Mutual Aid & Young People's Project Evaluation

Supported by:

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Acknowledgements

The research team would like to express their thanks to a number of people who have been involved in this evaluation. Firstly, our thanks to those parents/carers for their contributions and their commitment to improving things for others. We recognise and understand the difficulties and hardships that they go through and the strength they possess. Secondly, thank you to the organisation's volunteers for their work and contribution to the evaluation. We would also like to thank those frontline workers for their valuable work in supporting some extremely vulnerable individuals, at an emotional cost to themselves.

About ESCAPE Family Support

ESCAPE Family Support was set up in Blyth in 1995 by founder and current Chief Executive Janet Murphy and is a county-wide, community led response to drug and alcohol misuse in Northumberland. ESCAPE recognises that an individual's drug or alcohol use affects their family, carers and wider social networks. They also recognise that the family, carers, and others supporting the individual, require services in their own right. ESCAPE also know that families can often be instrumental in encouraging a substance user to access treatment. From our base in Ashington, we work across Northumberland with those affected by a loved one's drugs and alcohol use, offering a range of services, courses, and activities.

More information: www.escapefamilysupport.org.uk

About the Authors

Barefoot Research and Evaluation is a social research organisation based in Newcastle upon Tyne, working across the North East and Cumbria. They have carried out work on a diverse range of social welfare programmes in the voluntary and public sector, specialising in research with the groups who are underrepresented or who lack a voice. Dr. Christopher Hartworth, who set up Barefoot, has 25 years' experience of research and evaluation, beginning in developing countries in poverty alleviation programmes and continuing in the North East of England in work with disadvantaged communities.

Comments About Escape From Service Users

It's your backbone when you are suffering. When things are really bad you have a low opinion of yourself, and you lose the will to fight. Escape gives you confidence to fight again.

You can breathe again when you come to Escape.

The courses I have done with Escape have built my confidence and I can work again now> I am assertive, and Escape has allowed me to be who I want to be

I can also recognise when I am sinking low again and put strategies in place to stop it from happening.

I reread my notes from the courses to remind me an to refresh my skills.

When you see new people coming in, you realise how far you have come.

Children have seen their dad be violent to me and began to copy this behaviour … Escape taught me how to talk to my children when they are getting aggressive through modelling behaviour

i Executive summary

This is an evaluation of a National Lottery funded project delivered between 2020 and 2023 in Northumberland. The project aimed to support carers of people with substance dependency and the children and young people in those families and is delivered by ESCAPE Family Support in Northumberland. Adult parent carers of people with substance dependency are often overlooked and excluded from other services for carers, and tend not to receive the support that others receive, and as such, remain hidden experiencing many negative outcomes with little support. Linked to this lack of recognition of adult parent carers, is also the hidden nature of the children affected by their parents' substance dependency and the child's caring responsibilities. These children experience multiple vulnerabilities and face poor life trajectories.

To address these and many other issues experienced by this group, ESCAPE Family Support delivers a mutual aid project through a network of Family Champions: these are volunteers who are experts by experience who have received training in a selection of support approaches, from mentoring to peer support. They deliver befriending support to other service users, face-to-face, or on the telephone and form a network across the county. ESCAPE also deliver a pilot young persons service, designed to mitigate the harms caused through having a parent/carer who is substance dependent. This is provided through a programme of trauma informed support and activities across the year.

Project Outputs

- The project has provided support to a total of 841 beneficiaries in the first 24 months of the project. There has been a total number of 353 cases closed in this time, 198 in year one and 353 in year two.
- The number of new referrals is increasing, particularly the number of children, with the total number growing from 167 in 2020/21 to 207 in 2021/22. Of these the young people referrals increased from 19 in Year1 to 42 in Year 2, an increase of 121%.
- Over the last 24 months, the project has trained a total of 21 family champions and approximately half of those continue to deliver services. In the second year of the project,

the family champions have provided befriending services to a total of 33 service users. As 26 carers were supported in Year one; 59 carers have received support from Family Champions in the first two years.

- Most referrals for adults have come from Northumberland Recovery Partnership followed by the organisation's helpline and the doctors (including a number of referrals coming through social prescribing at GP surgeries). The data from a recent survey shows that almost 60% of service users were taking medication to treat poor mental health. Most referrals of children and young people come from family, school and then Children's Social Care.
- Children are positively impacted when the support needs of their grandparents are taken care of (as grandparents who provide significant care for their grandchildren can sometimes find it difficult to deal with the children's expression and manifestations of pain and sadness). ESCAPE has supported grandparents in their parenting efforts through delivering Teen Triple P skill development workshops. Over the current project period, they have delivered a total of seven parenting workshops, which delivered 30 separate interventions being completed across 10 individuals. The parenting courses were redesigned as standalone sessions to enable them to be accessed individually rather than as a programme as long courses were made difficult by COVID-19.

Service users are generally not receiving support from elsewhere, not from the carer service or the drug treatment service. Indeed, the evaluation received consistent reports of being excluded from services and receiving no support despite asking for help. For example, parents and carers can be desperate for their loved ones to receive both mental health and substance treatment interventions and in many cases the major concern is the continuing combined impacts on children. This is problematic because it results in an unmet need (90% of service users experience chronic stress and anxiety, and between half and two thirds experience depression, loneliness, weight problems and financial difficulties) and substance misuse within families risks becoming repetitive and entrenched without intervention, with project experience of several cases of generational transmission of substance dependency.

Project Outcomes

- The project has demonstrated significant impact on the people it supports, particularly there has been major improvements in the mental health of its service users. Over half of all service users experience reduced stress and anxiety as a result of the support provided by ESCAPE Family Support. Impact continues with 40% of carer survey respondents reporting reduced isolation and a similar number reporting reduced visits to the GP as a consequence of ESCAPE.
- There has been a significant impact on children: parental substance dependency has significant impact on parenting and children's outcomes. Common issues amongst the children supported by ESCAPE include neglect, domestic abuse, substance misuse, self-esteem and confidence issues, behaviour problems and mental and physical health. The children and young people who have been through ESCAPE Young Persons Project recorded impact via the Rosenberg Self-Esteem Scale; whilst there has been a variance in the before and after scores, all have recorded a positive increase. Children and young people were also encouraged to evaluate the work through different means, such as drawing and painting, examples of which are presented in this report.
- ESCAPE has provided recognition, validation, and sense of community for the grandparents and other service users who have reported losing their sense of isolation through becoming involved with others who have similar experiences. It was reported that isolation was caused by the compounding factors, including people self isolating due to shame and stigma associated with substance abuse; family and friends withdrawing or avoiding contact. These feelings were countered both by a programme of activities for families and therapeutic support which includes counselling and one to one emotional support.
- ESCAPE has provided transformative and life saving/changing opportunities: for many service users who have lost all hope of a positive future, ESCAPE has been able to reverse that trend. There were several reports of service users' mental health suffering to the point of considering suicide. The organisation was able to achieve transformation through a variety of services from one to one support and counselling to respite.
- Interventions are effective and technical interventions and knowledge transfer have impacted positively upon family well-being: ESCAPE provide a number of training

opportunities for carers, from accredited courses such as befriending and mentoring, to general non-accredited training such as relaxation or well-being. A cornerstone of the training program is delivering the Community Reinforcement And Family Training, or CRAFT. which is a 12 week course intended to improve outcomes for all family members. Craft is taken by most service users and is reported to have significantly beneficial impact on relationships across the family.

- Increasing voice, recognition, and agency: ESCAPE responds to feelings of being overlooked, ignored and a lack of control, amongst service users. They do this through strong service user participation and coproduction principles that exist throughout the organisation: there is a strong participatory feeling within the organisation and service users are encouraged to be involved if they wish. There exists a strong service user and volunteer support infrastructure, with training provision and one to one support to build capacity within service users and there are routes into volunteering. This in turn creates further layers of recovery/rehabilitation from mental ill health back into productive external activities.
- Maintaining stability and avoiding crisis: the duration and longevity of service are important variables of project success especially for more vulnerable service users prevents families from slipping into crisis. Service users valued the long-term nature of support and a number of service users had been involved with ESCAPE for a long time and they had both received and provided support to other carers. Overtime the levels of support provided by ESCAPE to service users varies, with some periods in carers lives requiring more intervention than at other times, although this ability to stay in touch/maintain and open engagement, prevents any issues becoming chronic or resulting in crisis events.

The Family Champions and befriending service increases access and ensures all interventions are appropriate and engaging to families: service users responded to support from people who understood what they were going through. These experts by experience, backed up by training and support, have been able to provide support in an accessible way to other vulnerable groups across the county.

Conclusion

ESCAPE Family Support is a resilient organisation, and it has reaffirmed its role and function through the effective delivery of the National Lottery project. The commitment of the organisation and the strength of the relationships that exist between the service users and staff/volunteers is a testimony to the impact of the work. The number of both children and adults who are supported by ESCAPE and their reports indicate a profound existing need and an effective service response.

