Steps to Cope:

Supporting Young People affected by Parental Substance Misuse and/or Parental Mental Health Problems in Northern Ireland:

Evaluation of the pilot study
Acknowledgements

* Steps to Cope in Northern Ireland would not have been possible without the vision, commitment and enthusiasm of Ed Sipler, Health Development Specialist in Alcohol and Drugs for the South Eastern Health & Social Care Trust. Many thanks to Ed for his hard work and support of the evaluation, and for making the project such as enjoyable one.
* Thanks also to Gary McMichael (Director of ASCERT), the Taking the Lid Off Partnership (ASCERT, Barnardos and South Eastern Health & Social Care Trust) and the Public Health Agency for their funding and support of the project.
* Steps to Cope is an adaptation for young people of the 5-Step Method. The 5-Step Method has been developed by the UK Alcohol, Drugs & the Family Research Group (of which Lorna Templeton is a core member), and thanks are extended to the other Group members, Professors Jim Orford, Richard Velleman & Alex Copello and Dr Akan Ibanga, for their support of this work in Northern Ireland.
* Finally, thanks are given to all the practitioners who participated in the pilot project, and to the young people who shared so much of themselves and their thoughts on the Steps to Cope intervention for this evaluation project.

This report was written by Lorna Templeton, who is an Independent Research Consultant from Bristol, England and has over 15 years research experience in the addiction and the family field.

There is no Executive Summary for this report. Rather, a separate Briefing has been prepared and will be used for wider dissemination of a summary of the main findings from this pilot study. You can download the briefing and this report at www.ascert.biz.

Please do not copy or reproduce this report, in part or in whole, without permission. For more information please contact Lorna Templeton (LTempleton72@googlemail.com), Ed Sipler (SE H&SC Trust - Ed.Sipler@setrust.hscni.net) or Gary McMichael (ASCERT - garymcmichael@ascert.biz).
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Section 1: Background

Overview to report
There are five sections to this report which summarises the Steps to Cope pilot study for supporting young people in Northern Ireland who are living with parental substance misuse and/or parental mental health problems. **Section One** will give a background to the project, including how parental substance misuse and mental health problems can affect young people, setting the project within the current policy context in Northern Ireland, and introducing the 5-Step Method on which the Steps to Cope intervention was based. **Section Two** will summarise the project methodology before **Section Three** gives details of the samples of practitioners and young people who participated in the project, and of the training which the practitioners received. **Section Four** summarises the main findings from the evaluation, considering the delivery of the intervention, how it benefitted young people and what the practitioners thought of the work. **Section Five** will pull the report together by drawing out the key issues raised by this pilot project.

Children living with parental substance misuse and mental health problems

*Size of the problem*
Recent United Kingdom (UK) estimates suggest that there are 3.5 million young people under 16 affected by parental alcohol misuse and one million by parental drug misuse (Manning et al., 2009). In Northern Ireland it has been estimated that there are 40,000 children who are affected by parental substance misuse and that, furthermore, 40% of children on the ‘at risk’ register and 70% of ‘looked after’ children are affected by parental substance misuse (Webb & Nellis, 2010). As part of the longitudinal Belfast Youth Development Study, a cohort of just over 700 families (from across Northern Ireland) were interviewed to investigate the extent of alcohol and drug misuse: 1,309 interviews were conducted with one or both parents and with older siblings of the young person who was the study cohort member (Percy et al., 2008). The findings suggest that large numbers of children are living with substance misuse, with the authors estimating that 15% of parents report moderate levels (using AUDIT scores) of alcohol misuse, around 3% of whom report high levels of alcohol (and drug) use. In addition, over three quarters of the siblings reported alcohol misuse and nearly a third were current cannabis users. Overall, in over half of the families there was at least one family member who reported problem drinking and in around 11% of families there was at least one family member who reported problem drug use, giving
further indications that that large numbers of young people may be living with such problems at home (Percy et al., 2008).

Estimates are less clear about the number of children who may be affected by parental mental health problems, although it is widely acknowledged that large numbers of children will be affected (Parker et al., 2009). Data suggest that over one third of UK adults who experience mental illness are parents and that there are in the region of 50,000-200,000 children in the UK caring for a parent with mental health problems (Cleaver et al., 2011). There are currently no estimates for Northern Ireland as to how many children may be living with parental mental health problems.

**How children can be affected**

There is a wealth of evidence as to how children can be affected, in the short- and the long-term, by parental substance misuse which is often chaotic, unpredictable, frightening, confusing and distressing. A child’s emotional and physical well-being, development and behaviour, education, and relationships with peers, family members and others can all be affected (Cleaver et al., 2011; Holmila et al., 2011; Houmoller et al., 2011; Wales et al., 2009; Gorin, 2004; Kroll, 2004). The impact on family life and parenting, including through loss, separation and bereavement, can further compound the ways and extent to which children can be affected (Wales et al., 2009; Barnard, 2007; Pirasar the, 2007; Kroll & Taylor, 2003). One important English study considered the experiences of adult children who had grown up with or without at least one alcohol misusing parent (Velleman & Orford, 1999).

Many children who are exposed to these issues take on caring roles, of parents or siblings, while others are removed, temporarily or permanently, from their parents. A recent study, which analysed Census data to explore kinship care across the UK reported that, for Northern Ireland, just over 5,000 children (aged under 18) live with relatives, over 90% of them on an informal basis (Nandy & Selwyn, 2011). Furthermore, the authors noted that, while Northern Ireland had the lowest rate of kinship care across the UK, those children who were in kinship care arrangements were more likely to be female and cared for by an older sibling. Other UK data has indicated that one of the most common reasons why a child is cared for by other family members is because of parental substance misuse, and the dilemmas that these circumstances can present for these carers and the children they care for has been explored (Templeton, 2012b).

Many of the ways in which children can be affected by parental mental health problems mirror the experiences of those living with parental substance misuse. The nature of mental
illness, the care giving roles which many children adopt and the negative impact on parenting and family life, including parental separation, are all common issues with which children have to contend (Aldridge, 2011; Riley et al., 2008; Aldridge & Becker, 2003; Garley et al., 1997). Children’s health, emotional well-being, education and behaviour can all be affected as a result (Cleaver et al., 2011; Riley et al., 2008; Stallard et al., 2004; Gorin, 2004; Aldridge & Becker, 2003).

Significantly, substance misuse or mental health problems rarely occur in isolation. The co-existence of both issues, or the presence of other problems such as domestic abuse and poverty, is very common. For example, it has been estimated that approximately 17% of children in the UK live with an adult who has an alcohol or drug problem and a concurrent mental health problem (Manning et al., 2009). A study of nearly 300 social work cases going for long-term allocation across three London Boroughs found that there were concerns about parental substance misuse in 100 of the families (involving 186 children), and that violence was also present in about two thirds of the cases (Forrester & Harwin, 2006). In another study of 338 social work files from six English Local Authorities, domestic violence featured in 60% of the referrals, parental substance misuse in 52% of cases, and both issues were present in 20% of cases (Cleaver et al., 2007). Moreover, it has been recognised that children are at greater risk of abuse, neglect and maltreatment when they are exposed to several risk factors (Velleman et al., 2008; Cleaver et al., 2011, 2007), and are also themselves at increased risk of developing substance misuse, mental health or behavioural problems. Cleaver et al. highlighted that the co-existence of substance misuse and/or mental health with disharmony and violence is the strongest predictor of long-term adverse effects for children (Cleaver et al., 2011). A two year follow-up of the aforementioned Forrester & Harwin study reported that over half (54%) no longer lived with their main carer but that the outcomes for those children who remained at home were poor, with alcohol misuse and violence strong predictors of poor outcomes (Forrester & Harwin, 2008).

In summary, there is unequivocal evidence that children can be extremely burdened by the experiences of living with parental substance misuse or mental health problems, by the worry they hold for their parents and their family, and that all domains of individual and family life can be affected in a range of ways. However, there are a number of variables which influence the extent to which children may experience adverse outcomes. Some of these variables include demographic characteristics such as gender, age, ethnicity, whether both parents experience problems, whether the ill parent is a lone parent, whether other problems are present, and severity and exposure to the problems. In addition to this, increased recognition has being given to a set of protective factors and processes, operating at the
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individual, familial and environmental levels, usually referred to as ‘resilience’, which, if present, can buffer children against the negative effects of parental problems and minimize the risk of negative outcomes (Cleaver et al., 2011; Benzies & Mychasiuk, 2009; Sawyer, 2009; Velleman & Templeton, 2007; Velleman & Orford, 1999; Rutter, 1987). Ideas of resilience have informed the Steps to Cope project and will be discussed later in this report.

Responding to children

What children need
Children can have many needs as a result of their experiences of parental substance misuse or parental mental health problems. It has been recognised that children usually know and understand more than their parents realise despite efforts to hide or minimise the problems and their impact (Rhodes et al., 2010; Gorin, 2004). Broadly, the main needs which children have include wanting to understanding what is happening and their feelings about this, wanting to understand what is wrong with their parent(s), wanting to feel safe, and wanting their parent(s) to get better (Holmila et al., 2011; Stallard et al., 2004; Gorin, 2004). However, there can be many barriers to seeking help and building a trusting relationship with professionals. These barriers include isolation, fear, the secrecy which often surrounds the problems, children blaming themselves for the problems, mistrust of professionals, the loyalties which many children hold to their parents and the fear of being separated or taken away from them (Kroll & Taylor, 2003). Research in this area has reported that one of the things which children most want is the opportunity to meet and talk to others who are ‘like them’, although this is extremely difficult for many children, some of whom have been encouraged to keep the problems secret, while others feel that maintaining secrecy and privacy gives them some control over the situation (Holmila et al., 2011; Houmoller et al., 2011; Templeton et al., 2011; Clay & Corlyon, 2010; Gorin, 2004; Hill et al., 1996). Having age appropriate information, meeting children living with similar problems, having opportunities to make friends, and having fun and a break away from home, have also been identified by children as important (Templeton et al., 2011; Clay & Corlyon, 2010; Gorin, 2004). Studies of children with parents of mental health problems have identified links between children’s understanding and the impact of their parent’s problem on them (Cogan et al., 2005) and the need for children to have more information and increased understanding about their parents’ problems (Stallard et al., 2004).

Policy context and developing services
The needs of children affected by parental substance misuse or parental mental health problems have been recognised within drug and alcohol Strategies, and mental health policy, across the United Kingdom (Velleman, 2010; Stanley & Cox, undated). The key
policy driver across the UK for responding to parental drug misuse has been the *Hidden Harm* agenda (ACMD, 2003, 2007). As a result of the *Hidden Harm* agenda and other initiatives there has been a growth in the number of services and interventions developed to support children and families where there is parental substance misuse. Evaluations of some of these initiatives have demonstrated encouraging findings in the short-term (Harwin et al., 2011; Templeton, 2012a, Templeton, Novak & Wall, 2011; Clay & Corlyon, 2010; Wall & Templeton, 2010; Forrester et al., 2008) although services which directly support children remain insufficient, and the geographical spread of such services needs to be addressed.

Alcohol policy is not as far advanced in terms of recognising and responding to children and families affected by parental/familial alcohol misuse (although some of the services alluded to above support children/families affected by alcohol as well as drug misuse). A review of interventions for parents with mental health problems and their families concluded that there is a lack of high quality research in this area and that the findings from the work which has been undertaken are inconclusive (Parker et al., 2011). Examples of studies which have been conducted include the development of a website for adolescents (Drost et al., 2010) and a family programme for families where there is maternal depression with a parent with mental illness (Riley et al., 2008). Overall, therefore, there is a need for continued evaluation, incorporating the views of children themselves, of interventions and services to support children affected by parental substance misuse or parental mental health problems (Parker et al., 2011; Mitchell & Burgess, 2009).

