leading for outcomes

parental substance misuse

IRISS
Institute for Research and Innovation in Social Services

contents

We would like to thank Aberlour, Scotland's Children's Charity for their input into the development of *Leading for outcomes: parental substance misuse*

part one summary

1

what is this guide?

This guide forms part of the IRISS Leading for outcomes series, which is designed to support team leaders, managers and trainers to lead teams in the adoption and implementation of an outcomes-focused approach. Leading for outcomes: a guide, offers general evidence-informed advice and support in leading this approach within the context of adult services. IRISS has also produced several companion guides that complement and add to the content in the main volume. This guide builds on the exercises in the main guide and focuses specifically on the field of parental substance misuse.

Parental substance misuse is used to describe a situation where a parent uses illegal or prescription drugs or alcohol to the extent where their judgement or behaviour is impaired and results in a detrimental effect on the children in the family.

1.1 who is it for and how can it be used?

- The guide is intended for anyone working with families for whom parental substance misuse is an issue. This includes families where children are resident or visiting the family home, have parental contact in other situations, or where reunification of the family is a desirable goal.
- This guide will be useful for people working with any family where children are seen to be in need. It is not necessary for the family to have reached the threshold for the introduction of child protection measures. While not its primary purpose, the guide may also be useful in pre-birth planning.
- It does not offer advice on making decisions about whether children are at risk while remaining with their family, but assumes that those types of assessments will be undertaken by professionals and acted upon where appropriate. We assume that all practitioners using the guide will use up-to-date guidance on child protection and appropriately assess risk to children in families affected by parental substance misuse.
- We do not differentiate between parental misuse of alcohol, legal and illegal drugs. The literature suggests that while there are differences in issues affecting families based on the type of substance used (for example the normalisation of alcohol use in our society compared with the illegal status of drugs), the commonalities are stronger than the differences.
- The underlying principle of the guide is that by working in an outcomes-focused way with parents, outcomes are improved for the child, and this is a key goal of the work. However, this guide only deals with direct work with adults. We believe that direct work with children is also highly desirable and assume that this will be undertaken, where appropriate, in parallel with outcomes-focused work with adults. In 2011, IRISS will publish Leading for outcomes: children's outcomes for use in direct work with children.
- Finally, this guide does not focus explicitly on treatment for and recovery from substance use, though this usually forms part of outcomes-focused work with parents who misuse substances.

1.2 parental substance misuse – the current situation

Parental substance misuse in Scotland is a widespread and serious problem. Reported figures of the number of children and young people affected vary, with current best estimates showing that up to 60,000 children under 16 years old have a parent with a drug problem (Hidden Harm, 2003) and up to 65,000 children under the age of 16 have a parent with an alcohol problem (Scottish Government, 2009). In addition, parental substance misuse is a key factor in many cases in children and families social work, with various reports citing this figure between 20% and 78% of cases (Templeton et al, 2006).

Parental substance misuse can have potentially serious consequences for children, including, but not limited to, poor educational attainment, emotional difficulties, neglect, abuse and taking on inappropriate caring responsibilities (Velleman and Templeton, 2007). This can be due not only to the parents' impaired abilities to attend to the child's physical and emotional needs, but also to the potential exposure of children to negative situations that may be associated with parental substance misuse such as domestic violence, inappropriate influences in the home or criminal behaviour (Cleaver et al, 1999).

A key message from the literature is that parental substance misuse and its effects on children co-exist very often with a variety of other problems. Families for whom this is a problem typically experience a multitude of difficulties and disadvantages such as poverty, mental health issues and unemployment, which in many ways cannot be disentangled from the substance misuse (Cleaver et al, 1999). Similarly, it is important to acknowledge that the demands and pressures of parenting can be a contributory factor in the parents continued use of alcohol and/or drugs (Kroll and Taylor, 2003). A holistic approach (such as that offered by outcomes-focused working) is often advocated in working with families affected by parental substance misuse. Working in an outcomes-focused way also puts the emphasis on the goals and aspirations of the service user, which is consistent with a recovery focused approach. While there are undoubted challenges in maintaining this emphasis while simultaneously ensuring that the child's needs remain paramount, strengths-based, person-centred approaches have been connected with successful interventions in this area (Mitchell and Burgess, 2009).

1.3 policy context

The widespread nature and potentially serious effects associated with parental substance misuse make it a priority in terms of policy, and this has been reflected in a number of reports, guidelines and action plans. Hidden Harm (2003) set the UK agenda in terms of placing the needs of children at the centre of this issue, where previously policy was largely concerned with the substance-misusing individual. Scotland issued its own good practice guidelines – Getting Our Priorities Right (GOPR) (Scottish Executive, 2003) – for work with children and families affected by parental substance misuse and there has since been some positive response to this issue including changes to data collection and local procedures in some areas. The GOPR guidelines will be updated and reissued in 2011.

Subsequent consultation and the publication of *Getting it right for every child* (2005) prompted the formation of an action plan for tackling the issue of parental substance misuse (Scottish Executive, 2006). *The Road to Recovery* (Scottish Government, 2008) put this into the context of wider promotion of well being of children and young people.

We believe that situating this issue within an outcomes-focused approach is a good fit with the principles and guidance outlined in the documents above and will assist practitioners to achieve better outcomes with children and families affected by parental substance misuse.

part two
outcomes in the context of parental substance misuse

2

Outcomes are discussed in depth in Leading for outcomes: a guide, which this publication complements. It is very important to ensure your team has a good understanding of what constitutes an outcomes-focused approach and how this differs from a service-led approach before undertaking the exercises. You may wish to refer to Part 1 of Leading for outcomes: a guide to refresh your understanding.

It can be helpful to think of outcomes as the impact of support on a person's life. The following quote is also helpful in understanding outcomes and how they differ from service outputs.

"The definition of outcomes is the impact or end results of services on a person's life. Outcomes-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them."

(Glendinning et al, 2006)

As *Leading for outcomes: a guide* explains, the shift to outcomes-focused work is a national priority for social services in Scotland. However, in addition to this, there is good reason to believe that despite the challenges, some of which are outlined below, an outcomes-focused approach may be particularly appropriate when working with families for whom parental substance misuse is an issue.

One of the key challenges in thinking about outcomes in the context of parental substance misuse is the existence of many competing needs, including those of the parent, the child and the family as a whole. Meeting these needs in an outcomes-focused way, while ensuring that the welfare of the child remains central and paramount, is an issue faced by all practitioners in this area. Evidence points time and again to

the tension between the timescales of the outcomes for the substance-misusing parent which may involve treatment and recovery over a long period of time, and those of the child who may be at more immediate risk.

While acknowledging this tension, evidence suggests that working in an appropriate way with the parent can lead to improvements in the outcomes for the child. Indeed, while remaining child-centred, work with families affected by substance misuse inevitably requires a large amount of direct work with parents. Some of the most successful family interventions for parental substance misuse, as measured by the length of time children spend in care and the likelihood of family reunification, are based on appropriate goal-setting with the parents (Forrester et al, 2007).

In addition, a wealth of evidence supports approaching work with families affected by substance misuse in a person-centred, holistic way, accounting for and working on all of the diverse issues that affect them rather than solely focusing on the substance misuse itself (Velleman and Templeton, 2007). Much research also points to the fact that the situation within the family can be much improved by focusing on areas other than the reduction or cessation of substance misuse (Copello et al, 2005).

