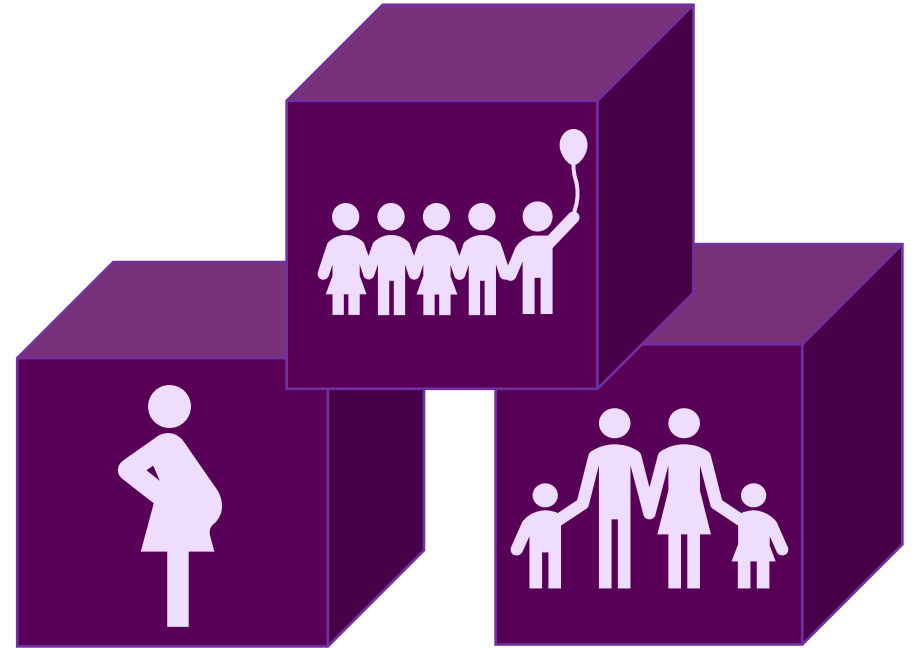


Children of Alcohol Dependent Parents Innovation Fund West Sussex Evaluation

Summary



**Change
Grow
Live**



Report by West Sussex Public Health and Social Research Unit

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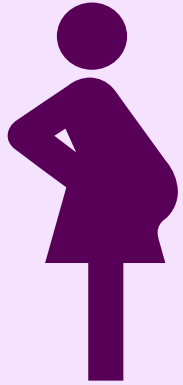
Overall recommendations

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Glossary of terms

The problem



Alcohol use in pregnancy is a key risk factor for the developing baby. Risks include^{1, 2}:

- Low birthweight
- Stillbirth
- Premature birth
- Fetal alcohol syndrome



The UK Chief Medical Officer recommends abstinence from alcohol during pregnancy due to the negative effects of alcohol on the growing fetus³

Parental alcohol use impacts the whole family, particularly children, and it can also affect parenting abilities⁴



Children with parents who drink alcohol are at a higher risk of abuse, neglect, unintentional injuries, and other poor outcomes⁵



Parental alcohol problems are also strongly associated with a higher likelihood of emotional symptoms, depression, and low self-esteem⁶

Approximately 6,000 children in West Sussex live in households where a parent is suffering alcohol/drug dependence⁷, which is estimated to equate to around 35 per 1,000 0-17 year olds

Innovation Fund Overview

- To address these issues, the Department for Health and Social Care (DHSC) and the Department for Work and Pensions (DWP) invested in a range of projects across local authorities and the voluntary sector. The funding aimed to help children of alcohol dependent parents by identifying at risk children earlier and by providing interventions to support their families.
- This included an innovation fund, led by Public Health England (PHE), for local authorities to develop and implement innovative plans and measures to improve **outcomes** for children of alcohol dependent parents and carers.
- West Sussex was one local authority that received this funding. The funding ran from 2018/19 to 2020/21 and was focused on the following four work streams...



Early Identification of alcohol use during pregnancy and the first year of a child's life.

This involved implementing a referral pathway to the new CGL Growing Families service for pregnant women who drink any amount of alcohol and for their partners.



Early Intervention: this involved the creation of the CGL Growing Families service to provide early support for pregnant women and their partners who drink alcohol.

This service offers tailored and flexible interventions such as one-to-one, group sessions and home visits, depending on the client's need.



