacy and numeracy skills, some sessions have been held with children present or parents have repeated them with children at home later.

Emotional Literacy programme (5 weekly sessions with one family)

Aims:

- To increase confidence in communication and interaction skills.
- To recognise, understand and appreciate others feelings.
- To recognise and express emotions and build self esteem.
- To promote family interaction and communication.

Areas covered:

Our feelings, others' feelings, recognising our own and others' feelings, the effects on others of what we say, communication, doing things together.

Methods:

Games, writing, drawing, creative activities, miming, decision making, role play and telling stories. Listening to each other, learning, taking part, laughing together, having fun as a family.

- *Family outings*

These had an emphasis on activities which were cheap (or free), educational or which gave families the opportunity for maximum adult/child interaction. Visits to museums and parks in the wider city area gave parents confidence to step outside the 'comfort zone' of their local area.

- *Joint adult and child play sessions*

The children's workers led these sessions, usually in the playroom at Bridges. This included work with parents on constructive play with their children and to help them to enjoy the experience of shared learning and play. Families were also accompanied on outings to encourage shared activity and play opportunities.

- *Children's sessions (individual and group)*

These were by the children's workers and include assessment work based on a 'This is Me' programme developed by the children's workers. It aims to help children with peer relationships or to learn how to concentrate and interact with staff in a play situation.

* <http://www.triplep.org>

6) Interventions

The **'This is Me'** programme was developed by the children's workers using the principles from the Curriculum Framework for Children 3-5, and the Integrated Assessment Framework (IAF). The framework acknowledges the importance of play in a child's development and learning.

The **aim of the programme** was to offer play experiences and gives the children involving the opportunities to develop and enhance social and problem solving skills, concentration and communication skills, emotional literacy and greater confidence and self esteem. These are consistent with a resilience-based approach. It provided a safe environment and enabled the child to build a consistent relationship with a practitioner while focusing on areas of the child's life that may or may not have been causing them distress or anxiety.

The **'This is ME'** programme looks at:

- **the child as a person and their family**
(Examples of tools used- worksheet the child completes about themselves, family tree art activity using photographs from home and discussions)
- **their home/house**
(Examples of tools used-plan of their bedroom/home, safety in the home, foods they enjoy, healthy and unhealthy food tasting, worksheets, scenarios)
- **their friends and hobbies**
(Examples of tools used- art and craft activities, discussions about what a friend is and what qualities do you have and they have that makes them a good friend)
- **their school and community**
(Examples of tools used-visits to their school with staff, introduction to their teacher, discussions on school and expectations, role play experience of school, engaging in the local community, resources in their community, discussions & visits)

The topics used link to the Child's World Triangle headings and sub headings from the IAF, both of which are embedded in the Curriculum for Excellence Framework.

Play experiences are offered to the child, through structured and free play sessions. The children are given opportunities to engage in many activities ranging from painting, drawing, modelling and role play (using home/house equipment, food and shopping, dolls dress up clothes) skill games i.e. Connect Four, dominoes, card games, sand play, water and sensory play experiences.

Use was also made of programmes such as 'Oh Lila' – a resource developed by Alcohol Focus Scotland to help children aged 3-5 years affected by parental alcohol misuse to build resilience and protective factors¹³. Groups for siblings were also available to help build relationships and work on any difficulties.

- *Educational support through individual and group work in school and outwith school*
This was undertaken primarily by the education development worker, in some cases assisted by the children's workers. Within school it was either group work ('Time to Talk' or 'Seasons for Growth') or individual learning sessions. The sessions were aimed at enhancing children's ability to manage the school environment, enhance their well-being and personal development and improve their educational attainment, all of which help to enhance children's resilience.

¹³ Evaluation of 'Oh, Lila', can be found at www.alcohol-focus-scotland.org.uk/ohlila

6) Interventions

Time to Talk group

- Eight children in P2 weekly sessions for up to 40 weeks
- Aim: to develop oral and social interaction skills
- Theme-based sessions focusing on listening, conversation skills, making friends, awareness of the needs & feelings of others, memory, vocabulary and paying attention.

Individual homework or learning sessions also took place at Bridges and sometimes include the parent, at which point the family literacy and numeracy worker was involved. These were also offered during school holidays in order to keep up the momentum of learning.

Transitions work took place with children who were moving from primary to secondary school and employed imaginative group work methods for example use of visual and interactive media such as video production to help children become orientated to the new school environment through meeting staff and making new friends. A video was produced with the help of BBC Scotland.

One-off group work in schools was also provided at the request of education staff. For example, a short-life (three weeks) girls' group was held with seven P6 girls to look at body-image, confidence and self-esteem. Activities included a session with a professional photographer to look at 'air-brushing' techniques used by magazines and the girls conducted a questionnaire on the street to explore people's views of their own and others' body image.

Play therapy was also available, the latter provided by staff from another Aberlour service.

The interventions could be combined to allow for an individually-tailored whole family approach.

Which interventions did families have?

There were 16 main interventions available (eight each for children and adults, with four joint interventions). Two thirds of the families (n=20) were involved in interventions for both adults and children, with most of these also involved in joint interventions in addition. The other third (n=10) were families where the service only worked with the children; in two cases this was planned, in the others the parents or carers engaged in only a limited way and staff worked with children at school or at the service base, to which their parents or carers brought them.

There were three typical models of intervention combinations, although within these, there was a wide range of combinations, with no two families having the same combination:

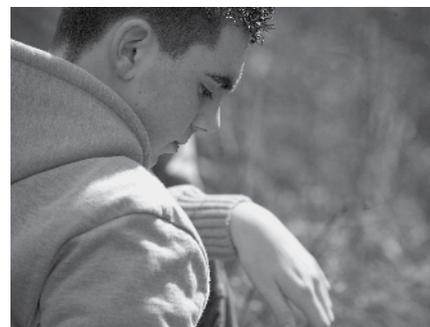
Model One: A wide range of interventions provided including (for the child) group work in school, children's sessions in the playroom at the service base; (jointly) child and adult play sessions, outings and family literacy and (for the parent) parenting groups including programme work and sessions on health and 'managing emotions', practical help in the home with budgeting and routines and emotional literacy sessions.

6) Interventions

Case Study Four

Robert is a 13 year old boy whose mother has used heroin since he was two years old. He lives with his mother and sister but has stayed with his father for periods when he has been out of prison. Robert has experienced family violence, chaotic living conditions and exposure to adults under the influence of drugs. He was regularly excluded from school and has been involved in stealing and aggressive behaviour towards his peers and adults. Robert's mother has a closer bond with his younger sister than with Robert and is often negative about him.

Robert's mother is being supported by Bridges staff to share enjoyable activities with both her children and to keep to routines, for example bedtimes, and to use charts to reward good behaviour. Work is being undertaken to strengthen the bonds between mother and son and between siblings. Bridges staff have arranged for Robert to have a befriender to support him to participate in social activities, develop his skills in managing peers and start to explore with him the impact of his early life experiences.



Model Two: A more limited range of interventions provided such as (for the child) individual learning sessions in school, children's sessions in the playroom at the service base; (jointly) child and adult play sessions and (for the parent) individual parenting work and sessions on 'managing anxiety through grounding techniques' and harm reduction.

Model Three: This comprised child-only interventions, group work in school (for example, Seasons for Growth), homework sessions and/or children's group work at the service base.

The educational component was a significant part of the work for children and in some cases, also involved parents. Only four children had no educational component in the work undertaken with themselves and their family.



Case Study Five

The two children in the Allison family are a girl, Susan and a boy, Jack, aged nine and eleven respectively. Their mother and her current partner are long-term substance users and have had involvement with social work services over a long time period. The adults are involved with a community-based addiction rehabilitation programme and receive support from that. Referring agents asked that support be provided by Glasgow Bridges to the children only.

The children have been involved in individual and sibling play sessions at the base to develop a closer relationship with one another. Jack has also taken part in group work in school to help him to work on positive peer relationships and to support his learning. Individual sessions have taken place with children's workers to discuss his parent's substance use with Jack and help him work through his feelings and anxieties about this.

6) Interventions

Were interventions effective?

Information about the extent to which progress was made in relation to the 15 outcome indicators identified for the work with families was collected for all the adults and children who worked with the service over a period of six months (n=36 children; n= 19 adults/families). Service staff contributed towards the collection of the information and the data was collated for each individual family primarily by myself, as researcher aided by the Assistant Service Manager, who took a lead role in outcome evaluation.

This outcome information enabled us to assess families' progress and to try to ascertain whether the interventions used were effective in bringing about change and identify any patterns which emerged about which combination of interventions were particularly effective in supporting families. Clearly, it is important to stress that factors outwith the remit of the service may well play a part in bringing about change for families and that contextual issues, the individual life circumstances of each family, will influence the extent to which change can take place.