This convergence of evidence supports the goal of working in an outcomes-focused way with families affected by parental substance misuse.

IRISS, in partnership with the Association of Directors of Social Work (ADSW), has recently commissioned a full review of the contribution and role of social work services in working with people affected by substance misuse in general. This is available as a full report (Galvani and Forrester, 2011a), a summary report (Galvani and Forrester, 2011b) and a practitioner's briefing (Galvani and Forrester, 2011c).

2.1 what would outcomes look like for families affected by parental substance misuse

As we discussed in Leading for outcomes: a guide, extensive research with people who are supported by services has led to the identification of three main categories of outcomes that are important to them – Quality of life outcomes, Process outcomes, and Change outcomes.

Quality of life outcomes are outcomes that support an acceptable quality of life (e.g. being safe and living where you want). Process outcomes are outcomes relating to the way in which support is delivered (e.g. feeling valued and respected or having a say over how and when support is provided). Change outcomes are outcomes that relate to improvements in physical, mental or emotional functioning (e.g. increased confidence or fewer symptoms of depression).

While these outcomes will undoubtedly be important to parents who misuse substances, it is important to remain child-centred in the work and focus on supporting parents to achieve outcomes that will ultimately benefit their children. This could include reducing the impact of their substance misuse on the child or reducing their need to misuse substances by enhancing their ability to cope with challenging situations as a parent.

exercise one

defining the approach and promoting the benefits of outcomes in parental substance misuse

It is very important that your team understands the elements of an outcomes-focused approach and how this differs from a service-led approach. Depending on their level of understanding you may wish to cover Exercises 1 and 2 in Leading for outcomes: a guide, which looks in detail at quality of life, process and change outcomes and, in particular, how these differ from service outputs. If you are confident that your team has a good understanding of outcomes, you can proceed with the exercise.

Learning outcomes

- understand what outcomes are and how they differ from outputs
- recognise the three categories of outcomes
- recognise the outcome areas defined by Aberlour (see training materials) as important in working with parental substance misuse
- identify outcomes that may be important to parents who misuse substances
- understand how working towards these outcomes benefits and improves outcomes for children

exercise one / continued

Time

Spend about an hour

Materials

Flipchart paper

Print copies of or use a PowerPoint slide to display the scenario

Links to

Leading for outcomes: a guide
Exercise 1:
Defining the approach, promoting the benefits

Leading for outcomes: a guide
Exercise 2:
Outcomes-focused and service-led compared

Instructions

> Refer to Exercises 1 and 2 in *Leading for outcomes: a guide* and to the training materials on p12.

> If it is necessary to introduce your team to the idea of outcomes, we recommend that you undertake Exercise 1 in *Leading for outcomes: a guide*.

> Once you have covered this exercise or if your team already has a good understanding of the outcomes-focused approach to practice, ask your team to give some ideas of outcomes that might be important to substance misusing parents. You should categorise these under quality of life, process and change outcomes, ensuring that you have some in each category. You could also come up with your own categories if necessary.

> Introduce your team to Quote 1 (see below) and ask them to discuss this in relation to parental substance misuse.

> Next introduce the five core intervention and risk areas identified by Aberlour. When discussing these with your team, emphasise that while all five areas are important to consider, individual parents may need to focus on each area to different degrees.

> Ask your team to think about outcomes in relation to the Aberlour intervention and risk areas. Is anything missing on your list? Which outcome categories (e.g. quality of life, process and change) do the Aberlour intervention and risk areas tend to focus on? How important is it to make sure that outcomes in all three categories are considered?

> Lead a discussion with your team about how the achievement of each of the outcomes you have identified would improve the lives and outcomes for children affected by parental substance misuse.

exercise one: training materials

Quote one

"The definition of outcomes is the impact or end results of services on a person's life. Outcomes-focused services and support therefore, aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardized or determined solely by those who deliver them."

(Glendinning et al, 2006).

Aberlour core intervention and risk areas

In addition to the three types of outcomes discussed above and Part 1 of Leading for outcomes: a guide, Aberlour identifies five core outcome areas that are specifically important to work on with parents who misuse substance.

exercise one: training materials / continued

Core intervention and risk areas – Aberlour, Scotland's Children's Charity

Risk Reduction	Resilience	Parenting	Dependency	Life Skills
Child Health	Secure Base:	Basic Care	Legal Issues	Education/ Training Employment
Safety at Home and in the Community	– Secure Base (Attachment)	Attachment/ Emotional Warmth	Physical Health	Home Making/ Finance Management
Safe Relationships and Keeping Safe	– Friendships	Stimulation	Psychological Health	Self-Esteem
Housing/ Safe Environment	Self-Efficacy:	Guidance and Boundaries	Current Substance Use (and medication)	Emotional Literacy
Pregnancy	– Social Competencies	Family Background/ Experience of being parented	Substance use History	Social Competencies
	– Education	Significant Relationships	Self-Efficacy and Motivation	Residential Programme and Residential Living
	Self-Esteem:			
	– Secure Base (Attachment)			
	– Friendships			

exercise two

challenges and concerns around the outcomes-focused approach in this context

One of the key elements of an outcomes-focused approach, as summarised in the quote above, is that outcomes are determined by the 'aspirations, goals and priorities' of the parent. While we have aimed throughout this section to show how this can be appropriate and effective in working with families affected by parental substance misuse, there are clearly inherent challenges in doing so, and some of your team may express concerns.

This exercise allows you to bring these concerns to the surface with your staff, acknowledge their concerns and begin to address them. It is very important at this stage to acknowledge that there may be tensions between the outcomes identified by service users and those that are seen as a priority by practitioners. This should not preclude working in an outcomes-focused way although there may be parameters set on the outcomes that the service user will be supported in working towards or negotiation of the outcomes that are given first priority. If this is an issue for your team, you may also find Exercise 6: Setting and negotiating outcomes useful.

exercise two / continued

Learning outcomes

- understand the individual and organisational challenges of an outcomes-approach in the field of parental substance misuse
- understand how challenges and concerns might be addressed to allow your team to move forward with this approach
- understand and accept that in an outcomes-focused approach, beneficial outcomes can be achieved without complete cessation of substance use

Time

Spend about 45 minutes

Materials

Flipchart paper

Post-it notes

Instructions

> Remind your team that outcomes are determined by the 'aspirations, goals and priorities of the service user'.

> Ask your team to honestly state their concerns about working in an outcomes-focused way with this group and note their concerns or challenges on flipchart paper. If they are more comfortable stating their concerns anonymously, ask them to write them on post-it notes and stick them to the flipchart. You can then read them out and initiate a discussion around them.

> Once your team has exhausted their concerns, ask them to think about what ways if any, their concerns could be addressed or mitigated. Note these suggestions next to the concerns.

> Some practitioners can be uncomfortable with the suggestion that cessation of substance misuse may not be the primary goal of outcomes-focused work with parents. If you believe this is an issue for your team ask them to discuss this openly. What do you think about the assertion that risk can be reduced and outcomes improved for children without reducing substance misuse?