The existing CGL Children and Young People's (CYP) Therapeutic Service for CYP of alcohol dependent parents/carers was extended countywide.

This service aims to identify at risk CYP and provide therapeutic sessions to build resilience.



A summer campaign was delivered via Family Assist which aimed to share reliable information and guidance about parental alcohol use to new families in West Sussex.

The Evaluation

- A local evaluation was led by West Sussex County Council Public Health and Social Research Unit
- The four projects were defined and the aims of the evaluation for each were identified:

Early Identification

To understand whether:

- The new pathway helped identify pregnant women who use alcohol earlier
- Professionals are aware of and use the referral pathway
- Training improved staff awareness and knowledge of parental conflict and alcohol use in pregnancy

Early Intervention (Growing Families service)

To understand whether:

- Those drinking alcohol during pregnancy received support earlier
- Family workers helped reduce alcohol use in pregnant women and partners

CYP Therapeutic Service

To understand whether:

- The service can be extended across the county
- The service improves outcomes for children (and families), particularly improving emotional wellbeing

Summer Campaign (Family Assist)

To understand whether:

- The campaign reached families
- The campaign materials were acceptable to families
- The campaign improved awareness of the impact of parental alcohol use on children

- Evaluation activities were embedded throughout the innovation fund period
- The evaluation incorporated a mixed methods approach of both qualitative and quantitative methods to provide evidence of the process, characteristics of clients, and outcomes of each service.

Evaluation Methods 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 level data on referrals, clients and outcomes was conducted
2. Feedback provided by children, families and professionals, as 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 parental alcohol use on children

The outputs

Several interim and final reports were produced for the service and commissioners.

The executive summary can be found at:

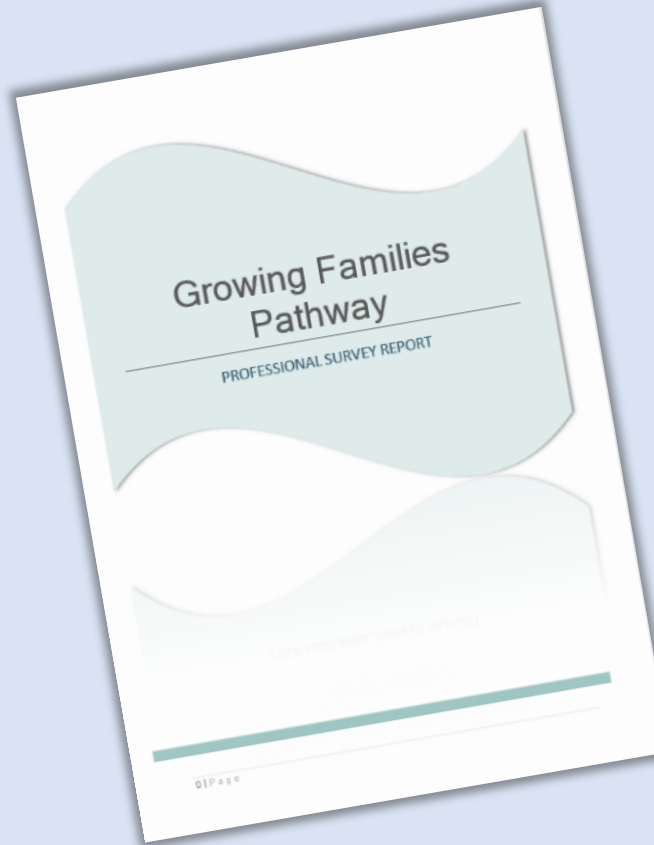
jsna.westsussex.gov.uk



Early Identification: Outline

This section summarises findings and recommendations from:

- An online survey of 62 professionals, working across health and social care services, which aimed to understand their awareness and use of a new referral pathway to the Growing Families service
- Feedback from health, social care and voluntary sector professionals who attended an event aimed at raising awareness of the impact of parental alcohol use and relationship conflict on children
- Data on alcohol use among pregnant women accessing one West Sussex maternity service provider