The organisation through its service user voice demonstrates that hidden harm continues to affect families with drug or alcohol dependent family members living with them and their children despite a changing focus of the public gaze. There are few agencies that reach out, making it even more difficult to create a route out for families or children. But ESCAPE does. Similarly the problems associated with dual diagnosis continue to create barriers to health with many reports of people being unable to access mental health support at the same time as treatment for substance dependency. The organisation provides an extremely valuable role in the social welfare of this vulnerable group in Northumberland, and they save local authorities, principally health and social care agencies from such costs as preventing children entering foster or residential care or reducing usage of emergency services. Other agencies benefit also including criminal justice agencies as better relationships within families translate into less substance misuse.

If we return to the initial programme goals of the funder, we can categorically say that as a result of the work more people are together in a supportive and helping sense and there are stronger (and newer) relationships within and across communities as more people understand the effects of substance misuse on families. We can also categorically say that a result of the work more people have been able to fulfil their potential by working to address issues that affect them at the earliest possible stage. ESCAPE Family Support do their best to intervene at the earliest possible stage, but it is difficult and does not happen often. However, they do intervene earlier than anyone else and can be the first responders in the recovery and rehabilitation of children and their grandparents. Intervention times can be made quicker if there is sufficient investment, which is currently minimal from statutory services.

Recommendations

Our initial recommendation is for continued long-term investment for a valuable service that caters for a hidden group in our local community. The evaluation has demonstrated that the impact has been significant and appreciation has been high. It is the opinion of the evaluation that increased capacity would result in more children and adults being supported at an earlier stage. If funding is found from either the charitable sector or local commissioners (although preferably not 12 month non-recurrent grants which allow limited planning and growth) services to enable longer term planning.

We also recommend examining the feasibility of providing a male focus to the work. The world of caring has traditionally been domain of women and the majority of service users of ESCAPE are women. However, there are men who care and in recognition of changing times and shifting attitudes, we need to focus on underrepresented groups.

It was evident that from the evaluation and testimonies from service users that other services either did not intervene at all, or soon enough, or did not intervene in a relevant or appropriate manner (mostly the former). We therefore recommend that partnership development work takes place across Northumberland that firstly focuses on increasing understanding of the issues faced by families with a substance dependent loved one; and secondly looks at referral pathways and intervention points. When there is an understanding of role and function/purpose, there can be comparisons of costings. Ultimately the conclusion must be the earlier we can identify signs of hidden harm and the earlier we can intervene and attempt to prevent the harmful effects on children and their future children. In addition to this, the process needs to be inclusive and involve parent carers and their grandchildren, as proposed by one of the service users, *in a kind of Team Around the Family kind of way.*

Although slightly outwith the remit of this evaluation, we continue to make the recommendation that all problematic substance misuse is treated as a mental illness. This would overcome the problem of dual diagnosis which community services continued to find it difficult to work with or address. We also recommend the closer involvement of parent carers in the discussion of treatment options, being mindful of issues of consent. From the

research for this evaluation, a common experience amongst parent carers was being excluded from the services that should be providing support, which seem to be working in silos. Communication between agencies, especially children and treatment services, must improve and a more inclusive approach needs to be encouraged and one which includes the family, capitalising upon the knowledge and resources which exist, which ultimately make more effective interventions and takes more pressure off statutory services. The Team Around the Family is, as suggested, a useful model to use.

A final note to end, the success and vitality of ESCAPE Family Support is in the direct interest of a number of key statutory agencies, notably children's social care, adult social services, mental health services, the police and drug treatment services. Adfam's review of the 2021 drug strategy[1] similarly identified this and indeed highlighted the prime minister's comments about the need to involve all government departments in addressing substance misuse. In the report, to which ESCAPE is a signatory, they also make national recommendations for an earlier intervention and a treatment service that recognises the recovery capital of families. Our local report supports the national findings and we suggest the better ESCAPE performs, the better those government agencies will perform.

[1] Substance misuse: through the lens of the family, Adfam, 2022.

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1.0 Introduction

This is an evaluation of a National Lottery funded project delivered between 2020 and 2023 in Northumberland. The project aimed to support carers of people with substance dependency and the young people in those families and is delivered by ESCAPE Family Support, voluntary sector specialist provider which started in the late 90s. This project has been an innovative response to the issue of providing an equitable countywide service and a timely development in services for children and young people who would otherwise go unnoticed. The project is around to thirds of the way through its funding period and after over two years delivery experience, we can be confident that the findings in this report are reflective of performance of a mature project.

The National Lottery priorities that the project sought to address were: bringing people together and building strong relationships in and across communities; and enabling more people to fulfil their potential by working to address issues at the earliest possible stage. Through a presentation and analysis of service user findings, outputs and outcomes achieved, the evaluation will attempt to answer if the project has been successful in their delivery.

1.1 Evaluation & Methodology

The evaluation was conducted by an independent sector specialist social research organisation based in the North East. The evaluation has taken a mixed methods approach to the research, using a mix of statistical analysis and qualitative techniques and methods. We identified and interrogated a number of data sets from ESCAPE, including the following data sources:

- Service user questionnaire-based on returns, 2021
- Service user satisfaction and feedback records, 2020 to 2022
- Full project dataset, 2022
- Service user focus groups, 2022
- Staff focus groups and interviews, 2022

- Annual report/returns to the National Lottery, 2020 to 2022.

We took an interrogative approach to engagement with service users in attempting to understand background issues in order to understand impact. We have used Grounded Theory[2] to guide the evaluation as it permits a broad level of explorative research; and thematic analysis as a means of examining the data produced. Grounded theory allows for conclusions to be led by findings to promote 'telling it as it is' rather than 'telling it as they see it'[3].

There are case studies interspersed throughout the text which provide the service user experience from the verbatim reports or from testimonies from support workers/volunteers.

1.1 Background & Context

It is known within the voluntary sector specialist agencies in the region that parent carers of people with drug or alcohol dependency are often considered the poor cousins of other members of the caring community, such as carers of people with chronic health conditions. There are a number of reasons behind this although the main result is this group of carers tending not to receive the support that others receive and as such remain overlooked and excluded and therefore continue to experience negative outcomes with little support.

Linked to a lack of recognition of adult parent carers is the hidden nature of the children affected by their parents' substance dependency and their caring responsibilities. These children experience multiple vulnerabilities and face poor life trajectories. In addition to these two general contexts, there are a number of converging contexts for this work, which expands the remit of this work to include a wide range of agencies, from local authority to public health. These include:

[2]Glaser, B. G. & Strauss, A. L. 1967. The discovery of grounded theory: Strategies for qualitative research. New York: Aldine De Gruyter.

[3] *Op.cit.*

- **Drug and alcohol treatment**: the families of drug and alcohol dependent people are overlooked, both hidden and ignored, in the discussion of treatment options for the people they care for. Although there can be tensions and problematic relationships between child and parent/carer, their involvement can be an important ingredient to a successful recovery. Parents/carers often spend considerable time with the loved ones who may be in treatment, out of treatment or requiring treatment and they have intimate knowledge of behaviour and can advise on treatment options/intervention points. Currently, parents/carers feel excluded from the process and the commissioned drug and alcohol treatment services.
- **Looked after children:** there are varying degrees of safeguarding effecting the children of substance dependent parents, from no intervention to removal of children into local authority care. Parents/carers of substance dependent children often provide kinship care for their grandchildren. In some cases, children are removed into foster care or residential placement, which has a range of emotional, developmental and financial impacts on children, their grandparents, parents/carers and the local authority. This research has found a number of parents/carers provide kinship care but have no involvement from Children's Social Care, despite repeated requests for support. Unsupported children's lives often result in repetitive patterns of attachment related behaviours, some of which will include substance dependency of their own.
- **Mental health service**: substance misuse and mental health suffer from a dual diagnosis conundrum, where a mental illness cannot be diagnosed if the patient is currently misusing substances. This can be a considerable barrier to services for people experiencing mental ill-health but without the ability to comply with an abstinence requirement. Parents/carers of loved ones with mental health and substance disorders and their children live with the effects of both and try their best to mitigate the negative impacts. They are often frustrated over services inability to engage or communicate effectively with all stakeholders.
- **Public health of at-risk groups**: Hidden Harm was previously a well used label to describe the damage caused by substance dependency to children, users and parents/carers. Despite a lack of use, the problems still remain and continue to erode individual and

community resilience, leading to poor outcomes for children and repetitive cycles of property and substance abuse. There are clear health impacts on parent/carers, with the majority experiencing poor mental health as well as a list of chronic and non-chronic conditions, from diabetes to mobility problems. Children also experience poor mental health because of an absence of protective factors and inconsistent parenting. The damage to health experienced by those who are substance dependent are significant and include regular exposure to risk of death and as a result of often long-term use, and cumulative chronic health impacts, such as hepatitis and poor oral health and are a public-health priority. The parents/carers are also a high priority group, mostly consisting of women in their 50s with underlying health conditions.