In Northern Ireland the *Hidden Harm* agenda has been applied through *Hidden Harm Action Plans* (PHA/HSCB, 2009; DHSSPS, 2008). The need for a response to the issue of Hidden Harm, and to children and families more generally, has been an important part of the *New Strategic Direction for Alcohol and Drugs, both Phase 1 [2006–2011] and Phase 2 [2011-2016]* (DHSSPS, 2006a, 2011), with children born to and living with substance misuse listed as a priority area. Furthermore, the aim of Northern Ireland’s *Hidden Harm* response is that it will contribute to the six high level outcomes (the ‘Super Six’, which correlate to the outcome areas of the wider Every Child Matters agenda) outlined in *Our Children and Young People – Our Pledge A 10 Year Strategy for Children and Young People in Northern Ireland 2006-2016* (DHSSPSb, 2006). There is a commitment to developing best practice services for children and families affected by parental alcohol or drug misuse, based on what children say they need, what parents/carers say they need, and the evaluation of the effectiveness of services. Parental mental health problems, and their impact on children, has also been recognised in Northern Irish policy although the focus has tended to be towards identified cases of children at risk as a result of these problems and the need for adult mental health and child welfare services to improve joint working practice (SCIE, 2011). Overall, the ‘think
child, think parent, think family’ mantra is a thread which runs through substance misuse and mental health policy in Northern Ireland.

There have been several threads to the development of the *Hidden Harm* response in Northern Ireland. This has included advisory groups, expert conferences, workforce development, the development of resources and other materials, and supporting the development and delivery of services. For example, the *Taking the Lid Off* Partnership (see Section Two) has developed a range of training and other resources to support a range of professional groups across Northern Ireland, and the ‘Rory’ storybook resource has also been introduced as part of the support which professionals can offer children.

As part of ongoing developments in this area the *Taking the Lid Off* partners expressed interest in the 5-Step Method, an intervention for family members affected by a relative’s alcohol or drug misuse, and an opportunity arose for collaboration between the Partnership and the UK Alcohol, Drugs and the Family (ADF) Group to consider how this intervention could support the *Hidden Harm* agenda, and other areas of work, in Northern Ireland.

*The 5-Step Method*

The 5-Step Method is an intervention to support adult family members affected by a relative’s substance misuse. In the wider context of the provision of help to this group, the 5-Step Method is unique in several important ways. It differs from other theories and interventions addressing the needs of this population in that it takes a non-pathologising approach to the plight of family members and the response which is needed. Rather, it takes a stress-coping approach which proposes that family members are affected by a unique and complex set of stressful circumstance and who, as a result, need help *in their own right* (Orford et al., 2010a). As an intervention, the 5-Step Method is developed from these theories of stress-coping and from primary mixed methods research with families in a range of international locations which have described in detail the experiences of family members (Orford et al., 2010c, 2005). There are a number of key principles at the heart of the model which resulted from this work, and which were subsequently translated in to the 5-Step Method, a brief, structured intervention which guides a professional through five key steps in supporting family members (Figure 1) (Copello et al., 2010a). Despite the core structure to the intervention, there is flexibility in its delivery to account for things such as individual need, and the number, length and frequency of intervention sessions needed.
**Figure 1: Principles and Content of the 5-Step Method**

<table>
<thead>
<tr>
<th>Principles</th>
<th>The 5 Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members are affected by a unique set of highly stressful circumstances, which can be longstanding</td>
<td>Step 1: Listen, reassure and explore concerns</td>
</tr>
<tr>
<td>Family members are not pathologised; they are not deficient or maladaptive</td>
<td>Step 2: Provide relevant, specific and targeted information</td>
</tr>
<tr>
<td>Family members can experience strain as a result of their stressful circumstances, with health, individual and family life all affected</td>
<td>Step 3: Explore coping dilemmas and responses</td>
</tr>
<tr>
<td>Family members experience coping dilemmas and coping responses can be linked to the level of strain experienced and the impact on health etc.</td>
<td>Step 4: Discuss social support</td>
</tr>
<tr>
<td>Family members’ experiences can be affected by the nature and quality of support available to them</td>
<td>Step 5: Discuss and explore further needs</td>
</tr>
</tbody>
</table>

* The columns are not intended to line up in Figure 1

The 5-Step Method has a strong evidence base, largely from work in the UK, Mexico and Italy, which demonstrates positive outcomes in the core areas of impact, physical and psychological well-being, coping and support (Copello et al., 2010b, 2009; Velleman et al., 2008), outcomes which one English study has suggested can be sustained to 12 months (Velleman et al., 2011). Alternative modes of delivering the intervention have been piloted, including a self-help handbook, and group and web-based adaptations (Copello et al., 2010b; Ibanga, 2010; Templeton, 2009). More recently work has been undertaken to introduce the 5-Step Method across a range of teams and organisations in England (Orford et al., 2010b) and the intervention has been recommended as good practice in guidance published by NICE and by the National Treatment Agency for Substance Misuse.

To date, the 5-Step research programme has focused on adult family members, and has concentrated on family members who are affected by a relative’s substance misuse. The interest of the Northern Ireland partners in the intervention brought a valuable opportunity to develop the 5-Step Method in two potentially important ways. First, by assessing whether the intervention could support young people living with substance misuse problems (as opposed to adult family members) and, second, by assessing whether the intervention, and the model on which it is based, can be applied to young people living with parental mental health problems. This led to the development of the **Steps to Cope** project which is described below. The work was informed by a discussion paper which considered the potential for the 5-Step Method to meet the needs of children living with parental substance misuse (Templeton, 2010).
The *Steps to Cope* project

The aim of the project was to assess the potential of the 5-Step Method for use with young people, aged 14-18 years old, living with parental substance misuse and/or parental mental health problems. The project aimed to answer the following seven questions.

1. Is it possible to adapt the 5-Step Method for use with young people aged 14-18 years?
2. Is it possible to adapt the 5-Step Method to support young people who are affected by parental mental health problems?
3. Is it possible to recruit and train a group of professionals to pilot the adapted intervention with young people?
4. Is it possible for these professionals to recruit and work with young people?
5. How do the professionals find using the adapted intervention with young people?
6. How might the adapted intervention help and benefit the young people who the professionals work with?
7. How might the adapted intervention benefit the professionals who are working with the young people?

Section 2 summarises the methodology used for the *Steps to Cope* evaluation project which aimed to answer these seven questions.
Section 2: Method

Overview of Methodology
The project aimed to collect data to answer the seven questions listed at the end of Section One. The timeline of the project is summarised in Figure 2 below.

Figure 2: Timeline for Steps to Cope Project

January-March 2011
Recruitment of practitioners

January-March 2011
Preparation of Steps to Cope workbook and training materials
Preparation of research data collection tools

March 2011
Steps to Cope training

April-October 2011
Delivery of Steps to Cope intervention with young people

Ongoing contact with practitioners
Interim telephone interviews conducted in August and September 2011
Project newsletters written and distributed in July and September 2011
Final data collection during fieldtrip to Northern Ireland in October 2011
Preliminary findings were presented at the Society for the Study of Addiction Annual Symposium in November 2011

November 2011 – January 2012
Analysis and report writing
Development of the Intervention

The *Steps to Cope* project was an initiative developed by the *Taking the Lid Off* Partnership, involving ASCERT, Barnardo's and the South Eastern Health & Social Care Trust. The project lead was Ed Sipler (ES - Health Development Specialist in Alcohol and Drugs for the South Eastern Health & Social Care Trust), with support from the UK Alcohol, Drugs and the Family (ADF) Group (who developed the 5-Step Method on which *Steps to Cope* is based), including the direct involvement of Lorna Templeton (LT), a core member of the ADF Group.

At the heart of *Steps to Cope* is the workbook to guide professionals' work with young people, and which young people can themselves complete and refer to if they wish. The final *Steps to Cope* workbook was 28 pages, and was printed in A5 format in colour. The workbook followed the five steps of the 5-Step intervention for adults, with attention to language and layout to make the workbook relevant to a younger audience. So, for example, the steps of the adapted intervention were renamed slightly, as follows:

- **Step 1:** What is living with this like for me?
- **Step 2:** Information about addiction and mental health problems. It helps to know what you’re up against
- **Step 3:** Coping with addiction or mental health problems in your family
- **Step 4:** Using support
- **Step 5:** Further help

Each section of the workbook combined text and information with exercises where young people had the opportunity (if they wished) to write down their thoughts and experiences and to consider key issues such as the coping dilemmas that they faced or their support networks. Published research on resilience (Velleman & Orford, 1999) informed aspects of the adapted intervention for young people, particularly the section on coping. Further additions were made throughout the workbook to accommodate the fact that the intervention aimed to also support young people living with parental mental health problems.

Recruitment of Practitioners

The *Steps to Cope* pilot was advertised through direct contact (telephone, face-to-face and e-mail) with key organisations and individuals across Northern Ireland. It was decided that, for the purposes of this pilot, the project needed to have clear recruitment criteria to ensure that the professionals had an appropriate level of expertise and organisational support to be able to undertake the work. So, to be selected for the pilot project the applicants had to:
* Be aware of safeguarding procedures and have supervision arrangements in place;
* Be working with young people aged 14-18 years (including vulnerable young people and young people experiencing a range of problems, as well as those who might specifically be affected by substance misuse or mental health problems in the family);
* Be able to attend the training (and to do a small amount of preparatory reading beforehand), and be willing to participate in the evaluation of the pilot project;
* Be in a position to deliver the *Steps to Cope* intervention with one or two young people in the six months following training;
* Have managerial and/or organisational support to take part in the project.

The number of applicants exceeded the number of places which were available (35 applications were received) and so the *Steps to Cope* project lead in Northern Ireland and the Director of ASCERT reviewed all the applicants and allocated places on the training events. The need to have a regional and organisational/disciplinary spread was taken into account with this process. Twenty one practitioners were recruited to the pilot project.

**Training**

Two one day training courses were held in March 2011 (one in Lisburn and one in Cookstown), co-facilitated by ES and LT. The training included presentations, group-work exercises and discussion, use of a training DVD (focused on the 5-Step Method and developed by the ADF Group), and reference to published materials. All trainees received a copy of the supplement of the academic journal *Drugs: Education, Prevention & Policy*, which is dedicated to the 5-Step Method programme of research. The core of the training focused on each step of the 5-Step Method, outlining the principles and key skills associated with each step and including consideration of how each step might be delivered when working with a young person.

**Working with young people**

Following training the practitioners were asked to work with at least one young person over the next six months. The practitioner engaged the young person in the work following their usual organisational procedures, which involved securing consent from a parent or other appropriate adult where required. Each young person was then invited to give consent to take part in the *Steps to Cope* project, which included clarification of what paperwork could be shared with the research team.
Data collection
The data for the evaluation of the pilot study was largely qualitative, with data collected from both practitioners and young people. Each practitioner (and young person that they worked with) was given a unique ID number so that data collection could be anonymised. The Steps to Cope lead and the researcher kept in regular contact with the practitioners throughout the project, to check and monitor progress, to deal with queries and to remind practitioners about the paperwork needed for the evaluation. Two newsletters were designed and distributed during the six month period when the practitioners were asked to work with young people – the newsletters provided updates on how the work was going.

In summary, the following data were collected:

* Professional logs – to record basic information about the young person and to summarise the intervention sessions which the practitioners conducted. Professional logs were completed by 11 practitioners (some of the data was combined for the two practitioners who worked with a group of young people).