Early Identification: Findings

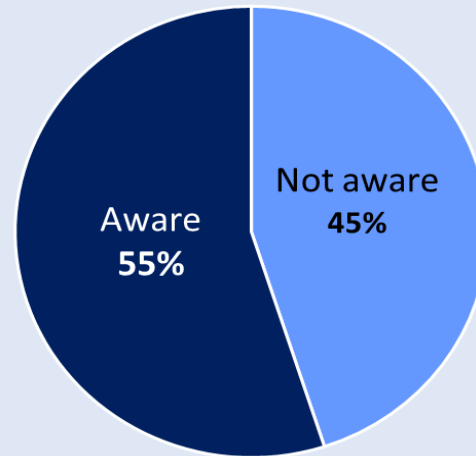
Growing Families Pathways survey

- Nearly half of the health and social care professionals who responded to the survey reported that they often ask their clients about alcohol use
- Reasons given for not asking clients about alcohol use included:

"lack of appropriate space to talk"
"felt it was intrusive to ask"
"did not feel it was relevant to their area of work"

- Awareness of the Growing Families service was higher in some professional groups such as maternity and health visiting compared to others such as GPs, and wellbeing hub advisors*
- Over half of respondents were aware of the Growing Families service pathway, and most of those aware of the service had made a referral

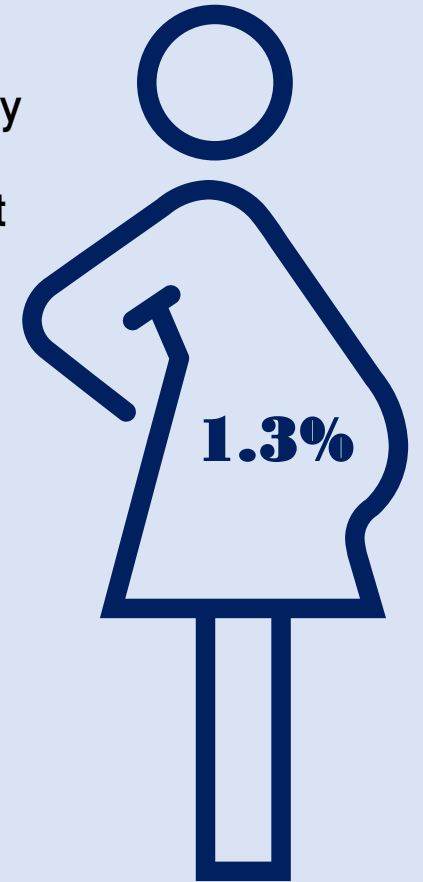
Awareness of the GF services



* Wellbeing hub advisors offer advice and support to help people make positive choices to tackle risk factors such as excess weight, sedentary behaviour, smoking and drinking too much alcohol.