Criminal justice agencies could also be included in that list, as a result of the criminality involved in the illegal trade in substances. However, even without the police or the courts, we can see from the list above that there are a number of interested and invested parties in addressing substance dependency within families in Northumberland.

1.3 The Organisation & Service

ESCAPE Family Support was created in 1996 by a local mother who had recently experienced the loss of her child due to substance dependency. It has grown to become a mature and complex organisation delivering services across Northumberland to marginalised adults and children and their families. The organisation delivers services from two physical locations in Blyth and Ashington in Northumberland and peripatetically throughout the county via their network of Family Champions. The organisation is funded through a collection of charitable and statutory service commissions and grants. The National Lottery fund contributes 36% per annum of total organisational costs. The project is constructed from two main elements:

1. Family Champions: these are volunteers who are experts by experience who have received training in a selection of support approaches, from mentoring to peer support. They deliver befriending support to other service users face-to-face or on the telephone and form a network across Northumberland.

2. Pilot young person's service: this is designed to mitigate the harms caused through having a parent/carer who is substance dependent. This is provided through a programme of support and activities across the year.

The human resources to deliver these elements consist of an advanced practitioner for children and young people and a training and volunteer coordinator, with some management, finance and administrative support. ESCAPE presents its level of intervention using intervention tiers, which dictate the frequency and intensity of contact and support, see following table. Numbers of beneficiaries are attached to these tiers in section 2.

Table 1.0 Intensity of Service & Description-

Level Of Intensity	**Service Description**
Tier one	Advice, information, newsletter, art groups, coffee morning
Tier two	One-to-one support, advocacy, befriending, structured mutual aid groups such as Bereavement, Kinship or CRAFT Maintenance, Health and Wellbeing workshops and Respite
Tier three	Keyworker Crisis support, Counselling and CRAFT, Adverse Childhood Experiences and Parenting Programmes

The organisation has developed systems to record and capture comprehensive and detailed output information, case file detail, monitoring and evaluation systems designed in accessible formats for a range of stakeholder groups. They have close partnerships with Northumberland College, Tyne Metropolitan College and other colleges who supply counsellors for ESCAPE's service users; these counsellors are undergoing formal psychotherapy qualifications and must deliver 150 practice hours as part of this. There is a strong service user ethos in the organisation and one of its important impacts is enabling service users who have gone through difficulties of their own, to provide support to other people illustrated by case studies in the text. Volunteers can access a range of training courses to enable them to deliver services such as befriending or mentoring and there have been a number which have gone onto find paid employment as a result of volunteering. In addition to management and investment in volunteers, and staff, the organisation invest further in

social opportunities, such as annual Christmas and volunteer celebration events. The organisation is high level of investment in their human resources was recognised in 2021/22 through the awarding of a Platinum Investors In People Award,

Box 1.0 Case Study Family Champion

Charley [not real name] came into our service as a carer when her son was taking drugs and self-harming. Charley felt like they were all walking on eggshells within their own home. Through working one to one with a family Support worker then accessing the CRAFT course this enabled Charley to use different strategies and techniques which helped within her own circumstances. Charley then moved on to do her level 2 in peer mentoring to support others going through what she was going through. After also completing Skills for those Affected by Addiction and Level 3 in Family Dynamics as she progressed through her journey, Charley became a volunteer as she wanted to help others who are going through the same experiences with their loved ones. Charley has supported many carers through her family champion role and has been involved with representing ESCAPE at community events. Charley has also co-supported CRAFT group maintenance groups and is now supporting parenting workshops. Charley gained employment as a peer link worker and is now promoting the work of ESCAPE and the Recovery College.

ESCAPE is embedded within the institutional framework in the county and a valued member of strategic partnerships and thematic groups, such as:

- Carer Partnership
- Drug and Alcohol Steering Group
- CARE Northumberland Steering Group
- Young Carer Steering Group
- Thriving Together Network
- Healthwatch Northumberland Meetings
- Northumberland Recovery College
- VCS Health and Wellbeing Network meetings
- Digital Partnership Meetings.

2.0 Evaluation Findings

In the section, we present the findings of the evaluation based on evidence gathered from a range of data sources, as presented in section 1.1. These are presented first as the outputs achieved by the project over the first two years of delivery and second, the presentation of the issues experienced by service users, and finally a presentation of outcomes or changes which have occurred because of the intervention.

2.1 Project Outputs

Family champions represent both a project output/deliverable and a means of providing services, a delivery method. Over the last 24 months, the project has trained a total of 21 family champions and approximately half of those continue to deliver services. The remaining have either found employment, have progressed onto other volunteering opportunities, or have left for personal reasons.

Family Champions after having received training in a range of competencies, have provided a number of services for the organisation. This has ranged from providing telephone support to service users, supporting group activity, like Kinship Carers and CRAFT maintenance and supported with art sessions and coffee mornings.

In the second year of the project, the family champions have provided befriending services to a total of 33 service users. In the first year, delivery was affected by COVID-19 and family champions delivered almost 250 hours of online support in 2020/21 and worked with 26 carers. A total of 59 carers have therefore benefited from significant support provided by family champions in the first two years of the project.

In the first year of the project, ESCAPE supported a total of 167 new referrals, carrying over 339 existing service users on caseload. In the second year of the project, this increased to 207 new referrals with 308 cases carried forward, 77 children also benefited from events at Christmas and Summer Fayres etc resulting in a total of 586 individuals benefiting during 2021/22. As can be seen from the following figure, the numbers of new referrals are

increasing, particularly referrals of children. The organisation has also increased the numbers of service users who have been closed, and no longer need support, ensuring a throughput of beneficiaries.

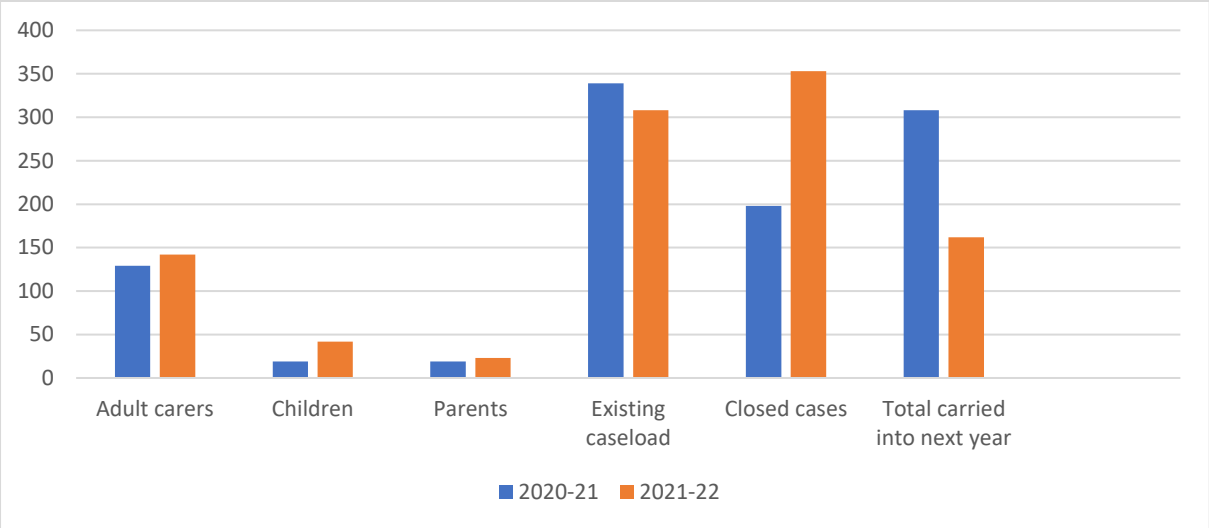
Box 2.0 Case Study: A Service User Journey In Their Own Words

I first accessed ESCAPE as a client 15 years ago then again 6yrs ago both times for support with living with addiction in my family. I did the CRAFT course which I found a great help in understanding addiction & learning how to protect myself from the stress & chaos living with addiction brings. I made friends on the course that I still have today, people in the same boat that really understand what you are going through. We have the CRAFT Maintenance monthly support group which we can attend any time we need extra support.

I then started to take part in the courses offered by ESCAPE including befriending, peer mentoring, working up to level 3 supporting Families in a Crisis & Working with Vulnerable Adults & Children. I have completed many of the workshops on both addiction, overdose prevention & looking after your own mental health. I have also completed the Practical Parenting course, ACE's course & Teen Triple P they have been a great help both for myself, when I became a Kinship Carer, & in supporting others in my Volunteering. I have also attended a Carers Event raising awareness of the help & support available from ESCAPE which is much needed as addiction & overdose deaths are rising.