Information about outcomes was collated from the following sources:

- Information from care planning and reviews (resilience factors for children incorporated in these)
- Strengths and Difficulties Questionnaires (SDQs) completed by teachers and parents/carers and Parental Daily Hassles Questionnaires (PDHs) completed by parents/carers
- Customised measurement scales including Baseline and Baseline Review forms, used in conjunction with teacher-completed SDQs and Observational Measurement forms (of children) completed by service staff
- Discussions with adult and child service users and service staff and face-to-face and telephone interviews with staff from other agencies involved with families.

The descriptive information from documentation and interviews enables the validated measurement scale and customised scale information to be viewed in the context of the families' individual circumstances. While validated measurement scale information is widely used in evaluation it has limitations and the measurements produced are best combined with qualitative information which can provide a broader picture of how and why changes may have taken place. The comprehensive range of the information collected meant that the perspectives of service users, service staff, teachers and other professionals could be included.

Outcomes for children

The aim of the service was to improve children's educational, health and well-being outcomes and by so-doing enhance their resilience by strengthening their protective factors. Given the service's role in working with children and their parents or carers, some of the outcome indicators reflected changes that parents or carers needed to work towards in order to be more effective in their parental role. The outcome results are reported in two sections to reflect both aspects of the service's work. The service's outcome indicators were reconfigured to 15 in order to simplify the reporting of results.

Many of the children referred to the service were having significant difficulty in coping within the classroom setting and in forming peer relationships. Some of the children had a range of emotional and social needs which needed to be addressed and the progress made should be seen in this context. Some of the children required lengthy on-going support.

6) Interventions

Table 4 Child outcome indicator results

Outcome Indicator	Lowered Risk	Unchanged Risk: LOW	Unchanged Risk: HIGH	Increased Risk	No Info	TOTAL
1 Improved school attendance	13	19	4	0	0	36
2 Managing school better/ increased interest & enjoyment in learning	15	13	1	7	0	36
3 Improved confidence / self-esteem & peer relationships	16	12	1	7	0	36
4 Enhanced physical/ emotional health & expression of feelings	20	8	3	5	0	36
5 More social activities/support	17	6	3	2	8	36
6 Reduced impact of parental substance misuse/increased safety	20	4	0	0	12	36

If we discount the children, within each category, who were seen as low risk when they commenced involvement with the service these results show that, in relation to each outcome indicator:

Education

School attendance: 13 of the 17 children (76%) had increased attendance levels.

Managing school and interest and enjoyment in learning: 15 of the 23 children (65%) were managing the school environment better and showing an increased interest and enjoyment in learning.

6) Interventions

Health and well-being

Confidence and self-esteem and relationship with peers: 16 of the 24 children (67%) showed signs of improved confidence and more positive relationships with their peers.

Physical and/or emotional health and expression of feelings: 20 of the 28 children (71%) showed signs of improved physical and/or emotional health and a greater ability to express their feelings.

Social activities and support networks: 17 of the 30 children (57%) were considered to have increased social activities and improved support networks. There was no information available for eight of the 30 children due to a decrease in parental engagement.

Impact of parental substance misuse and children's safety (at home and in the community): 16 of the 32 children (50%) were assessed as having reduced risks resulting from parental substance misuse and were considered to have reduced risks in relation to their safety at home and in the community. There was no information for 12 of the 32 children due to lack of assessment opportunities and/or parental disengagement.

Parent/carer outcomes

The adult outcome indicators have been subdivided into three elements: awareness, skills and confidence. Service staff worked with parents and carers to enhance each of these in order to improve parenting capacity. This helped provide a home environment which would maximise the progress children were making at school and at home resulting from their work with the children's and educational development workers.

In addition, there was a focus on increasing parents' awareness of health issues for themselves and their children and developing their skills and confidence in introducing healthier routines and practices in the home. The aim was that increasing parents' confidence and skills in communicating with children and playing with them, as well as understanding their emotional needs, would make a difference to the children's (and parents') well-being outcomes.

The majority of the parents had experienced considerable difficulties in their earlier lives which had led to issues such as mental health problems, complex family relationships and substance misuse. Their capacity for parenting was often influenced by such factors and by deficits in the ways in which some had been parented themselves. Building a trusting relationship in order to engage them was the first stage of the process and the progress made within the outcome indicators should be seen in this context.

6) Interventions

Table 5 Parent/carer outcome indicator results

Outcome Indicator	Lowered Risk	Unchanged Risk: LOW	Unchanged Risk: HIGH	Increased Risk	No Info	TOTAL
7 Increased awareness of child's physical/emotional needs	13	0	0	0	6	19
8 Increased awareness : child's health needs	10	3	0	0	6	19
9 Improved skills : Communication/guidance/boundaries	11	3	1	0	4	19
10 Improved skills : play & learning	12	2	0	0	5	19
11 Improved skills : involvement in child's education	11	3	2	0	3	19
12 Increased confidence : parenting skills	13	0	0	1	5	19
13 Increased confidence : contact with school	10	1	4	0	4	19
14 Empowered : making positive choices	9	3	1	0	6	19
15 Increased confidence : own employment/education	9	4	0	0	6	19

As before, those adults who were assessed as being at low risk in the areas above at the start of their involvement with the service have been discounted from the numbers below.

Awareness

Children's physical and emotional needs: 13 of the 19 adults (68%) were considered to have increased awareness of children's needs. There was no information for six adults who disengaged or did not participate in parenting work.

Children's health needs: 10 of the 16 adults (63%) were thought to be more informed about the health needs of children, including diet and exercise needs. Again there was no information for six adults for the reasons stated above.

6) Interventions

Skills

Communication with children, guiding behaviour and setting boundaries:

11 of the 16 adults (69%) were observed as having enhanced ability to communicate with their children and to manage their behaviour in positive ways. There was no information on four adults whom staff had not had the opportunity to assess with their children due to disengagement.

Play and learning: 12 of the 17 adults (71%) were showing evidence of a greater interest and ability to play creatively with their children. For example participating in arts and crafts activities and reading, and the desire to find opportunities for children to learn through play and outdoor pursuits, such as visits to parks and museums. Information was not available for five adults due to lack of assessment opportunities.

Involvement in children's education: 11 of the 16 adults (69%) were reported by school and service staff as having more involvement in their children's education. They were taking an interest in schoolwork and there were indications that they were encouraging homework completion. Two parents appeared to continue to not be positively involved. There was no information about a further three due to lack of comment by teachers and lack of engagement with the service.

Confidence

Parenting skills: 13 of the 19 adults (68%) displayed greater confidence in their ability to parent their children. This was observed by service staff, other professionals and reported by the adults themselves. In many cases, it was reflected in their children's behaviour and progress. There was no information about five adults due to lack of observation opportunities.

Contact with school: 10 of the 18 adults (56%) were reported by school staff as having more positive and frequent contact with the school. Four adults were still not coming to school for parents nights or arranged meetings or were not having positive communication with school staff. No information was forthcoming about six parents.

Making positive choices including own education/employment: 9 out of the 16 adults (56%) showed evidence of greater confidence in their ability to make positive choices about their own and their family's future. In some cases this involved applying for training, education and employment opportunities although this was not feasible for some. For others, there was evidence of substance use reduction or cessation. There was no information in relation to six adults who had disengaged.

SDQ and PDH results

The use of parent and teacher-completed SDQ results was a useful component in assessing children's progress in both the home and school environment. Overall, there were multiple SDQ results for 36 children (teacher-completed results for 29 children and parent-completed results for 25 children - with 18 from both). Half the children (n=14) had three, four or five sets of teacher-completed results and the other half (n=15) had two sets. Nine of the children had three or four sets of parent-completed results and 16 children had two sets. In general SDQs were completed every six months.

6) Interventions

Table 6 SDQ results: teacher-completed

	Lowered Risk	Unchanged Risk: LOW	Unchanged Risk: HIGH	Increased Risk	TOTAL no. of children
Emotional distress	9	0	11	9	29
Behavioural difficulties	10	6	11	2	29
Hyperactivity	15	4	3	7	29
Difficulties with peers	12	0	11	6	29
Helpful/pro-social behaviour	13	3	5	8	29
Overall stress	15	3	4	7	29

These results indicate that, if we discount the children for whom risks were considered to be low at baseline, more children showed progress in relation to hyperactivity, peer relationships and overall stress than remained or became higher risk, although the number at high risk was still substantial. Some had improved pro-social behaviour scores, although a similar number did not. Similarly, half the children were recorded as having reduced emotional distress and behaviour difficulties and the other half had not made progress in this area. Given the level of difficulties of some of the children, these results are not surprising and do indicate improvements for a substantial number.

