

Final Report: Bottled Up: Identifying and supporting children and families to reduce alcohol harm.

Short Title: Bottled Up Project.



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Executive Summary

This was a naturalistic experiment, utilising a mixed methods approach to evaluate the Bottled-Up project based in North Tyneside Local Authority. The service implemented an enhanced pathway to improve outcomes for children and families by increasing the identification of parents misusing alcohol and their children and providing evidence-based interventions and support.

The Bottled-Up project included multiple components: an adult alcohol worker to support parents who misuse alcohol at hazardous, harmful and dependent levels, a Children and Adolescent Mental Health Support (CAMHS) worker to support children of alcohol misusing parents regarding their emotional and mental health needs, a young carers worker to support young people undertaking caring responsibilities due to a parent misusing alcohol, a Community Reinforcement Approach and Family Training (CRAFT) intervention for adults caring for, or affected by, the drug and alcohol misuse of a family member where there are children and/or a young person in the family, and a parental conflict intervention to support the couple and the parenting relationship to reduce parental conflict.

The Bottled-Up project took place between 1st October 2019 and 30th September 2021. One hundred and five referrals were made in total for alcohol misusing parents, 85 of which engaged in support. One hundred and fifty-nine referrals were made for children living with alcohol misusing parents, of which 65 have successfully completed work with the CAMHS worker and 16 completed work with the young carers' worker (81 young people in total).

The impact that professional had on parents and young people was hard to quantify due to insufficient data being collected for children and young people and limited data being available for parents. This resulted in descriptive statistics only for a subset of 21 adult participants (25%) of adults who engaged in interventions.

However, the alcohol data collected did show a reduction in mean Alcohol Use Disorders Identification Test (AUDIT) score from 19.3 at the start of the intervention to 11.9 following engagement with Bottled-Up. Parents also showed improvements in self-reported mental wellbeing using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) tool and the EQ 5D 5L score also highlighted positive change in self-reported levels of anxiety/depression.

There is an implicit expectation that the training provided to frontline professionals has improved capacity across North Tyneside and increased levels of confidence and competence of frontline staff

to increase identification of children of alcohol dependent parents. The training package has seen 20 frontline staff complete the CRAFT training; 230 frontline staff have completed module 1 of the reducing parental conflict training (31 have completed module 2 and 24 staff have completed module 3) and 113 frontline staff have completed the 'identifying and exploring parental alcohol misuse' training.

Professionals perceived that the Bottled-Up project had improved the quality of the service available for alcohol misusing parents and their children. The parents and young people who agreed to be interviewed reported that they found the Bottled-Up project beneficial once they had been identified as requiring support. Positive feedback was reported regarding flexibility of service provision, ability to work in an outreach capacity within the community, ability to taking a whole family approach and a positive experience on onward referrals.

The main challenge reported was the turnover of staff and the disruption this caused to service provision.

Key recommendations proposed include the continuation of a flexible approach to engagement inclusive of community outreach work, the possibility of introducing 'family' session where appropriate, consideration of how to manage turnover of staff in such a small team, the continuation of nurturing relationships with school and frontline staff to increase the early identification of children and young people residing with parents misusing alcohol and the continuation of training to build the confidence and competency levels of staff to identify and respond to parental alcohol misuse.

Background

Parental alcohol misuse (PAM) is significantly linked to harm to children (1-5). Evidence shows that a child's physical and mental health can be affected along with behaviour and educational attainment (6). Parental drinking can result in inconsistent, impaired or inappropriate parenting, unpredictable behaviour, and in children having to take on caring responsibilities for parents and/or younger siblings (7). Parental alcohol misuse is often a factor in child protection cases and children often have poorer welfare outcomes (6). Parents may delay seeking help related to alcohol misuse due to a fear of being stigmatised, fear of social service involvement and ultimately children being removed from their care (8, 9). Within a local authority setting, the issue of PAM and the responsibility for supporting children affected by PAM impacts on multiple departments including Children and Adults Social Care and Public Health.

Site specific context:

Data submitted to the National Drug Treatment Monitoring System (NDTMS) show that in North Tyneside (UK), in 2018-2019 the estimated number of children living with adults with alcohol dependence was between 835-913 (10). Between 1st April 2019 and 31st March 2020 North Tyneside Council had a total of 723 new presentations to adult alcohol treatment, 389 (53%) of which were parents. Approximately one quarter (n=104) of these parents had children living with them in the same household. The remaining parents (n=285) were parents whose children did not currently live with them in the same household. Most of these parents were not currently in contact with children's social care. Of the 285 parents who currently do not have a child living with them in the same household, 88% had no children and families support, 5% were receiving early help, 2% had an identified child in need, 2% had a child protection plan. Of the 104 new presentations of parents or adults who had children living with the same household within North Tyneside, 73% have no family support. Whilst 14% are receiving early help, 5% had an identified child in need, 5% had a child protection plan and 5% had a looked after child (a child under local authority care) (10).

Child in need assessments within North Tyneside during 2019-2020 identified alcohol misuse by a parent or other adult living with a child as risk factor in 277 (27.3%) of cases (10). In addition, there are many children on the edge of care, experiencing high school exclusions and becoming young carers as a direct consequence from PAM.

North Tyneside Council was awarded children of alcoholic parents' innovation funding to increase capacity of staff to identify children affected by PAM and to support both the children and parents to receive support to reduce the impact of parental alcohol misuse.

The Bottled-Up Project components

The aim of the Bottled-Up Project was to implement an enhanced pathway to improve outcomes for children and families by increasing the identification of PAM and their children and to provide evidence-based interventions and support. The project built upon the strengths-based, family centred early help approach already familiar across North Tyneside, introducing the whole system referral pathway to support families affected by PAM. All referrals for the Bottled-Up Project were received directly from the 'front door', Multi Agency Safeguarding Hub (MASH), Early Help assessments and key partner organisations. The Bottle Up Project was made up of multiple components, as follows:

The Bottled-Up adult alcohol Worker

The Bottled-Up Project adult worker was seconded from the North Tyneside Recovery Partnership (NTRP) and supported alcohol misusing parents, where it was identified that their alcohol use was having a detrimental impact on themselves and/or their family members. The adult worker was available on an outreach basis. The interventions provided were needs-led and included both standard care (harm reduction, relapse prevention) and enhanced care interventions (motivational interviewing, contingency management). Within the enhanced care interventions where required the adult alcohol worker supported parents to access community day programmes and residential treatment, inclusive of supporting individuals to prepare for detoxification.