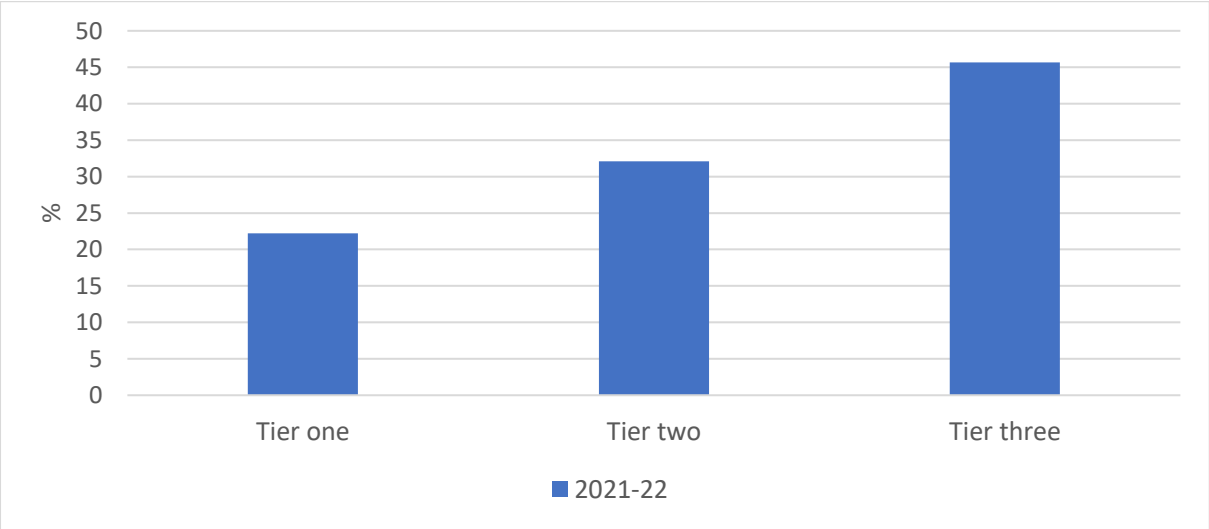
I find helping others who access ESCAPE very rewarding I know how isolated I felt before I came to ESCAPE. It is so important to have somewhere like ESCAPE where people can come in, find there is support, they are not alone & they can, with the help ESCAPE gives, learn ways to cope with living with addiction.

Figure 2.0 Project Beneficiaries, 2020 to 2022



ESCAPE has conducted further analysis of referrals and caseloads, looking at growth since 2015 and separating them into tier one (advice and guidance) to tier three (intensive crisis support). From this analysis, we see that although there is growth in referrals, the management of caseloads has resulted in an increase in mutually agreed exit plans (n=292) and more realistic caseload numbers resulting in an open caseload of 162 on 31st March 2022. The majority of service users are receiving tier two or three support as presented by the following figure.

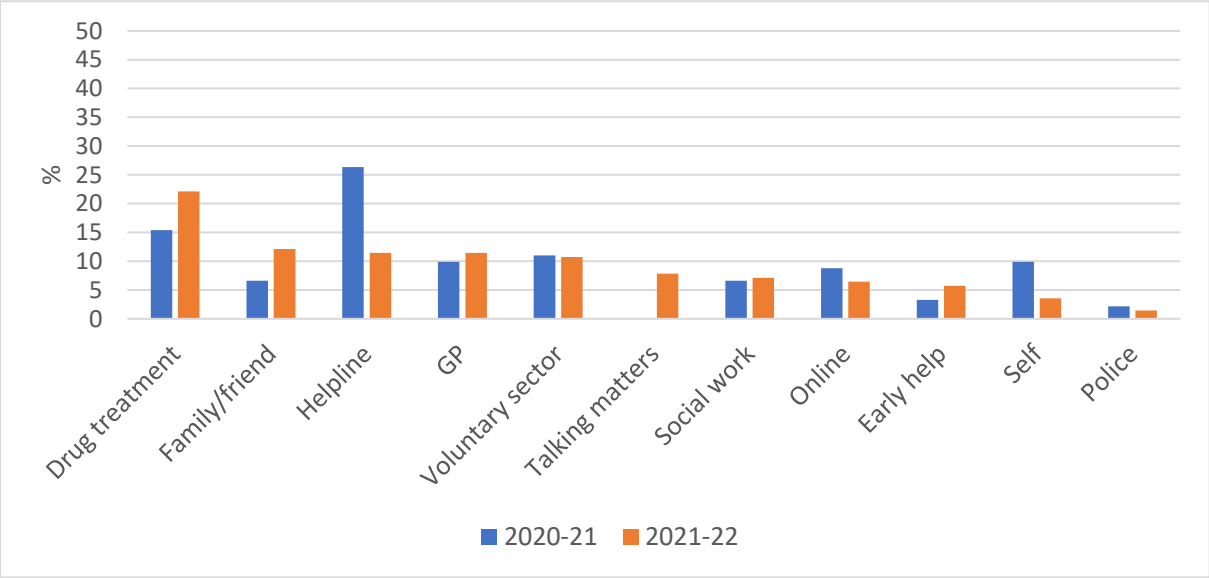
Figure 2.1 Service Division Into Tiers, 2021/22



This movement is evidence of service user progression and a demonstration of the intention of the service to provide support to the point where the service user no longer needs it. The duration of support period is discussed further in the following section.

The following figure shows where the referrals have come from and as can be seen, most referrals have come from Northumberland Recovery Partnership. Following on from this is the helpline and, the doctors (including a number of referrals coming through social prescribing at GP surgeries). There have been some differences over the years, for example, a significant reduction in helpline referrals this year and the appearance of referrals from Talking Matters, the mental health counselling service.

Figure 2.1 Source of Adult Referrals, 2020 to 2022



The following figure presents the source of the referral of children into the service. As can be seen, the most common form of referrals is from their own family members, often the grandmother. This is followed by schools and children's social care. There was one school referral in 2020/21 from a school nurse.

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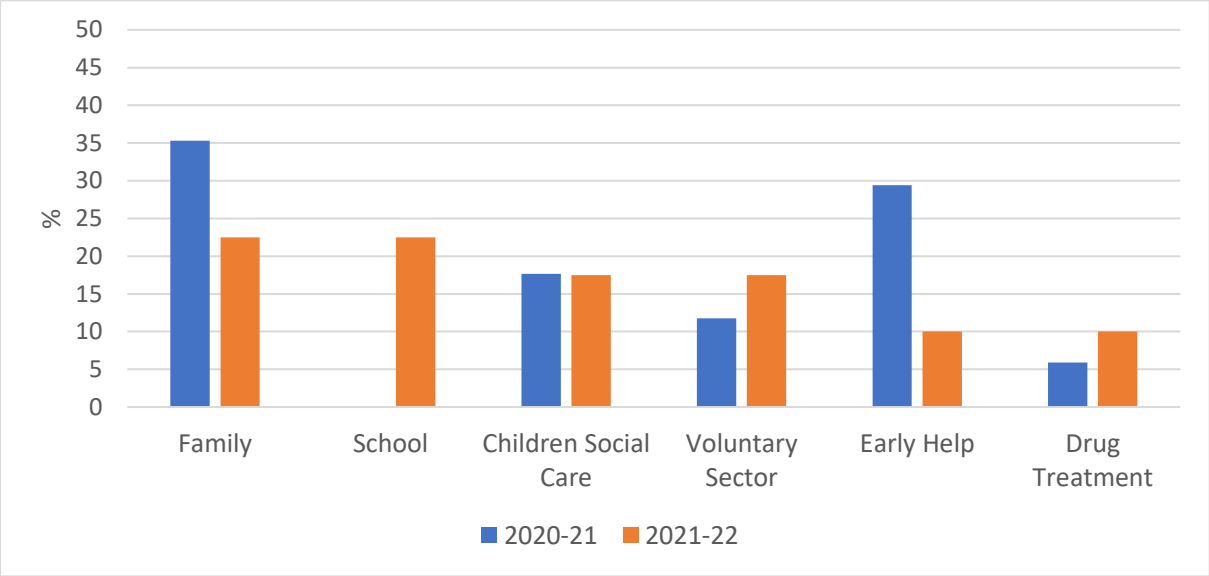
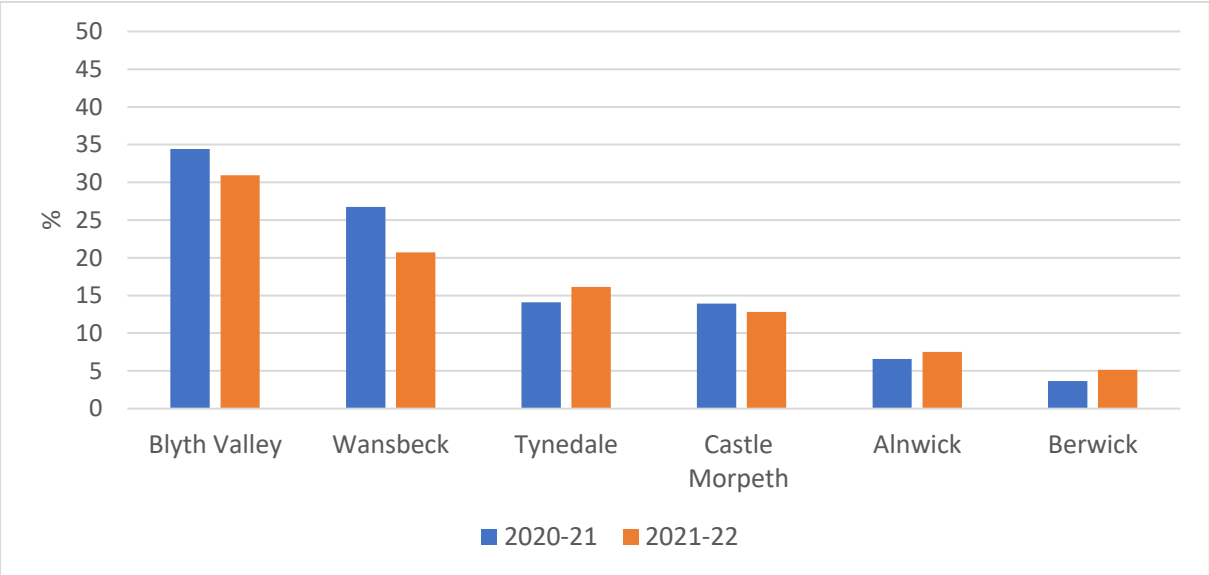
igure 2.2 Source of Children's Referrals, 2020 to 2022