* Interviews with practitioners. Telephone interviews were conducted with all 13 practitioners who remained in the pilot during August and September 2011.

* Further qualitative data were collected from practitioners during a visit to Northern Ireland in October 2011 during which focus group discussions were arranged. Due to attrition data were collected from seven practitioners (one group discussion with four workers, one group discussion with two workers and an individual interview with the final worker who was available).

* Qualitative data from young people. This was collected in a range of ways with different data available from different young people. Data included interviews with four young people and a drawing exercise (or versions thereof) completed by four young people (Wall & Templeton, 2010). In addition, five young people agreed for their Steps to Cope intervention workbook (which they had wholly or partially completed) to be shared with the research team. Overall, qualitative data were available from seven young people, all of whom had worked through the Steps to Cope intervention on an individual basis with a practitioner.

As the data were primarily qualitative, analysis was thematic, taking in to account the questions which the project aimed to answer and the five steps of the intervention. The Framework Method (a matrix method for collating data) was used to summarise and organise the bulk of the data which were collected (Ritchie et al., 2004).
Summary of Findings

The project aimed to answer seven questions. An overview of the key findings in relation to these questions is given in Table 1 below. The findings are presented in more detail in Sections 3 and 4.

Table 1: Overview of findings from Steps to Cope project

<table>
<thead>
<tr>
<th>Research question</th>
<th>Overview of findings</th>
</tr>
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<tbody>
<tr>
<td>• Is it possible to adapt the 5-Step Method for use with young people aged 14-18 years?</td>
<td>An adapted version of the 5-Step Method, Steps to Cope, was developed and successfully delivered to a group of young people aged 12-17. The Steps to Cope workbook included information and guidance on living with parental mental health problems. The qualitative findings suggest that the intervention can support young people who are living with parental substance misuse and/or parental mental health problems. Some suggestions were made by practitioners of how the intervention and the workbook could include more on mental health problems.</td>
</tr>
<tr>
<td>• Is it possible to adapt the 5-Step Method to support young people who are affected by parental mental health problems?</td>
<td>21 trainees, from a range of organisations and professions, were recruited and trained. 13 of the trainees went on to work with one or more young people using the Steps to Cope intervention. 23 young people received an intervention and participated in the evaluation of Steps to Cope.</td>
</tr>
<tr>
<td>• Is it possible to recruit and train a group of professionals to pilot the adapted intervention with young people?</td>
<td>Qualitative data suggest that the professionals felt the intervention enhanced their practice and benefitted the young people in a range of ways. The professionals liked the balance between structure and flexibility offered by the intervention and valued having something which focused specifically on this cohort of young people.</td>
</tr>
<tr>
<td>• How do the professionals find using the adapted intervention with young people?</td>
<td>The qualitative data suggest that the young people benefitted in a range of ways from the help that they received. This included having someone to talk to, getting more information so they could better understand the problems they were living with, reviewing how they cope with things, and thinking about their support networks.</td>
</tr>
<tr>
<td>• How might the adapted intervention benefit the professionals who are working with the young people?</td>
<td>Qualitative data suggest that the professionals felt the intervention enhanced their practice and benefitted the young people in a range of ways. The professionals liked the balance between structure and flexibility offered by the intervention and valued having something which focused specifically on this cohort of young people.</td>
</tr>
<tr>
<td>• How might the adapted intervention help and benefit the young people who the professionals work with?</td>
<td>Qualitative data suggest that the young people benefitted in a range of ways from the help that they received. This included having someone to talk to, getting more information so they could better understand the problems they were living with, reviewing how they cope with things, and thinking about their support networks.</td>
</tr>
</tbody>
</table>
Section 3: The Practitioners and the Young People

Section 3 gives details of the group of practitioners who were recruited, summarises the feedback from the training courses, and then gives details of the young people who participated in the Steps to Cope project and who received an intervention.

Sample: Steps to Cope Practitioners

Twenty one practitioners were recruited (19 female), from a wide range of organisations across Northern Ireland. Table 2 summarises how many practitioners came from each of the five Trust areas, and the organisations that they came from.

Table 2: Geographical and Organisational Profile of the Steps to Cope Practitioners

<table>
<thead>
<tr>
<th>NI Trust area</th>
<th>Number of Practitionersᵃ</th>
<th>Organisations (not listed by HSCT area)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern NHSCT</td>
<td>4</td>
<td>NHSCT Intensive Support services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NIACRO (working with offenders)</td>
</tr>
<tr>
<td>Belfast HSCT</td>
<td>8</td>
<td>FASA (2 practitioners)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BELB (alternative education)</td>
</tr>
<tr>
<td>Southern HCST</td>
<td>3</td>
<td>Action for Children (3 practitioners)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Barnardos (3 practitioners)</td>
</tr>
<tr>
<td>South Eastern HCST</td>
<td>6</td>
<td>Crossroads Young Carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VOYPIC (Voice of Young People in Care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REACT Community support</td>
</tr>
<tr>
<td>Western HCST</td>
<td>3</td>
<td>Dunlewey Substance Advice Centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHSCT Alcohol &amp; Drug Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ASCERT/DAISY (2 practitioners)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHSCT Family Intervention Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIVERT (Hidden Harm service)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Newstart Education Centre</td>
</tr>
</tbody>
</table>

ᵃ The numbers add up to 24 rather than 21 because three of the practitioners worked across two HCST areas.

Evaluation of Training

All 21 practitioners attended a one day training course (10 attended the course in Lisburn and 11 the course in Cookstown). At the end of the training all participants were asked to...
complete a training evaluation form (subsequently collated and summarised by ASCERT).

Overall, the feedback which was given was very positive, as summarised below.

* Over three quarters (80%) of trainees rated the course as excellent or very good overall (data missing from one person).
* The majority (80%) of trainees rated the trainers as excellent (a further 15% rated them as very good or good, and there was data missing from one person).
* All 21 participants said that the content and delivery of the training was appropriate.
* The majority (80%) of participants thought that the course had fully met its objectives.
* The participants reported a positive shift in knowledge and skills against four key learning domains (measured on a six point scale from no confidence/knowledge to high confidence/knowledge. The four learning domains were: knowledge of the impact on young people of living with parental substance misuse and/or parental mental health problems; understanding of how the concept of resilience can be applied with young people; understanding of the stress-strain-coping-support model and the 5-Step Method; and confidence in using the 5-Step Method with young people.

**Attrition**

After training eight of the practitioners dropped out of the pilot project and were not therefore able to work with any young people. One of those who dropped out was male and there was at least one drop-out from each of the HSCT areas. It has not been possible to consider closely why these practitioners were not able to continue with the pilot although the main reason for their drop-out was established. Two practitioners dropped out for personal health reasons, while another five all experienced changes to their job remit or changed jobs which meant that they were not in a position to work with young people for this pilot project. The final practitioner said that they had attended the training for their own interest and was not in a position to be able to use the *Steps to Cope* intervention with any young people.

**Sample: Young People**

Thirteen of the practitioners were able to work with at least one young person. A total of 23 young people received a *Steps to Cope* intervention and participated in the evaluation. Eleven of the practitioners worked on a one-to-one basis with young people (two worked with two young people), while the other two worked together (they were from the same organisation) to offer a version of the intervention to a group of ten young people.
Table 3 below summarises the key characteristics of the young people who received a *Steps to Cope* intervention.

**Table 3: Characteristics of young people who received a *Steps to Cope* intervention**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details of the sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female = 15</td>
</tr>
<tr>
<td></td>
<td>Male = 8</td>
</tr>
<tr>
<td>Age</td>
<td>Age range 12-17 years</td>
</tr>
<tr>
<td></td>
<td>Mean age = 15 years</td>
</tr>
<tr>
<td>BME status</td>
<td>22 were White (White British or White Irish)</td>
</tr>
<tr>
<td></td>
<td>1 young person was White Asian</td>
</tr>
<tr>
<td>Parental substance misuse (PSM)</td>
<td>13 young people were living with PSM (12 with alcohol problems and 1 with drug [opiate] problems)</td>
</tr>
<tr>
<td></td>
<td>For 9 young people their mother had the problem (alcohol in 8 cases)</td>
</tr>
<tr>
<td>Parental mental health problems (PMH)</td>
<td>18 young people were living with PMH</td>
</tr>
<tr>
<td></td>
<td>In 17 cases the problem related to the mother (in the final case it was unclear who had the problem)</td>
</tr>
<tr>
<td>Length of time living with the problem(s)</td>
<td>Range 3-14 years</td>
</tr>
<tr>
<td>[data missing from two cases]</td>
<td>10 young people had been living with the problem(s) for 10 or more years</td>
</tr>
</tbody>
</table>

What Table 3 highlights is the high number of young people who were living with mothers who had alcohol or mental health problems, and the length of time with which young people had been living with such problems. In addition, the following points can be made:

* In two cases another close family member (in both cases a grandparent) was also identified as having an alcohol problem.

* The young people who lived with parental mental health problems were dealing with a range of problems (particularly those who attended the group). Depression was most common, but young people were also living with parents who were anxious, suicidal, agoraphobic, bipolar or who suffered from schizophrenia.

* Eight young people were living with both parental substance misuse and parental mental health problems. In five cases the mother had both a substance misuse and a mental health problem, while in two cases the father had an alcohol problem and the mother had a mental health problem. For one young person it was unclear who had the mental health problem (mother or grandparent).

* Four of the young people were themselves having problems with alcohol and, in one case, cannabis.
Four young people (aged 12 or 13 years) were younger than the original minimum threshold for the research, and this work offers additional information on the potential of the intervention with younger children.

There were a number of cases where a practitioner had undertaken some work with a young person, but the young person did not want to take part in the evaluation, or where a practitioner had not been able to engage a young person for a number of reasons. A number of examples are given in Figure 3 below.

**Figure 3: Young People who did not engage with Steps to Cope**

- A 15 year old boy who felt that the workbook and intervention was too young for him.
- Two young people who disengaged from the service - one because they had just turned 18 and could no longer stay with the service, and the other because of the complex situation they were living in which affected their engagement with the service.
- A young girl who moved to England.
- Younger children who were not eligible.
- A small number of young people (the exact number is unknown) who a practitioner did support with the intervention, but who did not wish to take part in the research.
- A practitioner who started work with a young person but due to complex issues (including the young person's own alcohol and drug problems) the young person disengaged from the service and the work did not go beyond Step 1 (and was not recorded by the practitioner).

**Engaging young people**

Referrals came from a range of services (data missing from two practitioners), although in 14 cases the original referral had come from social services. In three cases the mother had sought help for their child (in two cases it was the father who had an alcohol problem), while in one case the practitioner was working with the mother and so engaged the young person through the parent. In the majority of cases the practitioner had known the young person for at least a few months prior to them approaching them about the *Steps to Cope* project and intervention. The two practitioners who worked with young people in a group had known the young people for longer, usually between one and three years, and they were all clients known to the service.
Some of the practitioners explained why they thought the *Steps to Cope* intervention was appropriate for the young people they engaged in the project.

"I thought she’d be interested in the way the booklet’s set out and everything, it’s the kind of thing she likes doing, I thought it would be useful to her as we finish off, we’ve done different pieces of work with her and her family and that it would be good to recap on things”

"[he came] specifically to look at issues around living with his mum’s substance misuse and he did group work with us and then he was referred for individual work just after that so I just thought it would suit his...the work we needed to do with him....”

"I had built up a relationship with her initially and I presented the Steps to Cope to her saying that this could be a useful tool for her to work through her feelings and emotions....her initial thoughts were she would do it because she trusted me and she said she would have a go at it....so we started to do it together”

Others, particularly those who worked with young people in a group, offered valuable insights in to the difficulties in engaging this population of young people.

