



CHILDREN OF ALCOHOL DEPENDENT PARENTS INNOVATION FUND



**Change
Grow
Live**

West Sussex County Council
Public Health and Social Research Unit

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1. ACRONYMS

Acronym	Definition
AUDIT	Alcohol Use Disorders Identification Test
CGL	Change Grow Live
CoADPIF	Children of Alcohol Dependent Parents Innovation Fund
COVID-19	Coronavirus-19
CYP	Children and Young Person/People
CYPT	Children and Young People Therapeutic service
DWP	Department for Work and Pensions
FW	Family Workers
GF	Growing Families
JSNA	Joint Strategic Needs Assessment
LSOA	Lower Super Output Area
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OHID	Office of Health Improvement and Disparities
PHE	Public Health England
SADQ	Severity of Alcohol Dependence Questionnaire
SEND	Special Education Needs and Disabilities
SLSS	Student Life Satisfaction Scale
SPSS	Statistical Package for the Social Sciences
TOPs	Treatment Outcomes Profiles
WSCC	West Sussex County Council

2. CONTRIBUTIONS

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3. FOREWORD



Alison Challenger

Director for Public Health,
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In December 2018, West Sussex was one of nine local authorities nationally that secured Innovation funding from Public Health England (PHE). The objectives were to help improve the lives of adults and children impacted by alcohol, and to strengthen systems and processes for working with families affected by alcohol dependency and parental conflict. The funding has enabled three different elements of support:

- A new project working with pregnant mothers who are drinking or at risk of drinking alcohol
- A summer campaign delivered through the digital platform, Family Assist, aimed at providing information about parental alcohol use to expectant and new parents
- The expansion of an existing Children and Young People Therapeutic Service, providing specialist support to children of alcohol dependent parents

There is a compelling evidence base for the need for these services. We know that one in five people in the UK are affected by their parent's drinking. Children of alcohol dependent drinkers are at higher risk of poorer outcomes. We also know that drinking any amount of alcohol can cause difficulties in pregnancy. Reducing the harm caused by alcohol before, during and after pregnancy is a public health priority and it is vital to ensure that all children are given the best possible start in life. The new investment in these services has been a welcome and important contribution in our efforts to champion work to support children of dependent and hazardous drinkers in West Sussex. Which is why when the PHE grant ended, West Sussex County Council Public Health continues to commission these services.

For us to fully understand whether these services have been successful, it is the outcomes for children and families that really matter. We commission services to be effective and that is why evaluation is such an important part of the process. Through evaluation, we can systematically assess whether new services for children, young people, and parents have contributed to improving outcomes. We can also learn about what works, what doesn't work, and how we can further improve services for children of alcohol dependent parents and support women (and partners) who drink alcohol during pregnancy. This evaluation examines data and reflects the feedback and experiences of people who use and deliver these services. All of this is instrumental in the planning, commissioning, and provision of these interventions.

This report represents the combined results of work by many individuals and organisations who work together as part of a system across the West Sussex partnership. I am pleased to be able to acknowledge their contribution and I look forward to our continued work together, with the common aims of strengthening our system response and of further improving the outcomes for families, children and young people across the county.

4. EXECUTIVE SUMMARY

Context

Alcohol use in pregnancy is a key risk factor for poor outcomes for the fetus, such as increasing risk of low birthweight, stillbirth, premature births and long term conditions including fetal alcohol syndrome, (Popova, Lange, Probst, Gmel, & Rehm, 2017; Schölin, Watson, Dyson, & Smith, 2019; WHO, 2018). Alcohol and substance use or dependency also increases the risks fetal alcohol exposure because of the potential for delayed recognition of pregnancy. The UK Chief Medical Officer's recommendation for alcohol use in pregnancy is abstinence due to the negative effects of alcohol on the growing fetus (Department of Health and Social Care (DHSC), 2016). However, previous estimates of alcohol use among pregnant people indicates that drinking in pregnancy in the UK is high (Popova et al., 2017).

Furthermore, research shows that parental alcohol use has a significant impact on the family as a whole, particularly children, as it can also affect parenting abilities (Rossow, Felix, Keating, & McCambridge, 2016; WHO, 2018). Children with parents who drink alcohol are at a higher risk of abuse, neglect, unintentional injuries, and other poor outcomes (Erng, Smirnov, & Reid, 2020; Rossow et al., 2016). Perceived parental alcohol problems are also strongly associated with a higher likelihood of frequent emotional symptoms, depression, low self-esteem and loneliness among both girls and boys (Pisinger, Bloomfield, & Tolstrup, 2016). Children with alcohol dependent parents are at higher risk of intergenerational patterns of poor outcomes such as substance misuse and domestic abuse and there is an association between parental alcohol use and other long term conditions such as heart disease (WHO, 2018; Zhang et al., 2020).

In 2020/2021, the Department for Education found that parental alcohol use was an issue of concern in 12% of child in need cases. According to the Children's Commissioner for England, the estimated number of children living with a parent with problem alcohol or drug use in 2019 was 475,000, a rate of 40 per 1,000 0-17 year olds (Children's Commissioner, 2019). At a local level, the prevalence of children in households where a parent is suffering alcohol/drug dependence in West Sussex is estimated to be approximately 6,000 children, a rate of 35 per 1,000 0-17 year olds (Children's Commissioner, 2019). Similarly, alcohol use in pregnancy¹ is reportedly high in the UK, and, according to a 2017 study on global alcohol consumption during pregnancy, an estimated 41% of pregnant women in the UK drink during pregnancy (Popova et al., 2017). The Parliamentary Office of Science and Technology's report on parental alcohol misuse reported that NHS data from 2014-15 shows there were 276 diagnoses of Fetal Alcohol Syndrome (FAS) in England, however the report emphasised that this was likely to be an underestimation of the prevalence as the clinical features of FAS are not well-defined, hence some children may not be diagnosed.