Service users come from across Northumberland although with concentrations in South East. The distribution of service users has remained relatively constant over the two years, with small increases in Tyndale, Alnwick and Berwick and small reductions in Wansbeck, Blyth and Morpeth.

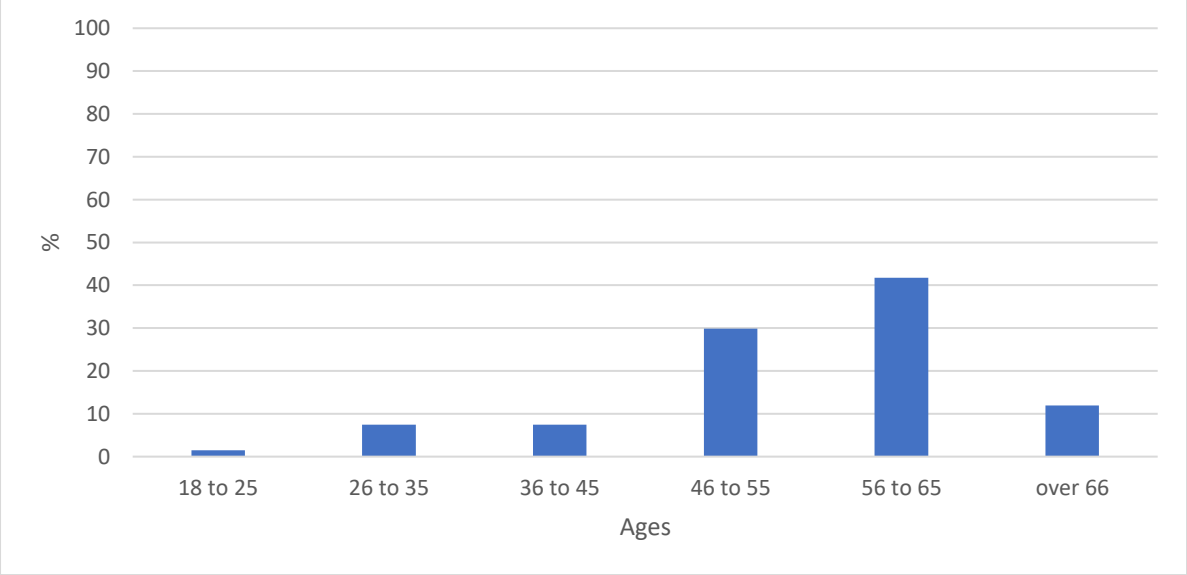
Figure 2.3 Where Service Users Come From, 2020 to 2022



2.2 Service Users & Their Characteristics

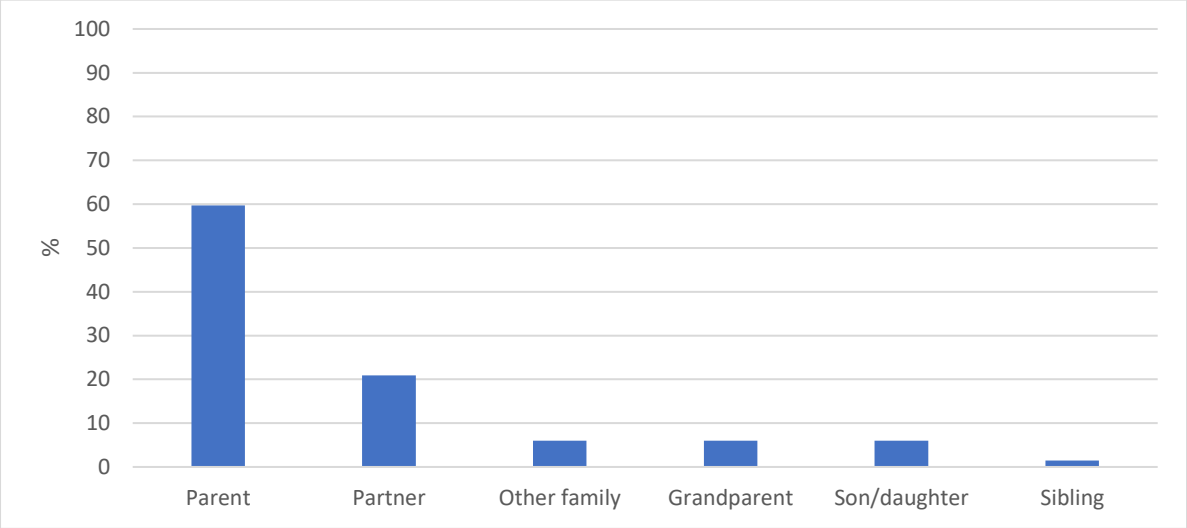
ESCAPE Family Support conducted detailed primary research with caseload members (n=67) in 2021/22. The interrogation and analysis of the data produces a number of noteworthy findings. For example, the data reveals a gendered adult service with the majority of service users being predominantly women in their 50s who are mothers to their drug and/or alcohol dependent children. The following figure presents the age profile.

Figure 2.4 Age Profile of Adult Service Users



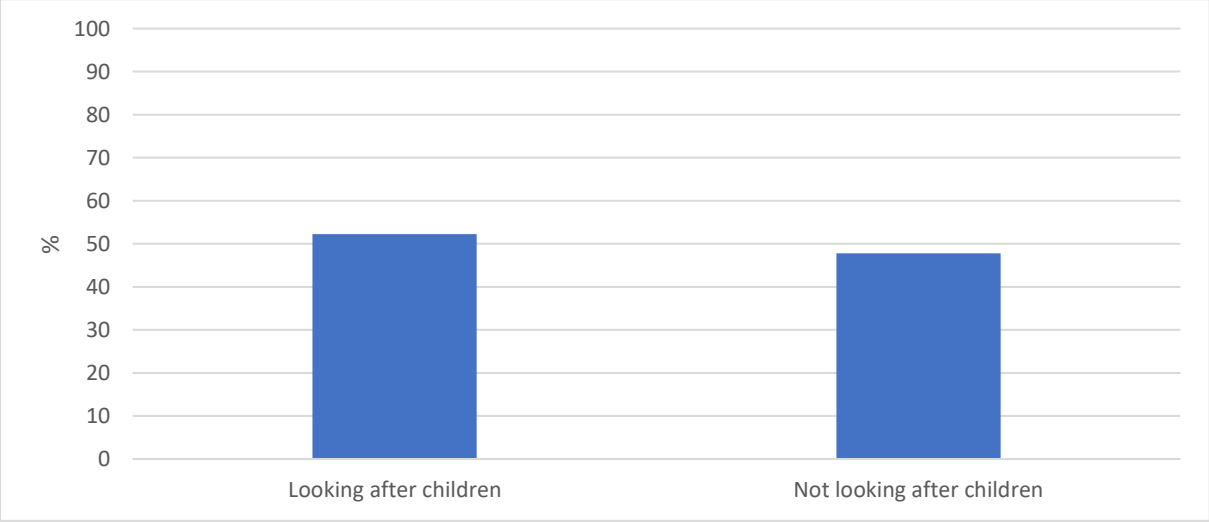
Of the sample, approximately two thirds of service users are the parents of their loved ones, with partners around 20% being the partners and smaller numbers of grandparents and children (see following figure).