The Bottled-Up Children and Young Person's Worker

A Bottled-Up Project Children and Young Person's worker was seconded via the Children and Adolescent Mental Health Service (CAMHS) service and offered timely interventions to children regarding their emotional and mental health needs. This worker liaised closely with early help staff in locality teams and in schools, primary care and treatment and family support services and young carers. Children were eligible to receive support from the children and young person's worker if PAM was having an adverse effect on their emotional wellbeing. The children and young person's worker offered needs led interventions for a length of time that was deemed appropriate to that individual. In addition to this the worker acted in a consultant liaison role to teams around family meetings, child protection conference and child in need meetings as appropriate. The Children and young person's worker co-facilitated groupwork sessions with the young carer's worker.

Young Carers Worker

A worker was seconded via the Young Carer's service to offer support to young people undertaking caring responsibilities due to a parent misusing alcohol. The young carer's worker offered one to one appointments and co-facilitated groupwork sessions with the children and young person's worker.

The group work delivered is called Heads Up! and is designed to be an emotional resilience programme for children and young people who are in a position of providing care and support for a family member. The topics covered are: What is mental health? Identifying Emotions, Managing Emotions, Friendships and Relationships, Support Networks and Other Support. The aim is to equip young people with skills and knowledge that will enable them to take care of themselves and seek support when needed so they can cope with the additional stresses of caring.

The CRAFT intervention

The criteria for the Community Reinforcement Approach and Family Training (CRAFT) intervention within the remit of the Bottled-Up Project was that it is open to any adult, resident in North Tyneside, caring for or affected by the drug or alcohol misuse of a family member or close friend and where there are children and/or a young person in the family. The CRAFT programme is an 8-week commitment. Family members completed the CRAFT program in groups or 1-2-1.

Parental Conflict intervention

The parental conflict interventions provided support to both the couple and the parenting relationship (both the mother-child and the father-child relationship) to reduce parental conflict.

Aims of the evaluation:

The evaluation aimed to assess the value of the enhanced pathway developed as part of the Bottled-up project and identify key recommendations for future improvements to services.

Our a-priori success indicators were

1. Successful engagement of more parents misusing alcohol and children living with alcohol misusing parents compared to before the service was in place
2. Increased confidence and competence of frontline professionals in identifying and responding to the identified needs of parents misusing alcohol and responding to needs of children living with alcohol misusing parents
3. Professionals to have a positive impact on parents misusing alcohol and on children living with alcohol misusing parents
4. For Bottled Up to be perceived by alcohol misusing parents, their children, and families to have a beneficial impact on their care experiences.

Methods:

The team conducted a naturalistic experiment, utilising a mixed method approach. The project was a single-site evaluation of the Bottle Up Project at North Tyneside Council. The following approaches were used:

Quantitative data collection and analysis:

Routine data from 1st October 2019 to 30th September 2021 were collected and descriptive statistics presented capturing:

- Data on numbers of children and adults (alcohol misusing parents and affected family members) accessing the innovative interventions (a-priori success indicator 1)
- Completion of questionnaires (AUDIT, SWEMWBS, SDQ and EQ-5D-5L) took place within the first appointment and the last appointment prior to discharge with all individuals engaging with the Bottle Up project (a-priori success indicator 3)

Quantitative methods were used to collect data to understand the impact of the Bottled-Up project on an individual's health related quality of life/ mental well-being and levels of alcohol use. Alcohol misusing parents were asked to complete the Alcohol Use Disorders Identification Test (AUDIT), the

Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) and EQ-5D-5L and children and young people were asked to complete the Strengths and Difficulties Questionnaire (SDQ) within both the first and final session with a Bottled-Up Project worker.

Alcohol use was measured using the AUDIT. The AUDIT is a ten question screening tool developed by the World Health Organisation (11) to identify signs of hazardous and harmful drinking and identify mild dependence (12). When interpreting the AUDIT score, in adults a score of 8 or more is associated with harmful or hazardous drinking and a score of ≥ 13 in women, and ≥ 15 in men is likely to indicate alcohol dependency.

Mental well-being was measured using (SWEMWBS) (13). The SWEMWBS uses seven statements about thoughts and feelings. The seven statements have five response categories from 'none of the time' to 'all of the time'. Scores range from 7 to 35 and higher scores indicate higher positive mental wellbeing. When interpreting scores for SWEMWBS, scores of 17 or less suggest probable depression, 18-20 for possible depression, 21-27 for average mental wellbeing and 28-35 high mental wellbeing.

Health Related Quality of Life was measured using the EQ-5D-5L (14), a standardised measure that can be used across a wide variety of health conditions. It is the recommended tool in the UK to measure health related quality of life when calculating quality adjusted life years (QALYs). The EQ-5D-5L questionnaire covers 5 dimensions of quality of life (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression), each with five response options ranging from no problem to extreme problems. The Visual analogue Score records an individual's self-rated health on a score of 0% 'the worst health you can imagine' to 100% 'the best health you can imagine'.

The SDQ is a standardised screening questionnaire to be used with young people aged 4- 17 years old (15). The SDQ comprises 25 questions which are arranged to assess four difficulty subscales (emotional, conduct, hyperactivity, and peer problems) and to also measure pro-social behaviour. The four difficulty subscales are summed to give a 'total difficulty score' out of 40. The SDQ has been used extensively in mental health research with young people and used previously with children in care. The SDQ total difficulties score is generated by summing all scales except the pro-social scale. Scores range from 0 to 40. Once the SDQ has been completed, a set of final scores is generated, along with a categorisation for that score (close to average score of 0-14), slightly raised (score of 15-17), high (score of 18-19) or very high (score of 20-40). Each one-point increase in the total difficulties score corresponds with an increase in the risk of developing a mental health disorder.