Given the wider impacts of alcohol misuse on children, families, and health and wellbeing, there is recognition of the need for multi-agency working across the whole system, as this cannot be solved by one department or agency alone (Parliamentary Office of Science and Technology, 2018).

¹ Alcohol use in pregnancy refers to pregnant women drinking any amount of alcohol at any time during their pregnancy

Interventions that have been proven to work in supporting families with parental alcohol misuse are those that address the whole person, through individual level, family level, community level and population level interventions (Syed, Gilbert, & Wolpert, 2018). Such interventions include national alcohol policy, family-based interventions, social care service provision and client substance misuse service provision.

The Innovation Fund

To address these issues based on local need, the Department for Health and Social Care (DHSC) and Department for Work and Pensions (DWP) invested £6 million in a range of projects across local authorities and the voluntary sector. The funding aimed to help children with alcohol dependent parents through identifying at risk children and early intervention to support families. Part of this funding (£4.5 million) included an innovation fund in which participating local authorities were tasked with coming up with innovative solutions to address their local need through changing their systems and services (Department of Health and Social Care (DHSC), 2018). The innovation fund, led by Public Health England (PHE), was for local authorities to develop plans and implement measures to improve outcomes for children of alcohol dependent parents and carers. A total of nine local authorities with a wide range of projects were selected. This funding ran from 2018/19 to 2020/21 financial years.

West Sussex Innovation Fund Projects

West Sussex County Council (WSCC) was awarded funding to improve outcomes for children of alcohol dependent parents/carers (CoADP). The focus was on four projects:

1	Early Identification of alcohol use (any amount of alcohol) during pregnancy and the first year of a child's life. This included the development of a referral pathway to the Change Grow Live (CGL) Growing Families service and a workforce training event on the effects of parental alcohol use and relationship conflict
2	Early Intervention (Growing Families service) – This involved the introduction of a new service that was developed by the local substance misuse service (CGL) to provide early support for alcohol dependent parents and people drinking any amount of alcohol during pregnancy (including their partners)
3	Therapeutic service offer for children and young people. This involved extending an existing, piloted therapeutic service for children and young people (CYP) of alcohol dependent parents/carers countywide
4	Summer campaign: This focused on the dissemination of reliable information and guidance about parental alcohol use using an existing online platform used by expectant parents in West Sussex called Family Assist

The Evaluation

At the outset of the project, the service providers, commissioners, and evaluators (steering group) worked together to develop a high-quality theory of change. This was a “living document”, that encapsulated the rationale behind the planned elements and activities of the project and laid the foundation for the evaluation we undertook.

The theory of change was the basis for mapping the journey of the project, from start to finish. The steering group worked together to determine the resources available, plan activities and outputs, and consider potential risks to the project (and mitigation), which, when taken together explained how our activities were expected to lead to outcomes.

The group then worked collaboratively to identify and agree key metrics that aligned to our expected outcomes. The outcomes were measured using data already routinely collected and additional information collected for the evaluation. These are outlined in the Appendices. The metrics created were the point of reference used to evaluate the overall effectiveness of each element of the innovation fund in West Sussex.

Evaluation activities were embedded throughout the innovation fund period, encouraging regular review, and refining of service delivery, with interim and final reports produced. This final report brings the learning from each part of the evaluation together, to present overall themes and provide recommendations for future provision.

Methodology

The evaluation of the Children of Alcohol Dependent Parents Innovation Fund project incorporated a mixed methods approach of both qualitative and quantitative methods to provide evidence of the process, characteristics of clients, and outcomes of the service.

Evaluation overview:

Early Identification

1. A survey with professionals who are likely to refer, or have referred to the Growing Families Service was conducted to understand awareness of the pathway
2. Feedback was gathered to evaluate whether the information given at an event increased knowledge of the impact of parental alcohol use and conflict on children among professionals, and was embedded in their work

Early Intervention: Growing Families

1. Analyses of service level data on referrals, clients and outcomes were conducted
2. Feedback provided by clients as collected by the service was explored
3. Semi-structured conversations with the keyworkers delivering the Growing Families service were held to explore their views and experiences of the new service

Local Evaluation

Support for Children of Alcohol Dependent Parents: The Therapeutic Service

1. Analyses of service data on referrals, clients and outcomes was conducted
2. Feedback provided by children, families and professionals collected by the service was analysed
3. Semi-structured interviews with referrers explored their experiences of the service
4. Informal conversations with the therapists delivering the service were held to understand their views and experiences

Raising Awareness: The Summer Campaign

1. A survey with users of Family Assist – a website and email service to provide good quality information to expectant parents in West Sussex – was conducted to explore the impact of information shared on the parental alcohol use on children

Quantitative data collection:

Service level data was collected by CGL for the CYP Therapeutic service (CYPT) and Growing Families service for all clients. This included data on the demographic characteristics of the clients, outcome measures, and other data relating the journey of the client from referral to discharge, such as sources of referral, waiting times and number of sessions attended.

Service level maternity data was also obtained from one local maternity service, relating to the number of pregnant women booked between April 2019 and March 2021 and the alcohol/substance use status of the pregnant women.

This data was cleaned and analysed by the evaluation team (in collaboration with providers) using R Studio and SPSS.