Figure 2.5 Relationship Between Service Users And Loved Ones



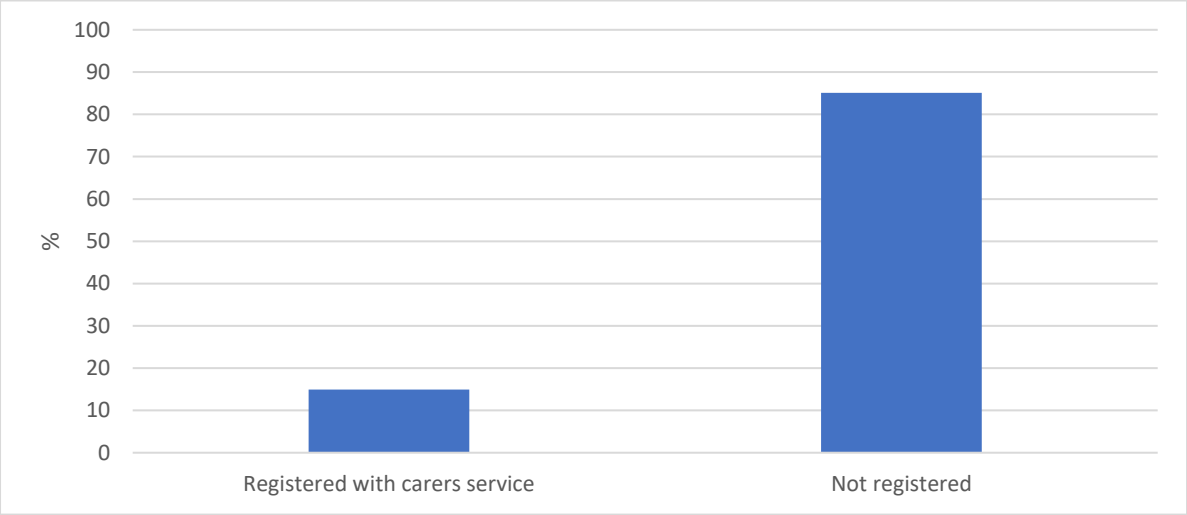
From the service user research data, just over **50% of respondents have significant caring responsibilities for their grandchildren**, with most children living with their grandparents. The provision of kinship care is widespread and well known in the lives of carers of people with substance dependency.

Figure 2.6 Service Users Looking After Grandchildren



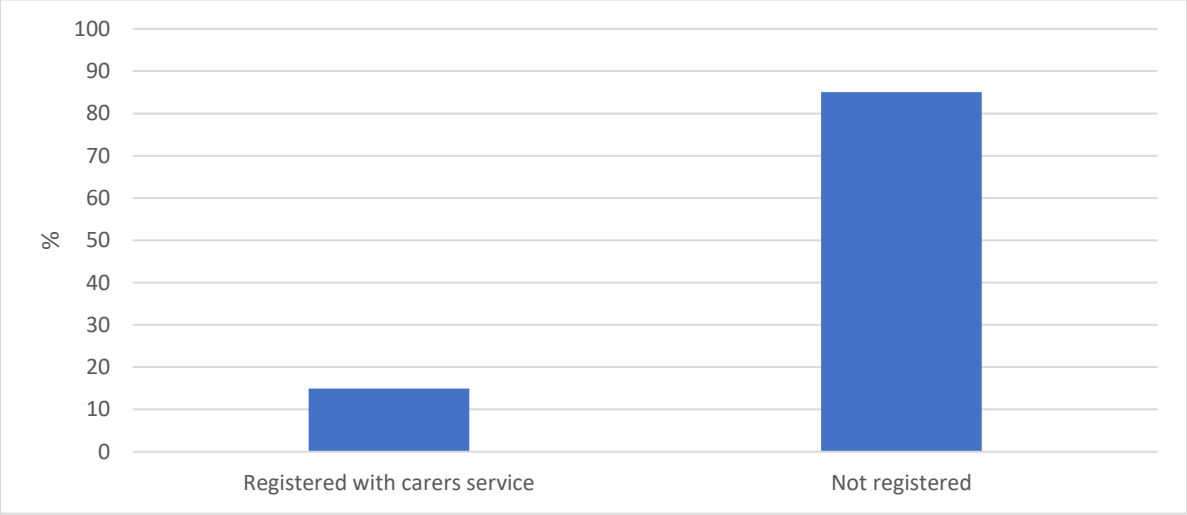
As can be seen by the following figure, from the data sample only 15% of service users are registered with the local carers service[4], and so able to access the range of care services.

Figure 2.7 Registrations With Carers Service



Relating specifically to the people who are cared for in the data sample, only a similarly small number (n=15%) were registered with drug treatment services (see following figure).

Figure 2.8 Registrations With Treatment Service



[4] This is higher than expected and is arguably a result of the work of ESCAPE Family Support in Northumberland which encourages service users to register carers.

The previous four figures demonstrate that service users are generally not receiving support from elsewhere, not from the carer service or the drug treatment service and half are primary carers to their grandchildren (with most saying they received no support from children services from the local authority).

It was clear from the service user research that people experienced a range of extremely difficult and stressful situations. These included:

- **Emotional distress** and poor mental health from witnessing their loved one's substance dependence with all of the pitfalls and dangers, such as seeing their children experience withdrawal symptoms, overdoses and periods of intoxication. There is often an associated shame of caring for someone with drug and alcohol addiction and situations are often hidden from friends and family. Incidences of domestic abuse are also common amongst carers and may take verbal and/or physical manifestations. There is significant guilt and self blame amongst service users for being the cause of their children's substance dependency or for buying drugs and alcohol on their behalf as they cannot bear seeing their loved ones in discomfort. This can have significant emotional and often physical consequences. One service user reported:

  > *I have been isolated and excluded from family and friends who don't understand. I have even been accused of bad parenting. Lots of stigma.*

  Our data sample show that almost 60% of service users were taking medication to treat poor mental health with just over a third of respondents had engaged with Talking Matters, the local statutory national health service.

- **Physical health problems** which have developed as a result their caring role: this includes injuries from lifting and carrying, from being physically assaulted, the additional strains and duties of being the primary carer for the grandchildren and exacerbating existing chronic conditions. One service user said:

I really feel like I'm falling apart, in every way … can't see how I can carry on sometimes.

- **Property and financial hardship** caused by the caring role, such as having to buy food and clothes for the grandchildren, purchasing substances, higher rent because more people living in the accommodation, the loss of earnings because the service user had to stop working to look after their loved ones, repaying their children's drug debts and buying drugs and alcohol on their behalf. This house can have significant life changing impacts. For example, one service user reported the following:

We still have to work full time to cover the cost of my grandchild. You don't get any financial help, but if I was a foster carer I would. I have to pay for general living expenses and extras like activities. The financial pressure is huge.

These issues are generally faced without support from other people or organisations which negatively impact on both the carer and the grandchildren. For example, one service user said:

My daughter is 36 and has drank for years. She has had no help. I now have care of my grandchild, she's 13. My daughter gives me abuse saying I pinched her daughter.

Some respondents experienced not only an absence of support but also a failure of recognition of the impact of being a young carer for a parent who is drug or alcohol dependent. One service user said:

[You are] also not classed as looked after children at school unless you get financial help so the kids are treated like every other kid. It's also seen as the

expected and the right thing to do … my duty to pick it up as I am grandmother.

The level of struggle is apparent through most service user testimonies, as one explained:

You have to fight for every bit of support for our grandkids. They are not listened to. There is no specialised help. They need trauma counselling.

There were consistent reports of being excluded from services and receiving no support despite asking; there were many reports of approaches to a range a community-based service which resulted in disappointment, as a result of people not understanding the situation of carers resulting in their needs being overlooked. As a demonstration, one service user expressed the following:

Not being listened too is one of the worst things. You go to the Dr and cry for help and they think you are making it up … that` you're a liar.

Another service user reported:

I contacted everyone [trying to get support for my daughter]. I even handed photos of my daughter in a psychotic episode to St Georges [Mental Health Hospital] and Social Services but they still said I was making it up. One Social Worker even said, "you don't like your daughter very much do you." All because she thought I was making it up to have my daughter sectioned. It took a year to get her on an [treatment] programme.

And another reported:

I contacted Social Services, but they said she [daughter] wasn't bad enough! The house was a doss house. All the local drug addicts and alcoholics used

to come to her house. She had a dog and there as dog poo everywhere and vomit up the walls. I blame them for the state of my grandkids

And another reported:

All services let you down … Social Services, doctors, NRP.