"It’s the nature of work with young carers....they can be really engaged with you and then all of a sudden they disengage"

"....it’s really difficult for her....[she] has no time to actually see me...I think that’s probably why she’s disengaged....she’s actually been dealing with it for so long that she doesn’t know...she hasn’t actually sat down and thought about what effect its having on her and how she feels about it and whether what she’s doing is right or wrong....she doesn’t know how she felt because she’s never sat down and thought about it before”

Subsequently, some practitioners commented on the time needed to engage some young people in services, and therefore in the time needed for an intervention like *Steps to Cope*.

“...the first couple of sessions were really about, the first session was really about just kind of meeting him and posing the idea of doing the *Steps to Cope* workbook, and then he took it away and the next session was agreeing on whether or not we would do it or not....and talking about the goals and stuff like that”

“.....it did take maybe the first 4 or 5 sessions to actually engage him in some sort of communication that was making sense to him"

“she is very wary of trusting anybody”

The next section of the report moves on to discuss the delivery of the *Steps to Cope* intervention, considering how it appeared to benefit young people and what the practitioners thought of the intervention.
Section 4: Implementation of *Steps to Cope*

This section of the report will present the main findings from the delivery of the *Steps to Cope* intervention with young people. The findings will be presented in three main sections: delivery of the intervention (including feedback on the *Steps to Cope* workbook and the application of the intervention to young people living with parental mental health problems); how the work benefitted young people, considering each of the five steps in turn; and what the practitioners thought of the work.

**Delivery of the intervention**

Eleven of the 13 practitioners worked on an individual basis with a young person, with two individuals working with two young people. The remaining two practitioners worked with a group of young people. The professional logs completed by some of the practitioners (eight who worked on an individual basis with young people and the two practitioners who worked with the group) offer further detail of the work which was undertaken, and how the work related to the five steps. Table 4 on the next page summarises five individual interventions which were completed. It can be seen that in some cases the work included some sessions where time was taken to address other issues which came up and which required attention; for example, because a young person raised something they wished to discuss or because another issue (such as related to safeguarding) needed to be managed.

Data from nine of the practitioners who worked on an individual basis with 11 young people (data missing from two practitioners) shows that they completed between 3 and 15 sessions (see also Table 4). Five young people had up to five sessions while the other six young people had six or more sessions. Overall, sessions lasted on average about one hour and the work tended to take place over about a two to three month period. In two cases a practitioner completed only three or four sessions, and did not complete the full intervention. In a third case the practitioner completed eight sessions but the information given in the professional log is less clear about how the work related to each of the five steps – the work focused on discussing and exploring the young person’s worries (which largely relates to Step 1) with some additional work to look at coping (Step 3). To explain the nature of the work which was completed this practitioner explained that the young person had problems with literacy and with communication, and so time was needed to engage him and this affected some of the work which was possible. Nevertheless, the qualitative data which are presented later in the report suggest that all the young people, regardless of the level of support they received, benefitted in a range of ways from that help.
### Table 4: Summary of Steps to Cope Interventions

<table>
<thead>
<tr>
<th>Overview of intervention</th>
<th>Summary of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention 1</strong>: 5 sessions over 7 weeks (all 1 hour)</td>
<td>Professional log indicates that one step was covered (in order) at each of the 5 sessions</td>
</tr>
<tr>
<td><strong>Intervention 2</strong>: 10 sessions over 16 weeks (sessions varied in length between 1 and 2 hours)</td>
<td>Session 1 – setting the scene for StC/consent, and Step 1 Dealing with a separate issue Separate issue Review meeting for family Step 2 Step 3 Step 4 Separate issue Step 5</td>
</tr>
<tr>
<td><strong>Intervention 3</strong>: 5 sessions over 12 weeks (all 1 hour)</td>
<td>Initial meeting, started setting goals Step 1 &amp; 2, focused on addiction Step 3 &amp; about alcohol Step 3 &amp; about alcohol Final session, Step 4, evaluation &amp; review</td>
</tr>
<tr>
<td><strong>Intervention 4</strong>: 9 sessions over 22 weeks (4 sessions of 50 mins, length of last four sessions unknown)</td>
<td>Step 1 type session but StC not mentioned Step 1, plus agreement on StC &amp; goal setting Goals &amp; Step 1 Step 2 &amp; a bit of Step 5 Steps 2 &amp; 3 Step 3 Step 3 Step 4 &amp; court process Step 5 &amp; drawing exercise</td>
</tr>
<tr>
<td><strong>Intervention 5</strong>: 6 sessions over 13 weeks (length of sessions unknown)</td>
<td>Step 1 – goals set very clear that this is a topic that is not discussed within the family Step 2 – Information useful, more needed on MH issues Step 3 – very clear about coping style, lot of work from YP in this session Step 4 – support there, YP just does not use it enough; Art work – YP felt the booklet was very useful; Honesty session with family</td>
</tr>
</tbody>
</table>
The project had originally intended to support delivery of the *Steps to Cope* intervention with young people on an individual basis only. However, following discussion with two practitioners, it was decided that it would be a useful opportunity, and within the spirit of conducting such a pilot study, to allow them to proceed with testing the intervention as a brief group programme with young people. The two practitioners worked with a group of ten young people for four sessions over, approximately, one month. The workers covered a step of the intervention each week, with the final session combining Steps 4 and 5, as summarised in Table 5.

**Table 5: Steps to Cope with a group of young people**

<table>
<thead>
<tr>
<th>Session</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Worked through Step 1, looking at how their parent’s mental illness affects them and getting them to identify their feelings and emotions around this.</td>
</tr>
<tr>
<td>Session 2</td>
<td>Worked through Step 2 by providing information around different types of mental illness using interactive methods. Young people able to identify which type of mental illness their parent was suffering.</td>
</tr>
<tr>
<td>Session 3</td>
<td>Worked through Step 3 by getting young people to identify individual coping skills. Each young person then shared their coping skills and as a group they discussed whether these coping skills worked for them or had a detrimental effect on them. Before the session finished each young person identified a list of coping skills which would work positively for them.</td>
</tr>
<tr>
<td>Session 4</td>
<td>Worked through Steps 4 and 5 by getting the group to identify what support networks they have and how best to use these supports. The group were also able to share ideas on where to obtain further support when needed. At the end of the session time was spent evaluating the group programme.</td>
</tr>
</tbody>
</table>

**Thoughts on the workbook**

The workbook was designed to support and guide the work in a range of ways according to the situation and the preference of the practitioner and young person. In some cases the workbook was used very much as a guide to the intervention, where the steps were followed but the workbook was used much less overtly. In other cases the workbook featured much more centrally in the work that was done, with the young person (or the practitioner on behalf
of the young person) wholly or partially completing the workbook. One practitioner explained the opportunity which the workbook gave them to engage with a young person.

".....the workbook gave me the opportunity to....open up that avenue for the discussion in the first place, I think it was much easier having that than not having it because in the past prior to doing the Steps to Cope I had tried but wasn’t sure how to broach the subject with her....she just kind of brushed it off, whereas having this set thing that I was able to say look this is what this is, we’re going to work through this together and this is what we’re going to do for the next while, made that a lot easier"

One young person highlighted the importance of having a specific resource like the workbook.

“....he said that he liked it, he thought that for once people had got it right about writing stuff for kids....most of the time people write stuff for kids and it doesn’t relate to us and he said that he liked the booklet"

Overall, the feedback on the workbook was very positive. In summary, both practitioners and young people thought that the workbook was relevant, well laid out, and that the workbook and the steps were easy to follow. There were a small number of comments from some young people that they valued the opportunity to think about issues and write things down in the workbook; for some this seemed easier than having to talk about things. The information contained within the workbook was relevant and useful, with some comments highlighting that young people valued reading about the experiences of other young people.

“it’s very very helpful...it got you to write down how you felt, not just to speak about it but to actually write it down and that really helped.... [it] got you to really think about things that you wouldn’t normally think about like how you were feeling and who’s there to help you and stuff like that.....I think the book’s really good and it’s helped....there’s other things like therapy and you can go and talk to people, but this is the only thing that really [gets you to] write it down and discuss with people, like talk to your mum and stuff, I think that helps a lot" (Girl, 14, living with maternal alcohol and mental health problems)

“.....because it was written down in front of her and she could work on the booklet in her own time.....she was able to see within each step what it was like for her living with addiction....."

“....she did say that she found the booklet very good and that she had learned a lot from the booklet and especially about the alcoholism and about how it affected her....and her taking the tablets and that you know, she just found the whole book very good"

“I found the booklet very good to use and it was very practical, it’s quite a practical and a very visual....because I would mostly do talking therapy so it was very visual and very young [people] friendly”
Inevitably, there was some feedback as to how the workbook could be improved. There were a small number of comments made about style; for example with some commenting that young people found it hard to engage with the written exercises or that it was not appropriate to use the workbook in some cases (for example, because it would overwhelm some young people). A small number of practitioners and young people thought that some of the language in the workbook was too adult (for example, in the section on coping), a small number of people wanted more room to be able to write things down (including a couple of comments that the workbook could be a bigger size such as A4) or to have the information contained within the workbook spread out a bit more. One practitioner said that the young person they worked with did not like the use of slang terms in the workbook (although no examples were given) and also thought the materials inferred that a young person should feel responsible or to blame for their parent’s problems.

Some of the practitioners indicated that, during the course of the Steps to Cope work that they did, that they also drew upon other resources and materials to supplement the work. Examples included materials developed by the Taking the Lid Off partnership, the Rory storybook, Be Positive materials (which concentrate on mental health), DVD resources of children talking about their experiences or tools to aid children identify and talk about feelings (such as face charts or squidgy balls with faces on them). The majority of comments suggested that more information was needed on parental mental health problems (see next section for more details).

Application with young people living with parental mental health problems

As explained above, one of the aims of the project was to consider whether the 5-Step Method could be adapted for use with young people living with parental mental health problems (with or without the presence of parental substance misuse). The study therefore intended to explore what the practitioners thought about the Steps to Cope workbook and the intervention in this regard. Overall, the practitioners felt that it was appropriate for the intervention to target both problems, with many indicating that the issues co-exist anyway. Furthermore, as will be seen later in the report, the practitioners also thought that the intervention benefitted young people who were living with parental mental health problems.

“I think it works really well....the steps are very clear and can be related to mental illness....we had no trouble at all using the booklet to develop [the group work that we did]”

“certainly it does give them....let’s them see that this is not an isolated issue....lots of other young people are going through the same kinds of problems, it gives them some comfort really to know that they’re not on their own....this book has been designed for young people
who have similar problems and when they look through it....they actually can relate very clearly to some of the other stuff that young people are finding stressful in their lives“

“....it was totally almost designed for him to a T....especially the mental health side as well”

“In terms of mental illness we were struggling to find tools to work with young people because a lot of tools are developed for adults with mental [illness] and not actually the person caring for them....we found it really useful and quite refreshing”

Some of the practitioners felt that the workbook did not contain as much about young people living with parental mental health problems as it did those living with parental substance misuse, and that the workbook needs to strike a better balance in this area. Such feedback was expected, as the original 5-Step Method was developed for families living with substance misuse only. One practitioner commented that having so much information about drugs could be off-putting to young people who are living with parental mental health problems, while another practitioner thought that it might be better to have separate resources for the two problems (although this individual acknowledged that her experience was much more related to substance misuse and this may have influenced her thinking). Some of the practitioners supplemented their work with young people with information from other resources which did consider mental health problems (such as Be Positive materials), while others thought that more information on mental health problems was needed. One individual suggested that a Taking the Lid Off resource which covered mental health problems (to sit alongside existing resources for substance misuse) would be useful.

