



COOLMINE

OVERCOMING ADDICTION, SUPPORTING RECOVERY

Evaluation of
Parents Under
Pressure
Programme
in the Community:
A Coolmine-Led Initiative

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May 2025



**Parents
Under
Pressure**

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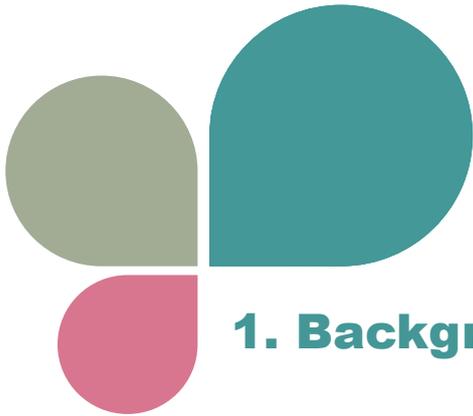
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Acknowledgements

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1. Background

According to a HSE report published in 2022, 21% of individuals receiving treatment for alcohol use in addiction services were residing with children aged 17 years or younger. Furthermore, an additional 21% had children in that age group who were not currently living with them. Similarly, among cases treated for drug use, nearly 16% involved individuals living with children aged 17 or younger, and almost a quarter involved individuals with non-resident children in that age range¹.

In response to these findings, and aligned to the 2017-2025 National Drug and Alcohol Strategy—which focuses on strengthening the prevention of drug and alcohol use and associated harms among children and young people—funding was allocated by the National Social Inclusion Office to HSE Community Health Organisations (CHOs) to enhance services for children and families affected by substance use.¹

Services were invited to submit proposals for the delivery of evidence-based parenting and family support programmes under Levels Three and Four of the TUSLA-adapted Hardiker Model². Level Three refers to the need for an integrated, multi-agency response to address the needs of complex families, while Level Four focuses on optimising support for children and families where parental alcohol or drug use is present.

Coolmine Therapeutic Community (Coolmine) submitted a proposal to expand its existing Parents Under Pressure (PuP) Programme to the HSE Dublin and North East. This expansion aimed to reach high-risk families not currently engaged with addiction services, as well as families already engaged but requiring additional support at Levels Three and Four of the Hardiker Model². The proposal was successful, and funding was secured to employ 1.5 PuP practitioners to deliver the programme within the community.

This initiative was part of a broader collaboration and strategy involving key service providers who had also secured funding under the Hidden Harm Strategy, coordinated by the Addiction Services Manager HSE and Family Support Co-Ordinator HSE Dublin and North East. A steering committee was established to oversee the project, including the evaluation of the programme's impact, stakeholder engagement, activities, and partnerships. Each of the initiatives were to have their own individual evaluation processes.

¹ At the time of the funding application for this project, HSE funding was allocated to services in what was then called CHO9. During the time of writing and publishing this report, this reference has now been changed to HSE Dublin and North East. References to CHO9 have been amended to reflect this change.

2. Context: Hidden Harm

Children who have parents dealing with multiple adversities, such as substance use issues or homelessness, face increased risks of developing social, emotional, behavioural, and educational issues, along with an increased risk of problematic substance use themselves^{3,4}. Many live in poverty, experience abuse and neglect, and often there is high engagement with social services and child protection services³. Parents themselves have typically experienced significant childhood adversity, have lived experience of child protection services, and have current substance misuse and/or mental health problems⁵.

Hidden Harm is the experience of children living with and affected by parental problem alcohol and other drug use. The term Hidden Harm is used because these children are often unknown to services⁶. Adverse outcomes for the children of parents with problem substance use, are not associated specifically with parental drug use as a single risk factor, but rather with the complex interplay between child functioning, parental substance use, parenting practices, family environment, availability of social support and socioeconomic factors such as unemployment and poverty⁷.

It is well-established that early childhood experiences, both positive and negative form the foundational basis for health and development, exerting a profound influence on trajectories across the life course⁸. Due to the abundance of evidence of the risks associated with compromised parental caregiving, there is compelling therapeutic and economic reasons for seeking to reduce the risk of negative childhood experiences in families facing multiple and complex adversities.

3. Parents Under Pressure Programme (PuP)

The PuP programme was developed to support multi-problem, high-risk families facing multiple adversities. This includes families experiencing psychoactive drug or alcohol dependence, psychological concerns, and socioeconomic disadvantage, by providing strategies to enhance emotional regulation and promote their child's developmental outcomes^{9,10}. It is an evidence-based intervention that recognises that parents who are using substances often experience problems across a number of areas of family functioning and seeks to address the broader and more complex family context of poverty, addiction, homelessness, and enduring adversity within a therapeutic case management approach.

The primary aim of PuP is to help parents develop positive and secure relationships with their children and in turn the family environment becomes more nurturing and less conflictual. The programme combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. PuP has a specific focus on the quality of the caregiving between parent and child. Importantly, the quality of care is contingent upon the parent's capacity to provide that care in order to meet their child's needs and, crucially, is often linked to the parents own emotional state and wellbeing.

The programme has demonstrated particular effectiveness in improving the functioning of substance-misusing parents, where dysregulated affect is frequently present^{7,9}. Empirical evidence suggests that the programme's benefits extend beyond addiction populations, with marked improvements among women transitioning out of prison¹¹ and families involved in the child protection system¹². Further findings indicate significant positive changes in parental emotional wellbeing, levels of mindful parenting, and children's social-emotional competencies following engagement with and completion of the PuP programme¹³.

The programme is grounded in an Integrated Framework of family functioning¹⁴, which draws extensively on attachment theory, emphasising the formation of secure, nurturing relationships, the development of behavioural parenting skills, and the recognition of psychosocial status. The framework recognises that there are many reasons why parenting can be challenging and acknowledges difficulties across multiple domains of family functioning that can result in parents experiencing high levels of stress. The shared understanding of a family's areas of strengths and challenges help both the practitioner and parent collaborate to improve the child's developmental trajectory. The framework enables a structured evaluation of caregiving quality, parenting practices, and emotional regulation capacity with respect to the broader context in which the family operates.

