EXECUTIVE SUMMARY

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This report presents the findings from the evaluation the First Steps children’s centres project, building on the earlier report of the first year of the pilot project (Cullen, Cullen, Lindsay, Barlow, 2012).

Introduction

Addaction (http://www.addaction.org.uk) is a UK specialist drug and alcohol treatment charity, founded in 1967. Its mission is reducing the use of, and the harm caused by, drugs and alcohol. It offers holistic support to adults, teenagers, young adults and older people who have a problem with drink or drugs. Given that the majority of those seeking help from Addaction also have children, and that substance misuse affects not only the user but also other family members, Addaction views providing support to the families of service users as fundamental to its role.

First Steps was funded by a Department of Education (DfE) grant over 2011-2013 as part of the department’s key strategic objective to improve outcomes for families with multiple problems. The DfE set a number of key performance indicator (KPI) targets for delivery. For Addaction, the First Steps pilot was part of a wider sector partnership alliance with Adfam and Alcohol Concern. Together, that partnership was tasked with developing the skills of a broad range of professionals who support children and families affected by substance misuse.

The objective of First Steps was to improve outcomes for families affected by substance misuse through delivering staff development for children’s centre staff across England at three levels:

- a one day awareness raising training course open to any/all staff working in or from a children’s centre (KPI target of 2400 participants by March 2013), including ‘train the trainer’ sessions and paid for training from Year 2 (KPI of £40000 income generation from sale of the training by end of March 2013).
- intensive partnership work over 15 months in 15 selected children’s centres to embed the training in everyday working practices.
- development of e-learning resources and working protocols for effective work with substance misusers and their families, including: best practice guidance, a framework for service audits, and core standards for identifying and working with families affected by substance misuse.
The **aims** of First Steps were to work with children’s centres:

- to improve staff skills, knowledge and working practices around identifying and supporting families affected by substance misuse (KPI target of 80% satisfaction with the training).
- to improve, by 10%, the engagement and retention of substance misusing parents at the 15 partner site children’s centres (KPI target).

**Methods**

The evaluation comprised a combined methods approach using pre-training, post-training and follow-up questionnaires to evaluate the one-day training. The partnership work in the 15 children’s centres was evaluated mainly through qualitative interviews in the early stages of the work and again towards the end. Numerical data on parents identified as misusing substances was also collected, along with anonymised case work summaries for a sample of families affected by parental substance misuse but only a minority of the children’s centres provided these data.

This is the final evaluation report for the First Steps project, and builds upon the interim report which focused on the first year of First Steps. The data that underpin this final report are:

- Pre and post First Steps one day training questionnaires (N = 2039 pre, and 2014 post)
- Follow up questionnaires completed 6-8 months following completion of one day training (N = 363)
- Recorded, semi-structured interviews with staff from 12 of the 15 First Steps partner site children’s centres, including centre managers (N = 12), and centre workers (N = 27; 18 family support or outreach workers; eight early years or play and learning or children’s workers; one office administrator) (Three centres did not participate in the final phase of the evaluation because of work pressures.)
- Interviews with seven parents from three First Steps partner site children’s centres
- Analysis of working documents associated with the 15 partner children’s centres
  - From the three Family Development Managers: logs of work with each centre; action plans for each centre co-created with each centre; exit summaries for each centre.
  - From the centres: anonymised summaries of children’s centre case work with a sample of families where at least one parent was a substance misuse (two centres); and data from initially eight and finally two of the partner site children’s centres on numbers of families identified as having parental substance misuse.
Key Findings

1. The one-day training course for children’s centre workers and colleagues

- The one-day training course had 2351 participants, about 50 short of the target KPI of 2400. The number who booked on the training day exceeded the target; the small shortfall was due to people cancelling, or not being able to turn up on the day, due to unforeseen circumstances.

- Analysis of pre-post questionnaires consistently showed statistically highly significant ($p < .001$) improvements in knowledge, skills and confidence in supporting parents where substance misuse was an issue in the family ($N = 2041$ pre and 2014 post; a response rate of 87% pre- and 86% post-training).

- Analysis of follow-up questionnaires completed 6-8 months later ($N = 363$) showed that the mean total score for knowledge, skills and confidence remained significantly higher than the pre-training score ($p < .001$). The follow-up response rate of 18% was low but not unexpected given the time lag and the demands on children’s centre staff. Comparison of those who returned a follow-up questionnaire with those who did not, found no significant differences on either mean pre-training score or mean post-training score, suggesting that the 18% who returned a follow-up questionnaire were reasonably representative of the participants as a whole.

