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Addendum Report December 2021 (following main report 2020)

Theme 4: Supporting families living with alcohol misuse in Portsmouth: an evaluation of the Family Support Project

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Summary of additional data collected during FSP extension

Introduction

After the initial period of funding for the Family Support project (FSP) came to an end, during late 2020, the FSP continued to be provided by Portsmouth City Council, with additional funding from Department of Work and Pensions, but with reduced resources. The FSP team had two full time staff members at the start of 2021, and an additional 0.4 part time staff member joined the project in April. The FSP team members are now managed by the Recovery Hub manager (substance misuse service run by Society of St James). The service no longer had a base alongside community family services, but family workers were based at home and visited families in their homes or met in public places. In May 2021 data collection resumed again to contribute to evaluating the extension and changes of the service.

Method

The consent process for the collection of routine data was reinstated. Six clients who were already in treatment in May were asked to provide consent for their routine baseline data, retrospectively. Demographic and baseline data were collected for the evaluation purposes.

1. **Descriptive details for the alcohol dependent parent (ADP):** Age, Gender, Ethnicity, Employment status, Accommodation need, Mental health need, Mental health treatment, Drinking days (28 days), Units alcohol (28 days), Pregnancy, Parental status, Number of children living with the presenting adult, AUDIT (Alcohol Use Disorder Identification Test) total score.

2. **Description of the intervention:** Date family presented to treatment, Date treatment ends, Number of sessions attended (total for family), Number of children directly worked with, Number of other adults (not misusing alcohol) directly worked with, Was parental conflict addressed within the work (Y/N).

3. **Outcomes (to be collected at first appointment and end of treatment, 3 months or as soon after 3 months as possible):** Discharge reason, AUDIT Questions 1 &2, Strengths and Difficulties Questionnaire (SDQ) for the oldest child or the child needing the most help, Valued Living Questionnaire (VLQ; version adapted for the FSP).

The Valued Living Questionnaire (VLQ) was adapted to include 14 domains of behavioural change described by the families in the main evaluation. Table six provides a list of the revised domains. VLQ was completed by the presenting adult at start of treatment and after 12 months; where adults were already engaged they were asked to reflect back to when they started to estimate the score they would have given then (this is a limitation of the VLQ data presented that needs to be taken into account when interpreting these results). Each was scored out of ten for importance and for time/energy given to the domain of living. This adaptation has not been validated, but for descriptive purposes with a small sample, was considered to capture a more complete account of the changes that were likely impacted by the FSP intervention.

Results

The data summarised below relates to eleven families that received treatment from the FSP between May-October 2021, and also consented to share their data for the purpose of the service evaluation. Six additional families were referred during this period but did not engage, and are not included. Two additional families engaged but withheld consent to share data for the evaluation, so are also not included.

Six of the families were engaged prior to the date that data collection restarted (May 2021), and the other five families presented between May-October 2021. Most families self-referred (n=7), two were referred from Children's Social Services, one from Early Help, and one from the Recovery Hub (local adult alcohol and drug services).

Baseline data

In eight families the person misusing alcohol (PMA) presented for treatment, and in three families another adult (non-PMA) presented for help from the service for their family, without the PMA engaging in help. Table 1 below provides the characteristics of the PMAs (n=8) engaged during the extension period compared to the characteristics of PMAs engaged in the main evaluation. The later cohort appeared to be similar to the main cohort in terms of gender, ethnicity, housing, employment and meeting the threshold for alcohol dependence but were also slightly older, and had less mental health issues identified. Any differences, however may have occurred by chance with this small sample, so it is difficult to draw any conclusions.