> Initiate a discussion about what, if anything, would make them feel more comfortable working towards goals that are not directly related to cessation of substance use?

part three identifying outcomes

3

As the categories outlined in both the previous section and in the main guide show, intervention to reduce substance use is only one issue amongst many that families affected by substance misuse are likely to face. We highlighted in section 1 that parental substance misuse frequently co-exists with other issues such as deprivation, health issues or poor parenting ability, and that tackling some or all of these issues is likely to feature in the ultimate plan that is put together for a family.

You and your team are likely to encounter several challenges when working towards identifying outcomes with a family. The family may be distrustful and unwilling to engage honestly with you as practitioners. Both parents and children have many fears about accepting professional intervention in their lives and how this will change their circumstances. Ultimately, many families fear the children's removal from the home and often, particularly in the case of illegal drug misuse, seek to hide the 'problem' from 'outsiders'.

Additionally, it may be difficult for the people you are supporting to identify appropriate outcomes to work towards, either because the problems seem too big to tackle or because they don't acknowledge the need to give greatest priority to working on issues that need to be addressed urgently to meet their children's needs.

This section looks at four crucial issues related to identifying outcomes to work towards with families affected by substance misuse:

- Tackling secrecy and denial
- Working with family strengths and values
- Setting outcomes
- Negotiating outcomes

exercise three

the therapeutic relationship: tackling secrecy and denial

Much of the evidence about tackling parental substance misuse and substance misuse generally shows that the relationship between the practitioner and person being supported is critical to successful outcomes regardless of the intervention used (Galvani and Forrester, 2011).

Establishing a trusting relationship with the family is critical to being able to work with them towards outcomes that will be truly helpful rather than outcomes based on what the parent believes is safe to admit to needing help with. This exercise allows you to explore the reasons behind this group's tendency to display distrust, fear and resistance with your team and how practitioners might work to overcome them. While most professionals involved in working in parental substance misuse consistently strive to create an atmosphere of trust and disclosure, you may find it useful to consider explicitly how these existing skills can be used to best effect in this relationship.

exercise three / continued

Learning outcomes

- Understand the reasons for secrecy, denial and resistance in families affected by parental substance misuse
- Appreciate whether or not these reasons are based on fact
- Develop strategies for tackling secrecy and denial

Time

Spend at least an hour

Materials

Flipcharts

Post-it notes

Instructions

> Refer to training materials on p19.

> Ask your team to think of all the reasons that families affected by parental substance misuse might be uncomfortable or distrustful of their intervention. Either record these on flipchart paper or ask them to write them on post-it notes and stick them to a flipchart.

> For each reason ask practitioners to consider whether this reason is valid? Are families' fears real? If you have written the fears on post-it notes you might wish to group similar fears together to help you think about tackling them.

> Next ask your team how as professionals you can try to allay these fears? Make a list of all the ways that your own approach to working with families affected by substance misuse can help them to become more trusting.

Remember to include your own skills in communication, listening, etc. It is also crucial to think about giving information and being honest about the real risks and consequences rather than glossing over these in attempts to be reassuring.

> Once you have made this list, consider whether you could turn this into a set of principles for your team to be guided by when working with parental substance misuse, by selecting the key principles that the team agrees on. Consider typing this up and displaying it.

> Consider whether taking an outcomes-focused approach, which is based on the service users' self-defined goals and aspirations, would be helpful. In doing so, you may wish to refer to the steps of the therapeutic relationship (see training materials p19) and think about how these relate to an outcomes-focused approach.

- As a sub-exercise, you may wish to explore each of these steps with your staff and have them come up with concrete ways in which they currently do or could undertake each of the steps.
- As part of this, ensure practitioners consider how they can remain impartial and avoid collusion while developing a trusting therapeutic relationship.

exercise three: training materials

Key skills of psychotherapy and counselling
(Velleman, 2001)

Many of the steps documented as crucial to the development of the therapeutic relationship are inherent in practicing in an outcomes-focused way.

For work with anyone (adult or child) the practitioner needs to:

- be warm, empathic and genuine
- build a therapeutic relationship
- help clients to explore their strengths and difficulties
- enable clients to set achievable goals
- empower clients to take action to reach these goals
- stay with clients and help them to stabilise and maintain change.

exercise four

family strengths and values

When identifying outcomes with families, evidence suggests that using the values that are important to that family and the existing strengths within the family, can enhance the parents' feelings of efficacy and ability to set and meet goals (Dawe, 2003; McIntosh et al, 2007). Putting a focus on the family's strengths, ideals and values can also be very helpful. It can create an awareness of how the current situation differs from this ideal, which may motivate parents to set outcomes to improve the situation. This exercise gives an example of a strengths- and values-based approach for your team to consider and adapt.

Learning outcomes

- understand a strengths- and values-based approach and how this can be useful in working in an outcomes-focused way
- understand some potential tools to aid working to strengths and values

exercise four / continued

Time

Spend about 45 minutes.
You will need more time if you want to try using the cards

Materials

Strengths and values cards (http://www.another-way.co.uk/downloads_page.htm)

Flipchart paper

Links to

Preventing breakdown: A manual for those working with families and the individuals within them (Hamer, 2005)

Instructions

> Refer to the training materials on p22.

> Introduce your team to the strengths and values cards and explain how they are used. If time allows, your team should practice using the cards in pairs.

> Discuss with your team what you think about these methods and taking a strengths- and values-based approach in general. On a flipchart record what you think are the advantages and disadvantages of this type of method?

> Next consider whether this method differs at all from your usual approach? In what ways is it different?

> Consider whether you would use this method in your own team? Are there any barriers to using this method? How would you overcome the barriers? Could you modify these methods to make them more useful in your own practice?

> Finally, reiterate to your team that this is just one tool available for working with families affected by parental substance misuse. Take this opportunity to review the other relevant tools and techniques you are aware of, particularly those that you have not used recently or have never tried. Make a list of all the different tools you could consider using with families affected by parental substance misuse.

exercise four: training materials

Instructions for using strengths and values cards

(Hamer, 2005)

Please note that this material is adapted with permission from Chapter 7 of *Preventing breakdown: A manual for those working with families and the individuals within them* (Hamer, 2005)

One method of creating a strengths- and values-based approach, which you and your team may find useful, is outlined by Mark Hamer (2005) (one of the founders of the successful Option 2 scheme in Wales - further information is available from http://www.option2.org/).

Values cards

These are intended to uncover the values important to a family, create awareness of how these differ from the current situation and, if necessary, explore inappropriate values. They can also highlight areas where the family needs to change. The practitioner asks the parent to sort a large number of cards with values relating to family life written on them (download these from http://www.another-way.co.uk/downloads_page.htm) into five categories of very important, important, sometimes important and sometimes not important, not very important, not at all important.

Once all the cards have been sorted, the parent selects a small number from the 'very important' category that are most important to them before ordering these from most to least important. The parent then rephrases the values into their own words. As the parent is talking about values, they necessarily have to speak positively. Additionally as they are talking about beliefs (and thus about how their beliefs suggest they should behave) rather than behaviours, this begins to create awareness of how their current behaviour differs from their own (rather than the practitioner's) ideal.

exercise four: training materials / continued

Strengths cards

It can sometimes be very difficult for people who misuse substances to identify their own strengths and resources and the positive aspects of their lives. Strengths cards are used to help them do this. The strengths and resources identified can then be used to work towards achieving outcomes. Raising self-esteem can also be motivating in setting and working towards outcomes.