Surveys: To obtain feedback from professionals and clients, surveys were also conducted as part of the evaluation. These included:

- **Family Assist Summer campaign:** a survey was conducted with West Sussex parents who use Family Assist. The purpose of the campaign was to disseminate reliable information and advice about the impact of parental alcohol use on children. The survey assessed whether the campaign increased parent's awareness of the impact of alcohol on children and sought user feedback on the campaign materials.
- **Growing Resilient Families training event:** feedback was collected from professionals to assess whether a training event had improved awareness of the impact of alcohol and parental conflict on children. This was conducted in two parts, with feedback collected immediately after the training event and an online survey 6 months later to follow-up.
- **Growing Families pathway:** a survey was conducted to understand awareness and use of the GF pathway among staff in local services.

Qualitative data collection:

For the CYP Therapeutic service, feedback was sought from CYP engaging with the service, professionals who referred to the service and from parents and carers of the CYP. This was done using various feedback forms.

In addition, semi-structured telephone/online interviews were conducted with professionals who referred to the service and with the CYP therapists to get their feedback and reflections about the therapeutic service. Semi structured interviews were also conducted with the Growing Families service family workers. The Growing Families team also collected some feedback from their clients.

Data from these activities were analysed by the evaluation team and emerging themes were identified. The reports are included in the following chapters.

Limitations

There are some limitations to the data gathered for the evaluation, which should be considered when interpreting the findings. Whilst specific limitations of each of the evaluation activities are described in detail within the relevant report chapters, some of the main limitations of the evaluation are given below:

- In most cases, longitudinal data was not collected, which makes it difficult to understand the impact of the innovation fund services in the long-term. Further research could be undertaken to understand the long-term effects of the services.
- Research evidence on parental conflict interventions is still in its early stages, as a result, parental conflict was not formally captured due to difficulties identifying an appropriate measure of parental conflict and non-systematic implementations of interventions. Further work on this could be developed as the evidence base grows, in order to identify evidence-based tools and interventions that could be evaluated.
- Although data was collected from CYP through the feedback forms, qualitative interviews with CYP, which may have given additional insight into their experiences, were not conducted. This was due to the COVID-19 pandemic, and complexities with data sharing, data protection and potential safeguarding issues.

- Some of the measures used to capture child outcomes were not validated, and/or the data collection methods and tools (such as feedback forms) may elicit response bias
- In March 2020, national restrictions because of the COVID-19 pandemic were imposed which significantly affected the delivery of services. The pandemic may also have affected patterns of alcohol use among families.
- Capturing the views and experiences of clients engaged with the Growing Families service was challenging due to non-responses to the feedback survey
- All surveys conducted may not be fully representative of the views and experiences of the target population
- Economic analyses for cost effectiveness were not conducted. This could be completed in the future to inform commissioning decisions.

Findings: Early Identification

This section summarises findings from:

- an online survey among professionals that aimed to understand their awareness and use of a new referral pathway to the Growing Families service,
- feedback from staff attending an event aimed at raising awareness of the impact of parental alcohol and relationship conflict on children, and
- alcohol related activity data from one maternity provider.

Findings from the Growing Families pathway survey:

- Around half of professionals surveyed reported that they often ask their clients about alcohol use. Seventeen percent of respondents reported that they did not ask about alcohol use because they lacked an appropriate place to talk, felt it was intrusive to ask or did not feel it was relevant to their area of work
- Most respondents reported referring, signposting, and providing information or brief advice when they come across a client who uses alcohol. There are some barriers to asking clients about alcohol use, which could be overcome by training staff how to normalise conversations about alcohol use
- There was good awareness of the new Growing Families service pathway among respondents. Levels of awareness were high in some professional groups such as maternity and health visiting, this was not evidenced in all professional groups who regularly engage with pregnant people, such as GPs, and wellbeing hubs

Findings from the event feedback and follow-up survey:

- The GF training event helped improve professionals' understanding of the impact of parental alcohol use and relationship conflict on children, including during pregnancy, and the services available to support them.
- Respondents at follow-up reported that the event increased their confidence in discussing parental alcohol use and conflict with families and to signpost to relevant services. This indicates a potential, positive effect of the training over time, where knowledge was maintained and applied
- Respondents reported that the COVID-19 pandemic restricted face-to-face engagement with families to help to identify issues with parental alcohol use and conflict
- Professionals suggested future training could include reinforcing their knowledge with similar training events, a focus on services offered in different parts of the county, and tailored training to suit their area of work

Findings from service level quantitative data:

- Analysis of data from one local maternity service indicated that approximately 1.3% of pregnant women reported drinking at least 1 unit of alcohol per week, however it was not possible to determine if they were offered brief advice or a referral to the GF service. It is also important to note that underreporting of alcohol use during pregnancy is likely.

Findings: Early Intervention - Growing Families

The aim of the GF evaluation was to find out if the intervention (the role of the family worker) helped reduce alcohol use in pregnant women, partners, and new parents. It also aimed to ensure early identification of pregnant women, partners and new parents who use alcohol and/or have relationship conflict and to provide them with individual, tailored support via the family workers.

Findings from quantitative data from GF service:

- The GF service received 55 referrals between June 2019 and March 2021, and 53 of these were assessed, including a small number of re-referrals
- The intensity or number of sessions attended varied substantially from client to client, depending on their level of need. These ranged from 0 to 23 sessions, with individuals with more complex needs requiring 3 or more sessions
- The GF service covers all West Sussex districts and boroughs
- There was a higher number of referrals for clients in the 20% most deprived areas in West Sussex than the least deprived areas
- Over half of the referrals to the service (56.6%) were categorised as 'possible dependence' on the AUDIT screening tool at assessment. Most pregnant clients reported drinking during pregnancy at assessment
- The average daily number of units consumed (on a typical drinking day) and average number of days drinking alcohol declined among clients engaging with the GF service, including among clients who were pregnant following GF intervention

Findings from client feedback and conversations with keyworkers:

- Clients reported positive feedback in terms of reducing alcohol use or abstaining from alcohol. However, the feedback form had a very high risk of bias and this should be taken into consideration when interpreting these results
- Feedback from GF family workers indicated that some links and relationships with other services had been established which continue to be developed further. The awareness of the pathway across different services, particularly maternity, and health visiting indicate that these links and communications about the service have been helpful
- GF family workers have been integrating information about parental conflict in their discussions with clients, particularly focusing on healthy relationships, communication and preparing parents for the potentially stressful time after birth. Some clients also reported that the service helped improve their family relationships. However, although work to reduce parental conflict is now embedded, each GF worker has their own approach

Findings: The Children and Young People's Therapeutic Service

This section summarises findings from quantitative analyses of service level data, and qualitative data from children, families, and professionals collected via feedback forms and interviews. The aims of the evaluation of the CYPT service were to find out whether:

- The service improves outcomes for children (and families), particularly improving their emotional wellbeing
- The service is scalable across the county, increasing the geographical reach of the existing pilot

Findings from quantitative data collected by the therapeutic service:

- During 2018/19 to 2020/21, the CYP therapeutic service received 265 referrals and completed therapy with 159 children and young people
- There is evidence to show that the CYP therapeutic service has expanded successfully across the entirety of West Sussex, with CYP receiving therapy in schools within all areas of the county
- Rates of referral were higher among children resident in the 20% most deprived areas of West Sussex than the least deprived areas. Just under a quarter (23%) of children referred had an early help plan² in place. Two-fifths of referrals were among siblings
- The sources of referral changed over time, with an increase in referrals from Early Help accompanied by a decrease from schools during the COVID-19 pandemic
- The CYP therapeutic service produced small but significant self-reported improvements in life satisfaction for children and young people affected by parent/carer alcohol use
- The demand for the CYP therapeutic service remains high with a waiting list in place, even though capacity was increased
- The CYP therapeutic service does not currently have a formal method to prioritise referrals

Findings from feedback from children and young people, parents/carers, and professionals:

- The CYP therapeutic service is a highly valued service
- The service proactively engages with families and professionals to ensure children affected by parent/carer alcohol use can access the service and are supported
- The CYP therapeutic service produced self-reported improvements for children and young people affected by parent/carer alcohol use. This included improvements in self-esteem, confidence, and emotional wellbeing, as well as communication and relationships with others
- Children and young people also reported gaining a better understanding of their own circumstances and experiences, including those related to parent/carer substance use
- Communication between the service, families, and professionals was excellent, although some follow-up support is desired
- There is a desire from children, families, and professionals for greater flexibility in the length of therapy to ensure it best meets the child's needs

² Early Help services provides help for children and families when problems start to emerge or when there is a strong likelihood that problems will emerge in the future. The Early Help plan (EHP) is completed when more than one unmet need (or needs that cannot be met by universal services) that would benefit from a multi-agency support for the child has been identified.

Findings: Raising Awareness -The Summer Campaign

Family Assist is a website that provides evidence-based information about pregnancy and early years (up to the age of two at time of the campaign), which has been collated by local health professionals. Families in West Sussex can register with Family Assist to receive emails containing information and advice relevant to their stage of pregnancy and/or parenting. Information on the Family Assist website is also accessible to anyone online.

This section summarises activity data of registered users of Family Assist and findings from a short survey with users to capture feedback on the content provided. The purpose of the summer campaign was to disseminate reliable information and advice about the impact of parental alcohol use on children to new and expectant parents via Family Assist. The evaluation aims were to understand whether:

- The campaign has reached families
- The campaign materials are acceptable to families
- The campaign has improved awareness about parental alcohol use.

Findings from Family Assist activity data:

- Two-fifths of users (who received the email) opened the email containing information on the impact of parental alcohol use on children. It is not clear how this compares to other content disseminated via Family Assist.
- This suggests that this method of communication has a reasonable reach, however this does not indicate how many users engaged with the information provided, or whether this increased awareness.

Findings from the survey with Family Assist users:

- In general, the campaign material on parent/carer alcohol use was considered “easy to understand”, “useful” and “relevant” by most users responding to the survey
- Some respondents felt that information on alcohol use is a sensitive and personal topic to approach, and that it is difficult to present the information in a way that suits everyone

Innovation Fund Recommendations

The following recommendations have been made based on the findings of this evaluation. These recommendations are for commissioners, providers, and organisations to consider. Recommendations are given for each part of the innovation fund, followed by those that applied across projects. These are not given in order of priority.

EARLY IDENTIFICATION	Action for:
<p>A “whole systems” approach to identify and reduce alcohol use during pregnancy</p> <p>1. - Tackling alcohol use in pregnancy requires working across the system with NHS, local authorities, providers, and the voluntary sector to support families at risk of using alcohol during pregnancy. Part of this is to train frontline staff who come into contact with pregnant women and their families in order to increase their confidence and capacity to discuss alcohol use with clients and support them.</p>	<p>NHS and WSCC Commissioners. Service providers (CGL; Maternity).</p>
<p>To improve the collection, monitoring and sharing of maternity data on alcohol use during pregnancy across West Sussex</p> <p>2. - A multi-agency, systems approach should consider working across all maternity providers in West Sussex to collect, monitor and share data on alcohol use throughout pregnancy, including any actions taken. This would inform local need and assist service development. This should take into account data protection protocols and local data sharing arrangements.</p>	<p>NHS and WSCC Commissioners. NHS maternity providers. Substance misuse service provider (CGL)</p>

EARLY INTERVENTION: GROWING FAMILIES

Action for:

Further work should be done to address parental conflict

- 3.
- Consideration should be given on how work on parental conflict can be further developed based on the current evidence available in published literature
 - Work on parental conflict should be conducted in a more routine and consistent way within the service. This includes exploring and adopting new and emerging tools to capture relationship conflict during pregnancy and for new parents, to allow for further data analysis of outcomes.
 - Learning from parental conflict work should be shared across the system, for example with maternity, social care, and education, so that this can be incorporated in their specific areas of work.
 - Work could be undertaken to further explore ways to raise awareness of relationship conflict with new and expectant families, such as through parental education delivered by maternity services.