One member of a focus group had been able to access services as a result of a crisis situation which resulted in her daughter being sectioned. For example:

I got help because my daughter has EUPD [Emotionally Unstable Personality Disorder, the most common type of personality disorder also known as borderline personality disorder] and she was attacked which led to her being sectioned so the police and social services were involved so they all started talking to each other and helping.

A number of other service users reported a number of instances where they were unable to have their loved ones committed to a secure unit (sectioned).

Problems with dual diagnosis also continue to effect service users, despite over a decade of campaigning from mental health and substance misuse agencies, for it to be assumed in every case of substance dependency there is an underlying mental health issue. One service user said:

Can't get dual diagnosis my daughter also had mental health issues, you can't get mental health assessment until you are clean. Can't get clean with unaddressed mental health needs.

Parents and carers can be desperate for their loved ones to receive both mental health and substance treatment interventions and in many cases the major concern may be for the young children. As one service user reported:

It repeats itself … grandkids now have anxiety through witnessing their mam's episodes. Been young carers all their lives.

It is regrettable that after years of hidden harm work across the UK, lessons have not been learned or implemented. It was hoped to instill upon agencies associated with substance misuse that there must be an assumption of mental health problems in every individual with substance dependency. As pointed out by one service user:

You can guarantee that if they haven't got mental health problems before they get addicted, then they will develop them when they can't get what they need.

Substance misuse within families risks becoming repetitive and entrenched without intervention. A number of service users described how their family situations became worse before they had approached ESCAPE. For example, one service user said the following:

But it got worse for my daughter when she met her partner. He started giving her 17 year old son [Participant's grandchild] drugs and he got addicted. My daughter went into a psychosis and grandson took the drugs as a coping mechanism because he was the carer of all his younger siblings.

Service users described how they had attempted to engage with local authorities and organisations but had not received an adequate response. One service user commented:

Contacted Social Services and Drs but got no help at all. Believe if they had got help, then grandson wouldn't have gotten so addicted but absolutely no one would listen.

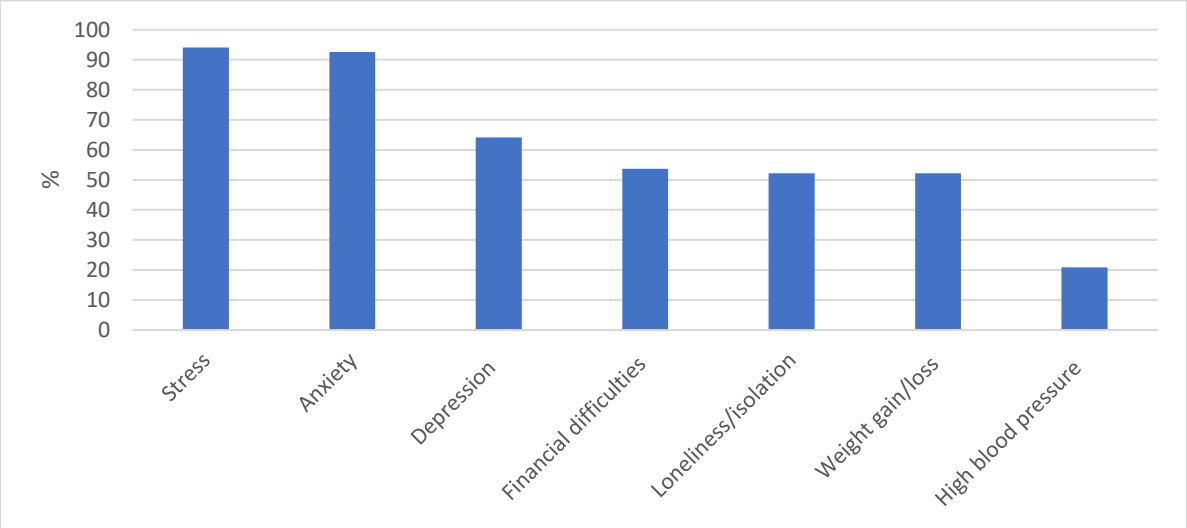
Feelings of frustration amongst parents and carers are exacerbated by a perceived lack of treatment options: parents reported current options are limited from the existing provider and there is a reluctance to pursue different options. For example, one service user said:

> *Methadone is not the only option there is also Medically Assisted Withdrawal [MET]. Things like MET with support from ESCAPE might be successful. Both need more funding.*

There were a number of similar reports of an unsupportive and unsympathetic response from current treatment services

The following figure shows that service users bring those mental and physical health issues to ESCAPE. As can be seen, the top three issues presented by service users in the sample were all mental health related, with over 90% of service users experiencing chronic stress and anxiety, followed by depression, loneliness, weight problems and financial difficulties.

Figure 2.9 Presenting Issues of Families

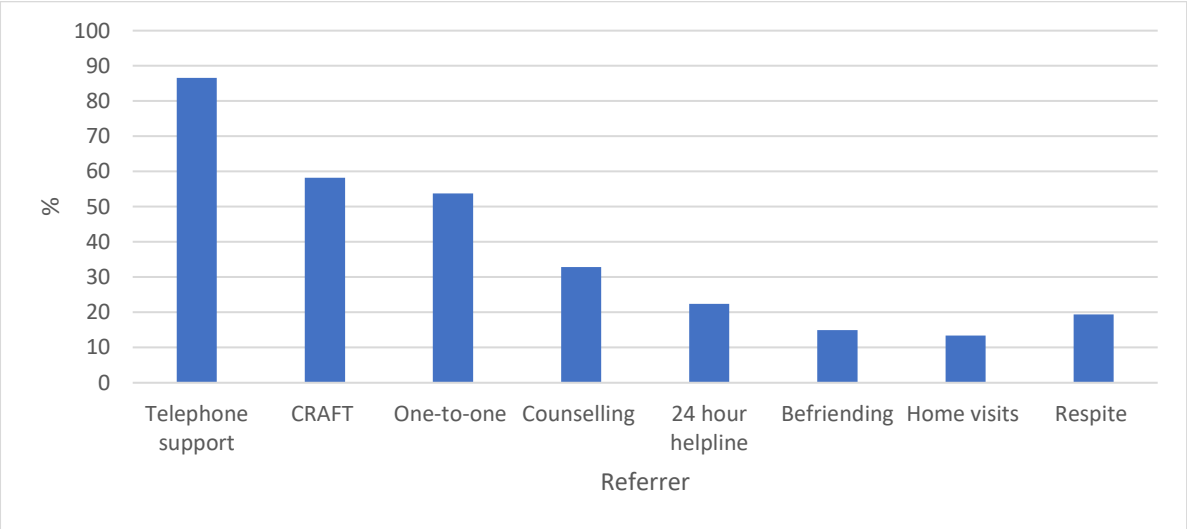


These issues are further explored in the following section.

The following figure shows the type of support that was received by service users in the data sample. As can be seen, the majority of service users received support on the telephone, a

service delivery method which was developed and made more available during and after Covid. We can also see from the graph that approaching 60% of Service users have completed a Community Reinforcement Approach and Family Training course. We can also see that almost just over half of all service users receive one to one support and almost a third received counselling.

Figure 2.10 Type of Support Received by Service Users



People want recognition as carers: through recognition and not remaining hidden, service users felt that change could be supported by a greater public and professional awareness. Carers of loved ones affected by substance dependency felt that they were a hidden population with hidden problems and subsequently there is a largely felt absence of services to support these carers. For example, one service user commented:

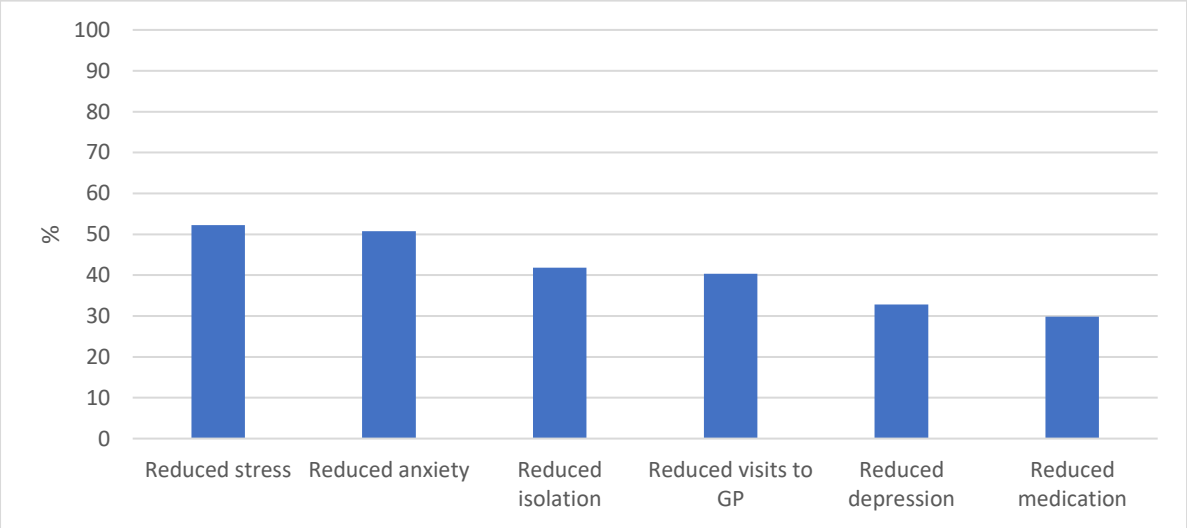
> *Our experiences are harrowing and felt across the family, but we feel services rarely recognise this. We need an outlet to share how we are feeling and have our feelings of pain, and shame validated.*

2.3 Project Outcomes

The following findings concern changes attributable in whole or in part to the intervention. The first level of change produced by the project has been an improvement in the mental and physical health of its service users.