6) Interventions

Table 7 SDQ results: parent-completed

	Lowered Risk	Unchanged Risk: LOW	Unchanged Risk: HIGH	Increased Risk	TOTAL
Emotional distress	7	3	11	4	25
Behavioural difficulties	11	3	7	4	25
Hyperactivity	8	1	8	8	25
Difficulties with peers	8	1	10	6	25
Helpful/pro-social behaviour	11	0	12	2	25
Overall stress	11	2	7	5	25

The parent-completed questionnaires indicate some differing results from those completed by teachers. A reduction in behaviour difficulties and improved pro-social behaviour was recorded for a higher proportion of children than that reported by teachers. Parents and teachers both reported similar numbers in relation to overall stress ie. that more children recorded reduced risk levels rather than still high or increased ones. An approximately equal number of children were reported as having reduced risk levels in relation to emotional distress, hyperactivity and peer relationships as those who were seen to be at high or higher risk than at baseline. Children's behaviour can often appear more challenging to parents when clearer boundaries are being imposed. It would be unrealistic to expect that all the children would make noticeable progress, given varying levels of difficulties and time involved with the service.

There was no noticeable correlation, in relation to SDQ results, between the time children had been involved with the service and greater progress/risk-reduction. Many of the children who were involved in the early stages of the service had a high level of difficulties and the results for some of them reflected periods when risk appeared to be reduced followed by periods of increased risk. Some of the children are unlikely to show a consistently positive trajectory as progress will be affected by a number of factors and events in their daily lives. It must also be stressed that these results are only short-term and a longitudinal study would be required in order to assess the longer term effects.

6) Interventions

Table 8 Parenting Daily Hassles results

	Lower/ improved	No change	Higher/more 'hassle'	TOTAL number of adults
Challenging behaviour	6	0	7	13
Parenting tasks	8	1	4	13
Frequency of hassle	8	1	4	13
Impact of hassle	8	0	5	13

The results above were recorded over a period of six to eighteen months with half the parents completing three, four or five PDH questionnaires and the other half recording two. Five adults recorded improved scores across all categories, three recorded increased risks and five recorded mixed results. The results were included in the overall assessment of parental outcome indicators.

Other outcomes

Outcomes which were not included in the outcome indicators but were significant:

- Two children from one family had their names removed from the Child Protection Register and their Supervision Order was terminated. Their social worker stated that the family had hugely exceeded expectations in terms of the progress they had made and this had been commented on by other agencies also.
- Two children from another two families and one child from a third family (five children in total) had their names removed from the Child Protection Register and are now subject to Supervision Orders. One of these children was very close to being accommodated at the point when the family became involved with the service. Children's panel members remarked on the big improvement they had seen in two of these families since they had become involved with the service.
- One child is currently undergoing rehabilitation with his mother following a period of being cared for by a relative. According to his social worker, the rehabilitation plans have moved more quickly due to the support offered by the service to his mother. The Supervision Order has been terminated.
- At the end of the evaluation period one child was causing staff great concern in relation to lack of supervision within the community and as a result of staff alerting social work services is likely to be placed on the Child Protection Register imminently.

'The Bridges service has been a fantastic support for this family. The way they have worked with the family has made a real difference to them. The staff know the family well and have really helped my assessment of them. The service has contributed in a large way to the positive outcome for this family'.

Social worker interviewed for evaluation

The social workers for three families who were interviewed by phone commented that the interventions and supports offered by the Bridges service had played a crucial role in helping families to achieve these outcomes.

6) Interventions

Peer support network

An important outcome for a core group of parents has been the development of a peer support network which meets primarily at the service bases but has led to informal links and friendships developing between some of the individual parents in the wider community setting. This group has started the process of building capacity in relation to the social capital of individuals and potentially in developing community capital, as the members begin to identify ways in which they could become active in improving their neighbourhood. The catalyst for this was a discussion with the Chief Medical Officer for Scotland who met with a group of parents and carers at the service base. If encouraged and supported, this could be a very positive way of channelling parent's energy and provide opportunities for themselves and positive role models for their children. An important part of the recovery process, albeit from substance use or mental health issues, is to help people to find a positive focus to their lives. Work is underway to develop this using a Community Asset Building model (Russell, 2009), supported by the service manager and a local head teacher. The concept of Circles of Support (Weetman, 2009) is also being explored; this aims to establish a network of supportive people around a family, co-ordinated by a 'mentor' who is chosen by the family.

Outcomes for individual families

In assessing the outcome indicators for each family, most families have been recorded as having made progress in some, but not necessarily in all areas. However, in looking at the overall results for each family the following picture emerges:

Seven of the 19 families (37%) achieved greatly improved outcomes across all the main indicator groups, ie in relation to children's experience of school, their health and well-being and parenting awareness, skills and confidence.

Case Study Six

Colin is a six year old boy, living with his mother who has been a serious drug user for several years. Colin and his younger sister were on a statutory supervision requirement and child protection orders at the time of referral. Colin often failed to attend school and when he did, struggled to cope with the classroom environment. His mother was having difficulty managing his behaviour at home. Colin, his mother and his sister attended child and parent sessions at Bridges. His mother participated in individual and group parenting work and Colin was part of the P1 group work in school for a year with a follow-up of individual support during P2.

Colin's mother was supported to make changes in her lifestyle which has excluded the use of drugs, enabled her to work part-time and she is now taking driving lessons. Her care of the children has greatly improved and Colin is doing well at school. Professionals from other agencies who know the family have commented on how significant the changes have been and how these have far exceeded expectations. Bridges staff still offer informal support when required.



6) Interventions

Nine of the 19 families (47%) made some (or in two cases, inconsistent) progress towards improved outcomes across some or all of the main indicator groups.

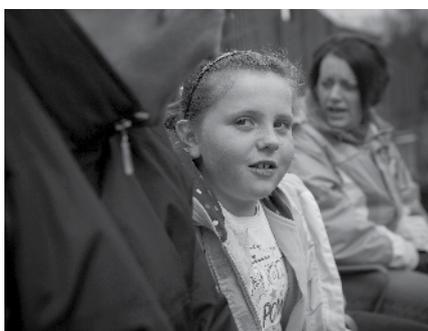
Case Study Seven

Bethan is a seven year old girl who lives with her mother during the week and her grandmother at weekends. Her mother is on a methadone programme. Social work have been involved intermittently since Bethan's birth due to worries about her safety in relation to violent family members and lack of effective parental supervision. Bethan was having difficulties at school due to very excitable and inappropriate behaviour towards both adults and peers, and teachers were finding it difficult to manage her disruptive outbursts in the classroom.

Bridges staff provided Bethan and her mother with support in parenting, child and parent sessions and in school-based group work. Progress was slow but over a period of a year there were clear signs of Bethan managing the classroom environment more easily and relating better to her peers. Her mother engaged well and showed some signs of increased awareness and skills in parenting. Recently, however, her motivation has decreased, with indications of greater drug use. Bethan's behaviour at school has displayed escalating difficulties and she has shown aggression towards other children. Increased support will be required for Bethan at school and for Bethan and her mother at Bridges to try to retrieve the progress made.



Three of the 19 families (16%) made little or no progress towards improved outcomes, primarily due to inconsistent engagement.



Case Study Eight

The MacDonald family which comprises a mother, father and two children aged seven and ten, were referred to the service by their GP due to long-standing parental substance misuse and because the mother had expressed to the GP her need for help to manage the children's behaviour at home. A full range of support for the children was initially put in place - both in school and at the service base, including educational learning sessions and play sessions to encourage self-confidence and interests. This was reduced to sessions at the service base as the children were considered to be managing school adequately.

Unfortunately, the children's father did not engage at all and their mother was unable to keep up consistent engagement with the support offered through parenting work, both individual and group, and did not take up the practical help on offer in relation to 'keeping children safe at home and in the community'. Family literacy was offered but again there was lack of engagement. While the children made some progress at school, service staff felt that the impact of the service's work with the family was limited and that it had the potential to be greater if the parents had engaged and been able to effect changes for the children at home.

6) Interventions

It is important to note that there were 11 families who worked with the service for whom outcome results were not available. Two of the families had only recently started to work with the service, five families had disengaged at an early stage and two had left in a planned way.

Children and parent/carer views about outcomes

Over the three years of the Action Research sixteen parents and carers have been consulted, either individually, in groups or by telephone. They discussed with me their experiences of working with service staff and the impact they thought the work had had on them. The main points made were:

- Service staff were understanding, easy to talk to and really took an interest in your family; they phoned to check if you were okay.
- Service staff were easy to contact, had sufficient time to spend with you and were prepared to help outside office hours.
- The parenting work was helpful and they tried to do what they learnt at home, such as praising children, offering them choices and establishing reward systems. Some admitted that it wasn't always easy to remember to do it all.
- Children liked coming to the service and seeing the children's and educational workers in school; they valued these relationships.
- Outings brought families closer together, broadened horizons and provided good memories to talk about with children. Taking part in the 5K Run with service staff had been a real achievement.
- It was a good support to meet other parents, share experiences with them and meet up with them outside the service to do things too.