Can Steps to Cope support young people?

Goals and taking part in Steps to Cope
At the start of a Steps to Cope intervention young people had the opportunity to think about what they hoped to gain from the work. Some of the young people wrote their goals down in the space provided at the start of the workbook. Some of the things which these young people said included:

- Get stuff off my chest
- Make someone understand
- Learn about alcohol
- Talk to the family, because we don’t talk about this problem, spend time together and feel more connected as a family
- Look after myself
- Increase my confidence
- Feel less worried
To explore in more detail how the Steps to Cope intervention benefitted the young people, each of the five steps will be considered in turn.

**Step 1: What is living with this like for me?**

*Telling their stories*

Step 1 seemed to give young people the opportunity to talk about the problems they were living with and how this affected them and their family. The practitioners pointed out that, for many of the young people they worked with, this was the first time they had been asked about the parental substance misuse and/or parental mental health problems that they lived with, and the first time they had been given the opportunity to talk about it in this way. The workbook gave young people the chance to think about what it was like to live with these problems, what they found stressful and how things affected different parts of their lives. As illustrated by the case vignettes in Figure 4 the data from some of the young people’s workbooks, which correlates very closely with the academic literature in this area, offers powerful insights in to their lives.

The data, albeit from a small number of young people, illustrate just how much many of the young people were carrying and how they had been affected in a wide range of ways. Some of the main issues affecting the young people were loneliness, worry, caring for siblings, impact on sleep, impact through negative parenting, impact on school attendance and work, living with grandparents and contact issues with parent(s). It is worth noting that a couple of young people said that school was something of an escape for them and that they were able to focus on their school work.
YP (young person) said that, “I can feel alone sometimes, I feel angry that drink is put before us, I feel worried for my mum”. YP described the stresses, saying that her mum can be “moody for no reason” and “it can spoil special occasions”. YP also described how she thinks that her mum doesn’t care – “Mum never talks to us and I feel like she doesn’t care what's going on in our lives, she’s not there for us emotionally”. The impact on family life is the main concern to this YP, who described that other areas of her life have not been so affected – she doesn’t think that it’s affected her sleeping or health, and said that she can leave her worries at home and that things are okay at school, adding that “because my mum and dad drink it makes me not want to do that stuff”. (Girl, 14, maternal alcohol and mental health problems)

YP said that, “I sometimes feel alone or it is my fault. It's hard to live with a mum that is addicted to tablets and alcohol”. YP said that it is stressful because her mum goes missing sometimes, there is arguing between her parents and sometimes her mum will fake prescriptions to get tablets. YP also describes how she is affected by her mum’s behaviour – “she makes promises she can’t keep, she tells lies, she wasn't always there for us when we needed her most”. YP described how all areas of her life have been affected – she doesn’t eat much and is teased at school because of her weight, she also said that she finds it hard to concentrate at school. YP finds it hard and lonely because she has to care for her younger sibling and “I worried about what the whole family thought about me saying I wanted to leave home. Because I couldn’t cope”. YP described how much she kept to herself – “I felt sad and angry. I used to cry at night in bed on my own. Because I didn’t like what was happening......I found it hard to sleep at night.....family life was hard and lonely....”. (Girl, 14, both parents with alcohol problems and a mother who also had a problem with tranquillisers)

YP said that it is depressing “seeing mum in that way” and that he feels the pressure and stress from looking after, and worrying about, his younger siblings. YP said “there’s always a drama” and his mum can be irritable and his mum and step-dad fight. YP had considered that perhaps his mum didn’t love him. YP described how his life has been affected. He is closer to his step-dad but is worried about his siblings and his mum’s health and that his mum won’t wake up. He has missed school because of late nights, can’t concentrate very well and can’t do his homework at home. YP also said, “[I'm] worried about mum, sisters and then me last......[I have] trouble getting to sleep, [I have] tension in [my] stomach [and I'm] tired all the time”. (Boy, 15, paternal alcohol and mental health problems)

YP said it was annoying and frustrating and that she had to do more at home because her mum couldn’t do it all. Her parents can be irritable, moody, restless and lazy, and they don’t listen. YP added that she’s embarrassed of her dad. YP described how her life has been affected; she is frustrated, fed up, and tired all the time. She feels that her health could be better and that her sleeping patterns aren't that good. It’s hard because she can’t help other family members and her older siblings don’t want to come to the house. School allows YP to “feel like I can get away from it all” although she is tired. YP has a few worries – “worried they will fall...end up in hospital.....worried they will die”. (Girl, 14, paternal alcohol problems and maternal mental health problems)
How Step 1 helped

For many young people Step 1 appeared to be a step forward in facilitating them to think about the problems they had been living with, how they were affected and what this meant for them. There were a number of ways in which this first step appeared to help the young people. At a fundamental level, many seemed to benefit simply through the possibility to explore and discuss what was going on for them and to have the opportunity to get things out into the open, which seems to have been important given the length of time with which many of the young people had been living with the problems.

“....given me the chance to be open....[the sessions] were very very helpful....I felt like I had somebody to talk to...... [it] helped me to become more positive” (Girl, 14, maternal alcohol and mental health problems)

“it was good for her because she had a chance to tell her story and the focus was on her and it also gave her a chance to come out in the open and talk about the effects of alcohol.....”.

“...it’s an opportunity for it to come out and for it to be open....if I think of where he was [when] I started, if we hadn’t done that with him then you know he’d never be in a position to be chatting or be talking to somebody, so I think it’s just a door opener for young people”

“I think he likes having somebody to talk to...he has said that, you know I’ve asked him what do you enjoy about the sessions, is it helpful for you and he said that he finds it helpful to have somebody to talk to about it....”

“...they understood that everybody was going through the same thing, they opened up and it was really amazing to watch”

Some young people had not had the opportunity before to talk about the problems and it seemed to bring relief and an opportunity to recognise that what they were living with was something very tangible and could have a name attached to it. Two young people made comparisons with other help they had received, and how they felt that Steps to Cope was better. One girl said that she had received counselling at school but that it did not seem so private, whereas seeing the Steps to Cope worker felt more personal and confidential.

“I think actually breaking down at the start what it was actually like for him, I don’t think anybody had ever asked him that before....and he did open up.....almost a sense of relief that he’s been able to talk about it”

“...[it was a] good start in terms of communication and getting chatting and looking at things that may be affecting him that he hadn’t thought of....I think once you see that, you know the wee bubbles in the book, quotes from other young people....I think that sort of triggered [something] within in and then he was able to recognise well yeah actually it is hard at times and I do feel like this....and I think they don’t really think about the different aspects of their life it’s affecting until they sit down and break it down and go through it"
“...[with other help I got we] never really talked about the things going on at home so I don’t think that worked as well as this because we’re actually talking about it and discussing it which helped a lot...[before] the drinking and stuff was never brought up” (Girl, 14, maternal alcohol and mental health problems)

Step 1 also facilitated the young people to **explore their feelings** about the problems they were living with. One practitioner described how the young person she was working showed her emotions much more when they started the Steps to Cope work, something which the practitioner said was something the young person had not displayed before. The style of the conversations which Step 1 facilitated also seemed to be important, with a number of practitioners commenting that the young people valued not being judged and being believed.

“I think it was an opportunity for him to express how he was feeling and go through each individual section of his life and try to make sense of that without anybody judging him....it was just the fact that he could express himself in a safe environment where nobody was going to pre-judge him no matter what the issues were”

“....he feels that most people believe his dad and don’t believe him....if there’s always that sense that people don’t believe you then how do you build a sense of self efficacy and confidence in yourself?.....I think he feels a little bit better from having been able to talk about it....and being believed”

“I didn’t really understand it so I didn’t know what to feel” (Girl, 14, paternal alcohol problems and maternal mental health problems)

Beyond this, Step 1 seemed to help the young people **make connections between their feelings and their experiences**. This helped some young people to think about what they wanted or to explore issues in much more depth than had been done previously.

“I think what she got from it was a sense of being able to reflect on her own experience and being able to define it, put it in to categories and think about what she wants from the situation...what her goals might be”

“The opportunity to discuss his feelings in relation to his experiences.....appeared to be the most beneficial part of the programme for this child"  

“....using the workbook was really good because she was able to look at what was life like for her and stuff and she was able to get in touch with her feelings of feeling very alone sometimes and that....sometimes she felt that it was her fault because of her mother’s drinking, and she just felt very angry as well.....”  

“.....he could link his trouble sleeping to what was going on....I think the main thing we talked about was a lot of people push things to the back of your mind, you don’t want to think about
it, actually he was forced to put it all on paper to see how it links, how important it is to address it now and how he wants to address it now actually....."

"...brought out other issues that we hadn’t talked about as much, I think it’s been useful for her to bring up things in more detail that I hadn’t done...or maybe it’s about timing or whatever"

Finally, given that a number of young people had indicated that they felt alone, Step 1 enabled them to see that they were not alone because there were many other young people out there who were living in similar situations. As the final two quotes suggest this seemed to be particularly powerful for the group of young people.

".....it’s comforting to them in some way that they know that there are services out there who can help, who can help them cope as well and help them to lead a normal life for their age.....the one thing that they are saying is ‘I can’t believe other young people actually feel the same way as I feel’ "

"....she was able to identify so much with what was happening and it made her realise it wasn’t okay and it happened to other people and all that kind of thing"

".....and just to bring them all together.....’I’m not the only person living with [this]’....so you could see them all...like a relief, ‘I'm not the only one dealing with this’ "

"...because it was used in a group work setting I think the main thing they came away with was that they weren’t alone...what they were going through it helped them understand that actually....some of the feelings that they had were normal in terms of...other young people were saying exactly the same thing"

**Step 2: Information about addiction and mental health problems**

Step 2 gave the young people the opportunity to learn more about drug and alcohol or mental health problems. Many of the young people seemed to gain a lot from this part of the work, with the learning facilitating an increased understanding of their parent(s).

".....[I found] all of it [useful]. [I] feel alright, things go a bit better” (Girl, 14, paternal alcohol problems and maternal mental health problems)

"I have learnt that mum suffered from these things. I found all the information useful. It helps me to talk about things I find hard” (Girl, 14, maternal drug and mental health problems)

"....she did say that she....had learned a lot from the booklet and especially about the alcoholism and about how it affected her....and her taking the tablets and that you know....it really put into perspective that she has a much better understanding of her mum’s alcohol or drug use, she really has a lot of clarity around it, I felt the book was very clear the way it was stepped out....to me it moved her on big time you know"
One practitioner described how this step helped the young person understand more about her mother’s alcohol treatment. The young person thought that because her mum was getting treatment that she would stop drinking; she didn’t understand why this was not the case (for example, she did not understand the dangers of stopping drinking suddenly), so it was helpful to understand why her mum was on a reduction regime and why this was more appropriate for her. The practitioners added that this answered a lot of questions for her, answers that she had not got from other people. One young person commented that they thought their mum should understand more about her problems, adding that “....it would scare me to become a young carer”.

Significantly, an important outcome from this aspect of the work was that several of the young people reached a greater understanding that their parent’s problems were not their fault. This seemed to be more the case for children living with parental substance (alcohol) misuse than with those living with parental mental health problems.