Table 1 Participant characteristics at baseline compared to main evaluation period

		April 2019-March 2020 PMA		January 2021-Sept 2021 PMA	
		n	%	n	%
Gender	Female	39	68.42	6	75.00
	Male	18	31.58	2	25.00
Age	18-24	2	3.51	0	0.00
	25-34	18	31.58	2	25.00
	35-44	24	42.11	2	25.00
	45-54	11	19.29	4	50.00
	>54	2	3.51	0	0.00
Ethnicity	White British	56	98.25	8	100.00
	Other	1	1.75	0	0.00
Employment	Homemaker	3	5.26	0	0.00
	Long term sick or disabled	7	12.28	0	0.00
	Not receiving benefits	2	3.51	0	0.00
	Regular Employment	24	42.11	5	62.50
	Unemployed and not seeking work	13	22.81	3	37.50
	Unemployed and seeking work	3	5.26	0	0.00
	Not known	3	5.26	0	0.00
Housing	Housing problem	3	5.26	0	0.00

	No housing problem	54	94.74	8	100.00
Drinking Days in 28 day period	0-1 days	5	8.77	0	0.00
	2-8 days	15	26.32	1	12.50
	9-15 days a month	11	19.30	2	25.00
	16-25 days a month	7	12.28	2	25.00
	26-28 days a month	19	33.33	3	37.50
Drinking Units	0-9	12	21.05	1	12.50
	10-19	17	29.82	2	25.00
	20-29	12	21.05	3	37.50
	30-39	8	14.04	1	12.50
	40+	8	14.04	1	12.50
AUDIT (n=33)	Increasing risk 8-15	3	9.09	0	0.00
	Higher Risk 16-19	3	9.09	0	0.00
	Likely dependence 20+	27	81.82	8	100.00
Mental Health	Mental health issue identified	31*	54.39	1	12.50
	(*In treatment with GP)	(21)		(1)	
	(*In treatment with IAPT)	(1)			
	(*In treatment with CMHT)	(3)			
	(*Declined treatment)	(1)			
	(*No current treatment)	(5)			
	No mental health issue identified	23	40.35	7	87.50
	Not known as declined to answer	3	5.26		
Parental status	All the children live with the client	43	75.44	3	37.50
	Some of the children live with the PMA	4	7.02	5	62.50
	None of the children live with the PMA	10	17.54	0	0.00
Number of children living with PMA	0	10	17.54	0	0.00
	1	14	24.56	4	50.00
	2	19	33.33	2	25.00
	3	8	14.04	2	25.00
	4	4	7.02	0	0.00
	5	2	3.51	0	0.00

Intervention:

In five out of the eleven families, the presenting adult was the only family member who received the intervention. In four of the families, 1 or more children were engaged in the intervention, and in three families another adult was engaged. In six cases, families were also involved with Children's Social Services or Early Help during the time of the intervention, and the intervention involved liaison with these services. Parental conflict was identified as an issue with three families and the intervention addressed this.

Of the families receiving treatment during this period, only two families had been discharged by October, one to adult substance misuse treatment, and the other completed treatment. The length of engagement of those families was 328 and 447 days, and the number of sessions in which one or more family members took part was 56 and 67 respectively. The range of engagement duration for those still in ongoing treatment is 7-593 days, mean 180 days.

Outcomes:

Follow up data is limited to seven PMAs completing the AUDIT and VLQ before treatment and after 12 weeks+, and one other family member completing the VLQ at these time points. Data collection varied from 73-476 days after baseline.

During these varied follow up times all but one of the PMAs had reduced or stopped drinking (Table 2, 3 &4). On the VLQ score (calculated by multiplying importance and time/energy for each domain, adding these scores and dividing this by fourteen) five out of eight of the presenting adults improved their score by more than 5 points, while only one reduced their score (Table 5).

The mean importance of the majority of domains remained stable from start to end (Table 6). An exception were domains related to partners, which became less important on average (by more than one point out of ten). There were much greater changes observed in the energy and time spent on the domains during the course of treatment (Table 6). Most of the larger average changes (increased by more than one point out of ten) were reported in improving family relations: spending time with children on activities and setting boundaries, spending time with wider family/friends and setting boundaries, and being more honest with partners. Mental health had the highest average change in terms of time and energy spend on this value, and diet was also an area of change.