Training feedback forms were requested to be completed following the 'Identifying and exploring parental alcohol misuse' training, this was co-ordinated by North Tyneside Council.

Quantitative Analysis

Quantitative data were analysed descriptively and are presented in the results section.

Qualitative data collection and analysis

The qualitative work used in-depth exploratory interviews and focus groups with Bottled-Up project staff and key stakeholders about expectations of the service and their experience of its delivery and impact (a-priori success indicator 2)

Interview participants included:

- Bottled-Up team leader (n=2)
- Adult alcohol worker who delivered care PAM (n=1)
- CAMHS young person's worker (n=1)
- Young carers worker (n=1)
- North Tyneside staff based in the Multi- agency safeguarding hub (MASH) receiving the referrals (n=2)
- Key stakeholders (n=2)
- Strategic management team responsible for the Bottled-up project (n=5).

In total, 14 professionals were involved in interviews/focus groups were completed.

Semi-structured interviews and focus groups with key members of staff to explore views about, and experiences of, the Bottled-Up project. The practitioner interviews and focus groups examined practitioners' views and experience of the Bottled-Up project, delivering the interventions, how they perceived children and families responded to the interventions and the perceived impact of the interventions for the children and families. The implementation of the whole system approach was also examined. Interviews and focus groups with professionals were conducted during the 'set up' phase and once the service was embedded.

All interviews/Focus groups were arranged directly with staff members at a time and place convenient to them.

In January 2020, during the initial set up of the Bottled-Up Project, one focus group was conducted with six professionals and a 1:1 interview with one practitioner. This focus group and interview focused upon the challenges and facilitators of initial set up and hopes for the project as it became embedded.

Fifteen months later (April 2021), five professionals were involved in a second focus group discussion, considering reflections so far and beliefs about the sustainability of the Bottled-Up Project.

In October 2021, two frontline professionals located within the MASH team took part in a 1:1 interview, discussing their understanding of the project and experiences of referral pathways.

The interviews were audio-recorded and transcribed verbatim to facilitate thematic analysis. Interviews were semi-structured which enabled the direction of the interview to be guided by the pre-set topic guide. The interviewer also explored emergent issues.

Qualitative interviews with:

- Alcohol misusing parents (n=13); affected adult family members (n=5) and children (n=9) about their experiences of the Bottled-Up project (a-priori success indicator 4).

The children and parent interviews examined participants' views and experiences of the Bottled-Up service provision. Participants discussed the content and quality of care they received, their views of the service offer, and the perceived impact of receiving the interventions.

Participants were recruited once they had been discharged from the Bottled-Up service. At this point they were asked to provide consent to be contacted for an interview. Participants who provided consent were contacted by telephone to explain the study and to arrange an interview date. Once an individual had verbally agreed an interview date, a participant information leaflet and consent form were emailed/sent out depending on preference. All interviews were arranged directly with the participant at a time convenient to them, all interviews were conducted via the telephone. On the day of the interview the researcher ensured that written consent had been returned and re-iterated consent verbally. Interviews were audio-recorded with the consent of the participant.

Qualitative analysis

All audio recordings were transcribed verbatim and anonymised. The interview data analysis adopted a deductive approach which enabled specific aspects of the discussion to be targeted in order to evaluate the service. The preliminary analysis included listening to all audio files, reading through all transcripts and initial coding. The transcripts were coded and analysed by one researcher, with the themes discussed at project team meetings.

Results:

Quantitative data

Did the Bottled-Up Project successfully engaged more parents misusing alcohol and children living with alcohol misusing parents compared to before the service was in place?

The Bottled-Up Project a-priori target for alcohol misusing parents engaging with support was 121 and the a-priori target for children of parents misusing alcohol and engaging with specialist support was 135- the project did not meet these a-priori targets.

Between 1st October 2019 and 30th September 2021, 105 referrals were made in total for alcohol misusing parents. Of the 105 referrals, 85 engaged in support (58 successfully completed a programme of work with Bottled Up Project, 9 were supported to access enhanced interventions within early recovery through NTRP/Oaktree's and 18 remain open cases). Twenty parents declined support, but they were made aware that they could access support if they required it. For parents misusing alcohol, the average length of time for interventions was 6 months.

Between 1st October 2019 and 30th September 2021, 159 referrals were made in total for children living with alcohol misusing parents. Of the 159 referrals, 65 successfully engaged with the Bottled-Up Project on a 1:1 basis with a CAMHS worker. Nine Cases remain open.

The Bottled-Up team responded as a signposting service and 38 young people were supported to access support by other professionals inclusive of family partners, social workers, pastoral staff in schools and counselling services, who liaised with the Bottled-Up Project when needed. Twenty young people declined support, eight were unsuitable referrals, two lived outside of the Bottled-Up Project area and 19 were under 5 and were therefore highlighted to the 0-19 team for support.

An addition to the Bottled-Up Project team was the young carers worker, who was in post from 1st September 2020- 30th September 2021. There was not an individual a-priori target set for this work. Thirteen young people were referred to the young carers service via the Bottled-Up project and 11 Young people engaged with the support offered on a 1:1 basis.

Six young people signed up to the Heads Up! Online (due to COVID) group work sessions. Sessions took place over six weeks for a total of 6-8 hours, three young people completed all sessions, one attended four sessions, two attended one session.

The Heads Up! face-to-face groupwork was intended to cover six weeks with two hours per session (including food) but ended up being condensed into four weeks of about two hours because of COVID

restrictions. Six people signed up to the face-to-face groupwork, two attended all sessions and all other young people dropping in and out due to illness and covid isolation. The training was also disrupted due to the facilitator having a period of isolation which disrupted two sessions.

To summarise, twelve young people were referred to young carers Heads Up! groupwork, all young people started the courses, and five people attended all sessions.

Referrals for all participants (adults and children/young people) were managed through the MASH team and came from police, self-referrals, schools, early help, social workers, and family partners.

For young people accessing the CAMHS worker, the average length of time for interventions was 9 months.