Maternity data

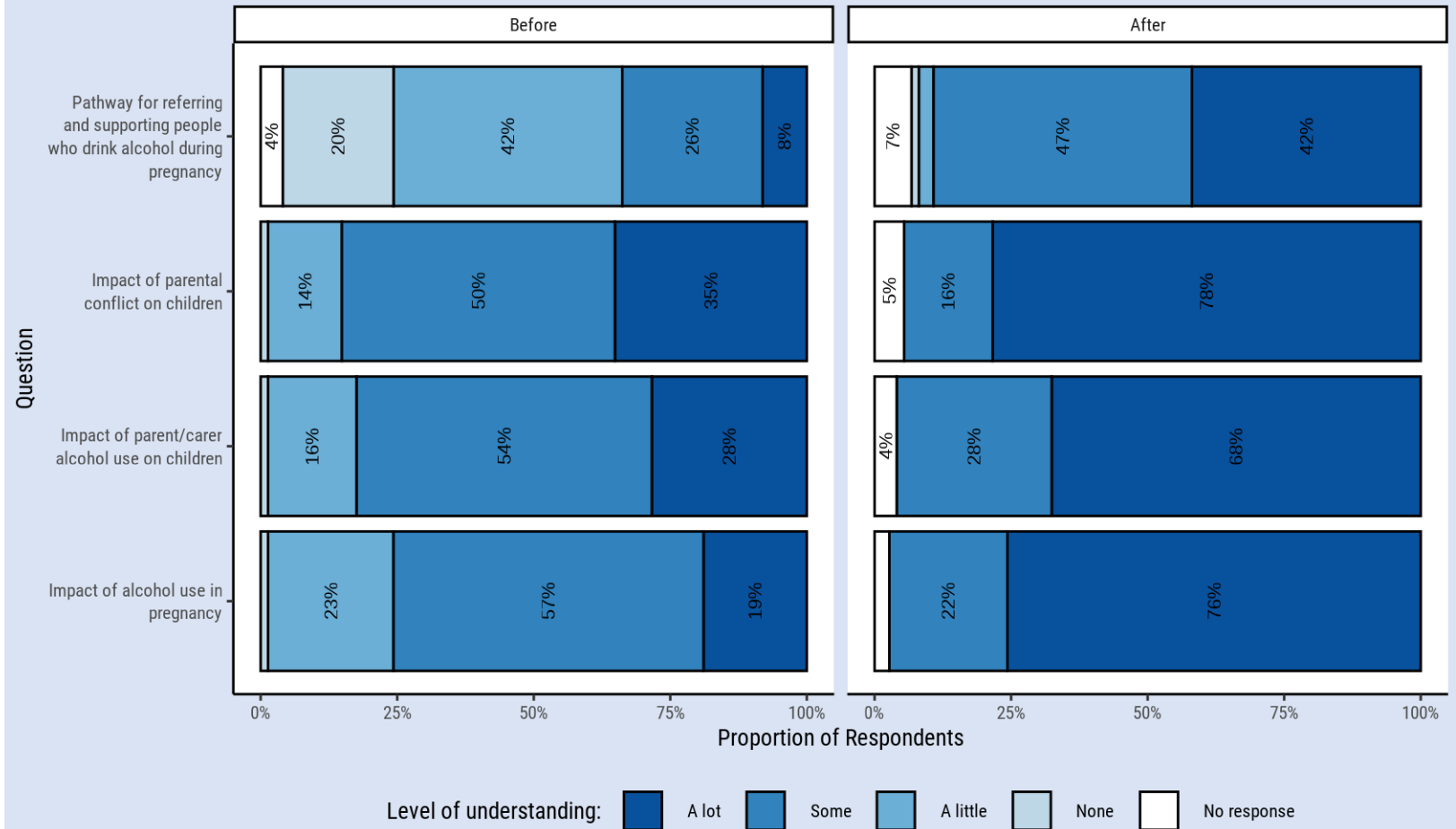
- Analysis of data from one NHS Maternity service indicated that approximately 1.3% of booked pregnant women reported drinking at least 1 unit of alcohol per week
- It is important to note that underreporting of alcohol use during pregnancy is likely^{8,9}
- Furthermore, it was not possible to determine if pregnant women drinking alcohol were offered brief advice or if a referral was made to the Growing Families service.



Early Identification: Growing Families Training Event Findings

- Eighty-nine professionals from various health, social care, education and voluntary sector organisations attended the training event
- Initial feedback was provided by 74 of the 89 professionals who attended
- Respondents reported increased awareness and understanding of the impact of parental alcohol use and relationship conflict on children
- Some respondents reported that the event provided them with skills and strategies to help them start conversations with families about parental alcohol use and parental conflict
- A 6 month follow-up survey indicated that respondents had applied learning from the event in their day-to-day work
- Restrictions during the COVID-19 pandemic limited some respondents' ability to put their knowledge into practice due to reduced face-to-face contact and challenges engaging clients virtually or over the phone.

Self-reported level of understanding on the following topics before and after the event:

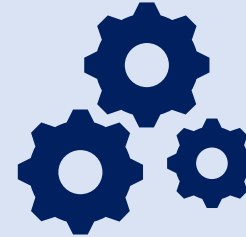


Early Identification: Recommendations

1

A “whole systems” approach to identify and reduce alcohol use during pregnancy

- This includes raising awareness by training health and social care 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 make appropriate referrals for support



Action for:

- NHS and WSCC Commissioners
- Service providers (i.e. CGL, Maternity)

2

To improve the collection, monitoring and sharing of maternity data on alcohol use during pregnancy across West Sussex



- A multi-agency systems approach should consider working across all maternity providers in West Sussex to improve data collection and data sharing.