'I came off methadone last summer after ten years. I wouldn't have managed this without Bridges. It's a good place to come and do things with other women. It's totally changed the way I feel about myself - given me more self-confidence. It's helped the children too- we are closer as a family now.'

Parent interviewed by telephone

Parents had been unsure what to expect when they first came to the service but had been impressed with the informality. The service now had a good name locally with service users for helping people to overcome substance use and depression.

'What's going to happen in our community if the service is stopped? There will be bad consequences. It has made a difference to lots of people, including my son. He shut down after his dad died and that has changed because the staff took time with him.'

Parent interviewed by telephone

Kinship carers also expressed the view that service staff had helped the children in their care and themselves. They felt that, although short-term funded projects were better than nothing, at the end of the project they were left thinking - what now?

6) Interventions

'My grandchildren have problems, due to their mum's drug use. I am happy with what service staff have done with them. It was good knowing that I could always come in and talk things over. It also gave me hope - seeing parents making changes to their lives, maybe they can get better and that can happen in my family.'

Kinship care interviewed in person

'We talked about things you can do to make you feel better when there are big changes in your life. Talking made me feel better 'cos of all the stuff I've been through. If other children have big changes in their life that they can't get over - they should go to it.'

Child, aged nine, interviewed in group

In addition, over the three years I met with seventeen children, aged from five to ten years, mainly within school to see if and how the service staff had helped them. They talked about the things they did in their groups including writing things about themselves, drawing, acting, dancing and poetry. In some groups they learnt to listen to others, take turns and practice concentrating. The 'Seasons for Growth' programme offered the opportunity for children to talk about important events and changes in their lives and how best to cope with these. It also used creative methods to help children to express themselves and to listen to others.

Which interventions helped to improve outcomes?

Children's educational experience

The marked increase in school attendance was partly the result of early morning supports provided by service staff to model routines and the steps required to get children ready for school (for example having breakfast, being appropriately dressed and equipped for school - remembering homework and PE clothing). Encouraging parents who had negative school experiences themselves to feel more positive about education also helped to achieve higher attendance and rates.

A local Health Improvement Team meeting highlighted the high level of school non-attendance in the Possilpark area and the need to focus on supporting families to get their children to school, helping them while in school and overcoming parents' negative perceptions of education. There was recognition that a poor educational experience and lack of educational attainment had a very detrimental effect on children's futures and that the work of the service in this area was crucial.

Many children showed an increased ability to concentrate in class and were taking more of an interest in some parts of the curriculum. Some had more confidence in their own ability and were more able to co-operate with their peers. Many were considered by teaching and service staff to be coping much better in class and were, for example, displaying more manageable behaviour and greater ability to follow teachers' instructions. Teachers had noticed an improvement as a result of children's involvement in the small group work and individual learning sessions run by Aberlour Glasgow Bridges staff in school and the homework support offered to children and their parents.

6) Interventions

'The work that Aberlour Bridges staff do in my school is making a huge difference to the children they link with in regards to their educational attainment and increased confidence. They are also more able to talk about their feelings openly and to come to staff to tell us about things that are worrying them.'

Head teacher during group discussion

'The Aberlour Bridges staff worked with the Turner family to build the relationship between mother and son by encouraging them to do things together, for example play and talk together more. The mother was supported to use behaviour charts with her son. Relationships did improve between them and life at home was much more positive. It did make a difference to them as a family.'

Social worker interviewed by telephone

Health and well-being (including peer relationships)

Children's confidence and social skills, their ability to make and sustain friendships, their ability to express their feelings and improvements in their emotional and physical well-being were encouraged through their involvement in group work with other children and by participation in activities and outings with their parents. This included the joint play sessions, family literacy and numeracy and arts, crafts and baking which took place at the service base and was often repeated at home.

Parenting capacity

Some degree of reduction in substance use and in some cases a significant reduction or cessation of use by parents was reported for a majority of those who engaged well with the service. Parents themselves attributed this to the support and encouragement of service staff and other parents, the activities provided and the greater awareness of the impact of their substance use on their children coupled with an acknowledgement of how difficult it could be to refrain from use when life is difficult.

The three aspects of improved awareness, confidence and skills in enhancing parenting capacity were addressed in the following interventions:

- Parenting programme group and individual sessions
- Emotional literacy work
- Joint parent and child play sessions and art, craft and baking activities
- Sessions on aspects of health, managing children's behaviour and outings with service staff.

Some of the interventions involve modelling skills and role play. All the interventions are conducted in a supportive and non-judgement way and as trust is built with parents, it is possible to challenge ideas and actions when required (see below for 'approach').

Given that almost all the families had a different combination of interventions and that factors outwith the service may have played a part, it is difficult to draw conclusions about whether specific interventions made more difference than others. Small numbers and the individual circumstances of families also make it difficult to state categorically that outcomes were better when staff worked with children and adults in the family. In the case of 20 families (involving 25 children) parents were involved with the service so that only ten families (11 children) involved work with children only or limited engagement by parents/carers. Seven of these 11 children made some progress, three were still seen as high risk and there was limited information about one.

6) Interventions

'The parent (dad) has got a lot out of the support from the service and attendance at parenting groups. He is much calmer and is trying to use the parenting strategies suggested. He is very positive about his contact with the service. The children have got something out of the group work in school too.'

Social worker interviewed by telephone

Where parents and children were both working with the service, there was a higher proportion of cases for whom progress was recorded – the exception being three families with mixed or inconsistent results (some progress at first then a period of higher risks recorded) and three for whom there was limited information. The indications therefore were that parents and children appeared to benefit more from whole family work and taking part in a wider range of interventions. It was noticed also that in two cases children's difficulties seemed to correlate with parental difficulties and their parent's reduced commitment to the service, which indicates that progress for children and parents are closely interlinked and work with the whole family is most effective.

Information sharing about outcomes

During the third year of the service's operation service staff instigated a process of sending out four-weekly reports to referring agents to keep them informed of the progress of families. A useful development could have been a formalised two-way process whereby all agencies involved with families, perhaps at the family review stage, fed back information to the service staff about their perception of the outcomes for families. The educational development worker's daily contact with school staff helped feedback from school staff about children's progress to take place and there was some feedback from social work staff, for example at Case Conferences and Core Groups, about the impact of the service's work in progressing children's Care Plans. This might be extended to include health service staff's views on the impact of the service's work on parents and children's health, for example.

6) Interventions

The service's approach: was this an important factor?

While the interventions in themselves were important, the approach taken in the way they were delivered was also crucial. It is the view of service staff that the following factors may influence the impact of interventions:

- Creating a welcoming and informal environment encouraged adults to keep coming back after the initial visit to the service. It was important to 'get alongside' families and, by finding an individual way to relate to each adult and child, make them feel special.
- Service users' engagement with staff and participation in interventions may fluctuate from time to time; a flexible approach to this and persistence in re-engaging families proved to be effective in some cases. Life events, such as family bereavements, can derail the work with service users and time-scales sometimes had to be flexible.
- At times parents can feel overwhelmed by difficulties and it is important to acknowledge that some changes may take longer or be harder to achieve than others. Families were enabled to work at their own pace and a realistic level of expectation encouraged service users to make changes at a rate which they could manage.
- Service users need time to build a trusting and open relationship with staff. Once this is in place they are more open and motivated to make changes and less likely to feel judged and criticised, even when challenged by staff if their actions are not acceptable. Staff were able to balance a strengths-based approach with the necessary realism and 'respectful scepticism' required (Munro, 2011). Staff felt that children were safer because parents were in contact with them and were open about their family lives.
- A nurturing approach with parents, as well as with children, many of whom had not experienced this themselves while growing up, helped to create a relaxing and sharing environment within which the work took place. Tea and toast and a caring attitude modelled by staff contributed to this.
- Interventions were developed and delivered in a creative way. Practical and enjoyable tasks, such as baking, crafts or playing board games offer many opportunities for learning for example literacy, numeracy, sharing and communication and making connections to various aspects of parenting. While giving the message that parenting is a very responsible task, the importance of fun and enjoyment in family life was also highlighted.

It is the view of service staff that the approach taken to the work was as important, if not more important, than the interventions themselves. If good working relationships between staff and service users were not made, the parents and children would not come to the service and participate in the interventions. This chimes with the findings of other research studies and the recent 'Review of Child Protection' in England (Munro, 2011) which highlight the importance of approach and positive relationships in engaging families in support work and of support services being flexible and accessible (Dawe, 2003; Mitchell and Burgess, 2009).