Table 2 Count for categories of change in drinking at follow up

Change in drinking*	N
Became abstinent	1
Reduced days and units	3
Reduced drinking units	2
Drinking remained the same	1
TOTAL	7

Table 3 AUDIT Q1 (How often do you have a drink containing alcohol?)- baseline and follow up

Drinking days	Number in category at baseline	Number in category after 12+ weeks
Never	0	1
Monthly or less	1	0
2 to 4 times per month	0	3
2 to 3 times per week	4	1
4 times or more per week	2	1
TOTAL	**7**	**7**

Table 4 AUDIT Q2 (quantity of alcohol consumed on typical drinking day) – baseline and follow up

Category of units on drinking days	Number in category at baseline	Number in category after 12+ weeks
0-2	0	1
3-4	0	3
5-6	0	2
7-9	3	0
10+	4	1
TOTAL	**7**	**7**

Table 5 Valued Living Score Outcomes n=8 (including one person not PMA)

Category of valued living	Number in category
Maintained Valued Living	2
Improved Valued Living (increased by >5 points)	5
Reduced Valued Living (decreased by >5 points)	1
TOTAL	**8**

Table 6 Mean Importance and Energy/time scores for each domain, at baseline and follow up

	Mean Importance Start	Mean Importance End	Mean Time/energy Start	Mean Time/energy End
Taking care of children's basic needs e.g food and getting to school	9.88	9.88	8.13	8.63
Spending time with children doing activities or enjoying interacting	8.875	8.5	5.5	7
Setting and keeping clear boundaries with children	9.25	8.25	5.5	6.5
Improving my diet	4.38	4.38	2.13	3.12
Taking more exercise	4.25	4.75	1.38	2.88
Looking after my mental health	9.35	9.35	5.13	8
Keeping up with personal health appointments	9.0	9.13	9.27	9.13
Spending quality time with a partner	4.99	3.5	2.88	3.38
Open and honest communication with a partner	5.36	3.75	1.5	2.88
Spending quality time with members of my wider family	8.25	7.88	5.63	6.75
Spending quality time with friends	6.5	6.875	4.75	4.75
Setting boundaries with wider family or friends	4.5	5.0	1.75	4.5
Following personal hobbies or interests	4	4.5	3.38	4
Work, Voluntary work, Learning and/or Education	4.875	5.125	4.38	5.13

Discussion

Several factors are likely to have contributed to the lower referral rates during this period compared to the period covered in the main report. Firstly, COVID related lockdown at the start of the year meant few families were engaging with services in person. Secondly, the FSP had been expected to end in 2020 and the local frontline services and schools who previously referred in to the service had been informed that the service would not be taking new referrals; the reversal of this message might not have got through clearly. Furthermore the lack of a base for the project and reduced resources could have had an impact. These difficulties highlight the need for longer term service provision, where the FSP can become integrated into local services and widely known about.

During the follow up period data collection was limited by the low numbers of families engaging during this period, varying follow up times, and retrospective data collection. Unfortunately the planned collection of SDQ data did not occur, meaning that changes in the children's functioning were not included. Overall the direction of change to drinking and valued living were observed to be in a positive direction in this small sample of families, although data quality was low.

Families were usually engaged in the intervention for over six months, and potentially could be still engaged after a year. FSP workers report that twelve weeks is an unrealistic amount of time to work with the families (as originally planned), due to the time it takes to engage family members, build trust, and often it takes time for adults to recognize that the children could also benefit from the intervention. Furthermore, taking a holistic approach means addressing multiple issues which often emerge as the work progresses and trust is built. Another factor in prolonging intervention duration was the COVID pandemic which has meant children and families were often self-isolating after cases were identified in schools, so that FSP visits have been more spaced out than they usually would be. Other factors can also affect how long a family is worked with, for example when a client has an acute mental health crisis or is regularly cancelling appointments. Family workers report that regular review of cases has been helpful to reflect on whether families are benefitting after extended periods of intervention, and to refer on when another service is more appropriate to the needs of the family.

The adapted VLQ is not a validated tool, but did allow the description of relevant changes for this small sample of families in line with the study aims to influence "better family lives". Improved attention to immediate and wider family relationships and to mental health were likely key aspects of change for the presenting adults in these families. Including validated outcome tools that reflect these areas of change could be important for future family intervention research.