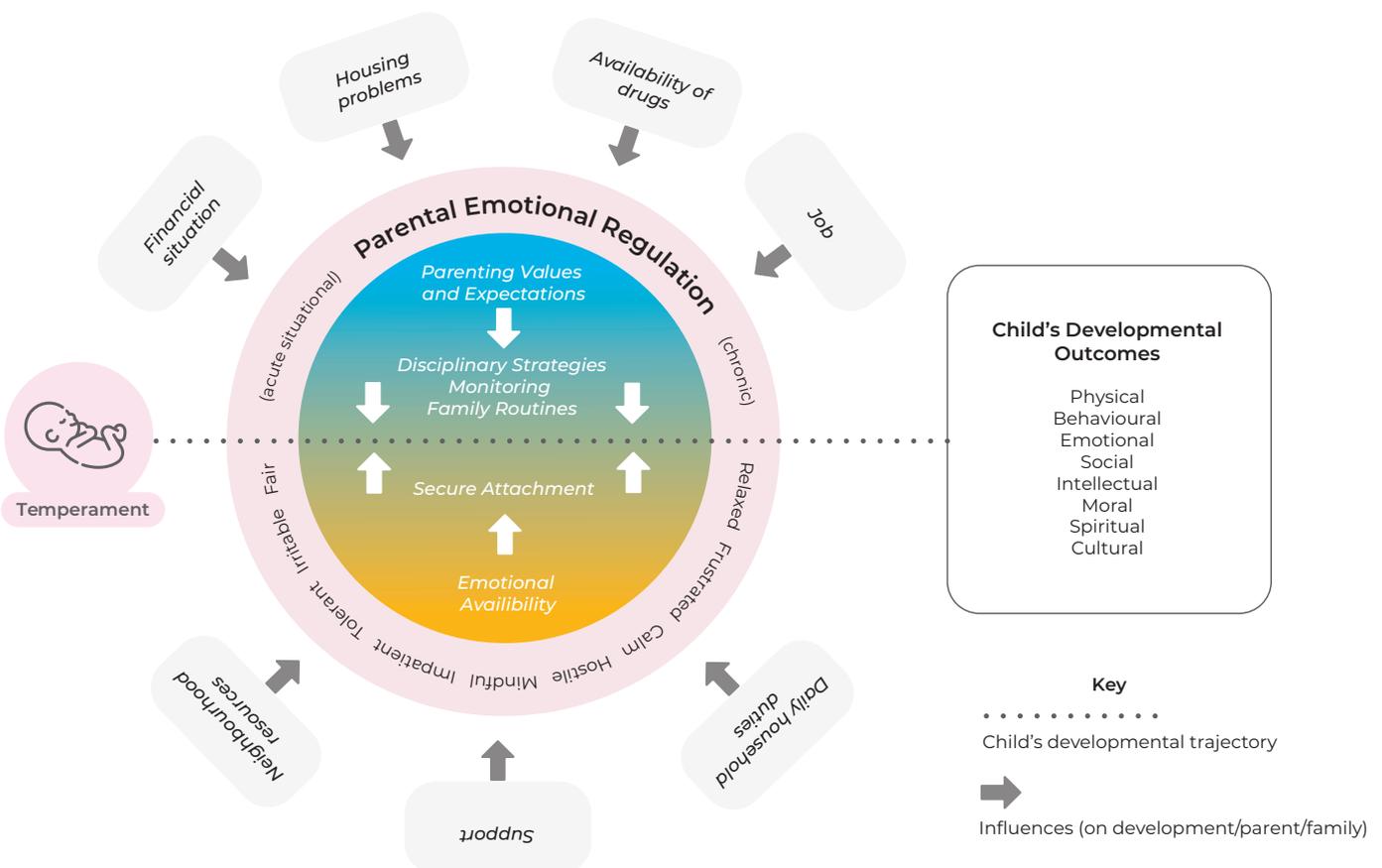


Figure 1. Integrated Framework

4. PuP and Coolmine

Since 2014, Coolmine has implemented the PuP programme across all its addiction and recovery services. Over time, this evidence-based intervention has become firmly embedded within Coolmine's work with families affected by substance use, offering structured support to enhance parenting capacity, emotional regulation, and child developmental outcomes.

An evaluation of PuP delivery within Coolmine's residential Therapeutic Community demonstrated findings consistent with the wider body of evidence on PuP's effectiveness¹⁵. Participating parents reported immediate and tangible benefits, including improvements in parenting practices, emotional wellbeing, and reductions in substance-related harms. These outcomes reinforce PuP's value as a therapeutic tool for families navigating the challenges associated with addiction.

However, it was noted in the study's conclusions that it was limited by its focus solely on residential services and its recommendations included the need for a more integrated and diverse treatment response capable of supporting parents addressing substance use harms across different contexts, particularly in community-based, non-residential settings.

Recent Developments

Coolmine has more recently extended PuP delivery through a home and agency visiting service within local communities. This expansion allows PuP to reach families facing multiple challenges beyond the residential and community-based treatment setting. By delivering PuP directly into the home or other community service, Coolmine optimises support for children and parents affected by problematic alcohol and drug use, providing accessible, tailored intervention that addresses the specific needs and challenges families face in their own environments.

5. How does PuP work and how was it implemented into the Community

PuP is guided by the Integrated Framework (Figure 1): this framework enables a structured evaluation of caregiving quality, parenting practices, and parental emotional regulation capacity, while considering the broader ecological context in which the family operates. The programme is strengths based with a collaborative focus whereby the parent is centrally involved in the direction of the programme, goals and interventions. Through a combination of assessment, self-evaluation, guided discussion, engagement with learning materials, and the incorporation of feedback, parents are supported in identifying their personal strengths as well as the challenges that may compromise their parenting capacity.

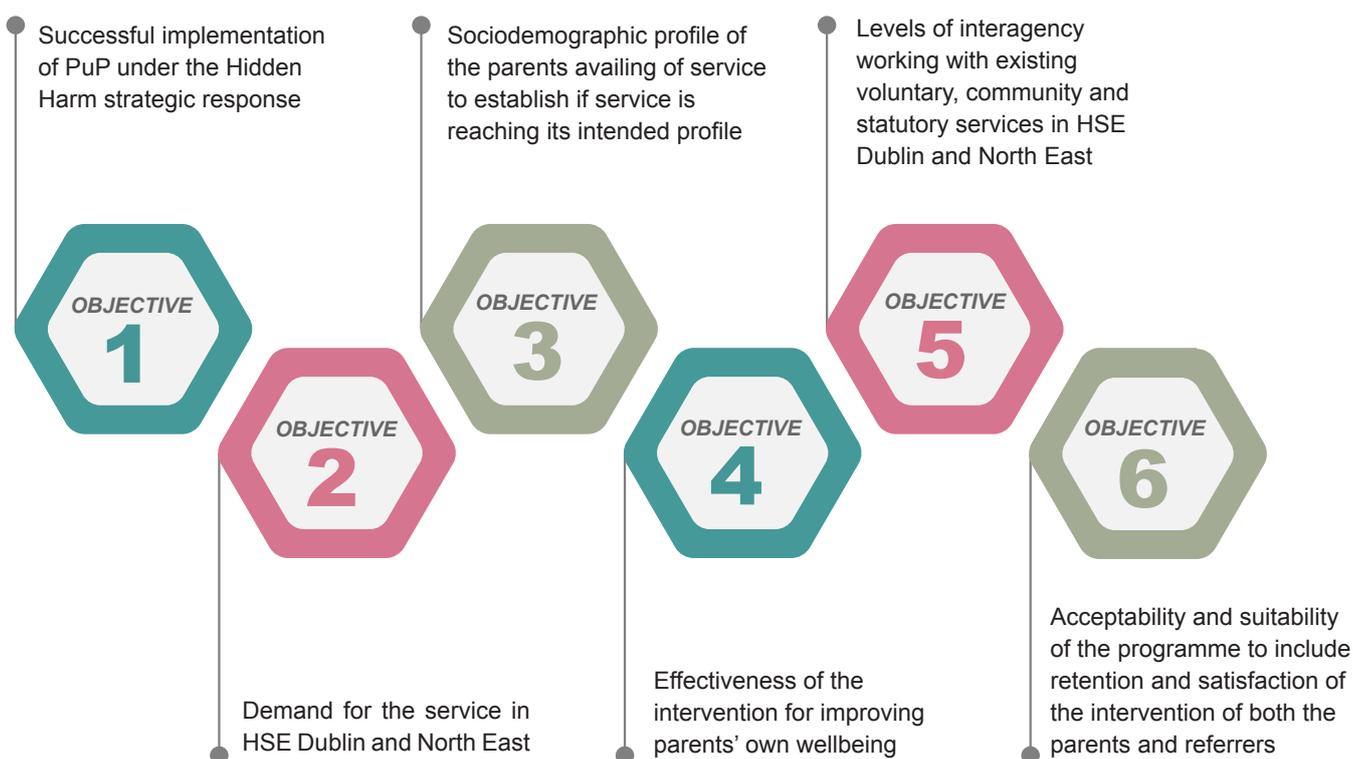
In addition to the Integrated Framework, PuP is guided by a manual that parents receive at the start of intervention. The manual was developed as an optional resource, used to support the family throughout the programme. It is designed non-sequentially, meaning that the order of the interventions and number of sessions are flexible, and are guided by the assessment. Both the framework and the manual help guide the development of the case formulation and therapeutic family support plan.