“[I have learned] that’s it not my fault” (Girl, 14, paternal alcohol problems and maternal mental health problems)

" ....sometimes she felt that it was her fault because of her mother’s drinking, and she just felt very angry as well.....as we worked through the steps as well she was able to see that it wasn’t her fault, she had a better understanding and that"

"....she's feeling that it's not her fault and she understands more about addiction"

“....she....got a sense of her mother’s alcoholism as well because she really felt that they blamed her a lot....she felt she was to blame, the cause of it and because the wee booklet does say quite clearly you didn’t cause it, you cannot cure it....”

Another area where the young people gained more understanding was in terms of making connections between the problems and the impact on their own health. Two practitioners indicated that the young people appeared to be more able to link their sleeping problems to what was going on at home. A practitioner said that something like Steps to Cope can be helpful for young people to help them think about how their own drinking might impact upon

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2 This young person did not want to engage fully with the intervention (or participate in the project) but she was interested in the workbook and this was given to her by the practitioner who gave some feedback to the research team about what the young person said about the workbook and how it helped her think about some things.
other people. For one young person this part of the work seemed to help them think more about alcohol in terms of their own consumption.

".....it also gave her a chance to come out in the open and talk about the effects of alcohol....I think what the five steps was able to do for this young person was to get it out in the open and allow her to talk about it and also I suppose to give her information, she thinks she knows all the information....it was good for her to talk about it and get more information and relate that to her own experience and see that there is a range of ways in which people can be affected by alcohol"

For another young person the Steps to Cope work was followed by an additional piece of work which concentrated on their own mental health issues and led to engagement with a community mental health team. As previously indicated some of the practitioners indicated that they would find it helpful to have a bit more information about mental health problems in the workbook, even if this was to signpost to other resources which could be used to supplement this aspect of the work.

**Step 3: Coping with addiction or mental health problems**

*Exploring coping*

This part of the intervention gives young people the opportunity to think about what they do to respond to the things they are living with, how they feel about this and whether they want to change their response(s). One of the exercises in the workbook gave young people the chance to fill in a table to indicate which of a range of coping strategies they used and how frequently. Table 6 summarises the findings from the five young people who shared their workbooks with the research team and who had completed this table. In addition the young people listed a number of other things that they did to cope:

- Take the dog for a walk
- Working hard at school
- Go out with mates
- Think about good things
- Use solvents or smoke
- Talk with each other about the drinking
- Talk to someone else (e.g. friend or Steps to Cope worker)
**Table 6: How do I cope? (N=5)**

<table>
<thead>
<tr>
<th>Ways of responding (coping)</th>
<th>A lot</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid the situation</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Switching off</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unemotional or indifferent to pain</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Looking for help</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Too afraid to do anything</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Protecting yourself</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fear of the future</td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Looking after them</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Become anti drink or drugs</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Blame yourself</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Emotional attack</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Rows, arguments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hurting yourself</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

* NB: not all young people responded to every question and there was a small amount of missing data.
* Each coping statement was followed by some examples, but these have not been included in the table.

It can be seen that the young people used a range of strategies. Avoiding the situation, switching off, being unemotional and indifferent, or being too afraid to do anything were common. Four young people said that they were fearful of the future while three said that they sometimes blamed themselves for what had happened. Interestingly, four young people said that they were more anti-drink and drugs, while four said that they did not look after their parent and three said that they had never looked for help.

The data suggest that the young people found it helpful to consider the various ways in which they coped, and then to consider what worked or did not work for them and what they might want to do differently. The young people who worked in a group seemed to benefit from sharing their experiences and ideas about coping with each other.

"...she’s seen now that how she has responded in the past didn’t really work for her...."

"...she was also able to see....from using the booklet that her methods of coping, you know they weren’t appropriate and they weren’t good for her....."

"I thought it was useful bringing them together because [you had some saying] this is how it makes me feel and this is what I do to cope with it, and you could see some of them thinking ‘gosh, I never thought of that, maybe I should try that’, so they were able to bounce of each other some ideas of how they coped with their parents mental illness"
One way of helping young people think about what was helpful and unhelpful about how they coped, and how they felt about how they coped, was a ‘brick wall’ exercise. Some ideas were given on the wall; a young person could cross out words and/or add to the wall. Two examples are given in Figure 5 to illustrate the complexities of coping for young people living with these parental problems.

**Figure 5: Feelings about coping**

<table>
<thead>
<tr>
<th>Girl (14): father with alcohol problems and mother with mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Figure 5: Feelings about coping" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Girl (14): mother with alcohol and mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image2" alt="Figure 5: Feelings about coping" /></td>
</tr>
</tbody>
</table>
One young person thought that all the work should focus on coping with parental substance misuse as this was the only area where she experienced problems. A practitioner explained the importance of supporting young people to understand what they are living with and how to cope, as opposed to considering how they might tackle the problem itself.

“...I think they see it from their own point of view and that it doesn't necessarily be about how they tackle this person's drinking but how do I cope with living with their drinking....they're not talking about tackling this problem, they're talking about tackling living with...it's slightly different”

Thinking about coping appeared to lead to several young people making changes to the coping strategies that they used. Examples include:

* Two young girls said that one way they cope was to concentrate on their school work.
* One young girl realised that things are not necessarily 'against her' and developed a more positive outlook.
* Young people said that they found it helpful to talk and be more open about their situation and that this change helped them cope better.
* A young girl stopped going out drinking with her friends but went to her room and listen to music instead. The girl said that she felt happier and less stressed, while the practitioner reported that the young person had drunk alcohol in about four months.
* A young girl tried to engage with her family more, and said that the family spent more time together and talked about things.

"[they were] very helpful...I understand the different way people cope with it now and which way I cope with it.....and dealing with feelings and how I deal with it and the things I do to block it out and stuff like that.....for me personally I just concentrate on my school work...I put all my concentration in to that instead of the house“ (Girl, 14, maternal alcohol and mental health problems)

“....she was able to look at what she was doing and how she was responding and come up with alternatives......instead of drinking and staying out late she would go into her room and listen to her music.....she was able to identify that sometimes she would hurt herself in terms of getting drunk, that she would pour drink down the sink, that she was afraid for her family and that she would put a brave face on it and pretend everything was okay”.

“....she did start to talk to friends about it, you know friends within her inner circle, and she found out that they had similar [experiences], so she found that very useful, and so she has become more open"
“...well, the way I [used to] cope with it was to shut myself off whereas now I'm kinda downstairs a lot more with the family and we've been going out places and stuff like that...so it's helped like bring everyone together...just even like go on day trips or watch movies together, stuff like that” (Girl, 14, maternal alcohol and mental health problems)

A small number of professionals suggested that supporting a young person to consider their safety, for example while at home or in the context of contact with their parent(s) or in caring roles which they may adopt in the family, is an important component of this part of the work.

**Step 4: Using support**

Step 4 helped young people to think about support and who is there that the young person can turn to for help. Part of this, supported by exercises in the workbook, suggested that the young people think about what support means to them and what makes for unhelpful support. Ideas from some of the young people are given in Table 7 below.

<table>
<thead>
<tr>
<th>What does the word ‘support’ mean to you?</th>
<th>What makes someone’s support unhelpful for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful and encouraging</td>
<td>When they don’t listen, tell me what to do.</td>
</tr>
<tr>
<td></td>
<td>Laugh at you. When they break your trust.</td>
</tr>
<tr>
<td>Support means to me that when you are</td>
<td>When they don’t understand, they don’t know</td>
</tr>
<tr>
<td>down and lonely there is always someone</td>
<td>how I feel</td>
</tr>
<tr>
<td>there to support you, and when you will</td>
<td></td>
</tr>
<tr>
<td>fall your friend will catch you and won’t</td>
<td></td>
</tr>
<tr>
<td>let go</td>
<td></td>
</tr>
<tr>
<td>Someone there to help you. Somebody to</td>
<td>He is not allowed to make contact</td>
</tr>
<tr>
<td>talk to</td>
<td></td>
</tr>
<tr>
<td>Someone to help you, someone that carers</td>
<td></td>
</tr>
<tr>
<td>about you</td>
<td></td>
</tr>
<tr>
<td>Something that helps me cope with things.</td>
<td></td>
</tr>
<tr>
<td>Understanding things more, being listened to</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One of the exercises in the workbook guided young people to draw a support network to help them think about who is in their lives to support them and how they could improve the support available to them. Many of the young people indicated that they found this aspect of the intervention very helpful. Some appeared to find it helpful to realise, more than they had before, that there were people out there who they could turn to. This seemed to facilitate some of the young people feeling less alone with their problems.
“The young person found the support web a helpful part of the intervention; one thing that helped her was realising that her friends were there and that she could talk to them about things; before she thought that they just gossiped and weren’t interested so the work has helped her to turn to her friends more for support”

“....it made me realise I’ve got plenty of people there for me” (Girl, 14, paternal alcohol problems and maternal mental health problems)

“....definitely it’s made him think about talking a bit more to people, it’s very much a secret within the house, and now he will talk a bit more and he will say things that he would never have said before”

“....for the young person that I worked with she really felt the benefit of actually talking about what was happening to her because she hadn’t done that....she doesn’t want to isolate herself....so from that she was saying that she is going to keep using the help that she has identified around her that was always there but she didn’t use and she was saying that she doesn’t feel so alone now”

Another exercise in the workbook encouraged young people to think about people who are supportive and how they are helpful. Examples are given in Table 8.

<table>
<thead>
<tr>
<th>Person</th>
<th>How they are helpful and how I feel about them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister</td>
<td>When I talk she listens and keeps my trust. She is a best mate and a sister.</td>
</tr>
<tr>
<td>Brother</td>
<td>He is very loveable. He sits me down and talks to me, shows his emotions, he is very protective of me. I couldn’t ask for a better big brother.</td>
</tr>
<tr>
<td>Friend</td>
<td>She listens, she has something in common. She’s mental and random but I like her.</td>
</tr>
<tr>
<td>Dog</td>
<td>Listens and he distracts me. I love him.</td>
</tr>
<tr>
<td>Great-aunt</td>
<td>She listens and she’s kind. I love her.</td>
</tr>
<tr>
<td>Friend</td>
<td>I talk to her about everything, she understands. She is very good, like she helps me without realising, we are very close</td>
</tr>
<tr>
<td>Support worker</td>
<td>The only person I can talk to about my mum. I can trust her.</td>
</tr>
<tr>
<td>T &amp; P (relatives)</td>
<td>They took me on and gave me a home, loved me and fed me and were like my parents for a year. I feel that they are very special as they have done so much for me. And they are important people in my life.</td>
</tr>
<tr>
<td>Steps to Cope</td>
<td>This person was helpful because she always listened and was there. And she didn’t say you weren’t allowed to say certain things. You were allowed to talk about anything. This person has been a big help in my life and she has been great.</td>
</tr>
</tbody>
</table>

Steps to Cope: Final Report. February 2012
The young people could identify a range of people (and pets) who they found supportive. Having someone trusted who listening unconditionally to the young person seemed to be very important. Given that many of the young people had lived with the problems for several years, and many had never received help before, the opportunity to think about support and how it could be enhanced appeared to be an important part of the intervention.

Step 5: Further help and achieving goals

The final step of the intervention provided an opportunity for the practitioners and young people to review the work which had been done, to consider whether there were any additional needs and what further support might be helpful.

Further help
Some practitioners and young people did not feel that they needed any further help, but the door was left open for the young person to come back to them if they needed to. Many of the interventions were completed over the summer break and some of the practitioners did not want to over-burden the young person, at a time when they were going back to school, by putting too much in place by way of support. A small number of practitioners identified problems in engaging young people with other services, because the kind of thing they wanted did not exist in their area – this usually related to a peer support organisation or mentoring support. One practitioner thought that the young person that they had worked with needed more intensive counselling and hoped that the young person would agree to keep on working with her. Another practitioner went on maternity leave and hoped that the young person she had worked with would continue the work with a colleague at the same service. The ten young people who worked together as a group all remained engaged with the service and were receiving varying levels of support on an ongoing basis.