For young people accessing the Young Carers worker, initially most sessions were held by telephone (due to the COVID 19 Pandemic) on a weekly or fortnightly basis across an average of 4 months and totalled approximately 16 sessions. For those possible to carry out face to face sessions, they tended to be over a shorter timeframe (approximately 3 months or one school term) but with longer sessions.

Service user characteristics:

The demographics of the 85 parents engaging with the Bottled-Up Project were as follows;

33 were male, 52 were female, the age of parents ranged from 19- 55 years.

The demographics for the 81 young people accessing the Bottled-Up Project were as follows:

Of the 65 young people engaging with the CAMHS worker, 39 were female and 26 were male, the age of young people ranged from 6- 19 years. Twenty-one of the young people in receipt of support, also had a parent receiving support through Bottled-Up.

Of the 16 young people successfully completing an intervention with the Young carers' worker, 9 were female and 7 were male, the age of young people ranged from 9-15 years.

Professional impact on parents misusing alcohol and children living with alcohol misusing parents.

One way to capture the impact that professionals had on PAM and children living with alcohol misusing parents was to complete the AUDIT, SWEMWBS and EQ 5D5L with adults and the SDQ with children and young people.

Unfortunately, there was insufficient data collected to enable us to report on the SDQ data for children and young people who accessed the Bottled-Up Project.

The limited data collected for Parents accessing support for alcohol misuse meant that we could provide descriptive statistics only for a subset of 21 participants (25%) of the adults who accessed support.

At the first data collection point (the first session with Bottled-Up), the mean AUDIT score was 19.3, at the second data collection point, following engagement with Bottled-Up (the last session prior to discharge), the mean AUDIT score was 11.9. At the first data collection point, 10 participants had AUDIT scores of 20+ indicating possible alcohol dependence, by the second data collection point only 3 participants self-reported alcohol use at possible dependency levels. AUDIT scores reduced for eighteen of the 21 participants, showing a reported reduction in alcohol use between baseline and follow up, scores reduced by between 3 and 17 points. Scores remained the same for one participant and increased for one participant.

The SWEMWBS scores indicated that at baseline eight participants scored between 28-35 implying high mental wellbeing, three scored 21-27 implying average mental wellbeing, eight scored 18-20 implying possible depressions and two scored 17 or less implying probable depression. At follow up, all 21 participants scores implied average mental wellbeing (n=7) or high mental wellbeing (n= 14). Only one participant showed a reduction in mental wellbeing from high to average.

EQ5D5L scores are shown in table 1.

Table 1: ED5Q5L scores (n=21)

	No problem		Slight Problems		Moderate Problems		Severe Problems		unable	
	Baseline	Follow up	Baseline	Follow up	Baseline	Follow up	Baseline	Follow Up	Baseline	Follow up
Mobility	19/21 (90.5%)	20/21 (95%)	1/21 (4.7%)	0/21 (0%)	1/21 (4.7%)	0/21 (0%)	0/21 (0%)	1/21 (4.7%)	0/21 (0%)	0/21 (0%)
Self-care	21/21 (100%)	21/21 (100%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	0/21 (0%)	0/21 (0%)
Usual Activities	18/21 (85.7%)	19/21 (90.5%)	2/21 (9.5%)	1/21 (4.7%)	0/21 (0%)	0/21 (0%)	1/21 (4.7%)	1/21 (4.7%)	0/21 (0%)	0/21 (0%)
Pain/discomfort	13/21 (62%)	16/21 (76%)	5/21 (24%)	1/21 (4.7%)	2/21 (9.5%)	3/21 (14%)	1/21 (4.7%)	1/21 (4.7%)	0/21 (0%)	0/21 (0%)
Anxiety/Depression	1/21 (4.7%)	7/21 (33%)	3/21 (14%)	5/21 (24%)	14/21 (66.7%)	6/21 (28.5%)	2/21 (9.5%)	2/21 (9.5%)	1/21 (4.7%)	1/21 (4.7%)

As table 1 shows many of the scores remained stable between baseline and follow. The one category that did highlight changes was the reported levels of anxiety/depression with fourteen people reporting a moderate problem at baseline, this reduced to six people at follow up. Additionally, four people reported no problem or a slight problem at baseline and this had increased to 12 people at follow up. The associated visual analogue scale scores, improved for fourteen participants showing that their perceived overall wellbeing had improved, the score remained the same for five participants and reduced for two participants.

Did training provided to frontline professionals increased their confidence and competence to identify and respond to needs of parents misusing alcohol and children living with alcohol misusing parents?

The Bottled-Up project introduced and embedded a multiagency response to increase identification of children of alcohol dependent parents with clear referral pathways and provision of evidence-based interventions and support. There is an implicit expectation that by providing workforce training and capacity building across the system, levels of confidence and competency of frontline staff to identify and respond to the needs of parents misusing alcohol and their children should have increased. The training delivered is described below:

CRAFT training

Throughout the Bottled-up project, 20 professionals completed the CRAFT programme training and are now using the techniques they learnt in their work. To date, three professionals completed the accreditation, however, they have since left the organisation and further training will have to take place.

Training was disrupted due to the pandemic restrictions. The training plan going forward is that CRAFT will be ran by the PROPS team and Bottled-Up can refer into this intervention for specialist support when needed.

Identifying and exploring parental alcohol misuse training

The 'Identifying and exploring parental alcohol misuse' training was delivery jointly by PROPS and Bottled-Up Project staff to 113 frontline professionals and aimed to provide professionals with the necessary skills to identify and support young people and families where high levels of alcohol use is suspected. The training provided professionals with the skills to have difficult conversations with parents about problematic alcohol use, offer brief alcohol interventions and have sufficient knowledge to provide next steps or make appropriate referrals. It also included awareness training on administering the Alcohol use disorders identification test (AUDIT) screening tool.

Feedback on the 'Identifying and exploring parental alcohol misuse' training was obtained from 32 participants (28% of participants). Participants attended from the 0-19 teams (public health, health visiting, social workers), Acorns, CAMHS, Early Help, Education, Health, primary and secondary schools.

When considering whether the training course was beneficial, 31 participants agreed or strongly agreed that it was relevant to their role, only 1 participant was neutral. In addition, when considering their practice, 31 participants agreed / strongly agreed that it would influence the way that they worked, only 1 participant disagreed that it would influence their practice.