Table 1. Overview of Programme Modules

Module 1	Starting Your PuP Journey
Module 2	Planning My PuP Journey
Module 3	View of Self as a Parent
Module 4	Connecting with Your Child to Make Them Feel Loved, Safe and Secure
Module 5	Understanding What Happens When Children Are Exposed to Trauma or Loss
Module 6	Health Checks for Your Kids
Module 7	How to Manage Emotions Under Pressure
Module 8	Supporting Your Child to Develop Self-Regulation
Module 9	Managing Substance Use
Module 10	Connecting with Family, Community and Culture
Module 11	Life Skills
Module 12	Relationships

6. Evaluation Methodology

The evaluation is based on the objectives as set out at the start of the Project and aimed to establish the feasibility of delivering the Programme into the community:





7. Findings

Objective 1

Successful implementation of PuP under the Hidden Harm strategic response (PuP in the Community)

Overview and Redeployment of Resources - In line with the strategic initiative, 1.5 PuP therapists were redeployed from Coolmine services to new roles aimed at supporting parents affected by substance use within the community. This redeployment enabled the targeted delivery of interventions to a vulnerable population with complex needs with immediate effect.

Initiation and Engagement Strategy - A communication strategy directed at community-residing parents experiencing substance use challenges was crucial to initiation and ensuring we were reaching the people whom the programme was intended for. Key components included the creation of an online referral tool and proactive outreach through service visits and presentations across community-based statutory, community, and voluntary organisations within HSE Dublin and North East area. These efforts successfully established a functional and accessible referral pathway.

Service Delivery and Flexibility - PuP interventions were implemented in a range of flexible settings, including home visits, community services, resource centres, the referrer's service, group formats, and online sessions. Delivery was tailored to meet individual parent needs and preferences, often blending multiple modalities to optimise engagement.

Programme Structure and Duration - While a standard 12-week intervention framework was initially applied, flexibility in session count (ranging from 6 to 20 sessions) was necessary to accommodate the diverse circumstances of participating families. Each session lasted between 1 to 2 hours and included case formulation, therapeutic support, case management, and the development of a personalised family support plan.

Additional Case Management Support - Beyond scheduled therapeutic interventions, therapists frequently engaged in broader case management tasks. These included housing and medical advocacy, educational support, and representation at multidisciplinary meetings such as child protection and mental health reviews. These supplementary supports were integral to addressing systemic barriers faced by families and enhanced the overall impact of the programme.

Objective 2

Demand for the service in HSE Dublin and North East

The Key Performance Indicator (KPI) for the PuP programme was set at 25 families per year, with a target of supporting 75 families through robust case management over a three-year period. However, due to both high demand and the programme's flexible design and delivery, performance significantly exceeded these expectations.

Between January 2024 and March 2025, a total of 96 parents accessed the PuP in the Community

programme—19% fathers (n=18) and 81% mothers (n=78). The figure below shows that the highest number of referrals came from Dublin 7, accounting for 34% of the total. Notably, Dublin 7 includes the Dóchas centre, which is a closed, medium-security prison for adult females. A significant proportion of the referrals from Dublin 7 (n=20) originated from this facility, through the PuP programme developed in collaboration with the Irish Prison service.



Figure 2. Referral Areas

Objective 3

Sociodemographic profile of the parents availing of service to establish if service is reaching its intended profile (Profile of PuP clients)

Among all participating parents, 84% reported current or past substance use, while the remaining 16% identified as concerned persons—individuals not using substances themselves but adversely affected by the substance use of a significant other.

The average age for both mothers and fathers were 36 years, with no significant differences observed between the two groups in terms of age or number of children. However, notable differences emerged in areas such as employment status, relationship status, mental health history, and diagnoses of intellectual disabilities.

Only 18% of participating mothers reported being in a relationship, compared to 50% of fathers. Employment rates also differed significantly, with 78% of mothers unemployed versus 53% of fathers. In terms of mental health, 50% of mothers reported having a diagnosed mental health condition, compared to 28% of fathers. In contrast, 60% of fathers had a diagnosed intellectual disability, compared to 21% of mothers. It is important to interpret these figures with caution, given the relatively small number of fathers in the sample. Further investigation may be warranted to better understand these disparities.

Table 2. Sociodemographic Profile of PuP Clients

	Mothers (n=78)	Fathers (n=18)	Total (n=96)
Age	Avg: 36 Mode: 36 (n=17)	Avg: 38 Mode: 37 (n=3)	Avg: 36 Mode: 36 (n=19)
Employment Status			
Employed	22%	47%	27%
Unemployed	78%	53%	73%
Marital Status			
Single	52%	6%	43%
In a Relationship	18%	50%	24%
Separated	17%	11%	15%
Married	8%	22%	11%
Divorced	4%	0%	3%
Widowed	1%	11%	3%
No. of Children	Avg: 2 Mode: 2 (n=31)	Avg: 2 Mode: 1 (n=5)	Avg: 2 Mode: 2 (n=35)
Mental Health History			
Intellectual disability	50 % (n=39)	28 % (n= 5)	46 % (n= 44)
Depression	21% (n=8)	60% (n=3)	26%
PTSD	21% (n=8)	40% (n=2)	23%
Anxiety	15% (n=6)		13%
Depression and anxiety (co-diagnosis)	12% (n=5)		10%
Bipolar	12% (n=5)		10%
Stress	5% (n=2)		5%
BPD	3% (n=1)		3%
Eating disorder	3% (n=1)		3%
Multiple	3% (n=1)		5%
Interagency Work	74% (n=58)	60% (n=11)	72% (n=70)
Race/Ethnicity			
White Irish	86%	83%	85%
Irish Traveller	4%	6%	5%
Black background	3%	6%	3%
Other incl. mixed background	8%	6%	7%
Drug of Choice	(n= 63)	(n=17)	(n=80)
Alcohol	21%	23%	22%
Cannabis	21%	8%	15%
Heroin	15%	23%	20%
Cocaine	10%	23%	16%
Crack	10%	0%	5%
Benzos	6%	15%	10%
Prescribed Medication	3%	0%	1 %
Alcohol and Cannabis	6%	8%	7%
Alcohol and Cocaine	7%	0%	4%
Concerned Parent	(n=14)	(n=2)	(n=16)
Affected by other Person's substance use	17%	5%	16%