This activity can be done with the parent as an individual or as a whole family. The practitioner introduces the idea of thinking about things that are good in life. There are a large number of strengths cards, each of which has a heading stating the area of strength and an explanation of what that means. The parent/family is asked to identify strengths in these areas with help from the practitioner. The practitioner can also mention any additional strengths that they have noticed. These can then be referred to later in setting outcomes.

Identifying outcomes to work towards can be very different from a traditional service-led approach and centres even more than usual around the conversation between the practitioner and person receiving services. If this approach is unfamiliar to you and your team it would be very beneficial to look at Exercise 4 – Asking the right questions in Leading for outcomes: a guide.

exercise five

setting outcomes

This exercise and the following one (Exercise 6: Negotiating outcomes) look at the issue of setting outcomes in terms of the specific challenges that may arise when working with families affected by parental substance misuse.

Parents may initially find it hard to identify small, achievable outcomes rather than focusing on one large goal such as 'I want to be a good parent' or 'I want to have my children living with me full time'. This exercise looks at this situation and how you, as practitioners, can help the parent break that outcome down into smaller parts.

Of course, parents may not acknowledge that there is a problem or want to work on outcomes that are not appropriate as they are not most beneficial to the child. This issue is covered in the next exercise.

exercise five / continued

Learning outcomes

- understand why it might be hard for parents to identify specific outcomes within the context of the difficulties they face
- understand the role of the practitioner in helping them to identify appropriate outcomes while adhering to the principles of the approach
- be aware of any differences between this approach and their usual methods
- be aware of some techniques that can be used in this situation

Time

Spend about 1 hour
(assuming that each pair looks at one scenario - if you want to cover more scenarios, or swap over so that each practitioner has a chance to play both roles, this will take a little longer)

Links to

Leading for outcomes: a guide
Exercise 4

Leading for outcomes: parental substance misuse
Exercise 6

Materials

Aberlour core intervention and risk areas (see training materials, Exercise 1)

Strengths and values cards (http://www.another-way.co.uk/downloads_page.htm)

Hand-outs of the scenarios in Appendix A

exercise five / continued

Instructions

- Refer to training materials (used for Exercise 1) on p12 and the scenarios 1 to 5 (excluding any starred sections) in Appendix A.
- This exercise should be undertaken in pairs as a role-play. One person should take the part of (one of) the parent(s) described in the scenario and the other should play the practitioner. The person playing the parent should acknowledge the issues affecting his or her children and want to address them but be unable to break this down into achievable outcomes.
- There are a number of ways that practitioners can try to deal with this situation. Before you begin the role-play, ask your team to think about what they could do in this situation to help the people they are supporting identify appropriate outcomes while remaining true to the principle that outcomes are determined by the 'aspirations, goals and priorities of the service user'.
- In addition to the techniques you already use, suggest the following options to your team:
  - Remember to think about outcomes in all three categories – quality of life, process and change (the number in each category will differ based on the individual).
  - Refer back to the core intervention and risk areas (p13). Encourage the person playing the role of the parent to think about what specific outcomes can be defined under each section and sub-heading? (again, the scenarios differ in terms of which section will be most relevant).
  - Refer back to the strengths and values identified in exercise 4. Where are the gaps between the values that the family has defined as important and their current situation? What would help to close these gaps?
- Ask your team to begin the role-play, allowing about 20 minutes to fully explore the scenarios. Each person in the practitioner role should aim to compile a list of outcomes (defined by the 'parent').
- Ask each pair to report back on their experience of the role-play and the outcomes that were defined. They should say how much they felt the outcomes were defined by the practitioner and how much by the parent. Did they feel that the balance between this was right if working in an outcomes-focused way?
- After the role-play, ask your team to discuss how they found the exercise. Which of the techniques they tried can they imagine using in the field? What other ideas do they have for helping families to set outcomes?
- Now ask your team how, if at all, this outcomes-focused approach differs from their usual approach to working with this group? What benefits or challenges can they see?
- Identifying specific outcomes or goals can be a particularly challenging area to work on with families and may take a long time or several meetings. There are a number of other tools and techniques available to assist in goal setting (for example the goals cards downloadable from http://www.another-way.co.uk/downloads_page.htm).

exercise six

negotiating outcomes

As discussed in Exercise 2, working in an outcomes-focused way, where aspirations, goals and priorities are set by the parent, is not without its challenges. Practitioners must ensure that the outcomes decided on are those that are both important to, and seen as achievable by the parent, and which ultimately ensure that the child's welfare remains paramount and their needs are met. This negotiation can cause concern in teams considering this approach.

There are three main situations to consider:

- First, where the parent cannot acknowledge or understand the impact of their behaviour on their children and don't believe that there are issues to work on.
- Second, where the parent sees that there is a problem but proposes outcomes that will not address the problem. These outcomes may require negotiation because they will only solve a small part of the problem (e.g. the parent focuses exclusively on housing) or because although they are important, they are not the immediate priority for the welfare of the children (e.g. the parent wants to work first on their own employment opportunities). In such situations, it should be acknowledged that the parent's outcomes are also important and should also be focused on alongside or after tackling immediate priorities.
- Third, where the parent makes repeated promises to address behaviour, but does not or cannot do so and as a result does not prioritise the children's needs.

exercise six / continued

Learning outcomes

- understand how an outcomes-focused approach can co-exist with the requirement to ensure that the needs of the child remain paramount
- be aware of techniques for dealing with the situations outlined above
- be clear about how they will remain impartial and child-focused while supporting the family in an outcomes-focused way

Time

Spend about an hour

Materials

Hand-outs of scenarios 3 to 6

Hand-outs of the two checklists in the training materials

Links to

Leading for outcomes: parental substance misuse Exercise 2

Instructions

> Use training materials on p19 and scenarios 3 to 6 (including the starred sections) in Appendix A.

> This exercise can be done in small groups or by using the scenarios as a basis for a role-play before moving on to discuss the issues.

> Using the training materials, encourage your team to discuss how within an outcomes-focused approach they can balance the parent's aspirations against practitioner priorities? For each scenario ask them to discuss the following issues:

- How can we help parents recognise the effects of their substance misuse on their children?
- How can we help parents to identify appropriate outcomes?

exercise six / continued

- How can you make compromises with parents? Examples of compromises might include:
  - Trying to understand why the parent has identified the outcomes that they have and whether their aspirations, goals and priorities can be fulfilled in different ways, which might be of more immediate benefit to the child.
  - Working towards priority outcomes first and then those which the parent has identified
  - Where the parent must work towards specific outcomes in order to ensure the well-being of their children, encouraging them to identify the smaller outcomes necessary to achieve these and to plan the method of working towards them.
  - Sometimes a parent will want a certain overall outcome (such as having their children live with them full-time) but feel unable to achieve the smaller outcomes that will enable this to happen. In this situation, it may be possible to encourage the parent to work towards achieving outcomes that will allow them to slowly build towards their ultimate goal (for example achieving outcomes that enable them to have unsupervised contact with this to be reviewed).
- When is it appropriate and inappropriate to compromise?

> Ask your team whether they think that sometimes practitioner's own beliefs, attitudes and values can influence the way they view parent's aspirations. How can they ensure that they remain impartial?