Commissioners.
Substance misuse service provider.
NHS maternity providers.
Other services engaging with children affected by parent/carer alcohol use, and their families (e.g., social care)

Continue to record data on outcome measures

- 4.
- The service should continue to record data using validated outcomes measures, such as TOPs and AUDIT pre- and post- support and to capture data for all clients and ensure follow up assessments are completed, where required. The routine monitoring of outcomes will allow the service to further show improvements from clients.

Service provider working with commissioners

Revise the feedback form

- 5.
- The GF service should consider more ways to obtain high quality and reliable feedback from clients who engage with the service to ensure that it can be used to further develop the service.
 - This includes revising the client feedback form, with reworded questions (or consider adopting the revised form). Clients should be given the opportunity to provide their feedback anonymously.
 - In addition, the service may wish to consider capturing feedback from clients who disengage from treatment, or referrals who decline the service, to understand any barriers to access.

Service provider working with commissioners

Continue to build relationships with other services

- 6.
- There is evidence to show that the GF service has built good links with some services, but there is scope to develop this further among some services (i.e., GPs) and/or geographical areas.

Service provider

CYP THERAPEUTIC SERVICE

Action for:

The current offer should continue locally

- 7.
- Given the scarcity of services to support children of alcohol dependent parents, the CYP therapeutic service offers unique support for children and families in West Sussex, when needed.
 - There is evidence that the CYP therapeutic service produces improvements in outcomes for children and young people affected by parent/carers alcohol use.
 - Given this, there is a need to continue this support and explore further how this offer can be maintained.
- Commissioners, service providers

Continued monitoring of demand, capacity and waiting times

- 8.
- Given the high demand for the CYP therapeutic service despite not being actively promoted, the waiting list should continue to be monitored routinely by the service.
 - Prioritisation of referrals could also be reconsidered to ensure those with the greatest need receive support in a timely manner, although care should be taken to ensure that this does not exacerbate inequalities.
- Commissioners, service provider

Continue to review and develop the service delivery model

- 9.
- Based on the feedback received, consideration could be given to the duration of the current service offer. Some children, parents/carers and professionals felt that the duration of therapy could be more flexible to the CYP's specific needs.
 - In addition, there is scope to consider whether there is potential to incorporate family therapy, such as group work with siblings and sessions with parents/carers, where appropriate. This should be based on current evidence.
- Commissioners, service provider

CYP THERAPEUTIC SERVICE

Action for:

Further implementation of validated outcome measures

- 10.
- The CYP therapeutic service should continue to implement the use of validated outcome measures. The service currently uses a service developed tool which is not validated, as well as a validated tool (the SLSS) to measure outcomes and evidence effectiveness. The service may wish to consider whether it is possible to explore the validity and reliability of the CGL Scaling Tool.
 - In addition, the service may also want to consider adopting alternative, validated scales (other than the SLSS) to focus on specific outcomes, and their appropriateness for measuring the outcomes of younger children (aged under 8).
 - The service should also aim to capture outcome measures for all children and young people supported pre- and post- therapy where possible. The routine monitoring of outcomes will allow the service to continue to measure the effectiveness of therapy among this vulnerable group.

Commissioners, service provider

Capturing the “voice” of the child

- 11.
- Whilst children and young people supported by the service did provide written feedback, further work should consider conducting qualitative interviews to better understand their views and experiences. This could also include interviews with parents/carers to capture their thoughts too.
 - The service should also consider gathering feedback from children and young people who disengage or decline therapy, to understand if barriers to access exist.

Commissioners, service providers

RAISING AWARENESS: THE SUMMER CAMPAIGN

Action for:

Coproduce messages on the impact of parental alcohol use on children with families

- 12.
- There is a need to work with families to coproduce appropriate messages about parental/carers alcohol use and the effect it can have on children.
 - Other opportunities to reinforce messaging about parental alcohol use should be explored, such as aligning to national and local campaigns, and using other methods and channels of communication to maximise reach.

Commissioners, services engaging with children affected by parent/carers alcohol use, and their families (e.g., social care)

RECOMMENDATIONS ACROSS INNOVATION FUND PROJECTS:	Action for:
<p>13. - Further research should consider whether improvements are sustained in the long-term</p> <p>- For the Growing Families and CYP therapeutic service, there is scope to further explore whether positive outcomes are sustained after the intervention has been completed.</p> <p>- There is mileage in continuing to monitor rereferrals, to understand the characteristics of this group, and plan service delivery accordingly.</p>	Commissioners, service providers
Addressing inequalities among families where alcohol is a potential issue	
<p>14. - The number of referrals to Growing Families and the CYP Therapeutic service were higher among more deprived areas of West Sussex.</p> <p>- A health equity audit should be conducted to understand levels of need among families affected by parent/carers alcohol use and their access to services.</p> <p>- Consideration should also be given to a detailed review of need (collating across data sources, such as JSNA, service data and published research) among these vulnerable groups to ensure health inequalities are not exacerbated.</p>	Commissioners, service providers, WSCC public health
Remote support should be evaluated	
<p>15. - As a result of the COVID-19 pandemic, services adapted their delivery to provide support remotely, which has now become part of the service offer for the CYP therapeutic service and Growing Families.</p> <p>- Further research and evaluation are required to understand how remote and/or blended support differ from face-to-face support, whether outcomes are the same and the views and experiences of clients receiving support in this way</p>	Commissioners, service providers
An economic evaluation should be conducted	
<p>16. - Both services could benefit from an economic evaluation, to understand the cost effectiveness of these interventions.</p>	Commissioners, service providers