Objective 4

Effectiveness of the intervention for improving parents' own well-being

PuP's focus on the connection between quality parenting and parental wellbeing is central to the programme and embedded into its design. This means that closely monitoring the mental health status of clients in the programme is essential to adopt the programme to suit their needs, especially with pragmatic strategies to turn to during times of increased pressure.

The figure below demonstrates the mental health needs of the parents availing of the programme. A total of 46% (n= 44) of clients had a mental health or intellectual disability diagnosis history.

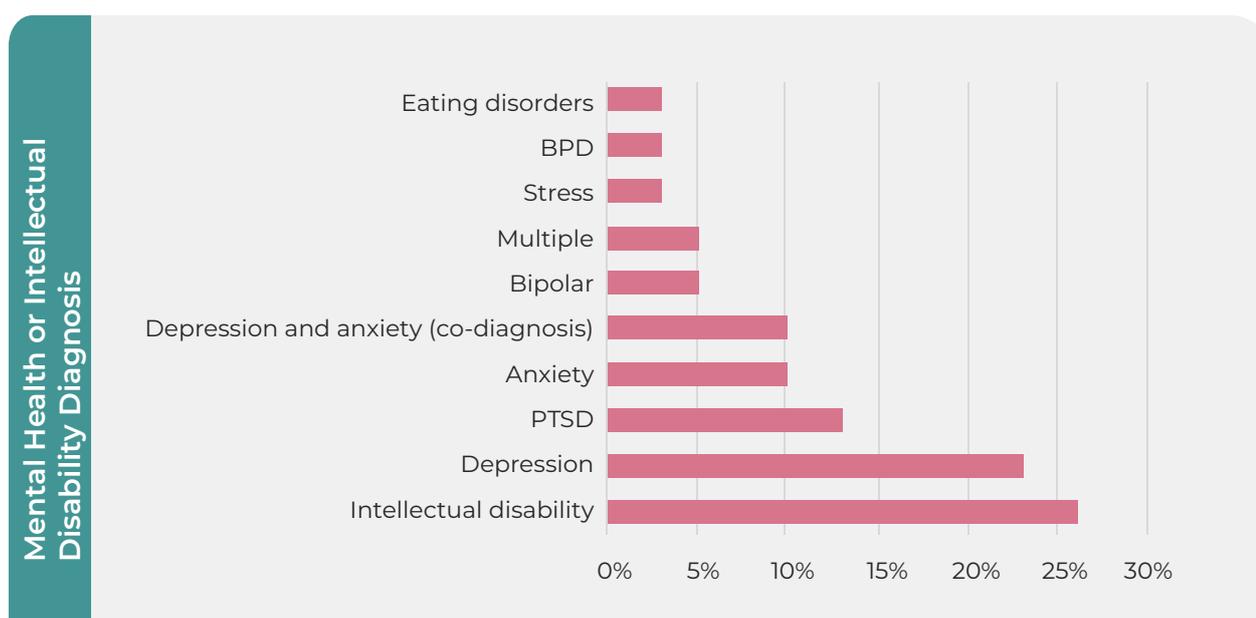


Figure 3. Mental Health Status

Following the assessment process, if a parent's emotional well-being was identified as an area of concern—either through self-report or observation by the practitioner—a DASS (Depression, Anxiety, and Stress Scales) screening measure was administered. The DASS is a set of self-report questionnaires designed to measure the severity of symptoms related to depression, anxiety, and stress¹⁶. It was only used with parents who exhibited behaviours suggestive of emotional difficulties that could be affecting their parenting capacity or emotional availability. DASS scores were collected at three evenly spaced timepoints over the course of the programme, allowing for monitoring of changes over time. For the purpose of the evaluation, data from 18 parents who completed the DASS at all three timepoints were included in this report.

The DASS results indicated moderate to severe levels of emotional distress in a majority of participants at the start of the PuP intervention (Time 1). However, across all three DASS categories there was a clear pattern of improvement as the programme progressed.

Notably, a significant drop in reported distress occurred between Time 2 and Time 3, signalling the positive impact of the PuP programme. As parents engaged with the programme and developed their parenting and emotional regulation skills, improvements in mental and emotional well-being were clearly reflected in their DASS scores.

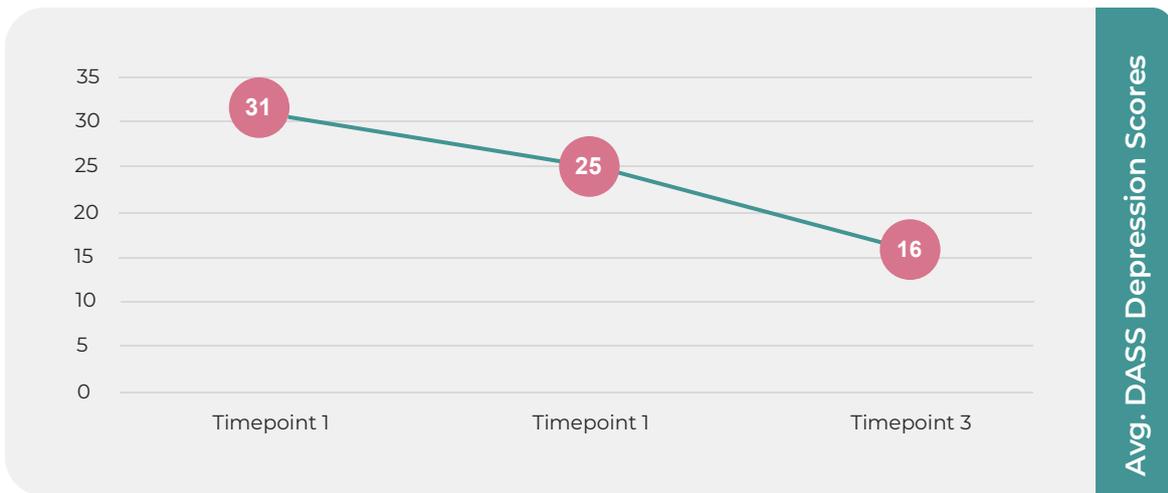


Figure 4. Depression Scores

Depression scores at Timepoint 1 were quite high, with an average score of 31, but markedly decreased at Timepoint 2, and further decreased at Timepoint 3.