> Also raise the issue of loss of perspective on the risks to children and inadvertent collusion with parents. How much does your team think this could be a challenge in working in an outcomes-focused way? How can they ensure that they avoid this?

exercise six: training materials

1. Risk factors leading to generally worse outcomes

(Velleman and Templeton, 2007)

The risk factors outlined below (Velleman and Templeton, 2007) are generally indicative of poorer outcomes for children and young people. The more these risk factors are present, the worse the predicted outcome. Use this as a checklist for practitioners to discuss in their groups and relate back to the outcomes that could be identified by the parents in the scenarios (Appendix A).

General factors

- High levels of family disharmony
- Domestic violence
- Physical, sexual or emotional abuse
- Inconsistent, ambivalent or neglectful parenting
- The absence of a stable adult figure (such as a non-using parent, another family member or a teacher)
- Parental loss following separation or divorce
- Material deprivation and neglect
- The family not seeking help

Substance-specific factors

- Both parents being substance misusers
- Substance misuse taking place in the home
- Greater severity of the problem

exercise six: training materials / continued

Drug-related factors

- Exposure to and awareness of criminal activity (e.g. drug dealing)
- Presence of the child (although not necessarily in the same room) when drugs are taken
- Witnessing someone inject drugs and seeing paraphernalia

2. Key areas to work on risk reduction

(Velleman and Templeton, 2007)

Velleman and Templeton recommend that practitioners work on the following key risk areas as these pose the greatest risk to children, even if it is not possible to reduce the substance misuse itself. Your team may find this helpful in thinking about the main priorities for outcomes.

Family disharmony, in particular

- violence (including physical, verbal or sexual abuse)
- parental conflict
- parental separation and loss

Inconsistent, neglectful and ambivalent parenting.

part four
planning for action

4

Once your team has learned how to identify outcomes, the next step is to consider ways in which these can be achieved. An important part of an outcomes-focused approach is to develop support plans for achieving outcomes that are not service-led. In this section, your team can consider innovative ways of achieving outcomes, involving social and community networks or services available to the community.

exercise seven

brainstorming for solutions

This exercise is intended to help your team start thinking about ways to work towards achieving outcomes with families affected by parental substance misuse.

Learning outcomes

- develop innovative solutions to achieving outcomes
- address barriers to solutions

Time

Spend about an hour

Materials

Hand-outs of the scenarios

Instructions

> There are three stages to this exercise. If you have a large number of staff participating it can be useful to divide into smaller groups. Several scenarios are provided in Appendix A for your team to choose from. We suggest you cover three; however you can use as many or as few as time allows. Although we have provided scenarios, you should also feel free to substitute these for any of your own.

> Ideally, divide into groups of around four or five. Each group should be allocated a scenario and firstly asked to think of one specific outcome that could be worked towards in that scenario.

exercise seven / continued

- The group should then consider the typical way that they might go about achieving the outcome and then come up with as many alternative ways as they possibly can. It is really important to emphasise at this stage that we shouldn't be putting too much emphasis on constraints due to resources or other factors. We want to encourage as many ideas as possible and discourage criticism. Allocate around 10 to 15 minutes for this stage.
- Then ask each group to choose their two best solutions to each scenario. If more than one group has been allocated the same scenario, ask them to choose one each. Around 15 minutes should be allocated for this stage.
- You should now have two potential solutions to each scenario. Still within the small groups, discuss each solution in more depth for about 15 minutes. For each solution ask the group to come up with:
  - Reasons why the solution is good – get them to aim for at least three.
  - Resources that would be required to implement the solution. The type and number of these will depend entirely on the solution proposed.
  - Any partners that would need to be involved to implement the solution. This could include other agencies or services but also families and friends.
  - Barriers to implementing the proposed solution.
  - How, if at all, the barriers could be overcome.
- Bring the small groups back together. Ask them to present two possible solutions to their scenario. As a team, decide which of the two solutions is the most workable. Each team should take around 10 minutes to present.

exercise eight

what strengths and supports are available in parents' social and community networks?

Although it has often been overlooked in research into interventions (Mitchell and Burgess, 2009), there is evidence to suggest that existing social and community networks can provide important support to families affected by parental substance misuse (Richter and Bammer, 2000). This exercise is intended to sit alongside Exercise 7 and emphasise the idea that achieving outcomes can be supported not only by funded services, but also by informal networks. This can include: a non substance misusing parent, grandparents, the parent's significant other or partner, extended family, friends of the parent and child, respite for the parent and child through informal care, school, community support and social groups, church, sports, or online support.

exercise eight / continued

Learning outcomes

- understand how informal networks can be utilised to achieve outcomes identified by families
- be aware of the many different non-service sources of support so that these are available to them when required

Time

Allow about 30 minutes

Materials

Drawing materials: coloured pens, paper, scissors, necessary.

Instructions

> Ask your team, either individually or in groups to draw a map of the community where they work. The map should include all the places and people who could provide support in an informal way.

> Encourage your team to be as creative and imaginative as possible both in the drawing and in the potential sources.

> If it is helpful to complete this task with a specific family in mind; they can refer to the scenarios in Appendix A or one of the families that they are currently working with.

> When your team is finished, you can make a list of all the potential sources to refer to in future. If you have listed places like churches or social groups, you may find it useful to also list the address and contact details.

exercise nine

how can different agencies work together?

Integrating and co-ordinating the responses of different services to a family are key to meeting the needs of a family as a whole (Mitchell and Burgess, 2009).

Learning outcomes

- understand the importance of inter-agency working for families affected by parental substance misuse
- be aware of all the different agencies and services that could be worked with to improve outcomes for these families
- be aware of some ways in which the links with other agencies and services could be strengthened

Time

Allow 45 minutes

Materials

Post-it notes

A large wall space

Hand-outs of training materials

exercise nine / continued

Instructions

- Refer to the training materials on p39.
- Introduce the list of reasons for inter-agency working to your team. Encourage them to add to the list any other reasons they can think of about why good inter-agency working would be important when working with families affected by parental substance misuse.
- Next, ask the team to write on post-it notes all of the agencies and services that could be involved in meeting the needs of a family affected by parental substance misuse.
- Put a large blank piece of paper in the middle of a wall with the name of your team in the centre. Arrange the post-it notes around it based on how closely linked to each service you are. Services that you have close links with should be placed close to the middle and services that you have less good links with further away. You can also cluster services together that are similar or which are linked well to each other.
- The team should then think of ways to improve links with the agencies that they believe they would benefit from having stronger links with. This could include things like training, joint training, joint meetings, shadowing, etc. In doing so, it may be helpful to consider what barriers, if any, are preventing you from engaging more fully with some agencies. If these are strategic or structural it will be worth thinking about whether they can be dealt with at a strategic level.
- When you have finished, make a list of all the agencies you identified to refer to in future. This should be filled in with contact details, any known contacts and previous interactions. You may also find it useful to include information about how different departments communicate, work together, refer on, etc. It is up to your team and your preferred working method whether you present this as a list or leave it as a diagram.

exercise nine: training materials

1. Some reasons why interagency working is important for families affected by parental substance misuse

(adapted from Mitchell and Burgess, 2009)

- Different agencies have different expertise, which, if shared, would benefit families. For example, a childcare professional may need assistance in recognising substance misuse and understanding its impact, whereas a drug and alcohol worker may need support to understand children's developmental needs and recognise situations that put them at risk.