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6. APPENDICES

Theory of change/metrics summary – Early Identification

Rationale	Assumptions and Unintended Consequences	Resources and Activities	Outputs	Outcomes
<p>Context The negative effects of alcohol use during pregnancy are well documented. Pregnancy provides a window of opportunity for expectant parents to change behaviour about alcohol use.</p> <p>The problem</p> <ul style="list-style-type: none"> • The current drug and alcohol service are unlikely to see people with low threshold alcohol use (i.e. during pregnancy). • Whilst maternity do ask about alcohol use, advice and information is only provided for low threshold cases • Referrals are generally made for families that are expected to meet CGL thresholds. • Evidence suggests that the number of referrals made from midwifery to CGL are very low. • Existing staff have limited knowledge on risks of alcohol use and associations with parental conflict. <p>As such, we want to:</p> <ul style="list-style-type: none"> • Reframe <u>any</u> alcohol use during pregnancy as in need of support. • Develop a pathway to refer all women who are drinking during pregnancy to the new CGL Growing Families Service • Improve the ability for professionals to identify alcohol use among expectant parents by raising awareness/providing training professionals about: <ul style="list-style-type: none"> ○ the impact of alcohol during pregnancy ○ the effect of parental alcohol misuse on child health and development ○ links between alcohol and conflict • Engage with families <u>earlier</u> to reduce the effects of alcohol use during pregnancy • Increase expectant parents' awareness of the impact of parental conflict on babies/children by providing information and advice in parent education sessions 	<p>We assume:</p> <ul style="list-style-type: none"> • There is a need for this service • We can offer training that is relevant and effective to a mix of professionals • Addressing alcohol use during pregnancy will not adversely impact on relationships • Early identification of alcohol use will lead to appropriate support from services and will not discourage parents • Maternity services will be confident to identify any alcohol use among pregnant women and will refer to Growing Families • Providing parent education on conflict will be positively received by families, and set in a context that they understand <p>Unintended consequences:</p> <ul style="list-style-type: none"> • Demand may exceed capacity • We may exclude those families who do not engage well with services • We may exclude, or it may be difficult to engage families with different ethnic and cultural backgrounds and beliefs • Stigma associated with drinking alcohol whilst pregnant may dissuade women from fully disclosing alcohol consumption and/or engaging with services • Offering this intervention via a drug and alcohol service may be off-putting to women drinking a lower level of alcohol during pregnancy <p>We know we need to:</p> <ul style="list-style-type: none"> • Be mindful of protected characteristics - so as not to inadvertently exclude or disadvantage people from different groups • Have mitigation in place should demand exceed capacity • Approach conversations around alcohol use/conflict with sensitivity and care • Be able to provide alternative sources of education and advice should a family not want to engage with CGL 	<p>We need:</p> <ul style="list-style-type: none"> • A referral pathway • A communication plan to disseminate information about the pathway • Trained staff with knowledge and capacity to identify alcohol use during pregnancy • Trained staff (in Growing Families Service) with capacity to receive referrals from maternity and provide suitable interventions • Audit tool/measurement tools suitable for use in pregnancy • Training content for an event for professionals <p>Activities include:</p> <ul style="list-style-type: none"> • Developing a pathway to the new Growing Families Service • Identifying an appropriate audit tool to screen for alcohol use during pregnancy • Developing advice for maternity staff should potential alcohol dependence among partners also be identified • Running an event to raise awareness of the impact parental alcohol use and relationship conflict can have on CYP • Development of content for training and event 	<p>Aim to reach:</p> <ul style="list-style-type: none"> • All pregnant women, their partners and families with a child under the age of 1 <p>We will measure:</p> <ul style="list-style-type: none"> • Number of pregnant women using alcohol identified by maternity services • Number of expectant parents referred to Growing Families • Number of expectant parents who have been referred to Growing Families and decline support • Number of professionals attending a training event • Staff awareness and feedback on the pathway and tools • Staff awareness of the risks of alcohol use during pregnancy and relationship with parental conflict 	<p>We expect to see:</p> <p><i>Family:</i></p> <ul style="list-style-type: none"> • Support for alcohol use provided earlier and/or for pregnant women drinking lower levels of alcohol <p><i>Services:</i></p> <ul style="list-style-type: none"> • Awareness and use of the referral pathway to Growing Families among professionals (number and sources of referrals, awareness among professionals) • Confidence and increased knowledge within wider workforce to engage with expectant parents who are drinking alcohol (and/or experiencing conflict), and the impact this can have on children