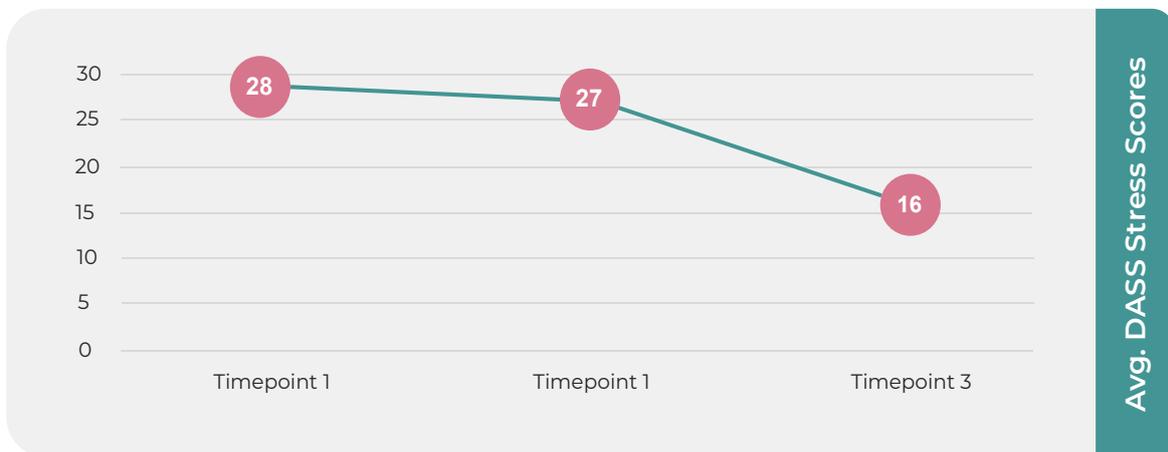


Figure 5. Stress Scores

There was a marginal decrease in stress within the clients between Timepoint 1 and 2, however, a significant decrease was observed between Timepoint 2 and 3.



Figure 6. Anxiety Scores

DASS Anxiety scores followed a similar trend to Stress scores, with minimal change in reported anxiety levels between Timepoints 1 and 2. However, between Timepoints 2 and 3, there was a significant decrease with average scores reducing from 22 to 11.

Parents whose scores continued to show elevated levels of Depression, Anxiety or Stress were referred for additional support. An example on the effectiveness of the PuP programme in supporting a parent’s well-being and seeking additional supports is highlighted in a brief case study below:

DASS Case Study:

“Mam presenting with mental health difficulties and substance use completed a DASS questionnaire at the start of her programme, with scores indicating severe levels of depression, anxiety and stress. She agreed with the feedback and the scores, and disclosed a long history with mental health difficulties and use of substances to manage her emotions. However, due to her own family history of mental health challenges, she had a strong aversion to health-based support, with resistance towards taking medication or engaging with mental health services.

Over several sessions, the PuP practitioner provided a therapeutic space to explore her aversion to healthcare support and helped her connect her own wellbeing with her ability to parent effectively. This improved her ability to be emotionally available to her children, allowing her to both develop her parenting skills and re-engage with mental health services”



Objective 5

Levels of interagency working with existing voluntary, community and statutory services in HSE Dublin and North East

The distribution chart below demonstrates the levels interagency work between Coolmine and organisations, representing referrals from voluntary, community and statutory services.

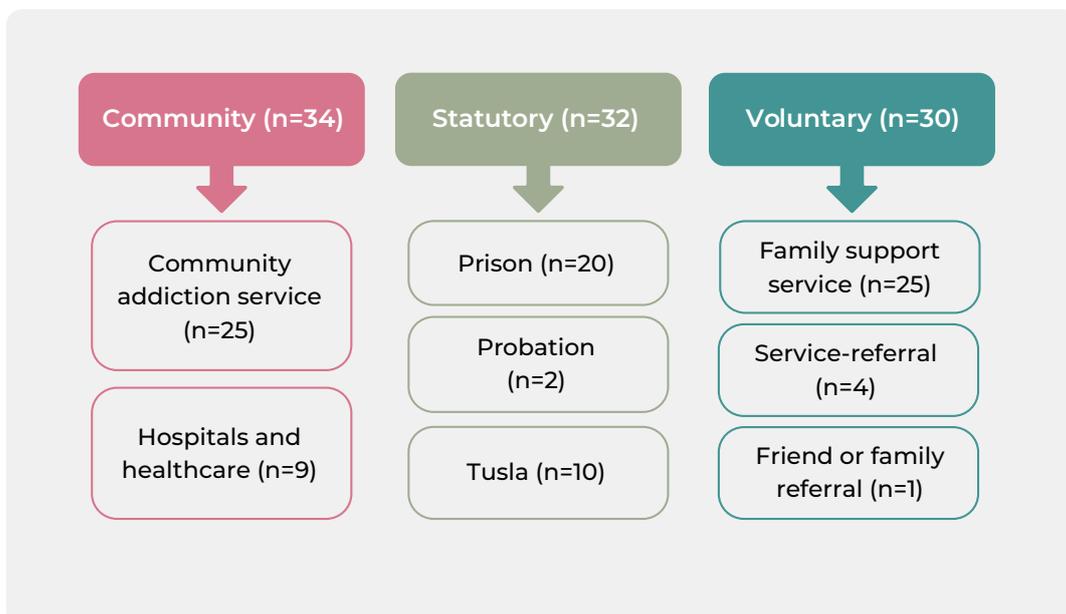


Figure 7. Interagency Collaboration Distribution

Objective 6

Acceptability and suitability of the programme to include retention and satisfaction of the intervention of both the parents and referrers

Completion and engagement rates are key indicators of how well a programme resonates with its intended client group. High engagement and programme completion reflect a programme's ability to meet clients where they are, offering a meaningful, accessible, and relevant experience.

Many of the very barriers that PuP seeks to address, such as lack of childcare, insecure housing, limited access to transport, or co-occurring mental health issues, can also be the factors that prevent parents from completing the programme in its entirety. However, non-completion does not equate to non-impact. Many clients participate meaningfully for a significant portion of the programme and still experience important shifts in perspective, confidence, and

parenting skills. For many parents, referrals to additional support services occurs throughout the PuP programme.

PuP's overall completion rate currently stands at 44%, which falls within the expected range for parenting programmes supporting individuals facing complex, intersecting challenges such as substance use¹⁷. A further 15% were still engaged with PuP at time of report. An additional 8% engaged with 6 or more sessions and as part of therapeutic family support plan, positively progressed to additional support services in the community, including treatment and rehabilitation, domestic violence refuges and mental health services. There was a positive retention of 67% across PuP in the community.