6) Interventions

'Service staff have made good relationships with the mother and her mental health problems are much reduced. This service is different from others in that it has supported her to move on and make a new circle of friends and undertake a course at college. The staff have given her confidence to use resources outwith her local area.'

Community Psychiatric Nurse interviewed by telephone

The service made efforts to engage with fathers wherever this was appropriate and feasible and made positive relationships with those who did participate. It is generally recognised that men are often reluctant to engage and that ways should be found for services to do this more imaginatively as most fathers have a great deal to offer their children and wish to be active in their upbringing (Daniel and Taylor, 2001). Male staff members might help with this process. This is an area of work which the service would like to develop further given the opportunity.

The combination of the approach and the nature of the interventions have succeeded in engaging and motivating a majority of parents/carers and children. The supportive approach, the enjoyable activities of group work with its peer support and learning, the encouragement felt by seeing progress made towards outcomes agreed with the service user, have each contributed to this. Parents have experienced enjoyment in caring for their children and satisfaction in seeing them achieve at school and at home.



7) Developing & sustaining evaluation processes

One of the aims of the action research was to assist in the design and execution of an evaluation process to measure the impact of the service's work with individual families. It gave the opportunity for a range of evaluation tools to be piloted and to see how the process worked in practice both for service staff and service users. A number of potential validated tools were considered by service managers and myself and, as noted before, the Strengths and Difficulties Questionnaire (SDQ) and the Parenting Daily Hassles tool (PDH) were selected, as being widely-used and appropriate to the service's work.

Evaluation tools were required to provide evidence to assess to what extent families were making progress towards the service's outcome indicators. A range of custom-made evaluation tools were developed and utilised, in discussion with service staff, to supplement the validated tools and to assist in the process of measuring families' progress in relation to these indicators. These included:

- Baseline recording and review forms for adults and children; it was initially intended these would be completed by teachers, social workers and health service staff. These were later amended and attached to SDQ forms so that teachers could complete them together. They were not used with social workers and health staff because very few were returned in the first few months and it was assumed that this was due to heavy case loads and competing administrative demands.
- Observational measurement forms to record adults and children's progress during sessions with children's workers and for children in the school environment were developed. These provided evidence which complemented that from the SDQs.
- Care planning and review forms were used and later revised. In addition, staff completed individual session sheets which recorded the outcome indicators covered in each session with families.
- Detailed case recording of contact with families and other agency staff also took place. This was supplemented by case discussion with service staff in order to assess progress towards outcome indicators.

Other tools such as the Rickter Scale, a motivational, self-scoring assessment tool which records changes and sets goals across areas such as substance use, stress levels and relationships were also piloted. The use of the Resilience Matrix and Grid was discussed and used as a tool for whole team discussions about families. A Level of Need form to record changes in intensity and frequency of support for families was used during the second year to try to assess how many of the families involved with the service had high support needs and how many were families for whom the service was providing an 'earlier intervention'.

As a result of referral rates being slow and engagement by families inconsistent in the first nine months of the service, some outcome information, particularly SDQs and PDHs were not gathered at the beginning of some families' involvement with the service. However, since this time there has been consolidation in the use of most of the evaluation tools. Teachers have been extremely helpful in completing SDQs, with the baseline form attached at regular six-monthly intervals and the service staff are routinely using both SDQs and PDHs. Both staff and parents/carers find them useful and user-friendly to complete.

7) Developing & sustaining evaluation processes

It takes time for some practitioners to recognise the value of evaluation tools in assessing impact and to embed it in their practice. It has to become part of the culture and expectations of the agency that this aspect of the work will take place, alongside case recording and other administrative tasks, but not to the detriment of time spent with families. Even in a service such as this one which was designed to look at outcomes there can be a feeling amongst service staff, although not service managers, that this aspect of the work is not one of the main priorities.

However, through using the tools and seeing the results, staff generally see their value in providing concrete evidence about outcomes for families and how this can help to validate the work undertaken, not least for themselves and the families. For example, the use of SDQs completed by both parents/carers and teachers can offer differing perspectives across school and home settings and can be helpful for staff to see how their work contributes to children coping better at school. The forms, for example the SDQ and PDH questionnaires can provide a useful mechanism for discussing children's behaviour and parents' reactions to this. A scheme is underway to make use of SDQs in all Glasgow schools in order to help measure children's outcomes over an extended period.

Having said this, it is too easy to introduce a plethora of evaluation forms and tools which can then put an overly onerous burden on staff who are required to complete them. The experience of this service is that keeping the process and number of tools/forms as simple as possible is key. The use of validated measurement scales such as the SDQ and PDH are important but customised ones are best kept to a minimum. The care planning and review forms are in use as are the amended baseline forms completed by teachers. The observational measurement sheets have also been fully adopted. Over recent months, the service manager designed a transition form, based on the care planning form, for each family to summarise the work undertaken and to advise other agencies of the family's future support needs.

A system for collating information about families, and analysing this to assess outcomes for the service as a whole, requires to be implemented so that it can be sustained after the Action Research ceases. A process document outlining this can be found in APPENDIX B. It needs to be embedded in a methodical way, perhaps by being linked in with the individual family reviewing system and ideally with one member of staff taking the lead role for each family. Piecing together information from a variety of different sources can be complex and time-consuming. Collating this information to gather a picture of how the service has worked towards outcomes with all the families over a period of time is a major task, particularly if the views of staff from other agencies are being sought.

It is important to reiterate that, in the context of a time-limited service such as this, the indicators can only inform us how the work may have contributed to families' outcomes in the short-term. They could form the basis of an examination of longer-term outcomes if contact could be maintained with families and a system for following-up their progress put in place.

7) Developing & sustaining evaluation processes

Key points:

- Outcome measurement tools were piloted and some adopted to provide evidence about the extent to which families' are making progress towards service outcome indicators. Validated measurement scales may need to be supplemented by customised tools to ensure that all indicators can be evidenced.
- The use of outcome indicators and measurement tools has been invaluable in evaluating the impact of the work. The key message from the experience of the service is that outcome indicators should be clear and achievable and that tools for evidencing them should be kept to a minimum to avoid overly-complicating the process for their use.
- It takes time for some staff to see the benefits of and develop routines for including outcome measurement in their practice especially when workloads are high and there is a requirement to complete a range of other paperwork. Service managers need to take this into consideration when introducing evaluation processes but must also try to ensure that staff are completing evaluation paperwork as soon as possible at the start of a family's involvement and thereafter regularly in order to avoid drift.
- Teachers were very helpful in completing SDQs and base-line forms regularly. This may be because completion of similar forms in an education setting is well integrated into practice. This may not be the case for all agencies.
- In general, adult service users have enjoyed and seen the benefits in the use of questionnaires such as SDQs and PDHs. They have prompted discussions with staff and if progress is positive, the feedback from them can be encouraging.
- A process for the collation of outcomes information (for both individual families and for the service as a whole) must be embedded and requires an identified staff member to take a lead in ensuring that all staff members are completing the requisite forms regularly and in time for family reviews.
- When commissioning services which require an outcome-measurement element the practical challenges outlined above might be considered.

8) What is the learning from the service, and how can this be transferred to other services?

The development and delivery of the Glasgow Bridges service has provided opportunities for learning about the most effective ways to work with children and their families affected by current parental substance misuse. The service has piloted methods and approaches of working with families. Service staff have, on the whole, put in place supports which have engaged families - some of whom other services have been unable to access and work with to any great effect in the past. There have been tangible short-term and possibly longer-term benefits for some of the families, in relation to stated outcomes and indirectly in enhancing child and family resilience.

The process of establishing and running the service has been a learning experience in itself and staff agree that some aspects of the service have worked more successfully than others. The hope is that other agencies may learn something about the elements that have proved useful but also about those which could have been done differently and perhaps more effectively. This section explores both these perspectives and goes on to suggest how the learning might be transferred to other agencies and what the challenges might be in so doing.

What has worked effectively?

- The holistic approach to family support with multi-disciplinary staff working with children and adults in parallel and at times together is effective. This enables a whole family perspective to be adopted, offers opportunities for joint parent and children work and is valued by families themselves. The indications are that work with children to enhance their educational and health and well-being outcomes is likely to be more effective if reinforced by work with parents to address their needs and help them recognise how they can make a difference to their children's future.
- Despite the constraints of the building itself, the welcoming and comfortable spaces within which the work with families take place and the accessibility of the service base and its proximity to the centre of the community, is key. The children enjoy the brightness and the range of toys in the playroom and parents have a relaxing environment within which to discuss topics and undertake work and activities. Hot drinks, warm toast, treats, soup and healthy food are usually available and formed part of a nurturing approach which some parents may have rarely experienced but could see the value in emulating at home with their children.
- The staff have a good balance of interpersonal and professional skills which have been important in engaging a majority of parents and sustaining their involvement. The need to focus on the work with families has been combined with an approach which welcomes both children and adults as individuals, takes an interest in all aspects of their lives and offers encouragement, empathy and support. Staff model positive attitudes and actions amongst themselves and with service users to encourage positive interaction between adults and children.