Other benefits from the work

For three young people the work which was completed facilitated changes in the wider family, in particular with regard to the relationship between parent and young person and the problematic alcohol use of the parent. One practitioner, who was also working with the parent, facilitated a family session to support the young person talk to the parent about the Steps to Cope work. Figure 6 summarises this piece of work and how it seemed to further benefit the young girl and her family. However, in one case the opposite was true, with the...
A practitioner facilitated a family session, involving the young person (aged 14), her mother (with an alcohol problem), as well as her father and younger sibling. The young person was able to explain, using the workbook, how she felt and how the problems affected her. This was the first time that the young person had been able to speak to her family like this. It seemed to benefit the whole family, with the mother able to assure her daughter that the problems were not her fault and to think more about her alcohol consumption. Both the young person and practitioner explained what they felt had been achieved with this session.

“....we talked about it together which we had never done before, like in other things it was just by ourselves separate [where with] this we got to talk together....we went through the book together so my mum understood how I was feeling.....it was a bit weird because we’d never done that before but I think it was a good thing....I guess [she responded] the best way that she could’ve....she was telling me that it’s not my fault and stuff like that....and she wouldn’t want me to do it...she just understands now how I was feeling”

“....today was just a great opportunity for the young person to be able to say how she felt, and she felt safe in doing that, that it wasn’t something that couldn’t be talked about.....they found it very useful and they could all say how they were affected...then mum was then saying look nothing I do, it’s not your fault at all, I am responsible for my drinking.......she has an idea of how possibly she could be affected, to actually hear that and sit down together was very powerful, and I think her thinking has changed even in relation to trying to control her alcohol use”

Reviewing Steps to Cope

To help review the work which had been done one exercise in the workbook listed the key goals of Steps to Cope and asked the young person to tick if they felt this had been achieved. This exercise was completed by all five young people who shared their workbooks with the research team, and their responses as summarised in Table 9. It can be seen that four or five of the young people said that they felt less alone, that the problems were not their fault, that they understood more about addiction or mental health, that they are coping better, and that they have someone who can help them. However, only two young people ticked to say that they felt less embarrassed or ashamed.
### Table 9: Achieving goals (N=5)

<table>
<thead>
<tr>
<th>Goal</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not feel so alone</td>
<td>4 ticked, one said this was the same</td>
</tr>
<tr>
<td>I am feeling it’s not my fault</td>
<td>All 5 ticked</td>
</tr>
<tr>
<td>I am not feeling so embarrassed or ashamed</td>
<td>2 ticked</td>
</tr>
<tr>
<td>I understand more about addiction or mental health issues</td>
<td>All 5 ticked</td>
</tr>
<tr>
<td>I am coping better</td>
<td>4 ticked</td>
</tr>
<tr>
<td>I have someone who can help me</td>
<td>All 5 ticked</td>
</tr>
</tbody>
</table>

At the end of the intervention the practitioners were asked to invite the young person to give feedback on the help they had received, using a drawing exercise which has been used successfully in other evaluative research with this group of young people (Wall & Templeton, 2010). Two young people completed this exercise, while a third completed it using words rather than drawings when interviewed by the researcher (Figures 7, 8 and 9).

**Figure 7: In her own words (Girl, 14, maternal alcohol and mental health problems)**

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Before I started meeting with [Jane], I didn’t like talking about any problems I had and often bottled my issues up, this always ended up in the same result. I would end up breaking down and often didn’t realise why I was so upset as I was used to blocking things out. I found it hard trusting people, including friends which had quite a negative impact but I [saw] this as a way of protecting myself, as I was always used to people letting me down”</td>
<td>“Since I’ve started working with [Jane] I’ve become more open. I know that I have to learn to trust people because not everyone is going to let me down. I can talk about my problems more easily and this has had a very positive impact on my life. I have also learnt to sort out my problems because avoiding them does not help the situation. I think the booklet is the main reason I have progressed so much, in my own state of mind”</td>
</tr>
</tbody>
</table>

1 The colour of the text reflects the colour of pen that the young girl chose to write with (the name of the practitioner has been changed)
This exercise suggests that these young people were happier as a result of the help they received through Steps to Cope, felt less angry and alone, and had benefitted from being able to talk about the family problems that they were living with.
Summary of benefits from *Steps to Cope*

As detailed in the preceding sections of the report there seemed to be a number of benefits for the young people as a result of the *Steps to Cope* work they completed with a practitioner. These benefits mirror the five steps of the intervention and can be summarised as follows:

1. The opportunity to talk about the problems.
2. The opportunity to explore feelings.
3. Feeling less alone.
4. Learning and understanding about addiction and mental health problems.
5. Increased recognition that the problems are not the young person’s fault.
6. Thinking about coping, and making changes to coping which the young person feels are more helpful.
7. Thinking about support networks and who the young person can turn to for help.
8. Awareness in terms of the young person’s own health, such as sleeping, worrying and drinking alcohol.
9. In some cases, changes were seen in the wider family, particularly in relation to the parent’s drinking and relationships between these parents and their children.

Thoughts of the practitioners

The practitioners were all asked whether they thought the *Steps to Cope* intervention enhanced practice in this area. All thought that it did and the responses that they gave fell into three main categories: raising awareness and focusing the work; providing structure to guide the work; and offering a flexible framework in which to work. These are discussed further below with some quotes as illustration.

*Raising awareness and focusing the work*

The practitioners felt that the work raised their awareness of the issues and allowed them to do some specific and focused work with young people on the issues they were living with. Moreover, the practitioners thought that the workbook was a useful tool to open up these discussions with young people.

“...just really bringing to the forefront the needs of young carers, and just actually the amount of young carers that are living with parents with mental health problems, and the sheer impact that mental health can have on a young person, and that has absolutely opened my eyes”

“it’s also made me a bit more aware of hidden harm and the issues that come from it........I think it was very interesting going through it, I probably wouldn’t work with hidden harm an awful lot and especially on that level getting an insight into a young person’s life so I think it’s been very good for me both as an individual and a professional”
“it gives you something to work from and sometimes maybe you’re not asking the right questions and it’s very specific and straightforward”

“....you do have a stepped programme of work that is structured which leads in to those difficult subjects for young people and it’s in a child friendly way so it gives you that opportunity to lead in to those difficult subjects that isn’t in a threatening manner or without feelings being questioned or interrogated, you know it’s more on their level and I think the booklet really allows you to do that”

Providing structure to guide the work

The practitioners thought that the intervention provided a useful structure to guide their work. Moreover, some added that they felt this facilitated the engagement of young people who appreciated understanding more about the structure of the work that they were doing.

“....it’s quite similar to what we would do with a young person but.....it’s clearer for them what’s happening....it sort of makes you think, focus things more on actually that issue....it makes you cover more, it's more structured”

“....because it's broken down into steps...each session was very focused and she liked that and because it was written down in front of her and she could work on the booklet in her own time....she was able to see within each step what it was like for her living with addiction....[things] that she was never asked about or had never really thought about”

“....it’s useful for me if I find a young person not engaging to have materials there and to have something that is structured.....a lot of young people would come through the door and they’re not willing to engage, don’t want to engage, but if I introduce this....it gives them some structure and they do know on a week to week basis what they’re going to be doing because sometimes they find it difficult ‘what am I going to talk about this week, what am I going to do this week, I wonder what to say’.....whereas this book allows them to look at what other young people have said and think about how that relates to them and their feelings”

“....for me having the material as a tool that I can use in the sessions that makes me feel like I’m kind of doing something here, I have a structure, I have a piece of material that I can use and I can bring that to every session that I do”

“for me, it helped me to address all the issues that were going on with her in a structured way”

A flexible framework

Coupled with the structure offered by the Steps to Cope model came the flexibility to pace the work according to the time available and the needs of the young person, as well as being able to supplement the work with reference to other resources or to deal with other issues which came up and which required attention.
“...it is working through it at a speed that is right for the young person”

“with these young people they come in and there could be other issues and sometimes it's quite difficult to.....bring the book out and start the work on it but I would be trying to do a bit of the work before the end of the session, it's difficult to focus solely on the book at times because maybe there's other stuff that's happened.....you can use the book at whatever speed you need to......I mean if it's a one off or only two sessions or something you could use the book without any problem, and you could use the book over six maybe twelve weeks....there's no definite timing that the book has to be completed and I would be explaining that to the young person at the start anyway so they don't feel 'this is what we have to do' sort of thing....I do need to be very flexible with them...”

“...on that particular session is what they want to address....they've come with something in mind that they want to address and talk over with you”

Several of the practitioners felt that Steps to Cope reflected the way they worked with young people anyway, but that it offered a clear structure for supporting a vulnerable sub-population of young people. One practitioner felt that having the Steps to Cope intervention supported her in doing a more effective piece of work, while a small number of practitioners reported that they felt able to apply the principles of the Steps to Cope intervention in their other work, or that they felt it could be applied to other groups of young people.

“....more than anything what this has done for me is given me in my head an idea of structure to the work that I do, so I use that structure of Steps to Cope with everybody that I meet....I keep that in mind with everybody now.....it's like a tick list for me now, which I find very useful”

“....it probably reinforces everything that I already know anyway but it's just bringing it to the forefront.....it allows you to focus on key issues which when cases are complex you might overlook something and a piece of work that could be done”

“....[it's very] practical stuff and stuff that I would use all the time....looking at goal setting and exploring their feelings and emotions and I think it would be a really good booklet for people from other fields of work”

“....because you've got a tool there that's presented well and written up you give the message that this is something that other people go through.....so it was a tool to do that work which I would have needed to do anyway but which maybe wouldn’t have been as effective”

The findings from the pilot study have been presented in detail. There have been both successes and areas of interest or learning which have arisen, and these will be discussed in the final section of the report.
Section 5: Discussion

Overall, the pilot of the 5-Step Method, through the Steps to Cope intervention, has been successful in supporting young people across Northern Ireland who are living with parental substance misuse and/or parental mental health problems. In relation to the original questions which the pilot study set out to try and answer the Steps to Cope intervention and workbook were developed, a group of 21 professionals were recruited and trained and 13 practitioners were able to work with one or more young people who benefitted from the help they received in a range of ways. The information provided by young people and practitioners about the problems they were living with and the impact this was having on them mirror the wider academic literature about the lives of children where parental substance misuse and/or mental health problems are present.

Discussion of main findings
The findings indicate that the Steps to Cope intervention can be delivered in line with the 5-Step Method on which it is based, and that this framework, and the stress-strain-coping-support model on which the 5-Step Method is based, are suitable for young people (Templeton, 2010), although a degree of flexibility and time is needed with some young people in terms of engagement and working through the intervention. The workbook appears to be a valuable part of the intervention. Practitioners seemed to find the steps relevant and straightforward to follow, with many able to work through the steps in order, and to focus on the main elements within each step, although there was overlap in some cases while other interventions required additional sessions to support children with other issues which arose. Overall, the intervention appears to be a useful tool for a range of practitioners who, already skilled in working with vulnerable young people, valued the structure and focus which Steps to Cope gave them for working with this population of young people.