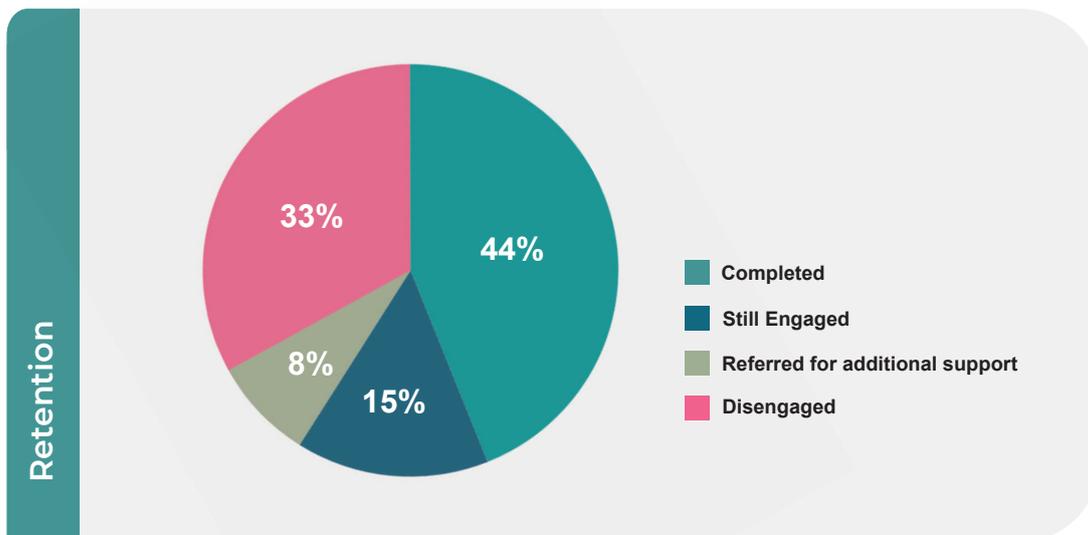


Figure 8. Retention Rates of PuP in the Community

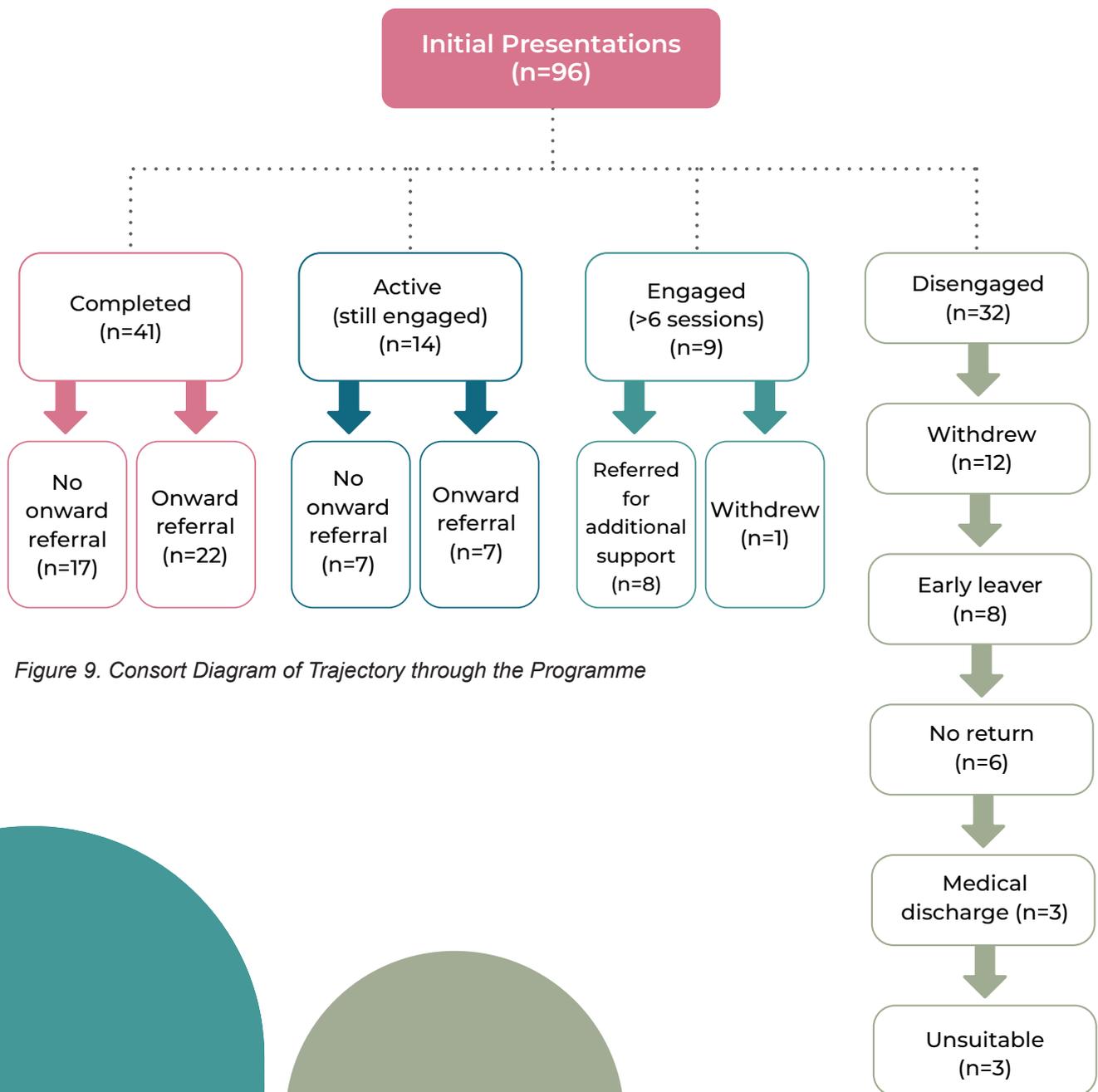


Figure 9. Consort Diagram of Trajectory through the Programme

Satisfaction with Programme

In addition to measuring acceptability of the programme through retention and completion rates of the parents, satisfaction was evaluated through post intervention feedback forms. Parents were invited to reflect on their PuP journey on completion of programme and to complete a structured evaluation form, ranking eight competencies of the programme. These included:

1 Supporting view of self as a parent

5 Quality of the sessions

2 Emotional regulation strategies

6 Quality of the therapist

3 Nature of attachment and supporting emotional availability

7 Recommendation to a friend

4 Helpfulness of the programme

8 Circle any items they felt PuP improved

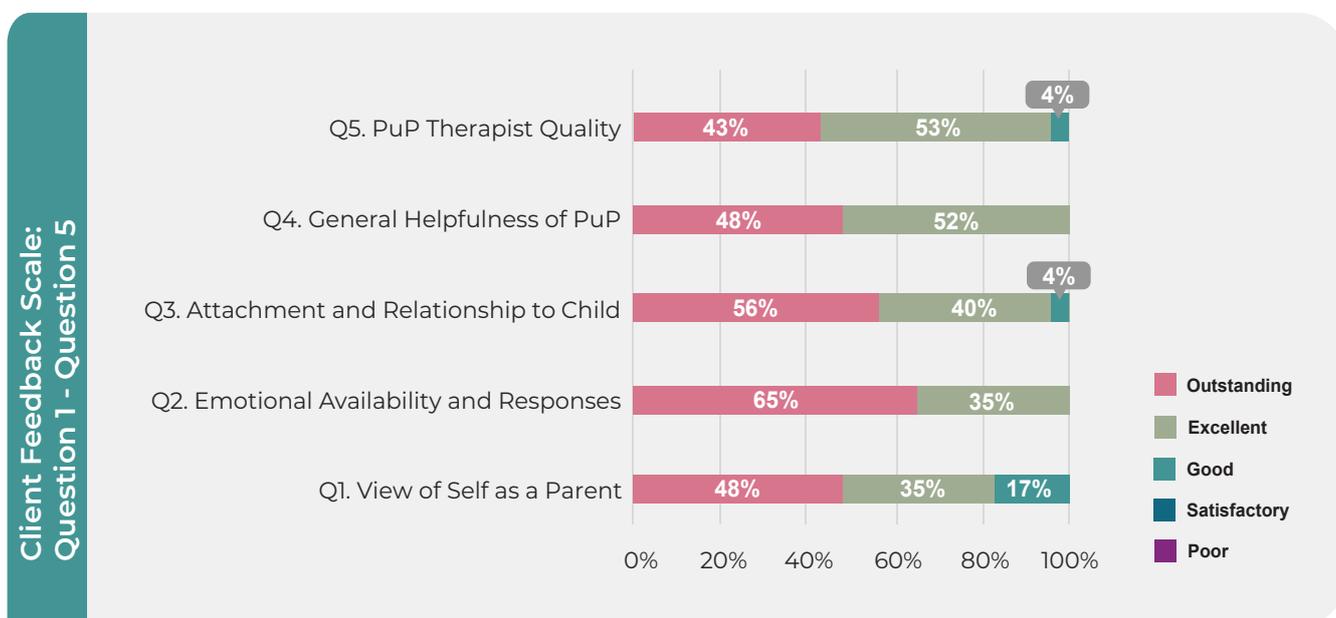


Figure 10. Client Feedback Scale

A total of 24 parents completed the evaluation forms on completion of programme. The average rating across all questions was 4.4 out of 5, with the most common score being 5. Notably, no participant rated any aspect below a 3, indicating all responses were in the “Good,” “Great,” or “Excellent” range.

Two questions (Q6 and Q7) used a “Yes/No” format, and dealt with the quality of the PuP programme, and if they would recommend the programme to a friend. Both had unanimous positive responses, with 100% “Yes” chosen by all respondents. In the final question (Q8), clients identified key areas of personal improvement, including mood, anxiety, stress, and mindfulness. Nearly all participants reported improvements across all areas, with some highlighting specific issues that were especially meaningful to them.

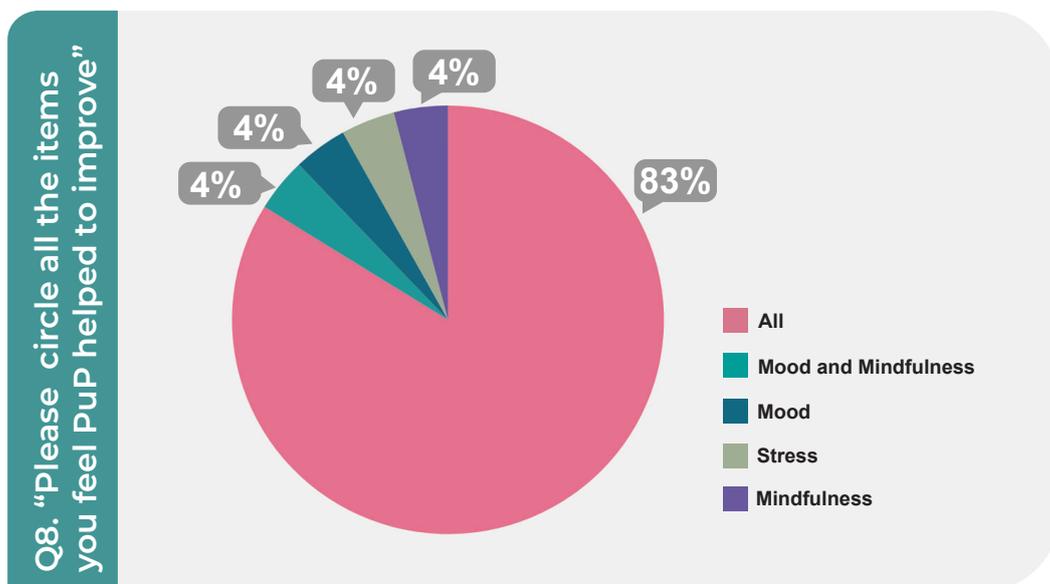


Figure 11. Self-Reported Improvements

Open Ended Feedback and Testimonials

In addition to assessing the programme’s acceptability through measures such as engagement, retention and structured evaluation forms, parents were also invited to reflect on their experiences with the PuP programme. Specifically, how it supported changes in their perspectives, confidence, and parenting skills. Responses from the 24 participants were grouped into five major themes.

1

Flexible and Practical

Many parents described the PuP programme as “transformative” and highly practical, offering “real-life skills” that felt both accessible and effective. The structured approach made concepts easier to understand and apply, and parents valued the programme’s realistic, “straightforward style”, which empowered them to make tangible changes in daily life. One parent in prison described PuP as “transformative”. One session in particular—focused on connecting with your child and showing love—resonated deeply with her. Despite being in prison, she found meaningful ways to put this learning into practice: through video calls, sending photos, and writing letters to her children.

2

Non-Judgemental and compassionate

Many described PuP as a rare, non-judgmental space of emotional safety—vital for those involved in child protection. One parent described her 1:1 PuP sessions as: “a rare safe space where she could show up fully, without shame or pressure to pretend”.

Another parent from a group described the therapeutic space she received: *“I’ve been through trauma and addiction... I felt like all hope was lost. But I saw kindness in this group, and it taught me to be kind—to myself and to my son. Now I can really see and hear him.”*

3

Strong Collaborations and Shared Case Management

Several of the parents stated they would not have known about the programme without information and support from existing community services. This reinforced the trust levels for the programme prior to engagement. Many spoke about the additional case management provided throughout the PuP programme and the links established to other support services as particularly supportive. This includes improved access to domestic violence and mental health services, along with additional advocacy support around social work engagement.

The practical and emotional supports around social work engagement in particular was echoed by a testimonial from a social worker, who worked with a parent who has two children in care:

“It has been such an overwhelmingly positive experience from my perspective, but also from my social work team leader’s perspective... [PuP practitioner] helped bridge some of the gaps that would typically result in communication breakdowns, which in my experience as this client’s case worker, has often led to missed opportunities for contact with his children. [PuP practitioner] demonstrates an excellent understanding of his client and how to best support and work with this client, which is a real asset to this case... It is most definitely not an over exaggeration to say that the [PuP practitioner] is an extremely important influence in working with families and parents. Many other families and services would benefit from this kind of high quality level of support.” (Social Worker, DNCC)

4

Mindfulness and Reframing

Mindfulness and positive reframing stood out for some of the parents, with several making reference to the helpfulness of the mindfulness practices and child-connection work. As one stated:

“I still have hard days, but fewer. I’m not crushed by them. I’m present for my son every day.”