8) What is the learning from the service, and how can this be transferred to other services?

- Staff were accessible to service users, with open access to the service base during office hours, and availability through mobile phone use – calls and texting, including some out-of-hours time. Staff ring service users back as quickly as possible and often text or ring them to remind them about appointments or to check to see how they are. In addition to direct access to staff, calls came through the administrator who has met all the families and is able to respond to calls in an informal and personal way.
- A persistent approach to engaging parents, when required, proved effective in some but not all cases. It became clear that some families would engage slowly and cautiously at first or that engagement might be inconsistent at times, for a range of reasons such as family illness, family relationship problems or periods of lack of motivation. It was necessary to revise timescales and planning to take this into account and to gently encourage parents to engage or re-engage at their own pace. In some instances, taking part in a new and interesting activity was instrumental in drawing a parent into participation with the service.
- Flexibility was important in relation to a number of aspects of the work. Flexibility about timings – for example arranging group work and meetings to fit with other demands on parents' time or revising how many weeks a piece of work might take, because of crises or unexpected events which may occur in families. Flexibility in the type of interventions provided for families and how these were delivered, according to individual learning styles and preferences, such as individual or group-based work. Flexibility in staffing roles, for example working jointly with families in different ways or taking a share of early-morning support-to-school work with families.
- The service used creative and interactive interventions which parents and children enjoyed participating in while also learning and developing their skills. If families are to engage effectively, particularly when engagement is voluntary, the work they undertake must hold their interest. If it does, they are more likely to see its relevance to them and to learn from it.
- Many parents had not had opportunities as children to enjoy play and reading with their own parents and often needed to experience this for themselves before they could do this with their children. This encouraged attachment with their children. Many parents had been traumatised by early experiences and building their resilience, as well as family and children's resilience was beneficial.
- The service used family-friendly terminology, both verbally and in written form. For example, the concept of parenting classes, although now becoming widely-used and perhaps therefore more acceptable to parents as a whole, can imply that current parenting skills are not adequate. The service staff tried to build on existing strengths and where possible employed a vocabulary which reflected this.

8) What is the learning from the service, and how can this be transferred to other services?

Learning from parents

- *Parents valued the relationships with staff and their understanding about the realities and pressures of everyday life. They felt staff listened to them.*
- *Staff made them feel that it was okay to ask for help without being judged and built a relationship of trust with them which supported openness about difficulties and problems and meant staff could challenge them without them feeling overly criticised.*
- *Parents liked the fact that staff were working with their children too and the children enjoyed the contact with staff at school and at Bridges. They enjoyed going out and about and finding out how to access cheap and free activities and doing this with other families. They enjoyed tea, toast and activities like crafts which they then did with their children at home.*
- *Parents valued the chance to meet other parents and develop peer support networks. They were keen for the service to be continued so that other parents could be helped.*

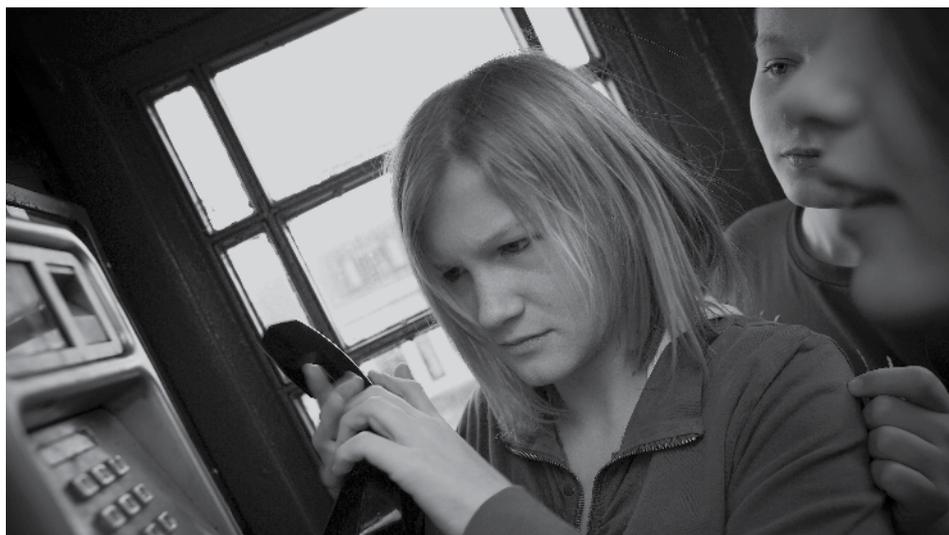
- The process of developing crucial contacts within agencies such as health and education services, who were in a position to refer families at an 'earlier intervention' level, took longer than expected. The commitment of even a small number of key professionals who were aware of families who needed support and were willing to refer them started the referral pathway process working more effectively. Collaborating with key people about appropriate referrals is a good strategy but local knowledge is required to identify them.
- The service's credibility started to develop through word-of-mouth among service users once a small number of well-known people had worked with the service and experienced benefits through involvement. Parents and carers reported that they would recommend the service to others who needed support. How this might be transferred from a small-scale service to much larger agencies might present some challenges.
- The 'menu' of interventions which could be used in various combinations according to individual need gave an effective structure to the work with families. Over and above this, most interventions could be adapted to fit adults and children's individual needs. For example, the children and adults' workers could arrange play sessions in the home and gradually encourage service users to come to the service base for sessions in the playroom. Once adults were familiar with the building they were more likely to attend other family activities, such as family literacy and numeracy sessions.
- The education component worked particularly well and was most effective within schools which prioritised a health and well-being approach which permeated all aspects of school life. It worked well where there was a whole-school ethos of health promotion (emotional, social and physical) and the entire staff group worked together to do this. In turn, the school staff appreciated the service's focus on working with both children and their parents/carers.

8) What is the learning from the service, and how can this be transferred to Other services?

'Sometimes education issues indicate that there may be something deeper going on for a child. That's where Aberlour Bridges comes in – it's an opportunity to work with the parents, try to break the cycle of difficulty and tackle the apathy there can be about their children's education.'

Head teacher interviewed

- Activities which took families out of the local area and gave them a wider perspective on life were popular with adults and children alike. It was important to find free or inexpensive activities so that these types of outings could be sustained without service staff involvement. The 5K charity run which service staff also participated in was a positive, shared experience.
- The service contributed to the process of parents' recovery, not just from substance use, but also for example from mental health problems, by providing interests and activities and an interest in improving their community. A constructive use of time is an important element of the recovery process (Matthews, 2010).
- The contribution of local agency representatives through the Stakeholder Group was valuable. The collaboration with practitioners, through joint visits and good communication was beneficial to families.



8) What is the learning from the service, and how can this be transferred to Other services?

What could have worked better?

- The first year of the service's work, in relation to the flow of referrals, might have been more effective had the location not changed unexpectedly and more preparation had taken place to set up referral pathways. As it transpired, part of the learning from the service related to the challenges in identifying the 'hidden families' who are not yet known to social work services and in harnessing the collaboration of key staff in universal services.
- Although part of the rationale for the service was piloting systems for recording, monitoring and evaluating families' progress, the staff struggled at times to cope with regularly changing procedures and paperwork. In retrospect, some systems were overly complex and consolidation of some options, rather than regular change and adaptation, would have been more effective.
- It would have helped the evaluation process had tools such as SDQs been put in place at an earlier stage of some families' involvement. Use of the tools involved a learning curve for some staff members but this may be a common experience for practitioners for whom this aspect of work with families may be new.
- Although there was some flexibility in relation to staff roles, there was scope for further development in joint working between adult's and children's workers and a greater cross-over in roles between the two. This was mainly due to lack of confidence on the part of staff in working with the other group. Adults' workers felt inadequately skilled in working with children and vice versa. However, this was often not the case in reality and improved towards the end of the three years with greater cross-over beginning to take place.
- Various methods of establishing formal communication systems within the staff team were tried to complement the informal discussions team members had about families on an on-going basis. Different structures for team meetings, written logs and case file options were piloted and it was only in the last year that formal information-systems about individual families worked effectively.
- The indecision about an end-date for the service and the fact that future funding will be a last minute decision has had serious implications for the service over the last six months. Staff leaving and not being replaced has meant that the service has been very limited in what it has been able to achieve and families have been helped to access other services, most of which are unable to provide the intensive supports some of the families still require.
- The work with children in school and with some age groups at the service base has been valuable. The service has not been set up to work as well with older children and teenagers and other resources have been co-opted when necessary to do so, for example a befriender from Youthpoint was matched with one boy. If the service continues it will be necessary to look at different ways of working with some young people and to develop the methods of talking to children and young people about parental substance use some of which are now in use.