In addition to the formal feedback form collected following the 'Identifying and exploring parental alcohol misuse' training, two professionals within the Early Help team were interviewed and they both agreed that the training and the availability of the Bottled-Up Project increased their confidence and competence to respond to the needs of the family if alcohol misuse was identified.

Parental conflict training

Parental conflict training showed frontline staff how to explore the signs of parental conflict at the early stages and how to handle such conversations using tools and techniques to enable them to resolve destructive conflict with positive outcomes.

In response to the COVID-19 pandemic, North Tyneside developed training packages which are available as e-learning / virtual training. To date module 1 of the reducing parental conflict training has been completed by 230 front line staff, this module was completed via e-learning. Module 2 has been completed by 31 staff and module 3 by 24 staff. The reducing parental conflict training is freely available to all frontline staff within North Tyneside and modules 2 and 3 will run on a quarterly basis going forward. Once training will have been completed, frontline staff have been completing 1:1 interventions with parents.

Qualitative data

Was the Bottled-Up Project perceived by professionals to have a positive impact on alcohol misusing parents and their children?

The professional perspective acknowledged that the project experienced some challenges when establishing the Bottled-Up project. However, as the project progressed and different staff were appointed, team cohesion grew and the 'whole family approach' was reported to be achieved in several instances when members of the same family were accessing support from both adult and young people's elements of the service. Professionals perceived that the Bottled-Up Project improved the quality of the service available for alcohol misusing parents and their children.

Project set up

Participants did not feel they had a long enough period to plan and embed the Bottled-Up project. They reported needing longer to enable further work to be completed with professionals at all levels of the pathway to be involved in ongoing collaboration and to provide additional support whilst workers transitioned into and became familiar with new ways of working. As expressed by professionals and practitioners

"I think we had quite a short lead in, really, into getting the project up and running, so learning for me, moving forward..... If you want people to work very, very differently

you've either got to let hiccup time happen or have better, maybe, lead in time and prep"

(Professional 4)

There was an acknowledgement that organisations required more support than anticipated when starting to work in a different way, which may have detracted from the level of support available during the 'setting up' period:

"I think there's been a massive impact by literally lifting two workers from two completely different organisations... completely different perspectives, different backgrounds, different everything. Maybe just not having that level of hand-holding at the start"

(Professional 3)

Managers were aware that, at the beginning of the Bottled-Up Project, they had experienced problems retaining staff and achieving team cohesion. They acknowledged that this may have resulted in some families not receiving the level of support they should have had as quickly as the team had hoped.

"We haven't had the right workers on the project for long enough (interview date Dec 2020) so I think there would be mixed opinions" (professional 4).

The introduction of the co-ordinator helped communicate what is happening within the project between partners and helped to alleviate some of the initial challenges, which in turn improved the impact that the Bottled-Up project was having for families:

"I think with the co-ordinator, that's helped massively. She's done that lovely go between in terms of the management, what they need, how that should look and how that's going to support the workforce. That's been excellent" (Professional 1)

A flexible approach

The enhanced pathways have been positive in terms of offering more flexibility to work autonomously in the community. This has allowed practitioners to see the entire family together and collect important contextual information. The increasingly flexible ways of working that were introduced have highlighted a positive change when engaging families:

“One of the things that seemed to have come through strongly within Bottled Up was the benefit of home visits and being in the community and going to those vulnerable adults”
(Professional 4)

Seeing individuals within a community setting, also enables professionals to collect more contextual information:

“We’re seeing the whole families together, which I think is the right way. Taking a child out of that setting, seeing them in isolation in a clinic, you’ll not get the full picture in any shape or form. Going into the family home, going into schools, going to the YMCA with them, by going where they are, you’re getting to see their life and all the bits of the jigsaw start coming together” (Professional 6)

The pathways were also portrayed as filling a gap within service provision and introducing the potential to carry out preventative work with families:

“I think for schools especially, they know stuff, but they don’t know where to go with it. If it’s not safeguarding, yes, they can do an early help assessment but if the parent doesn’t want to talk about it or doesn’t acknowledge what the concerns are, they’re almost stuck. Where now they’ve got a community resource, if you like, that they can refer into and they can support a family with. They’ve got a different way of approaching it at an early stage”
(professional 4)

A focus on the family unit

The focus on the family helped to obtain a fuller picture of contexts regarding the needs of the family. Focusing on the family unit was a critical mechanism for identifying children needing early help. As mentioned by one professional,

“...even if a parent doesn’t want to engage, the child still gets to access the support regardless of whether the parent does or not” (Professional 5).

The relationships being built within the project have been beneficial to engage families and the project has been successful in identifying children and young people in need to support due to parental alcohol use:

“The trusted relationship is there, and young people phone us. So young people will phone other workers to say, as with a case yesterday, “my mum’s drunk on the sofa, I need somebody to come and help” That’s huge” (Professional 7)

A decision was made that the Bottled-Up team would record all interactions with the family on the same Local Authority system. Having all the information together on one system enabled the Bottled-Up team, to clearly see which support had been offered and whether it had been accepted/declined. This allowed for a more holistic approach to be taken to the service offer. As one of the managers explained,

“...this did not include the details of the interventions, but what I call the ‘engagement’ part of it, and the ‘community’ part of it. This means that, when a police-CCN (Criminal Case Number) comes through, everybody can see what’s happening, how that’s been working, and who is involved. It’s not perfect, but things don’t get missed and those conversations can happen” (Professional 4).

Was the Bottled- Up Project perceived by parents and young people to have a beneficial impact on their care experiences?

Parents and young people who agreed to be interviewed regarding the Bottled-Up project overwhelmingly reported that they found it beneficial. Bottled-Up was discussed in terms of it having a positive impact, the perspectives of adults are discussed first followed by young people’s views.