- Lack of communication between agencies can put children and families at risk of falling through the gaps. While a perceived lack of communication between children's and adults' services is frequently mentioned as a key concern, other agencies, such as the police or schools also come into contact with families affected by substance misuse and communication with these agencies is vital to ensure all families in need of support are able to access it.

- It is unlikely that one agency will be able to supply all the needs of a family. For example, children's and families' workers may wish to refer parents on to other existing services, such as counselling, anger management, help with domestic violence or employment services, but to do so, they need to be aware of those services and be able to easily bring them to mind.

part five
reflecting on progress

5

A service-led approach tends to measure progress or success in terms of outputs, such as the number of people who received a service, or how long it took to carry out an assessment. Such measures tell us little about how people are enabled to achieve what is important to them and they fail to address the key issue of what difference support makes to the lives of those receiving it. In contrast, an outcomes-focused approach seeks to measure the impact support has made and takes personal goals as a legitimate measure of progress.

Exercise 7 in Leading for outcomes: a guide outlines an approach to measuring change within an outcomes-focused approach and you may find it beneficial to cover this with your team.

exercise ten

motivating families through positive progress feedback

Another method for looking at change and progress within the outcomes-focused approach is through the use of an outcomes star. This is a very visual way of recording progress, which could be used within your team or with the families you are supporting. An important part of working with families affected by substance misuse is motivating them to keep working on what can be very difficult and entrenched issues. Enabling families to see the progress they have made can be very motivating for them to continue to work.

Learning outcomes

- understand why being able to see and reflect on their progress could encourage families to continue working towards their outcomes
- awareness of some visual techniques for monitoring progress

exercise ten / continued

Time

Allow 20 minutes

Materials

Hand-outs of the outcomes stars

Flipchart paper

Links to

This exercise was based on the outcomes stars work detailed at http://www.outcomesstar.org.uk/

Outcomes stars are widely used in measuring progress for a range of individuals. If you wish, you can find out more about some of the ways they have been used at the above website.

Instructions

> Refer to the outcomes stars shown in Appendix B. There is one filled in with progress towards outcomes as an example and a blank one, which you can photocopy for use with your team.

> Introduce your team to the outcomes star. Explain that at each point of the star you detail an outcome that you have agreed with the family and at regular intervals progress towards that outcome is rated from 1 to 10. You can then draw lines to connect the different points of the star, giving a clear picture of where progress has been achieved and where work still needs to be done. The next rating can be done using a different colour pen, allowing people to see where they have made progress over time.

> Ask your team to try using the outcomes star.

> Lead a discussion with your team about measuring progress in a visual way to help motivate the family. Do they think this would be motivational?

> Ask them what other ways they can think of to show the family the progress they have made and list these on a flip chart.

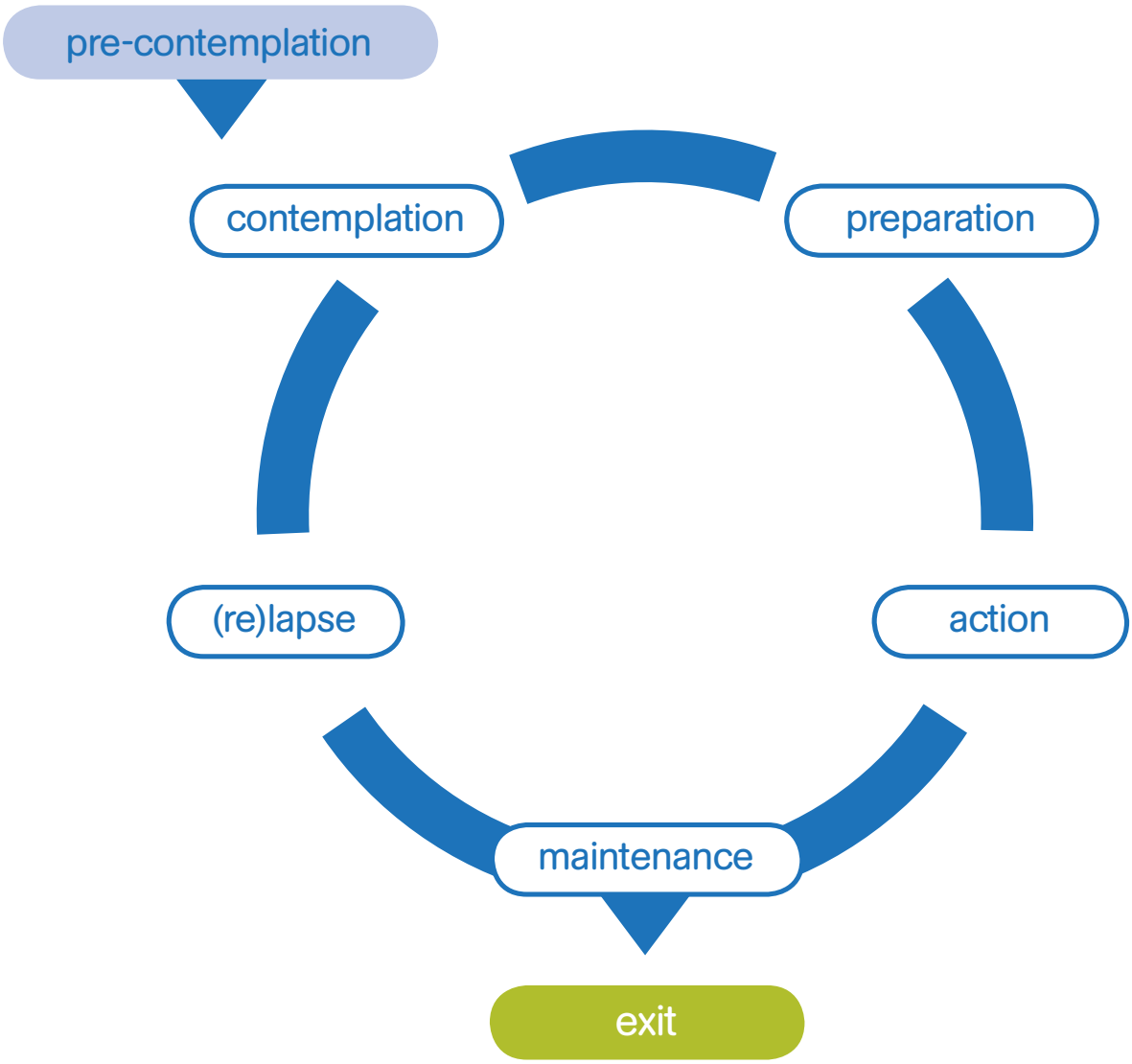
It is also important to acknowledge that maintaining motivation as a practitioner working with families affected by substance misuse can be challenging. It is common for a person to take a long time and several attempts to reduce their substance misuse. Likewise, reducing the impact substance misuse has on a family can be a long process, with relapse to previous behaviours being common. Practitioners may find this disheartening and it is important to think of ways that you can measure your own progress and motivate yourselves by focusing on your successes. You may find this helpful to discuss with your team and perhaps develop your own outcomes stars, or use some of the methods you came up with in Exercise 10 to monitor your success.