Theory of change/metrics summary – Early Intervention

Rationale	Assumptions and Unintended Consequences	Resources and Activities	Outputs	Outcomes
<p>Context There is a strong case to identify and support alcohol dependent parents to improve outcomes for them and their children. Whilst interventions are provided in West Sussex, we believe there is a degree of unmet need.</p> <p>Currently, specific interventions to target relationship conflict do not exist in West Sussex.</p> <p>The problem</p> <ul style="list-style-type: none"> A wealth of evidence exists to show that alcohol use among parents can negatively impact on children's outcomes. Parental alcohol use may also contribute to conflict in relationships <p>As such, we want to:</p> <ul style="list-style-type: none"> Building on early identification, we want to provide early support for alcohol dependent parents and expectant women using alcohol and/or experiencing relationship conflict. The service has been named "Growing Families". This service will provide evidence-based intervention to support those who drink alcohol in pregnancy and/or their partners 	<p>We assume that:</p> <ul style="list-style-type: none"> Professionals are trained and confident to identify expectant parents who need further support with alcohol use and will refer to the service Parents will engage with the service Identifying and intervening earlier will have a positive effect on outcomes for children Evidence based interventions exist to reduce parental conflict in this target group The evidence base demonstrates that the interventions delivered are effective Alcohol use contributes to parental conflict and that by reducing alcohol use among parents this may also reduce conflict and improve outcomes for children <p>Unintended consequences:</p> <ul style="list-style-type: none"> Alcohol may not increase conflict in all cases. This may be the other way around - i.e. alcohol use may be a coping mechanism to deal with existing relationship conflict We may exclude families who do not engage with services We may exclude, or it may be more difficult to engage families with different ethnic and cultural backgrounds/beliefs Asking probing questions about alcohol use and conflict may dissuade parents to disclose and engage with services (fearing social care intervention) Demand may exceed capacity (producing a waiting list) Staff may not be able or have the capacity to deliver appropriate interventions Challenge of allocating resources fairly Challenge of distinguishing conflict from cases where domestic abuse/violence is suspected (risk of exacerbating conflict) Challenge of screening for parental conflict among the target group Ethics of screening for conflict without an intervention to address it (especially where alcohol is not the main cause of conflict) Improvements in "family relationships" may not be quantified by an intact family unit (separation may be a better outcome) <p>We know we need to:</p> <ul style="list-style-type: none"> Be mindful of protected characteristics, so as not to inadvertently exclude people from different groups Be aware that alcohol and relationship conflict can be viewed as challenging topics that may need to be approached more sensitively 	<p>We need:</p> <ul style="list-style-type: none"> To recruit a suitable workforce to receive referrals and deliver interventions Provide or develop training/resources for Growing Families team to identify and approach parental conflict with clients Evidence based interventions to reduce alcohol use and conflict Resources to provide evidence and advice to pregnant women with low level alcohol use A way to monitor progress <p>Activities include:</p> <ul style="list-style-type: none"> Family workers to receive referrals and assess pregnant women/partners Family workers to provide interventions for pregnant women who use alcohol during pregnancy (low level) and their partners Delivering interventions (business as usual) for alcohol dependent parents meeting the CGL alcohol threshold Piloting measures of relationship conflict to see if appropriate among target group Measuring levels of conflict following alcohol interventions (if possible) 	<p>Aim to reach:</p> <ul style="list-style-type: none"> Pregnant women and partners where alcohol dependence is suspected and existing clients (alcohol dependent parents) Priority groups include young parents, care leavers, families at risk of CSC intervention, families on early help plan <p>We will measure:</p> <ul style="list-style-type: none"> Number of pregnant women and/or partners referred to CGL for support Number signposted to alternative services Number of expectant parents engaging in an intervention provided by GF service for alcohol Number who do not to engage Duration between assessment and treatment Intensity of treatment Number who complete intervention and outcomes Audit scores for pregnant women and/or partners Self-reported changes in levels of relationship conflict due to alcohol Service user feedback re. CGL delivery/ interventions Feedback from families regarding wider impact The role of the family worker (such as number of home visits) Number of family workers Knowledge and confidence among staff to deliver interventions for parental conflict Collaborative working between midwifery and CGL 	<p>We expect to see:</p> <p><i>Children and young people/Family:</i></p> <ul style="list-style-type: none"> A reduction in alcohol use among pregnant women and/or their partners Successful intervention to tackle alcohol dependence among parents Decreases in self-reported alcohol use or abstinence among pregnant women Improvements in other areas of life identified as meaningful and important by families <p><i>Service:</i></p> <ul style="list-style-type: none"> Improved service provision Better links to other services (e.g. children's social care) Increased successful interventions