The Adults’ perspectives

Service delivery

Once initial assessments had been carried out by the Bottled-Up Project staff, and they visited families at their home or within a community setting, pre-COVID sessions took place face to face in families’ homes. This was welcomed and preferred by numerous participants who stated that they would have found going to a ‘specialist alcohol service’ for meetings intimidating due to its association with other problematic substance use. This was particularly evident if they were not drinking themselves but received support as a partner of someone with alcohol dependency. A person who does not misuse alcohol and/or has small children is less likely to go to an ‘alcohol service’ for support. For others the family home did not work so well due to distractions, for example *“children giggling all the time”* (ID6,

Mother who received support due to her husband's drinking). The service had capacity to accommodate meetings within the family home if preferred or within an alternative community location, adults recognised that this flexibility made the service more accessible due to being able to accommodate their preferences.

During lockdown face to face meetings were replaced by interventions delivered over the phone. Communication could be initiated by text either by participants or by Bottled- Up staff. A recurring comment was that participants felt free to pick up the phone when they needed to speak to someone, maintaining contact between appointments was welcomed by Bottled-Up staff.

"Knowing that she's there and knowing that support is actually there for me. Knowing that if I just say to her, "Look, I really need you to come out...I know for a fact she'd come out" (ID2, mother who misuses alcohol).

"It was just knowing that there was someone on the other end of the phone if needed" (ID3, mother who is trying to stop drinking).

The prompt response from the Bottled-Up team was appreciated and participants portrayed the Bottled-Up workers as reliable and dependable. Participants also emphasised that Bottled-Up staff responded in a way that made them feel listened to and understood without being judged.

A further welcome characteristic of the Bottled-Up approach was its flexibility in terms of setting up appointments and engaging with participants. The service worked around clients' work schedules, childcare, and schooling. In relation to the timeframe of the Bottled-Up Programme participants reported that the frequency and number of sessions varied. For some, visits took place weekly or fortnightly, other participants had arrangements every two or three weeks for three or four months and others had around 12 to 15 sessions over a shorter period of time, depending on what worked best in each case. The flexibility of sessions enabled the Bottled-Up team to offer support tailored to each individual person's needs and participants saw this as positive.

Content of sessions

Participants described how Bottled-Up Project staff had the skills and knowledge to deliver support relating to triggers and coping mechanism to prevent drinking. Participants could not access such skills elsewhere. Participants liked the information that was shared regarding mental health and wellbeing, specifically in relation to anxiety management and support to help them re-engage with or building support networks. The ability to have mental health and wellbeing issues addressed and not just

talking about alcohol consumption was perceived to be beneficial. When alcohol was being used to 'help' parents managed poor mental health and wellbeing, participants stated that the Bottled-Up workers helped to highlight that subsequent alcohol misuse did not change the underlying problem they were experiencing, conversely, it often intensified the problems affecting participants, their children, and the wider family. Participants stated that:

"...I didn't realise that it actually, mentally, affected you..." (ID4, mother misusing alcohol).

"...I now have an understanding of 'units of alcohol' and what is a 'safe' amount ... (ID11, mother; binge-drinking)

A key mechanism of change for PAM participants was linked to core elements of Bottled Up's approach which were 'being listened to' and 'not being judged'. Due to support not being time limited, relationships could be developed, and trust was established, which enabled participants and Bottled-Up workers to get to the core of the problem underlying alcohol misuse. This was perceived as invaluable.

"...just getting to know the background and talking about why this might have happened and what started it. I think, when it was happening, I never really thought about where it started or why it started. I think that helped me realise that I hadn't just suddenly had a mental breakdown. There were reasons for it....it was helpful, piecing things together and trying to find a trigger..." (ID4, mother misusing alcohol).

"In the sessions we talk. I mean, literally talking and listening to what I was saying, understanding what I was saying, and if I needed any help with anything, they would help me. If I needed to be put in the right direction or somewhere, they would help me. They've actually done more in these few months than....." (ID2, mother misusing alcohol).

Parents were also aware of the methods of engagement used with their children. One technique described by a parent was how the Bottled-Up worker had got their child to draw what they experienced and how that made them feel.

"...the Bottled-Up worker did a happy home and a sad home with people in it, and he (the child) puts (name of drinking husband) in the sad home. Then he (the boy) didn't

want him (the father) in his happy home where he's harming his brother..." (ID1, mother; receives support due to ex-partner's drinking).

Alongside the sessions, parents explained that workers would often provide an opportunity to have information and resources emailed/sent out to them. This was described as a valuable option, as it allowed them time to read through information and enabled them to have resources to hand if they required them in the future.

How did Bottled-Up differ from other services?

Multiple parents explained that the support offered was very context specific and took all members of the family into account, this was perceived as different from support they had received previously. In one case (ID16) the father had accessed an alcohol treatment centre, the mother had referred herself to PROPS because of her partners alcohol use, and a Bottled- Up Project worker worked with the children. Services were offered concurrently, but individually. The interviewee (mother) felt that there might have been added benefit had services been more joined up, but evidently different members of the family needed different specialist services. Other participants had no negative comments at all and stated the Bottled-Up Project could not have done anything better or differently.

Another reported difference was that staff were more understanding of their family circumstance. Bottled Up staff were described as friendly, approachable, and supportive, and helping interviewees in situations they needed help with at the time. In addition, Bottled Up workers were perceived as being *"down to earth"*, *"they understood"* and *"...help in any way they can"*. This included helping a participant's daughter with applications for apprenticeships or helping with benefits and the Citizen's Advice Bureau and filling in forms when required, all of which were perceived to be valuable sources of support. Providing such practical information was perceived as being useful.

"She (the Adult alcohol worker) has helped me in more ways than I could imagine" (ID2, mother who misuses alcohol).

Even post engagement, participants with PAM knew that they were not simply discharged but would still be able to contact a Bottled-Up worker if/when required to re-commence work.

"...I know that I can still rely on the service. I could still contact them..." (ID5, mother who misuses alcohol).

The awareness that the Bottled-Up service could be re-accessed if necessary, provided reassurance to parents that support was available whenever needed.

Core outcomes and onward referrals

The Bottled-Up Project touched people's lives in many ways but often it was the holistic way of working that could incorporate multiple family members that was perceived to have had a beneficial impact on families. Interviewees stated that:

"She (the Bottled-Up worker) gave me hope; she planted those seeds of recovery". My daughter has been referred to get help and she is so relieved that she doesn't need to hide anything anymore" (ID9, mother who misuses alcohol).