If maintaining motivation in the face of relapse or stalled progress is an issue for your team, you may wish to refer to Prochaska and Di Clemente's (1982) Cycle of Change, which focuses on the role of lapse and relapse in substance misuse. It can be very helpful in maintaining motivation for practitioners (and service users) to see their progress as part of a cycle.

The stages of change

1. In 'pre-contemplation', the person is unaware of the problems associated with their substance misuse, and is unwilling (or too discouraged) to change. Change is not planned in the next six months.
2. In 'contemplation' the person is considering changing their behaviour but may be ambivalent and unsure either if they really want to change or how to make a change. Change is planned within the next six months.
3. In 'preparation', the person is taking steps to change in the next month or so.
4. In 'action', the person has made a change to their substance misuse and has been practicing a new set of behaviours for the past three to six months. This stage can be an all-consuming activity.
5. In 'maintenance', the change has been integrated into the person's life and they are committed to sustaining their new ways of behaving. (Maintenance is viewed as more than six months and less than five years since the change).
6. Relapse is a full return to the old behaviour. While not inevitable, this is both normal and predictable, and should not be seen as failure. Often people relapse several times before they finally succeed in making a (more or less) permanent change.

Cycle of Change
(Prochaska and Di Clemente)



appendix A scenarios

A

Created by Aberlour,
Scotland's Children's Charity

Please note that the scenarios have been written in a non-prescriptive format and you should feel free to adapt them to include any additional information that you need to be able to complete the exercises.

You are also welcome to introduce your own scenarios based on real cases or hypothetical situations of relevance to your area of practice.

Scenario 1: Mary

Mary has two children, Gemma aged 9 and Suzie aged 2. She has recently, with the support of her drugs and alcohol worker, been trying to reduce the amount of illicit substances she has been using and is making some positive progress with this. Mary is very motivated at the moment, but is struggling to manage general routines within the family home. The children do not have a bedtime routine - Gemma falls asleep on the sofa and Suzie in her pram. Mary will then carry both children up to bed as they are sleeping. Mornings are always a rush, with Mary and the children sleeping in. Gemma is often late for school and frequently finds it hard to concentrate because there was no time for breakfast. Suzie sometimes misses nursery because Mary finds it hard to get her there after she has dropped Gemma off at school because the nursery is a 15 minute bus ride away.

appendix A
scenarios
/ continued

Scenario 2:
Maggie

Maggie has a history of recreational drug and alcohol use from her early teenage years. Her partner, John, introduced her to heroin after he began using the substance in prison. Maggie's heroin use escalated over the following two years, and she additionally used amphetamines and benzodiazepines. Social work services became increasingly concerned with regard to Maggie and John's ability to care for her two children, Karen and Danielle (aged 6 and 9). Family finances were used to fund Maggie and John's heroin use, and the family were increasingly going without food, heating or lighting. The children's attendance at school was poor, health appointments were regularly missed, and the children were often dirty and going without a change of clothes for weeks at a time.

Karen and Danielle are now looked after and accommodated by the local authority, and are placed together with foster carers. The social work department have stated that whilst seeking permanent placements for the children, Maggie and John will have one last chance to address their dependency and parenting issues. Contact has been agreed to take place on a weekly basis for two hours. Maggie and Daniel often struggle to attend contact on time, and have missed four contact appointments already (on two occasions they missed the bus, and on two other occasions they were unwell but did not ring the children's foster carers to let them know). They are also unsure as to how to spend their time with the girls during contact, especially as they report feeling awkward as contact is always supervised. They state that they are desperate to see their children, want this to work and would like contact to be increased over time; however they are having trouble organising their day and their finances to arrive at contact on time.

appendix A
scenarios
/ continued

Scenario 3:
Susan

Susan is a 26 year-old woman living in the community. She is in the sixth month of her pregnancy and has not yet sought antenatal care, and you as a community support worker are the first person she has told about her pregnancy. Susan is currently using heroin, methadone and benzodiazepines. She began using illicit substances when she was looked after and accommodated by the local authority 10 years ago. Susan has asked for your help to reduce her substance use and wants to be a good parent to her baby, but has begged you not to tell anyone about her substance use, as she is very fearful of social work involvement and of having her baby removed.

*

For use in Exercise 6
Although Susan wants to reduce her use of drugs as she does not want to harm her baby during pregnancy, she shows little understanding of the effect her use of drugs may have on her parenting capacity after the baby is born.

Scenario 4:
Janine

Janine and her son David (aged 2) are both in poor health as a result of Janine's current substance use. She is very underweight, is Hepatitis C positive and has a number of untreated health problems. Her substance use and poor health has impacted on her ability to parent David, and he is currently staying with Janine's mother whilst Janine tries to stabilise her substance use. David presents as small, withdrawn and pale, is often unwell with colds and infections, and has a poor appetite. Janine is currently attending a substance use treatment centre and is engaging well. Janine has regular supervised contact with David at her mother's home. David is on the child protection register, and as part of the child protection plan it has been advised that both David and Janine's health needs should be met.

Janine wants David to be returned to live with her full time.

*

For use in Exercise 6
Janine states that she wants to stop using substances but has not shown an understanding of the other issues that she needs to tackle, particularly in terms of David's health.

appendix A
scenarios
/ continued

Scenario 5:
Matt

Matt has a son Peter, 11. Matt's partner, Kelly, is currently in prison. Matt uses both alcohol and drugs daily and struggled to interact with and supervise Peter when under the influence. There was often no food in the house or money for heating. Peter's attendance at school was poor as he was worried something would happen to his dad when he was away from home. He had few changes of clothing and his appearance was often unkempt. When at school, he finds being so far behind his classmates frustrating and can respond aggressively, leading to exclusion from school. He is frequently bullied by his peers and has few friends.

Peter was removed from Matt's care around two months ago.

For use in Exercise 6
Matt wants to reassume care of Peter, but finds it hard to acknowledge his own role (rather than Kelly's and Peter's) in the current situation. Matt is unclear as to how to meet Peter's needs in terms of improving his experience of school.