Theory of change/metrics summary – CYPT Service

Rationale	Assumptions and Unintended Consequences	Resources and Activities	Outputs	Outcomes
<p>Context The current therapeutic service is for children and young people of alcohol and/or substance dependent parents. The service aimed to improve emotional wellbeing.</p> <p>The existing service:</p> <ul style="list-style-type: none"> Received positive feedback from children and young people engaging with the service <p>The problem The existing service:</p> <ul style="list-style-type: none"> Experienced a high number of referrals Is not available in all areas of the county We do not know the primary expected outcome of the service <p>As such, we want to:</p> <ul style="list-style-type: none"> Extend the existing service countywide Focus on supporting children and young people of alcohol dependent parents (not including substance misuse) Understand outcomes produced by the service 	<p>We assume that:</p> <ul style="list-style-type: none"> Demand for the service is similar across the county The target group is likely to include young parents and care leavers Outcomes for children and young people of alcohol dependent parents are worse than for other children The measures we are using are valid The project is sustainable in the future We will be able to recruit high quality staff with necessary skills and knowledge to deliver the programme <p>Unintended consequences:</p> <ul style="list-style-type: none"> Demand may exceed capacity Long waiting list and no prioritisation of cases may negatively impact on those with greatest need In cases where siblings are referred to the service, the service may not be provided in the same way (due to age, logistics etc.) Risk that communication with teams isn't carefully managed. This is particularly important in cases where the young person does not wish their family to be aware of their involvement Challenge of ensuring that relevant information is shared across services in which a young person is engaged Inequalities in access for those who do not attend school (e.g. home-school, school refusers, absentees/excluded, long-term sickness, outside school age (e.g. apprenticeships)) Logistical challenge of evaluating the service from multiple perspectives (child, therapist, referrer, family) <p>We know we need to:</p> <ul style="list-style-type: none"> Ensure equity of access Consider a contingency plan should demand exceed resources Ensure that communication between services is appropriate 	<p>We need:</p> <ul style="list-style-type: none"> Trained and knowledgeable staff Sufficient capacity A clear referral route Location to deliver the intervention that is suitable for the child/young person Equipment to deliver the intervention Communication plan to inform key referrers Scaling questionnaire and validated evaluative measures <p>Activities include:</p> <ul style="list-style-type: none"> Recruiting 2.5 FTE therapists to current workforce Promoting the service in new areas (particularly focussing on schools) Sharing a clear referral pathway with professionals Completing assessments of children and young people who have been referred to the service. Delivering play therapy intervention to children and young people eligible for the service (up to 12 weeks + further 12 weeks if necessary) by trained therapists Decide on a validated tool that could be included to evaluate the service Collecting evaluation measures (pre, mid, post intervention), including the scaling questionnaire Communicating and sharing information (where appropriate) with other services Referring or signposting parents/carers (identified by children or young person) in need of support with alcohol use to appropriate service (most likely CGL) Develop tools to collect qualitative feedback from children, parents and schools 	<p>Aim to reach:</p> <ul style="list-style-type: none"> Children of school age (between 4 and 18) affected by parent/carer alcohol use <p>We will measure:</p> <ul style="list-style-type: none"> Number of children and young people referred to the service, including: <ul style="list-style-type: none"> Children who choose not to engage Referrals that are inappropriate Length of time on waiting list and number of children and young people on the waiting list Number of CYP engaging with the service Number of CYP engaging with the service whose family are supported by CGL Number of CYP completing the intervention Number of re-referrals Number of CYP receiving an extension to the initial support of 12 sessions Reason for discontinuation Number of siblings seen by the service Referral source Demographic information of CYP referred/engaging with/declining the service Number of schools across the county accessing the service Scaling questionnaire Changes in life satisfaction/pre post intervention scaling questions Experiences of CYP using the service, their parents and professionals referring to the service 	<p>We expect to see: <i>Children and young people/Family:</i></p> <ul style="list-style-type: none"> Improvements in life satisfaction, including mental wellbeing Self-reported improvements in resilience, confidence, communication, and behaviour/engagement at school <p><i>Family:</i></p> <ul style="list-style-type: none"> Improved family relationships <p><i>Service:</i></p> <ul style="list-style-type: none"> Better links to other services, particularly children's social care and schools Service offer across the entirety of West Sussex

Theory of change/metrics summary – Summer Campaign

Rationale	Assumptions and Unintended Consequences	Resources and Activities	Outputs	Outcomes
<p>Context Family Assist is an online portal for expectant and new families to receive trusted information about pregnancy/early years.</p> <p>The problem Associations between alcohol use, hot weather and crying are not well known.</p> <p>Evaluation of Family Assist's first year showed that access to crying baby information spiked in May at the onset of warmer weather in both 2018 and 2019. A steady increase was seen in 2018 throughout the summer (peaking in August). Access to alcohol information also shows a spike in December and again at the onset of warmer weather (June 2018, and April and June 2019).</p> <p>As such, we want to: Disseminate reliable information and advice about the links between parental alcohol consumption, hot weather, children crying and relationship conflict to new and expectant parents, by sending targeted emails in the summer. Links to other trusted websites and signposting to local services (e.g. DrinkCoach, CGL) will also be provided should a family need further advice or support.</p>	<p>We assume that:</p> <ul style="list-style-type: none"> • Parents want information and advice about coping with crying and alcohol use • Family Assist is viewed as a trusted source of information that families read and use • Subscribers access and use the information provided • Parents are self-motivated to refer to wider resources and services when this information is provided <p>Unintended consequences:</p> <ul style="list-style-type: none"> • Family Assist may only reach those parents who are actively engaging with services • Access to internet • Inaccurate or insensitively worded information could impact on the credibility of Family Assist • Acceptability of raising this topic with families • Potential increase in self-referrals to signposted services • Professionals may not be trained/confident to address queries raised by families because of the campaign. • Awareness among professionals • We may exclude, or it may be more difficult to engage families with different ethnic and cultural backgrounds and beliefs (protected characteristics) <p>We know that we need to:</p> <ul style="list-style-type: none"> • Be mindful of protected characteristics • Provide a route to services should a family feel they need additional support • Be cautious with the wording of information regarding challenging topics • Ensure that the information supplied is available to all parents (hosted on the website) and not just those who subscribe • Be aware of potential barriers to this source of information (e.g. language, access to internet etc.) 	<p>We need:</p> <ul style="list-style-type: none"> • IT support to produce the pages/emails for Family Assist • Reliable information in a format that is appropriate to share with parents • Capacity to monitor outputs (e.g. click rates, time spent on page etc.) • Links to appropriate services that can receive self-referrals should parents request additional support • Capacity to receive and record referrals should they come via Family Assist • Communications plan <p>Activities include:</p> <ul style="list-style-type: none"> • Developing content for Family Assist (information and advice regarding links between hot weather, alcohol, conflict and coping with crying) • Method to check the content is appropriate to parents/expectant parents (requesting feedback) • Disseminate information directly to subscribers to Family Assist • Publish the information on the Family Assist website for all users (subscribed or not) to view 	<p>Aim to reach:</p> <ul style="list-style-type: none"> • All subscribers to Family Assist (currently around 7-8,000), and expectant and new parents who are using the internet to search for locally relevant advice <p>We will measure:</p> <ul style="list-style-type: none"> • Number of subscribers to Family Assist • Number of emails disseminated re. summer campaign • Number of emails opened re. summer campaign • Clicks on the webpage/website • Duration spent on webpage • Qualitative feedback from parents/information users re: awareness and acceptability of the campaign and info given 	<p>We expect to see:</p> <p><i>Family:</i></p> <ul style="list-style-type: none"> • Families accessing information about alcohol use, summer, crying and relationship conflict through Family Assist