In one family, due to the close partnership working with the police, the Bottled-Up worker had supported a participant to put a police alert into place, resulting in a sense of security for the parent and their children. As the interviewee reported,

"...it made me a lot safer in my own house. I never felt safe because he (former husband who misused alcohol) would be hiding by my back gate and in my garden. The children have calmed down and we don't talk about him anymore. The boys don't see me upset anymore and I am not as snappy anymore. People say that I look a lot happier now. It changed our family relationships" (ID1, mother, receiving support due to her ex-husband's drinking).

In another family, a core outcome was that the little boy could talk through his anxieties with a Bottled-Up children's worker which improved the mother-child relationship tremendously (ID11, mother who misuses alcohol).

Multi-agency involvement aimed to address participants' situations holistically rather than treating alcohol misuse and/or addiction as a stand-alone issue. This involved talking about co-existing problems such as hidden harm, domestic abuse, partner's alcohol misuse and other problems, as well as working with children and young people. The holistic approach to support was appreciated and parents, specifically discussed that onward referrals had taken place when additional needs had been identified that were outside of the scope of Bottled-Up.

“If it wasn’t for Bottled Up, I would not have gone into rehab”. The support she gave me and the further help, just by passing me onto other services... my daughter loved her as well” (ID9, mother who misuses alcohol).

Parents acknowledged that the Bottled-Up team had a recognition of wider complexities that families experience and the need for more specialist services. Joint working took place and onwards referrals were made to services such as NTPR, PROPS and CAMHS, and included CRAFT interventions and cognitive behavioural therapy. Other support for adults was received via Oak Trees, Care and Connect, talking therapies and support to access Alcoholics Anonymous.

Children and young people’s perspective

The role of the school in making referrals

One young person felt that having to deal with PAM in addition to school pressures was getting too much. The school referred them to the Bottled- Up Project and they developed a good relationship with the professional working with young people and felt that they could be very open and honest. The school setting provided a ‘safe’ environment for young people and Bottled-Up workers to meet. However, whilst children/teenagers appreciated working with Bottled-Up staff, they did not all like to be seen in a school environment and having to miss lessons as the other children would ‘keep asking questions’. In such cases alternative arrangements could be made. The flexibility of the service enabled young people to be seen in a location they felt most comfortable with therefore increasing the chances of them engaging in support.

Timeliness of interventions

Young people across all ages emphasised the importance of the being offered and receiving an intervention in a timely manner to meet *their* needs independent of the needs of their parents. As expressed by one young person.

“...for me it was a bit late in the journey as the sessions took place after my mum had begun to get help and things were improving” (YP1, Female; age 19).

Similarly, another young person recognised that her need to access support had subsided due to their parent’s alcohol use being addressed, it was stated that:

“...my mom is hardly drinking now, and I feel a lot better in myself....so there is no need to speak to anyone” (YP3, female; age 17).

Two young interviewees suggested that Bottled-Up project should be advertised in schools so that children become more aware of the programme when seeking help (YP6, female, age 21 and YP7, female, age 15). When considering the impact of the service, it was emphasised that young people felt it was critical that they receive support at the time when **they** needed it rather than as an add on to support received by their parents.

Content of sessions

Young people appreciated the opportunity to speak to the Bottled-Up worker about the impact of PAM. Many young people reported feeling comforted when their parent was accessing alcohol treatment, and when they felt that their parent was being supported to make a change to their alcohol use. Being able to also talk about their own worries with the worker resulted in them feeling less anxious about their parent’s substance use.

The mix of having face-to-face and online interaction was seen as working well, participants felt that there was a place for both. Methods of engagement could incorporate more traditional ‘talking therapy’ and the provision of information and materials to manage their own responses to PAM.

“... we were taught skills and techniques” (YP4, female, age 18).

Other techniques such as using drawing or mood cards to facilitate young people to engage and express themselves were perceived to be useful. Smaller children found drawing very helpful as a way of expressing their thoughts and feelings:

“I liked doing the booklet. It had different activities for each time. I have something to look back at” (YP5, male, age 11).

Teens at secondary school also generally thought that the worksheets and booklets that had been produced by the Bottled-Up team were useful. One young person stated that she found the activities ‘babyish’ (YP6, female, age 21) which re-enforces the need for workers to engage young people with material that is age appropriate. Overall, the methods of engagement used by the children and young

people's worker enabled the building of trust and inspire confidence, so that participants felt they could be very open and honest.

Outcomes and onward referral

The core outcome for children of PAM accessing the Bottled-Up CAMHS worker was the reported reduction of anxieties and fear for young people surrounding their parent's alcohol use. The Bottled-Up project was able to make a difference through the provision of low-level intervention at a critical time, potentially preventing crisis points at a later stage.

In one family both the father and son were referred to counselling to rebuild their relationship that had been impacted due to alcohol misuse. In one case a referral was made to ACORN (domestic abuse service for children) to support a teenage daughter (YP9, female, 16 years) to learn to deal with the impact of alcohol misuse in the family. In addition, we are aware that Bottled-Up made the necessary referrals to other services young people, multi-agency support was received from Young Carers, Someone Cares, Acorns and Harbour (regarding domestic violence) and a Disability Forum. The ability of Bottled-Up to make the necessary referrals helped to impact on an individual's care as they had an opportunity to receive specialist support to address their identified needs.

What did not work so well for parents and young people

Two areas for consideration when taking the Bottled-Up Project forward are how the turnover of staff impacted on service delivery and how to manage confidentiality when taking a whole family approach. A few participants reported finding it quite difficult having to repeat their stories to new worker due to staff changes within the Bottled-Up team. In addition, whilst most parents and young people were fully supportive of the whole family approach and several instances where parents and children were seen by different Bottled-Up workers had worked well; two participants mentioned that they felt that confidentiality had been broken in communication between children and parents, misunderstandings ensued, and this was perceived as impacting negatively on the outcomes for the family.