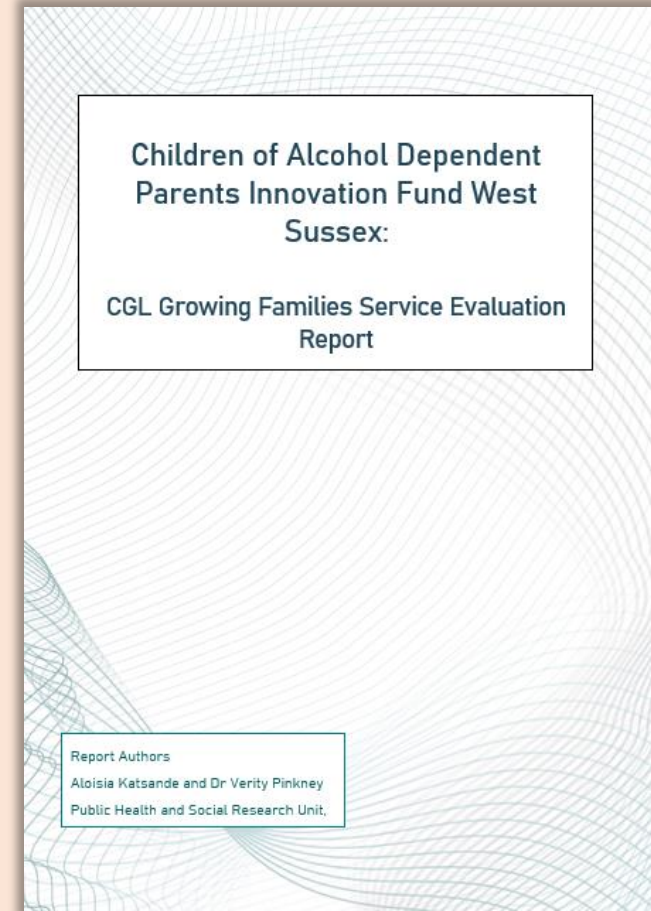
Action for:

- NHS and WSCC Commissioners
- NHS maternity providers
- Local substance misuse service provider (CGL)

Early Intervention: Growing Families Service Outline

This section summarises findings and recommendations from:

- The Growing Families *quantitative* service level data and *qualitative* feedback from clients



Early Intervention: Growing Families Service Findings

- The Growing Families service covers all of West Sussex. Clients include pregnant women, partners of pregnant women and families with a child under the age of 1
- The number of sessions attended varied substantially from client to client, ranging from 0 - 23 sessions, with individuals with more complex needs requiring 3 or more sessions
- A higher number of referrals were made for clients residing in the 20% most deprived areas of 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 women referred to the service reported at assessment that they had drunk alcohol during pregnancy
- The average number of daily alcohol units consumed (on a typical drinking day) and average number of alcohol drinking days declined among clients (including pregnant women) following Growing Families intervention

Alcohol use by clients at assessment and discharge

Average number of alcohol units drunk on a typical drinking day at assessment



Average number of alcohol units drunk on a typical drinking day at discharge



Average number of alcohol drinking days in the last 28 days at assessment



Average number of alcohol drinking days in the last 28 days at discharge



Number of referrals to GF service : June 2019 – March 2021



Qualitative Feedback

- Clients reported reductions in their alcohol use or ability to abstain from alcohol. However, the feedback form had a very high risk of bias.
- Family workers indicated that some links and relationships with other services had been established, which continue to be developed.
- Family workers have integrated information about parental conflict into their work and some clients reported that the service helped improve their family relationships.
- However, although work to reduce parental conflict is now embedded, each family worker has their own approach.

Early Intervention: Growing Families Service Recommendations

3

Further work should be done to address parental conflict

- Using current evidence base to further develop on parental conflict to make it more routine and ensure that it's effectiveness or impact can be measured against set outcomes
- Sharing learning on parent conflict across the system to ensure incorporation across various areas of work, i.e. maternity, social care, and education.
- Raising awareness of parental conflict with expectant parents



Action for:

- Commissioners.
- Substance misuse service provider
- NHS maternity providers.
- Other services i.e. social care

4

Continue to record data on outcome measures



- The routine monitoring of outcomes using validated outcomes measures such as AUDIT will allow the service to further show improvements from clients.



Action for:

- Service provider working with commissioners)

5

Revise the feedback form

- The GF service should consider more ways to obtain high quality and reliable feedback from clients who engage or disengage with the service to ensure that it can be used to further develop the service.



Action for:

- Service provider working with commissioners)

6

Continue to build relationships with other services



- There is scope to further develop relationships with other services and professional groups (i.e., GPs) and/or geographical areas.