The findings suggest that the intervention can benefit young people in a range of ways, in line with the five steps, and that it can equally benefit young people who are living with parental mental health problems, whether or not parental substance misuse is present, and who receive the intervention individually or in a group. However, many of the practitioners thought that the workbook could contain more information and examples related to mental health. The ways in which Steps to Cope appeared to help young people are similar to those seen with adult family members who have received support through the 5-Step Method (Copello, 2010b), as well as to other interventions which have been developed to support young people (sometimes with their families) living with these problems (Templeton,
Targeting areas such as feelings, understanding/information, coping and support seem to be relevant, indicating that the 5-Step Method is an appropriate framework to direct intervention in this area. Given the circumstances in which many of the young people lived, where secrecy and mistrust are often dominant, and that many of the young people had been living with the problems for many years and had received no specific help, it is important to highlight that one of the things which the young people seemed to find most helpful, and which the practitioners agreed was crucial, was having a safe space to discuss their feelings, fears, concerns and hopes with a trusted professional. This suggests that the first step is critical, requiring time and patience, with the rest of the intervention which is completed building on this initial work. Moreover, it is possible that the relationship between the young person and the practitioner is an important part of the intervention, and future work could consider the role which therapeutic alliance might play in the outcome of the work which is done (Mitchell & Burgess, 2009).

It has been recognised that it is important for young people to realise that their parents’ problems are not their fault, and this seemed to be a positive outcome for some of the young people who received help from the Steps to Cope intervention. It is possible that this is more relevant for young people living with parental substance misuse than with mental health problems. Further research could explore whether there are any particular differences for the two groups of young people in terms of their needs from the intervention, for example in the information that they find helpful, the information that can be provided on coping or the changes that young people make to their coping strategies.

As summarised in Section 1, there can be wide variation in how children are affected by parental substance misuse and mental health problems, and a number of protective factors and processes thought to promote resilience in this population have been identified (Cleaver et al., 2011; Ronel & Levy-Cahana, 2011; Sawyer, 2009; Moe et al., 2007; Velleman & Templeton, 2007). The qualitative evidence from this study suggests that the intervention might target the factors and processes which are thought to facilitate resilience in children, thus maximising their protection from the potential harms associated with parental substance misuse. These findings support other studies of resilience with this population group (Moe et al., 2007; Ronel & Levy-Cahana, 2011). Further work is needed to understand how the concept of resilience might contribute to the impact of an intervention like Steps to Cope. Within this, particular issues could be considered such as, for example, the gender or age of the young person (Cleaver et al., 2011), differences through living with alcohol or drug problems (Russell, 2006) or mental health problems (Cleaver et al., 2011), or with maternal
or paternal problems (Scaife, 2007). Moreover, such work also needs to bear in mind that an individual’s resilience may change over time, with factors or processes operating positively or negatively at different developmental or life stages (Velleman & Templeton, 2007). Finally, resilience cannot be taken at face value, nor can it be assumed that a factor or process will be protective, or a risk, for every child. For example, something which may operate positively and suggest resilience, such as doing well at school may mask problems in other areas while, on the other hand, something which may be perceived negatively, such as taking on a caring role (maybe at the expense of school attendance or performance), may in fact be viewed positively by a child and operating to protect them and/or their family from harms in other areas (Sawyer, 2009; Morodch & Hall, 2002).

**Delivery of Steps to Cope**

While it is encouraging that the pilot study and training were over-subscribed, and that 13 practitioners remained engaged with the pilot, all of whom were able to work with young people, it is disappointing that eight practitioners were not able to stay involved with the project. As six of them experienced change in their jobs, it is possible that this is a reflection of the fact that the workforce is facing difficult times in some sectors. Given the nature of the population of young people targeted by *Steps to Cope*, and the difficult and complex situations in which many of them were living, having clear recruitment criteria in place was an important factor in running this pilot project. It is essential, therefore, that as the work continues to be rolled out in Northern Ireland, and potentially elsewhere, that steps are taken to ensure that the practitioners are adequately trained and supervised, and have the appropriate procedures and support in place to ensure that *Steps to Cope* is delivered safely. It is interesting that few practitioners from statutory services engaged with the pilot study, particularly given that many of the young people, and their families, had current or prior involvement with Social Services. Future work (see below) will consider how to increase engagement from these services, as well as from other sectors which come in to contact with this population of young people, such as Children’s Homes and staff in schools, such as nurses or counsellors, although caution has been expressed in the use of an intervention like *Steps to Cope* in serious child protection cases (Harwin, 2010).

It is heartening that 23 young people received support through the *Steps to Cope* project, and that they appeared to benefit in a range of ways from the help that they received. However, the evidence is largely qualitative (and there is more data from the practitioners than from the young people) and considers the impact of the intervention in the short-term only. While, in itself, this suggests that an intervention like *Steps to Cope* is necessary and helpful, many of the young people had been living with the problem(s) for many years and
the problems they experienced are unlikely to be completely resolved with a relatively brief intervention such as *Steps to Cope*. Future work needs to consider additional ways of assessing the potential benefits of the intervention, as well as whether the benefits and changes suggested by this pilot can be maintained in the longer-term. However, there may need to be some creative thinking in developing ways of quantitatively assessing the intervention’s benefits as some of the main ways in which young people seem to benefit from the intervention, such as feeling less alone, will be hard to measure through standardised assessment.

The majority of the young people were affected by maternal substance misuse and/or mental health problems. Furthermore, it is also of note that where substance misuse featured, it tended to be related to alcohol misuse (in all but one case), and that eight young people were affected by combined substance misuse and mental health problems. While the project has reached quite a wide range of young people there are gaps which future work needs to consider. First, all but one young person was White (White British or White Irish), and many young people had been living with the problem(s) for several years, often for ten or more years. The project supported young people aged between 12 and 17 years old and it is encouraging that some of the practitioners thought that, in its current format, the *Steps to Cope* intervention and workbook, was suitable for some children younger than the original threshold of 14 years old. Future work needs to consider how to engage broader populations of young people, including from a range of cultural groups, and how to target the work to identify young people at an earlier stage to be able to offer them help. This may mean further adaptations of the materials so that they are suitable for younger children as many of the practitioners felt that such a resource was necessary, and would be feasible, for younger children. Finally, many of the children in this sample were living with, or in contact with, at least one parent (i.e. the focal parent with the substance misuse and/or mental health problem), so future work could consider the potential for the intervention for children who are currently more distant from their parent(s), including those who are in foster or local authority care for example. Targeting groups of professionals who engage with these young people is an aim of the next phase of the work (see later in the discussion).

It is noteworthy that living with domestic abuse is largely absent from this sample. This is surprising given the high co-existence of domestic abuse with substance misuse and/or mental health problems, and also concerning given the increased risk for children where domestic abuse is present. It is possible that the practitioners thought any such cases inappropriate for this pilot project. Future work needs to consider how children who are also living with domestic abuse receive support, whether *Steps to Cope* is an appropriate
intervention for this group, and what else may be needed to support practitioners to safely engage and work with these young people (Harwin, 2010; Templeton, 2010).

There is also evidence from some of the work which has been done that the work can offer support to young people who are themselves experiencing problems with alcohol, drugs or mental health problems, although more work is needed to understand how the work might offer additional support to this group of young people. Similarly, some of the interventions indicate that the work may have facilitated positive change in the wider family, most notably in relationships between misusing parents and their child, and in parents thinking differently about their consumption, particularly of alcohol. In two of the cases where such change occurred it is interesting that the Steps to Cope practitioner was also undertaking separate work with the misusing parent, and this parallel work appears to have contributed to the additional changes which were seen in these cases. It is possible that developments in this area in Northern Ireland could consider how support can be offered to the wider family, and how services can be encouraged to improve partnership and joint working practices which may increase the potential benefits for both young people and other family members from something like Steps to Cope. This fits well with the aims of Northern Irish policy, such as the Drug & Alcohol Strategy and the Children and Young People Strategy. Research has suggested the potential for multi-family (including children) group programmes for families who are living with parental substance misuse (Templeton, 2012) or maternal depression (Riley et al., 2008) and, moreover, the potential for such programmes to facilitate family resilience could be considered (Benzies & Mychasiuk, 2009). However, while some parents very much support their children receiving direct help, others are resistant and may even deny that the problems exist, so care must be taken with offering support to the wider family by ensuring that risk is adequately addressed and the support is delivered within the parameters of safe practice (Harwin, 2010; Templeton, 2010).

Next Steps
Steps to Cope can be seen to be making a contribution to the priorities for working in this area as laid out in Northern Ireland’s Drug & Alcohol, Children’s and Hidden Harm Strategies. The work which has been done so far has been welcomed and there are already plans to develop the work. A further group of practitioners will be recruited in early 2012, and three further one day training courses will be held in March 2012. Engagement of practitioners from the statutory sector will be a particular focus of the next phase of the work. All the practitioners who participated in the pilot study reported here will be invited to continue their involvement in the next phase of the work. There will be some minor changes made to the workbook (such as to include more information on mental health problems, as
suggested by many of the practitioners) and to the training materials following the learning from this pilot study. Further iterations of the workbook could more clearly highlight that, as long as a practitioner maintains fidelity to the overall intervention and the five steps, the workbook can be used flexibly, in much the same way as there is flexibility with, for example, the number, length and frequency of sessions. Evaluation will also continue for the next phase of the work, with the focus on two issues; the introduction of outcome measures, a gap which has been identified in the evaluation of interventions for children of substance misusers (Woolfall & Sumnall, 2009), and investigating how young people might benefit from the work in the longer-term.

Future work should also consider how the 5-Step Method could continue to be developed for young people through, for example, adaptations for younger children, materials to support group-based work or to engage young people through web-based resources. The young people who attended the Steps to Cope group seemed to find it helpful in a range of ways, perhaps particularly the contact it gave them with other young people who were also living with parental mental health problems and there is the potential for such group-based work to be developed. Other research has demonstrated the benefits of group support for children living with parental substance misuse (Templeton, Novak & Wall) or bereavement (Metel & Barnes, 2011). In addition to the pilot of a web-based version of the 5-Step Method for adult family members (Ibanga, 2010), the potential for web-based resources to support adolescents with a family member with mental health problems (Drost et al., 2010) or to support practitioners who work with families where there are parental mental health problems (Reupert et al., 2011) has been demonstrated.

The Steps to Cope project has had wider recognition. Preliminary findings were presented at the Society for the Study of Addiction Annual Symposium in November 2011, and an outline application to further develop the project has been submitted to the Big Lottery. From the findings of this study a paper will be prepared and submitted to an academic journal for peer review. The 5-Step Method, for adult family members living with a relative’s substance misuse, will be introduced in one or two areas of Northern Ireland in 2012, and it will be important to see how this can fit in with the provision of Steps to Cope for young people in these same areas.
Conclusion

In light of the unequivocal evidence of how children and young people are affected by parental substance misuse or mental health problems, there has been a growing commitment to develop ways of helping them. Based on a well evidenced and internationally recognised intervention for supporting adult family members who are affected by a relative’s substance misuse, the 5-Step Method, the *Steps to Cope* intervention was piloted by 13 practitioners in Northern Ireland, with encouraging results for the 23 young people who participated in the study. Significantly, the intervention appears to have benefitted children who had been living with the parental problems for many years, and who had received little if any specific help for themselves in relation to these problems. The 5-Step Method appears to be a useful framework to guide work with young people, individually or in a group, and the steps themselves appear to target the areas where young people need help. The findings, although based on short-term outcomes, suggest that the young people found the intervention helpful in a range of ways and made positive changes as a result of the help that they received. The practitioners, who came from a wide range of services, all thought that the intervention enhanced their practice by giving them a specific tool to guide work with a vulnerable population. There are a number of ways in which the work can be developed but the findings from this pilot study suggest that the *Steps to Cope* intervention has the potential to become a widely used tool, both in Northern Ireland and elsewhere, to support young people who are struggling because of parental substance misuse and mental health problems.
References