- This statistically highly significant rise from pre-training, and which was maintained 6-8 months later, indicates that the training is effective in creating a lasting impact on knowledge, skills and confidence.

- 6-8 months after the training, 94% ‘agreed’/’strongly agreed’ that the training had improved their knowledge of how to support families affected by substance misuse; 91% their skills to do so; and 90% their confidence to engage such families.

- Most of those who received a Participant’s Handbook after the training found each section ‘useful’ or ‘very useful’ (66%-91%).

In Year 2 of the pilot, the training was offered as a commercial product, priced at £35 per head, with reductions for bookings of 20 or more.

- Despite great efforts on the part of the First Steps team, the income generation KPI target of £40000 was not reached within the timescale of the pilot.

- There was evidence that, given a longer timescale, this could have been achieved. For example, opportunities to train large numbers of staff were negotiated but could not be finalised and timetabled until after the pilot.

- Without the security of proven income generation, the First Steps team was viewed as unsustainable and disbanded. The demise of the team, despite the high quality and lasting effects of the training, illustrate the harsh reality of having to move from grant funding to commercial funding without the availability of transitional resources to bridge the gap between delivering on the grant and gearing up to achieve commercial income to scale.

Legacy: the First Steps training will continue to be offered by Addaction although the First Steps pilot team has been disbanded.
2 The partnership work in 15 children's centres

The 15 partnership children's centres were distributed evenly across the three First Steps areas (five in each area). They were selected by Addaction's First Steps team through a process of open invitation to all children's centres, followed by local discussion and negotiation meetings and, finally, the signing of a Memorandum of Understanding. The main selection criteria were a desire to improve knowledge, skills and practice in identifying, engaging and retaining substance misusing parents; and a willingness to be part of the evaluation.

Analysis of interviews with the First Steps Family Development Managers, and of their summary logs of work with the 15 centres, showed that the creation of an effective partnership between Addaction, the children’s centre, and local treatment agencies was a complex process, and involved dealing with:

- the complexity of each local area’s structures and environment within which each partner children’s centre operated;
- multiple agencies in each local area, including health, social work, educational psychology, family support, adult treatment service/s, drug and alcohol action teams;
- numerous barriers to progress that required patience, persistence and creativity to overcome; for example, the impact of the wider economic situation on job security; of local restructuring or recommissioning of children's centre delivery; of competition among drug and alcohol service providers, and of normal operational issues such as turnover of managers.

Because of these barriers, progress in embedding the First Steps work progressed at different rates in each of the centres. By the end of the pilot, positive changes were evident in practice in all 15 centres.

Partner site work was, in general, highly valued, and managers and staff provided a wealth of positive feedback on partner working. In particular, partner working was valued because of:

- the in-centre visits, co-working and knowledge of the Addaction Family Development Managers giving children’s centre managers and staff access to support and specialist knowledge surrounding substance misuse.
- the development of integrated working with other local agencies and services. In a minority of cases, partner children’s centres already had an active referral network, but for the majority of partner children’s centres, the opportunity to build local networks and referral pathways was a new, and highly valued experience.
- shadowing opportunities were seen to be important and valued, both in terms of children’s’ centre workers shadowing colleagues in adult treatment services, and these colleagues shadowing children's’ centre workers.
- the opportunity that partner working provided for children’s centres to showcase to a range of relevant local support services the range of provision that they offered universally to parents and families.
The **Practice Guidance**, and the **Core Standards Action Plan** were welcomed by children’s centre managers as providing informed guidance for work in relation to substance misuse. In addition:

- managers welcomed the opportunity, often shared with other centre staff, to input into the development of the Practice Guidance and the Core Standards Action Plan.
- For the majority of the partner sites (at the time of final interviews) the implementation of some points on the Action Plan was still a work in progress but many positive changes in practice were evidenced and commitment was strong to continue to work on making other changes beyond the life of the pilot project.

It was not possible to assess the number of centres which achieved the KPI target of improving by 10% the engagement and retention of substance misusing parents. The data proforma designed to evidence this were not returned by every site (8 of 15 did so at the baseline point; two at the final point). Feedback from some partner sites suggested that being asked to collate figures on this topic was not viable within the lifetime of the pilot project (at least one centre manager had set up systems to do this for the future and others had this on their action plans). **In the two centres that returned baseline and final data on this measure, identification of parental substance misuse rose significantly** (for example, from 12 to 17 families; from 0 to 23 families), with evidence from case work files and activity registers of successful long-term engagement of these families.