8) What is the learning from the service, and how can this be transferred to Other services?

Can the learning be transferred to, or support changes in other services?

- Staff within social work, health and education services could be trained in the particular, or similar, interventions used by Glasgow Bridges service staff. An important consideration would be whether such staff were given protected time to prepare for and undertake the interventions with children and their parents.
- It might be possible to train home and social care staff to undertake some of the practices employed by service staff, for example in providing early morning support to families to put in place preparation for school routines. However, this would need to entail more than purely monitoring and would have to include modelling of parental roles and gradually reducing support and encouraging sustainable parental self-motivation.
- The use of evaluation tools could be adopted by other services. Time would be required to analyse the information but this could be done to form part of the reviewing process for families. This would involve having a reviewing process for families who are at an 'earlier intervention stage' and who are not necessarily subject to statutory orders. The use of SDQs in nurseries and in time in schools will soon be in place across the Glasgow City Council area and may also be already in use within other services.
- Many of the staff in universal and statutory services have the professional and inter-personal skills to undertake effective work with families and many would probably relish the opportunity to work with families in the supportive, intensive and flexible way that Glasgow Bridges staff have been able to do. Recent reviews of services have found that this is the case (Munro, 2011; Scottish Government, 2006).
- The approach of Glasgow Bridges was underpinned by the Getting it Right for Every Child framework which includes a strengths-based and resilience-based perspective to working with children and their families. This is becoming embedded in practice across all agencies working with children in Scotland and this shared language and understanding should assist in translating the work that Glasgow Bridges staff have done.
- A number of elements would need to be put in place to enable staff in universal and statutory services to work in the way and with the approach that Glasgow Bridges has adopted. These include adequate time to spend with families both to undertake interventions and also to offer them practical, social and emotional support in a way that is meaningful to families; that is not rushed and constrained by the many other demands of work in social work, health and education services. Working in this way and at an early stage with families has been found to save money in the long-term (Burns et al, 2011) and links with the vision set out in the Early Years Framework (Scottish Government, 2009). Aberlour will produce a separate document outlining the broad costs of the service and its potential cost effectiveness per family.

8) What is the learning from the service, and how can this be transferred to Other services?

- The provision of a comfortable and conducive environment within which to work with families would need to be considered. This should include a well-resourced playroom for children and a relaxing but work-orientated space for adults. This might be difficult to provide within some universal and statutory office-based settings, however a family-centre model, attached to these services, might be a possibility, as long as this was accessible within the local community.
- The whole family approach is key and it is important that a way is found to continue a model of adult-focused and child-focused staff working together, with joint working and cross-over of roles taking place where appropriate.
- The education component of the work is crucial and should be retained in a similar way to that developed by the service. The support offered to children in school and to their parents is greatly valued by school staff but, more importantly, equips children for a more positive future for themselves and for generations to come.
- The experience of the service indicates that some parents require long-term or intermittent support and that a short-term 'fix' is often not sufficient. This is congruent with messages from other reports into early and longer-term interventions, which highlight that a spectrum of interventions which encompass this should be considered (C4EO, 2010).

Possible models of service provision

a) Retain a voluntary sector provider to undertake the support work with families at this 'earlier intervention' stage and with some who are subject to statutory orders. Many service users seem to value the less formal contact and relationships provided by voluntary sector staff. This support work could continue to complement and enhance that provided by statutory and universal services, when necessary.

b) Incorporate the learning from this service, in relation to interventions and approach, within local authority social work teams, utilising local authority employed support workers. As indicated above, it would be important to protect staff time to give sufficient support to each family and for joint adult and child-focused work to take place.

c) Establish a local authority-run family centre to undertake the work. This could employ staff from across agencies to bring a multi-disciplinary dimension to the work.

d) The main elements of the service could be retained and be attached to a universal service, such as a school or a health centre. The educational component of the service is crucial and would be well-placed in a school setting with provision in place for work with adults in the family. Limited space is often a barrier to providing such services within schools.

These are possible configurations but clearly further detailed discussion is required to explore the options for the most effective spread of service provision. Some of the practice learning from the service is already informing developments in the provision of family support services across the local area, as the benefits of working intensively and holistically with families has been further evidenced. There is potential for this to be rolled-out across the city as a whole. The key learning points above will hopefully feed into this on-going process.

9) Conclusion

The process of developing and delivering the Aberlour Glasgow Bridges service has brought into sharp focus the challenges in providing an 'earlier intervention' family support service which enables children who are affected by parental substance use to achieve improved educational, health and well-being outcomes. While some children remain 'hidden' from services, there are large numbers who can be and have been identified as needing help, and staff from referring agencies report that they feel increasingly able to recognise these children. However, far from being swamped by referrals, the experience of the Glasgow Bridges service showed that it takes time to set up effective referral pathways with universal services. And, in many cases, although families are considered to be at an 'earlier intervention' stage, they have deep-rooted problems which require a high level of support and input from services.

Having said this, the Aberlour Glasgow Bridges service developed an approach and a range of interventions for children, their parents/carers and joint work with both, which were effective in engaging and sustaining engagement with 30 families over the three years of its operation. The Action Research element assisted staff to evidence the impact of the service's work with children and their parents/carers in relation to specific outcome indicators. This showed that the service supported a small number of families to achieve very good outcomes and a larger number to make progress towards good outcomes. In particular, the majority of children were helped to attend and manage school, and show improved confidence, relationships with peers and physical and emotional health. This contributed to the enhancement of children's resilience factors, which could continue to be built upon. A substantial number of parents evidenced increased skills, awareness and confidence in parenting their children, many reduced or ceased substance use and provided a safer environment for their children.

In considering the outcomes for families, it is important to note that some families achieved a great deal, given their starting point, and made considerable and important steps towards improving their own and their children's lives. Although some parents continued to use substances, most were supported to see that they could make a difference to their children's lives and given hope that change can be possible. Their achievements and those of staff in supporting them should be seen in this light. However, it must also be emphasised that some parents and children will continue to require longer-term or intermittent support, at a range of levels of intensity, in order to continue the positive work underway.

The Aberlour Glasgow Bridges service provided an opportunity for dissemination of learning to other services about interventions, approach and outcome measurement. These are outlined in the previous section, together with considerations for translating the learning into other services or options for a spread of service provision to incorporate the approach and content of the service's work. Some of the practice learning is already being used in discussions about the nature of family support services in the locality with the potential for wider application. The overall key message is that it is possible for services to make a difference to children and their families, if work with them is undertaken in a supportive and enabling manner. The complexities of families' lives can start to be addressed if this is approached in a co-ordinated and holistic way.

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APPENDIX A

Overall aim:

To increase the resilience of children of parents with problematic substance use (and measure this improvement) and do so within the GIRFEC well-being indicators (SHANARRI) framework.

- 1) Aim of the service
 - to operate effectively in its work with families and collaboration with other agencies

- 2) Aim of work with Children and their Families
 - improved well-being outcomes
 - improved educational outcomes
 - improved parenting capacity for parents of children using service

Outcome indicators

The following indicators reflect the requirements of the service evaluation and aims and outcomes documents and also cover the SHANARRI well-being indicators, although not necessarily in the following order, as there are some overlaps:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Responsible
- Respected
- Included

NB. Indicators may have to vary to reflect the particular strengths and difficulties of individual families; that is, improvements may be needed in some areas and not others.