Discussion

Whilst the Bottled-Up project did not meet the a-priori targets set, the project did still manage to successfully engage 85 adults and 81 children and young people, and 27 cases are still open to the Bottled-Up team. In addition, 9 adults and 38 young people were assisted to access support from other professionals.

The impact that professional had on parents and young people was hard to quantify due to insufficient data being collected for children and young people and limited data being available for parents. This resulted in descriptive statistics only for a subset of 21 adult participants (25%) of adults who engaged in interventions.

However, the alcohol data collected did show a reduction in mean AUDIT score from 19.3 at the start of the intervention to 11.9 following engagement with Bottled -Up. In addition, the number of parents self-reporting possible dependency (score of 20+) reduced from 10 individuals at the start of the intervention to 3 individuals following engagement with Bottled-Up.

Parents also showed improvements in self- reported mental wellbeing using the SWEMWBS tool and the EQ 5D 5L score also highlighted positive change in self-reported levels of anxiety/depression.

There is an implicit expectation that the training provided to frontline professionals has increased capacity across North Tyneside and increased levels of confidence and competence of frontline staff to increase identification of children of alcohol dependent parents.

The training package has seen 20 frontline staff complete the CRAFT training; 230 frontline staff have completed module 1 of the reducing parental conflict training and 113 frontline staff have completed the 'identifying and exploring parental alcohol misuse' training. Feedback was obtained from 32 frontline staff (28%) of individuals following completion of the 'identifying and exploring parental alcohol misuse' training and 31 participants agreed or strongly agreed that it was relevant to their role and that it would influence the way that they worked.

Professionals perceived that the Bottled-Up project had improved the quality of the service available for alcohol misusing parents and their children. The parents and young people who agreed to be interviewed reported that they found the Bottled-Up beneficial once they had been identified as requiring support. Positive feedback was reported regarding flexibility of service provision, ability to work in an outreach capacity within the community, ability to taking a whole family approach and a positive experience on onward referrals.

The main challenge reported was the turnover of staff and the disruption this caused to service provision.

All partners involved in Bottled-Up are committed to mainstreaming the approach and building on the lessons learnt going forward. As the project progresses, more emphasis needs to be in place on identifying children residing with parents who are unknown to services as well as young people receiving support once a parent has hit a crisis point and been flagged by the Early help services. To address this challenge, an additional piece of work is currently being undertaken with young people

to establish what would need to be done to help young people self-identify that they require support regarding parental alcohol/substance misuse. This piece of work is due to be completed in April 2022 and will feed into the Bottled-Up project going forward.

Key recommendations:

- Face to face appointments should take place at the beginning of the relationship, flexibility could be introduced utilising a mixture of face to face, telephone, and virtual methods (zoom) once a relationship has been established.
- Face to face sessions should take place at a location convenient to the participant, inclusive of community venues and the home environment (where it is safe to do so), this has been explicitly stated as a factor to overcoming the stigma of having to attend a specialist treatment agency.
- Sessions incorporating a combination of therapeutic support, advice and physical resources are recommended.
- The possibility of 'family' sessions should be considered where appropriate; however, this would require staff to be trained in mediation skills to manage the situation appropriately and be clear about parameters of confidentiality.
- Due to the team being small, resources need to be factored into the system to manage staff turnover and sick leave. Without this resource families may be left without the necessary support. The management team need to carefully consider how to manage staff absences to minimise disruption to service provision.
- The team need to continue to nurture the relationships with schools and frontline professionals across North Tyneside, to increase the early identification of children and young people residing with parents who are misusing alcohol.
- The Bottled-Up team need to have a robust communication plan across North Tyneside, to provide updates 6 monthly, to keep the Bottled-up project on professional's agenda and to ensure new staff members are aware of the service offer.
- An ongoing training package to be provided to frontline staff, both as refresher training and to train new staff to continue to build on the confidence and competency levels of staff to identify and respond to parental alcohol misuse.

Research governance

Ethical approval was obtained from the Health Research Authority North East – Newcastle & North Tyneside 1 Research Ethics Committee on 22 November 2019.

Abbreviations

Alcohol use	Any ingestion of alcohol
Alcohol misuse	Alcohol above low-risk limits of alcohol consumption
Alcohol Use Disorders Identification Test (AUDIT)	AUDIT is a 10-item screening tool developed by the World Health Organization to assess alcohol consumption, drinking behaviours, and alcohol-related problems.
Cognitive Behavioural Therapy (CBT)	CBT is a talking therapy that can help you manage your problems by changing the way you think and behave.
Child and adolescent mental health services (CAMHS)	CAMHS is a specialist assessment and treatment service for young people under the age of 18 that have significant emotional and behavioural difficulties.
Community reinforcement and family training (CRAFT)	CRAFT is a behaviour therapy approach for treating addiction. The approach teaches family and friends effective strategies to encourage their loved ones to begin and continue treatment.
Early Help services (EHS)	EHS complete a whole family assessment which helps determine the needs of all family members and therefore, what is required to help the family meet those needs.
International treatment effectiveness project (ITEP)	ITEP uses 'node link mapping': which is a visually represented counselling strategy used for improving communication and decision-making that can enhance treatment engagement.
Liquid Logic	Liquid logic is the software used within the Local Authority social care and education management services.
Multi-agency Safeguarding Hub (MASH)	MASH is a safeguarding hub to coordinate support and protection services for children and vulnerable adults.
North Tyneside Recovery Partnership (NTRP)	NTRP is a dedicated service for anyone living in North Tyneside who is experiencing problems with drugs and alcohol.
Parental Conflict	Parental conflict can range from a lack of warmth and emotional distance, right through to verbal abuse
Peer Mentor	Within this project a peer mentor may be an individual in recovery from alcohol use, people who have left treatment, or people who have

	had personal experience of supporting a loved one through alcohol treatment.
Positive response to overcoming problems of substance misuse (PROPS)	PROPS, is a North East based support service for individuals, families, and carers of those living with alcohol and substance misuse.
Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	A screening questionnaire to measure subjective well-being and psychological functioning
Strengths and Difficulties Questionnaire (SDQ)	A screening questionnaire used to assess four difficulty subscales and measure pro-social behaviour.

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