In the three least successful partner sites (one per area), there were barriers to full engagement in the pilot not related to the initiative. For example, local children’s centre reorganisation, staffing problems (long term sickness, understaffing), staff cuts resulting in over-stretched centres finding it difficult to take on a new initiative, local managers not ensuring a voluntary buy-in to the initiative. To enable engagement, these situations required the First Steps team to show sensitivity to the good work of, and pressures faced by, such partner sites and to work with them at the speed and in the ways that best fitted their situation.

**Legacy of the partner work:** In addition to the Core Standards, Practice Guidance and online learning, typically, partner centre managers and staff hoped that the First Steps initiative would mean continued engagement with the issue of supporting families affected by substance misuse. In particular it was hoped that:

- links with local agencies and services would be maintained and extended.
- more referrals from adult treatment services of substance misusing parents/partners in to children’s centres would result from greater integrated working, in addition to referrals by children’s centres of such parents to local treatment and support agencies and services.
- refresher training would be available for children’s centre staff around substance misuse.
- the learning from the project would be shared locally to extend good practice as part of area strategy. For example, at least eight exit strategies documented local strategic commitment, from children’s centre leads and adult treatment service leads, to taking forward the First Steps agenda across the local area.
3 Conclusion

Based on the evaluation data, although the ‘First Steps’ pilot did not achieve all its target KPIs in full, there is evidence to show that it has been a successful and beneficial project leaving a legacy on which further work can be built.

The one-day training has been of high quality with a lasting effect on staff knowledge, skills and confidence 6-8 months later. The KPI for 80% satisfaction with the training was exceeded (98%); and the KPI for 2400 trained was achieved (allowing for the fact that some who booked did not turn up on the day). Although the KPI for £40000 of income generation was not achieved within the lifetime of the pilot, there was evidence of large-scale interest post-pilot. The training continues to be available through Addaction, although the First Steps team has been disbanded.

The partnership work has been highly valued. The KPI of a 10% improvement in engagement and retention in each centre was not achieved (e.g. one centre manager saw no need for improvements in this regard) but qualitative data indicated improvements in identification, engagement and retention in the majority of centres and quantitative data provided examples where the KPI improvement target was far exceeded. Difficulties encountered in a minority of partner centres have led to improved understanding of the factors critical to success which is important for how Addaction takes this work forward. In a majority of the local authorities where the partner children’s centres were based, there was strategic commitment to spread the First Steps work across all children’s centres. The Core Standards, template Action Plans, and Best Practice Guidance provide a framework for such an expansion in these, and other, areas.

Recommendations

‘First Steps’ was a pilot project from which much has been learned that is of continuing relevance to the Department for Education which provided the pilot funding; to Addaction, the organisation that designed and delivered the project, to children’s centres, and local adult treatment services. The following recommendations are made:

Recommendations to the Department for Education (DfE)

- To consider how the development of the First Steps training, the Core Standards, and the Best Practice Guidance for children’s centres can best be taken forward, alongside Addaction and others in the sector.
- To consider issuing guidance to children’s centre and adult treatment service providers, emphasising the mutual benefits of working together to improve outcomes for families affected by parental substance misuse, and encouraging them to implement the First Steps Core Standards and Best Practice Guidance.

Recommendations to Addaction

- To consider how best the work of the First Steps pilot can be taken forward strategically, working with the Department for Education and sector partners.
- To work with all their local adult treatment services to ensure family-focused work is embedded in each area, and that all their treatment services are routinely linking in with universal services, including children’s centres, to support recovery for users who are parents of young children, to support the
developmental needs of those children, and as a gateway to holistic support for the whole family.

- To plan strategically to avoid the loss of expertise and experience built up during pilot projects, such as First Steps, when these come to an end, seeking to ensure a source of alternative funding to bridge the inevitable gap between grant-funded pilot projects, on the one hand, and fully commercial income streams on the other.
- To draw on the expertise of sales and marketing professionals, if appropriate, to support development of fully commercial income streams through direct selling of training, such as the First Steps training.
- To commit to marketing the First Steps training.
- To consider using the members of the First Steps team as consultants to train up trainers to deliver it across the country.

Recommendations to children’s centres leaders

- To adopt and implement the Core Standards (including a local version of the Action Plan template) and Best Practice Guidance developed through the First Steps pilot project.
- To work together strategically with drug and alcohol treatment service leads to improve the operational delivery of holistic support for families affected by substance misuse.

Recommendations to local drug and alcohol treatment services

- To engage with local children’s services to develop an understanding of the role universal services, such as children’s centres, can play in the recovery process.
- To support local children’s services to implement the aspects of the Core Standards and Best Practice Guidance that require collaborative and integrated working.

References


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