APPENDIX A

Outcome indicators for children:

- 1) Children have improved attendance and timekeeping at school
- 2) Children have improved relationships with their peers
- 3) Children are more settled and able to manage the school environment
- 4) Children demonstrate increased interest and enjoyment in learning
- 5) Children have improved confidence and self-esteem
- 6) Children are able to describe and express their feelings
- 7) Children experience improved physical and emotional health
- 8) Children have increased opportunities for social activities
- 9) Children have enhanced support networks
- 10) The impact of parental substance use on children is reduced

Outcome indicators for parents

- 1) Parents feel more confident in their parenting skills
- 2) Parents have a greater awareness of their children's emotional and physical needs and development
- 3) Parents have an increased awareness of the impact of their substance use on their children
- 4) Parents have improved communication with their children
- 5) Parents have increased capacity to establish and maintain routines and boundaries for their children
- 6) Parents have an increased understanding of ways to improve their child's health and wellbeing
- 7) Parents will have increased attendance at child health appointments
- 8) Parents show an increased interest and involvement in their child's education both at home and in school
- 9) Parents develop increased confidence in their contact with the school
- 10) Parents have more involvement in play and learning activities with their children both in and out with the family home

Outcome indicators for kinship carers

- 1) Carers will feel more confident in their caring role
- 2) Carers will have increased their skills in managing the challenges of balancing the grandparent/parent role
- 3) Carers will have increased awareness of their children's emotional and physical needs and development
- 4) Carers will have increased interest and involvement in their child's education both at home and in school
- 5) Carers will have improved communication with their children
- 6) Carers will have improved relationships with their children
- 7) Carers will have more involvement in play and learning activities with their children both in and outwith the family home
- 8) Carers will have increased awareness of ways to improve their child's health and wellbeing
- 9) Carers will be able to identify and address their own needs
- 10) Carers will experience an improved quality of family life

APPENDIX B

Aberlour Glasgow Bridges: Process of outcome measurement for individual families

Who gathers and collates the information?

It would be helpful to identify one staff member who oversees this process for each individual family. Although more than one staff member contributes to the process as a whole (for example, the education development worker prompts the completion of teacher-completed SDQs), a lead worker for each family, responsible for outcome information, might help ensure that each stage of the process takes place and that information is collated, both for individual family reviews and to contribute to aggregated outcome information collection.

When is it gathered and collated?

At beginning of family's involvement with service:

- Care Planning Form completed
- Assessment/ Stage One completed

As soon as possible after start of involvement:

- SDQ (parent and teacher)
- PDH (parent)
- Teacher baseline form
- Observational measurement form

At six-monthly intervals:

All four above to be completed and used at case reviews (every three to six months). Results of SDQs and PDHs shared with parents and used as basis for discussions about progress.

Annual attendance sheets obtained from school administrative staff.

Care Planning Review Form completed for case review and used to record progress in relation to initial Care Plan.

APPENDIX B

The information collation process

All above to be collated, together with available information from case files (for example, family review meeting reports and minutes), discussion with service staff, service users and other professionals involved with the families to evidence progress in relation to the 15 service outcome indicators.

Progress categories are:

- Lowered risk
- Unchanged level of risk: low
- Unchanged level of risk: high
- Increased risk

Paperwork is in place, designed by the action researcher and staff, to record outcome information (SDQs, PDHs, and other customised tools) for each family. The format used for the Care Planning and Review forms (and the Transition Reports for moving families on to other services for support) records the progress of families using three categories: risk reduction, resilience and parent issues. These could be adapted to address the outcome indicators more directly or to formulate new ones, based on the three Care Planning and Review form categories above, if these were thought to be more appropriate. The forms are listed below:

Care Plan (and Care Plan review form)

Tools: SDQ questionnaire and score sheet
PDH questionnaire and score sheet
Baseline form (attach to SDQ for teachers)
Observational measurement form

Individual family collation forms:

SDQ, PDH and other results- individual children

Individual child results by outcome indicators

In order to assess the service's **overall** impact in improving outcomes for families overall, the results for each family would need to be collated using the following paperwork.

- The SDQs and other tool results: their link to the outcome indicators
- TOTAL SDQ and PDH results for all families table
- TOTAL Children Results by outcome indicators table

APPENDIX C

RESEARCH METHODS: ACTION RESEARCH

Action Research is a collaborative approach to enquiry; it aims to be participative and inclusive and to encourage the involvement of practitioners and service users. The action researcher acts as a catalyst to help staff define their problems and support them in working towards effective solutions (Stringer, 2007). The key is to enable staff members to develop their own analysis of what is operating effectively or not within the service. The action researcher aims to communicate openly with staff members as a 'critical friend', listen to their observations and also act as a resource person offering suggestions about the design of procedures, particularly in relation to recording, monitoring and evaluation methods.

The Action Research cycle involves:

Planning - Action - Evidence collection - Reflection

The Action Research has contributed to:

Planning

The development and use of materials and tools:

- An assessment framework which fits with the Integrated Assessment Framework and Getting It Right For Every Child well-being indicators;
- Service outcome indicators;
- A database for collating information about families;
- Customised forms to chart and collate information about children and their parents' progress;
- Forms to collate information from validated evaluation measures such as the Strengths and Difficulties Questionnaire.

With the service managers, I encouraged service staff to develop recording systems which assisted the collection of information about the engagement and progress of families. As one of the aims of the service was to pilot different ways of working, planning and amending systems and procedures was an on-going process.

Action

As the researcher I provided a sounding board for the service managers during the process of translating planning into action and helped to record the effectiveness of operational procedures as and when they were amended. I was involved in on-going review meetings with the whole staff team who were always included in discussions about how the work with families and procedures could be developed in a more effective way.

Evidence collection

With help from the assistant service manager, I collated all available data to highlight the issues involved in developing and delivering the service, in working collaboratively with partnership agencies and in engaging and making progress towards improving outcomes for children and their families. All service staff, partnership agency staff representatives and some children and parents participated in this process. Three annual reports were produced which aimed to inform key people including funders, partnership agency staff and service staff about the progress of the service.

APPENDIX C

Reflection

In addition to the annual reports, two discussion documents aimed at aiding internal reflection were also produced. Discussions have taken place about other methods of disseminating learning from the service's experiences to local partnership agencies through seminars and presentations.

Evaluation

The Action Research project also included an element of evaluation for which I collected data from the following sources over the three year period:

- Case file examination and collection of qualitative and quantitative data to assess outcomes and evidence general learning from the service's work.
- Two focus groups in relation to Early Intervention with eight staff from social work services, health services and education (in year two).
- Interviews (individual and group) with 16 parents and 17 children.
- Face to face or telephone interviews with seventeen referring agents (social workers, health and education staff).
- Face to face or telephone interviews with seven partnership agency staff.
- Individual and group interviews with service staff and service managers.

This information was collated to evaluate the service's work with families.

How was the role experienced by the researcher and service manager?

The service manager's view was that: 'The Action Research role has been invaluable to us. As a service it has enabled us to have a critical friend which has assisted us in developing the systems and processes that we now have in place. The very nature of the role and the fact that it encourages reflection from staff further enhances staff opportunities for practice learning and development. The action researcher is a good listener who enables the staff team to consolidate the work that they do'.

The key to the action researcher role is to start where service staff are and not where the researcher thinks they should be; the researcher can give advice but must not be over-directive, even when experience indicates that a system or procedure, for example, might be designed more effectively. A workable balance must be found for this, collaborative working relationships with the service manager and the staff team built and agreement about the areas in which it is appropriate for the researcher to be actively involved clarified. At times the service has had to make changes within shorter time-scales than the Action Research cycle had allowed due to pressure from funders, for example in relation to referral criteria. Communication between the service staff and the action researcher was excellent; the service manager was always open to discussion and positive working relationships were developed. My intention is to outline the experience of undertaking Action Research within the service in more detail in an article for publication.

APPENDIX D

Documentation developed for the service

Initial documents

- Glasgow Bridges outcome indicators (compiled by service managers)
- Glasgow Bridges outcome indicators: compressed version (compiled by action researcher to simplify the process of reporting outcomes for individual families)
- Glasgow Bridges outcome indicators and the link with the Getting it Right for Every Child Well-being Indicators
- Resilience Grid and Matrix (extended version)
- Resilience domains and the link to the Integrated Assessment Framework
- Glasgow Bridges Assessment Framework and the link with the Getting it Right for Every Child Well-being Indicators

Action Research Strategy: years one and two

Customised outcome measurement tools

- Glasgow Bridges Baseline Forms (a)teacher; (b)teacher: shortened version for attaching to Strengths and Difficulties Questionnaires; (c) social worker and (d) health visitor versions
- Glasgow Bridges Observational Measurement form
- Glasgow Bridges Level and Intensity of Support Needs form

Process documents for outcome results

- Chart linking the evidence from measurement tools to Glasgow Bridges Outcome Indicators

APPENDIX D

Forms for outcome indicator results: individual families

- Individual child outcome indicator results evidence check-list
- Individual child observational measurement results table
- Individual child SDQ results table
- Individual child outcome indicator results
- Individual child and parent outcomes: questions for service staff
- Individual child and parent outcome indicator results: collated table

Forms for outcome indicator results: all families' results collation

- All children: SDQ results table
- All children: outcome indicator results table
- All families: child and parent outcomes table

These documents were developed collaboratively by the action researcher and the service managers, with the exception of the initial outcome indicators which were devised by service managers. The documents listed here were designed for the Action Research component of the service. In addition, service managers and staff developed a range of forms and materials used in the operation of the service and which will be collated within the Practice Manual which is being compiled by service staff.



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