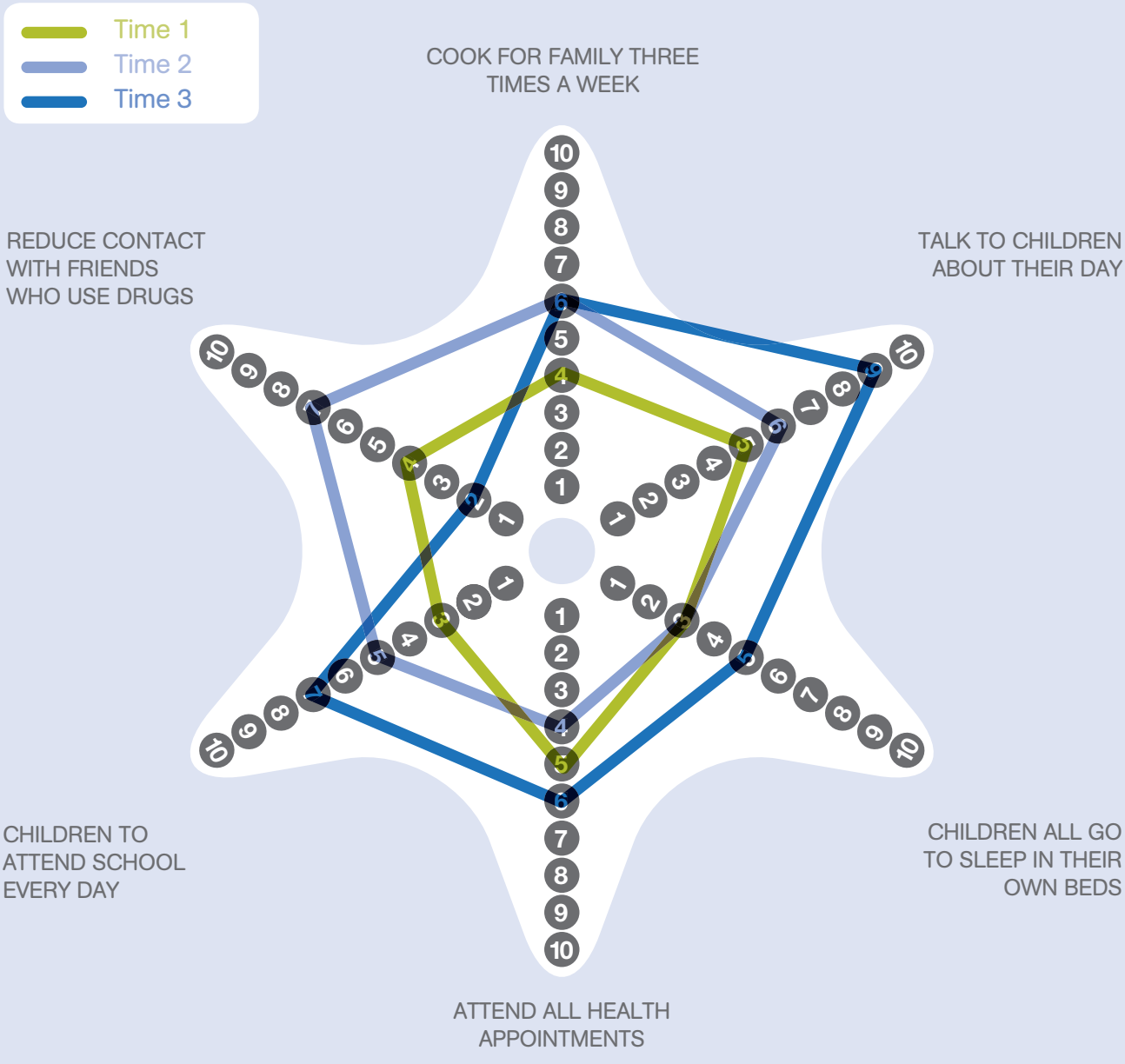
Scenario 6:
Vicky

Vicky has recently stabilised on methadone and has managed to eliminate her illicit substance use. Vicky is very keen to begin attending college, as she would like to qualify as a beautician. Vicky's 12-year-old son, Mark, is currently struggling at school, however, and Vicky is frequently called by Mark's form tutor to discuss Mark's truanting. Mark says that he 'hates school' and Vicky suspects he may be being bullied. Mark was recently suspended for fighting, and is now refusing to return to school. Vicky is frustrated with Mark and the situation as she is worried about attending college and leaving Mark at home alone, fearing he may become involved in anti-social behaviour in the community.

appendix B
outcomes stars

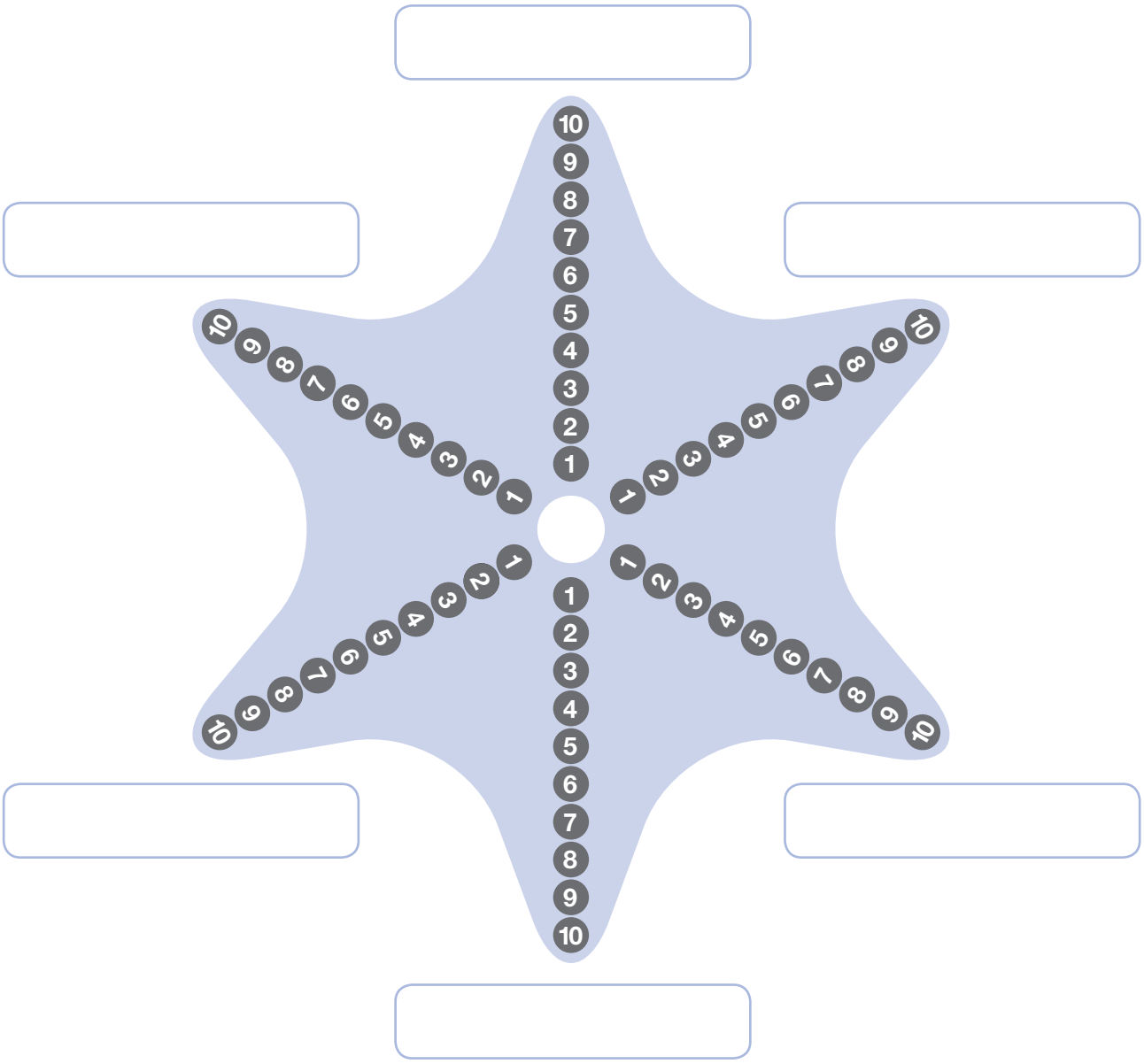
B

Example of a completed outcomes star



appendix B
outcomes stars
/ continued

Blank outcomes star



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