Action for:

- Service provider

Children and Young People's Therapeutic Service: Outline

This section summarises findings and recommendations from:

- Quantitative analyses of service level data
- Qualitative data from children, families, and professionals collected via feedback forms and interviews

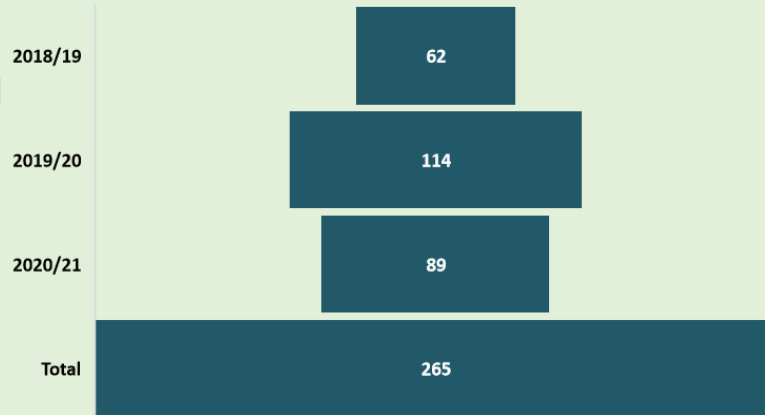


Children and Young People's Therapeutic Service: Findings

Quantitative data findings

- During 2018/19 to 2020/21, the CYPT service received 265 referrals and completed therapy with 159 CYP
- The service has expanded successfully across West Sussex, with CYP receiving therapy in schools in 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 Plan* in place.
- Sources of referral changed over time, with an increase in referrals from Early Help and a decrease from schools during COVID-19 restrictions
- The CYPT service produced small but significant self-reported improvements in life satisfaction for children and young people affected by parent/carers alcohol use
- The demand for the CYPT service remains high, with a waiting list in place

Number of referrals to CYP service (by year of referral)



Qualitative data findings

- The CYPT service is highly valued
- The service proactively engages with families and professionals to support children affected by parent/carers alcohol use
- Some of the self-reported improvements described as a result of therapy included better self-esteem, confidence, and emotional wellbeing, as well as improved communication and relationships with others
- Children and young people also reported gaining a better understanding of their own circumstances and experiences



"[therapy helped] the way I deal with my mum's drinking, [it] helped me understand what she is going through..."

"I liked how open I could be about everything. I have never been able to be this honest with anyone before"

"I definitely learnt how to help myself in bad situations"

- Communication between the service, families, and professionals was considered excellent
- There is a desire from children, families, and professionals for greater flexibility in the length of therapy to ensure it best meets the CYP's needs

Children and Young People's Therapeutic Service: Recommendations

7

The current offer should continue locally

- Evidence shows that the CYPT service produces improvements in outcomes for children and young people affected by parent/carers alcohol use. Therefore, there is need to continue this support and explore further how this offer can be maintained.



8

Continued monitoring of demand, capacity and waiting times



- Continue monitoring the waiting list and consider prioritising referrals to ensure those with the greatest need receive support in a timely manner, taking care not to worsen inequalities.



9

Continue to review and develop the service delivery model

- Based on the feedback received, consideration could be given to the duration of therapy (i.e. number of sessions) to make it more flexible and also to potentially incorporate family therapy, where appropriate. This should be based on current evidence.



10

Further implementation of validated outcome measures



- Using validated tools to measure outcomes for the CYP Therapeutic service and routinely collect and monitor data to continue to measure the effectiveness and impact of the service.



11

Capturing the “voice” of the child

- Further work should consider conducting qualitative methods to better understand views and experiences of children and young people who engage or disengage with the service.

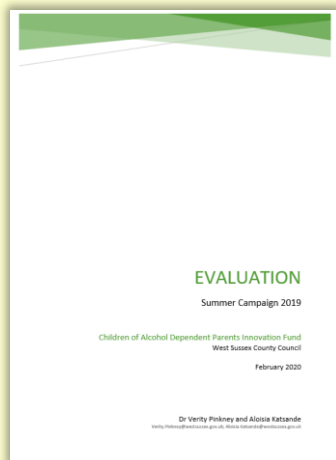


Action for:

- Commissioners
- Service Provider

Family Assist Summer Campaign: Findings and Recommendations

This section summarises activity data of registered users of Family Assist, and findings and recommendations from a short survey with users to capture feedback on the content of the campaign materials.