The use of video work and supporting parents to see the world through a child’s eyes was transformative. One parent described how PuP taught her to, “show up differently for her child” and how to approach her son with more “calm, presence, and love”.

5

Recommendations

Most parents expressed a desire for increased session frequency and extension to the programme’s duration. Others expressed ongoing support to sustain change.

PuP Facilitator Testimony

A key factor in making PuP successful is the role of the PuP therapists, who are directly involved in engaging with and supporting clients throughout their programme. Their view of the programme's efficacy, strengths, and weaknesses is valuable, and can offer meaningful contributions to the development and evaluation of the programme. Below is a testimony from one of the PuP therapists involved with the delivery.



PuP in the community is something very close to my heart because I love the science of child development. In PuP, we are always aiming at putting the developmental outcomes and needs of the child front and centre. We are trying to alter the trajectory of the child's development for the better... PuP is a human way of working with parents that are struggling. It's one thing to struggle, and another to bear witness to how a child might pay the price for the adult's struggles... working with the parent in this collaborative way is not only ethical, but it works.

With PuP, the child will continue to receive the benefit of the intervention as long as they are in the parent's care. That's the point. If we were to provide an intervention directly to the child, due to resource logistics, we would have a start and stop date, and that would be the end of it. But by supporting the parent to deliver what the child needs, that child can be supported for years to come.





Conclusion

This evaluation sought to establish the feasibility of delivering PuP to families with substance use across different contexts. By delivering PuP directly into the home or other community service, Coolmine sought to optimise support for children and parents affected by problematic alcohol and drug use, providing accessible, tailored intervention that addresses the specific needs and challenges families face in their own environments.

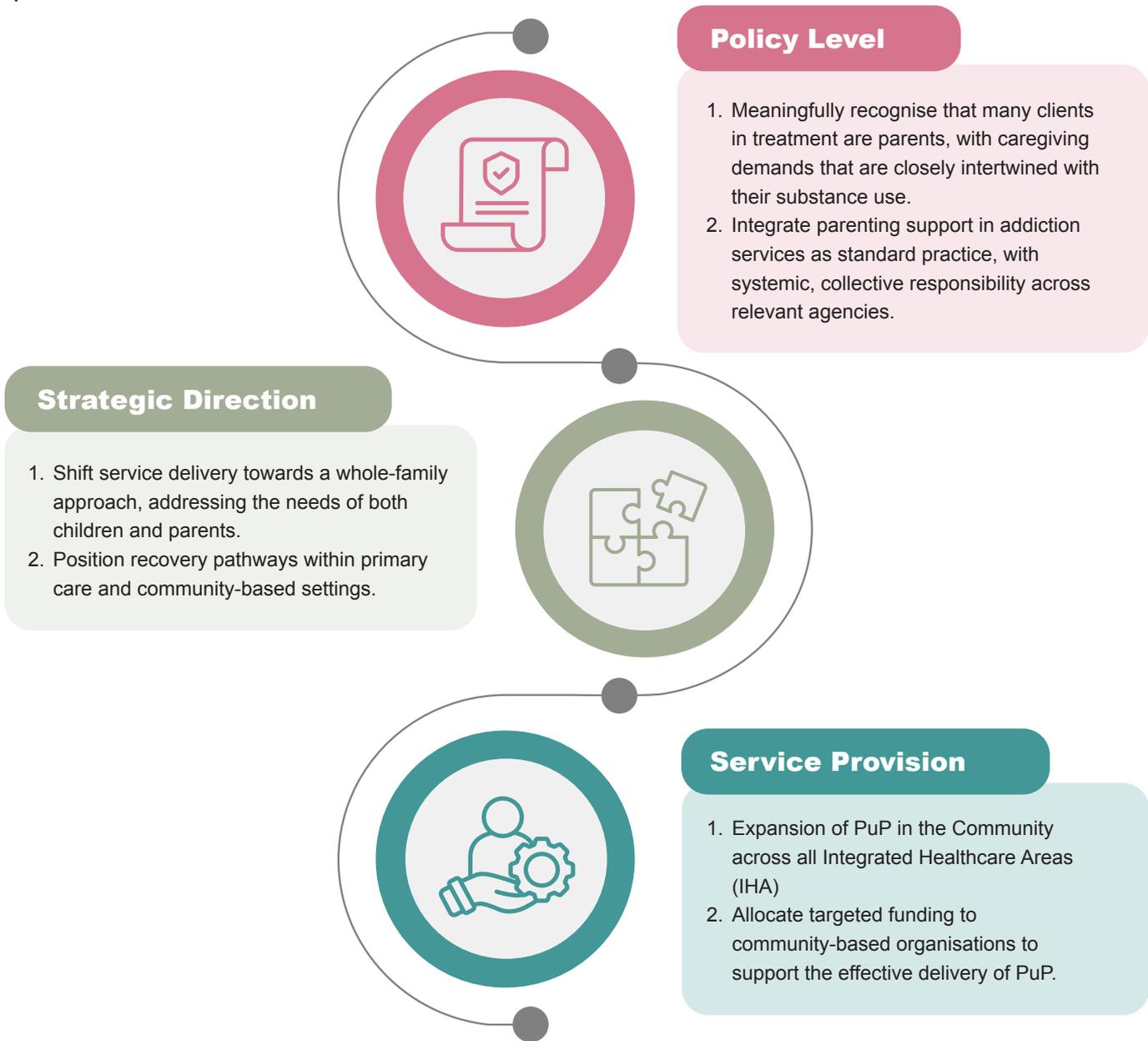
The redeployment and strategic delivery of PuP services demonstrated adaptability, responsiveness to complex family needs, and a strong interagency collaboration model. The flexible design and breadth of collaboration with support services contributed to a comprehensive and parent-centred intervention, aligning with best practices in addiction and family support services.

This targeted initiative was made possible with seed funding from HSE Dublin and North East and the excellent outcomes demonstrated in this evaluation were a result of 1.5 practitioners.

This report is based on an internal evaluation conducted by Coolmine as the provider of the intervention. The evaluation focused on the feasibility on expanding PuP across other community contexts and was limited in its ability to measure long term impact with the parents or any changes in developmental outcomes for the children. This requires investment in research which can only lend to a more robust understanding of how best to support parents who use substances and their children.

Recommendations

In alignment with the 2017-2025 National Drug Strategy’s objective to strengthen prevention and reduce drug and alcohol-related harm among children and young people, Coolmine recommends a strategic, systemic shift towards recognising and responding to the role of family in both prevention and treatment. The following recommendations are proposed across three interconnected domains:



PuP is an evidence-based, trauma-informed, and strengths-based programme. It offers a robust framework for practitioners working with parents who are often heavily stigmatised and isolated within their communities. These recommendations represent a strategic realignment of policy, strategy, and service delivery with the lived realities of families experiencing multiple and complex adversities. By embedding a whole-family approach into the core of service provision, Ireland can significantly enhance both treatment outcomes for adults and prevention outcomes for children.

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