***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). 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.*

Family Assist Activity Data

- Of the 6,664 users who received the email, 2,787 (42%) opened the email containing information on the impact of parental alcohol use on children.
- However, it is not clear how this compares to other content shared 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.

Family Assist User survey

- Of the 6,473 users who were sent the survey, 232 people responded to the survey (3.6%).
- 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

RECOMMENDATIONS

12

Work with families to coproduce messages on the impact of parental alcohol use on children

- Including identifying other opportunities to reinforce messaging about the impact of parental alcohol use on children and families



Action for:

- Commissioners

Overall Recommendations across Innovation Fund Projects

13

Further research should consider whether improvements are sustained in the long-term

- There is scope to further explore long term effects of the service on individuals/families, to see whether positive *outcomes* are sustained



Action for:

- Commissioners
- Service Provider

14

Addressing inequalities among families where alcohol is a potential issue



- Consideration to conduct an *equity audit* and a review of needs using JSNA data, to ensure health *inequalities* are addressed and not worsened

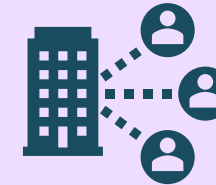
Action for:

- Commissioners
- Service provider
- WSCC Public Health

15

Remote support should be evaluated

- Further evaluation is required to understand how remote and/or blended support differ from face-to-face support in terms of *outcomes* observed and the views and experiences of clients receiving support in this way



Action for:

- Commissioners
- Service provider

16

An economic evaluation should be conducted



- Consideration to conduct an economic evaluation could help understand the cost effectiveness of the Growing Families and CYPT service interventions.

Action for:

- Commissioners
- Service provider

Limitations

Whilst efforts were made to ensure the robustness of methods and data, there are some limitations that need to be considered when interpreting the evaluation findings. Some of the key limitations include:

In most cases, longitudinal data was not collected, which makes it difficult to understand the impact of these services in the long-term.



Parental conflict was not formally evaluated due to difficulties identifying an appropriate measure for families expecting a child and unsystematic implementation of interventions.



Qualitative feedback via interviews or focus groups with CYP were not conducted due to restrictions during the COVID-19 pandemic and complexities with data protection



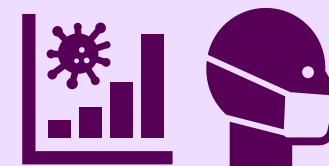
Capturing the views and experiences of clients engaged with the Growing Families service was challenging due to non-response and restrictions during the COVID-19 pandemic



All surveys conducted may not be fully representative of the views and experiences of the target population



National restrictions due COVID-19 pandemic significantly affected the delivery of services. The pandemic may also have affected patterns of alcohol use among families.



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Glossary of Terms

AUDIT tool:

(Alcohol Use Disorders Identification Test) is an alcohol harm screening questionnaire developed by the WHO. It is a way to screen for harmful or hazardous alcohol use

Early Help Plan:

is completed for families with children and/or young people (aged 0 – 19 or 25 for those with special educational needs) with complex health or social needs that cannot be met by universal services

Equity audit:

An equity audit is a tool used to examine whether resources and access to services are fairly distributed according to the needs of different population groups

Inequalities:

refers to health inequalities which are differences in the health and wellbeing of different groups of people. These differences may be affected by things like poverty, housing and education.

JSNA:

(Joint Strategic Needs Assessment) provides a summary of the current and future health, social and wellbeing needs of the local residents. This can be found at jsna.westsussex.gov.uk

Outcomes:

The aims/objectives that a specific action or intervention wishes or intends to achieve. Outcomes also refer to the result of a specific action or intervention

Parental alcohol use:

Refers to parents or carers who misuse or are dependant on alcohol

Parental / relationship conflict:

Some arguing and conflict between parents is often a normal part of daily life. However, where parental conflict is frequent, intense and poorly resolved, this can have a major negative impact on children's wellbeing

Qualitative methods:

a type of research that focuses on collecting and analysing data that is not number based or non-numerical, such as text and words, through use of interviews, discussions etc

Quantitative methods:

type of research that focuses on collecting and analysing data that is number based or numerical, through use of surveys or questionnaires etc

Referral Pathway:

Outlines the process of referral to a specific service for support or other intervention

Respondents:

Refers to individuals who took part in a specific activity, for example, individuals who responded to a survey or questionnaire