The analysis of the comprehensive member surveys shows the impact of that support as reported by service users, see following figure. As can be seen, over half of all service users experience reduced stress and anxiety as a result of the support provided by ESCAPE Family Support. Impact continues with 40% of service users reporting reduced isolation and a similar number reporting reduced visits to the GP as a consequence of ESCAPE. Almost approximately a third of all service users also reported reduced depression and also reduced consumption of antidepressant medication.

Figure 2.11 Impact of ESCAPE Family Support



Significant impact on children: parental substance dependency has significant impact on parenting and children's outcomes. Common issues amongst the children supported by ESCAPE include neglect, domestic abuse, substance misuse, self-esteem and confidence issues, behaviour problems and mental and physical health.

When caregiving is provided by grandparents, commonly grandmother, a key function is the mitigation of already negative effects. Added to this is their absence of support services. Examples, one services user reported:

> *Until my granddaughter was nine years old, school didn't even know how difficult her life had been. My daughter said nothing because it was all normalised for her.*

The impact of inconsistent parenting, interspersed with periods of neglect, is known to influence internal working models and attachment related behaviour in later life. This is a key driver of the cyclical nature of drug use in families. The consideration of the welfare of children by external services appears to be in question. For example, one service user described the effect on her grandchildren of the assessment for a Special Guardianship Order (SGO).

> *Getting a SGO is very intrusive … they [grandchildren] go into trauma because of intrusive questions. I have seen social workers cry.*

Even when trauma is identified and addressed, there were often long delays in accessing counselling, as illustrated by one service user:

> *I have asked for trauma support for my grandkids, it took over a year to get.*

As a result, the adverse childhood experiences continue to impact fundamentally on their lives and future. For example, one service user reported:

> *Even when they are at school they are not mentally present, because all they think about is the trauma and worry*

There were reports of inconsistent response from services resulting in service limitations, in other words in certain instances there were reports of effective multi agency working, but

most were examples of health and social care agencies not communicating or cooperating. An example of good practice concerns the police. The service user explains:

> *My daughter started drinking again. She left dog in the house … mess everywhere. I took dog away. [My] daughter called the police and reported I had stolen her dog. But police asked proper questions and got family support worker involved. They even got in touch with the school to check that things were in place to help my grandchild. Wish it could always be like this. Makes a difference.*

ESCAPE Family Support has responded to the issues experienced by children through work with the children and their grandparents/carers. The children's work is based around addressing Adverse Child Experiences (ACE), increasing knowledge, and providing strategies and techniques to reduce negative impact and patterns of behaviour. ESCAPE has stratified the training into a young (11 to 14) and older group (15 to 21) and have experimented with the delivery. This has resulted in an accessible range of formats to suit need and has resulted in a total of 12 younger people completing either a one-to-one courses or group ACE course. The children and young people who have been through the training recorded impact via the Rosenberg Self-Esteem Scale; whilst there has been a variance in the before and after scores, all have recorded a positive increase. Children and young people were also encouraged to evaluate the work through different means, such as drawing and painting (see following figure).

Figure 2.12 Young Persons Evaluation of ESCAPE Family Support

Caption from the artist: The first hand is blue and red, these colours represent sadness, pain and anger and a bird trying to fly away, be free and have a better life.
The colours used in the second hand represent kindness patience, love, life, warmness and always having someone there for you.

ESCAPE has responded to the needs of grandparents who need support because parenting techniques and methods may have changed, and they are struggling to deal with the children's expression and manifestations of pain and sadness. They have supported grandparents in their parenting efforts through delivering Teen Triple P skill development workshops. Over the current project period, they have delivered a total of seven parenting workshops, which delivered 30 separate interventions being completed across 10 individuals. The parenting courses were redesigned as standalone sessions to enable them to be accessed individually rather than as a programme as long courses were made difficult by COVID-19.

Box 2.1 Case Study: The Impact of ACE Training on a Young Person

Rosie [not real name] was 15 years old when referred to ESCAPE by her carer. She had been removed permanently from her parents by children's social care and put into care within an SGO placement in her early years due to parental substance misuse and neglect. Her carer reported concerns for her mental and emotional health and the impact on her of her older sibling's substance misuse as well as the impact of historical difficulties which had been an on-going issue for Rosie when the referral was made.

Rosie's carer also reported the young person had stated she was going to run away from her placement and sat in her bedroom crying most evenings after school. There were problems at school and Rosie was excluded on one occasion for a full week due to behavioural problems linked to the emotional upset.

Rosie was supported by ESCAPE young person's support service and given 12 ACE sessions on a 1-2-1 basis plus additional phone support calls when needed. Her engagement was excellent and there was improvement in her demeanour within three sessions. She followed advice from sessions and developed coping strategies which she utilised daily. Rosie completed her GCSE exams with almost no anxiety and gained good grades which enabled her to go to study for A levels in sixth form. Rosie has applied to complete work experience at ESCAPE in July as she is studying Health & Social Care and Childcare, Play and Development for A Levels. Rosie is currently busy completing ESCAPE's Peer Mentoring Level 2 course online in the evenings and hopes to become a young persons Peer Mentor with ESCAPE. Rosie is very settled and has remained in her SGO placement.

ESCAPE has provided recognition, validation and sense of community: service users reported losing their sense of isolation through becoming involved with others who have similar experiences. It was reported that isolation was caused by the compounding factors, including people self isolating due to shame and stigma associated with substance abuse; family and friends withdrawing or avoiding contact. As illustrated by one service user:

> *ESCAPE is such a good place for families and people like me who feel like they have no one they can talk to and nowhere to go when they feel helpless in situations. It has helped me a lot.*

One service user reported:

> *I have been isolated and excluded from family and friends who don't understand. I have even been accused of bad parenting … there's lots of stigma.*

Another commented:

> *I thought I was different and thought nobody had been through what I had, when you come here, you realise that all of the stories are the same and it's the same story.*

These feelings were countered both by a programme of activities for families and therapeutic support which includes counselling and one to one emotional support. One service user said:

> *Half term activities. Makes everyone feel like they are not alone. Trips such as Alnwick Gardens good for kids and financially helped me.*

ESCAPE has provided transformative and life saving/changing opportunities: for many service users who have lost all hope of a positive future, ESCAPE has been able to reverse that

trend. There were a number of reports of service users' mental health suffering to the point of considering suicide. As illustrated by one service user:

> *In the past I have self harmed and attempted suicide. ESCAPE has helped me to learn better coping strategies and built my confidence in myself that I no longer self harm and I know there is always someone there for me if I feel things are getting too much for me to cope with. Grateful to them for everything they have done over the years. Probably wouldn't be here if it wasn't for them.*

A number of service users reported being unable to endure further hardships and being without other forms of social support, people felt without hope on arriving at ESCAPE Family Support.

> *I wouldn't get through all this without this lot here.*

The organisation was able to achieve transformation through a variety of services from one to one support and counselling to respite. Training and education have been a key means of transformation, with popular courses including health and well-being and relaxation.

Interventions are effective and technical interventions and knowledge transfer have impacted positively upon family well-being: ESCAPE provide a number of training opportunities for carers, from accredited courses such as befriending and mentoring[5], to general non-accredited training such as relaxation or well-being. A cornerstone of the training program is delivering the community reinforcement and family training, or CRAFT. which is a 12 week course intended to improve outcomes for all family members. Craft is taken by most

[5] Level One in Befriending, Level Two in Peer Mentoring and Level Two in Supporting Families with Addictions

service users and is reported to have significantly beneficial impact on relationships across the family. One service user reported:

> *All courses and especially CRAFT help me to understand my son and his actions. I volunteer now because I wanted to give back to the project.*

> *CRAFT had a huge difference in the way I communicated with my son and has had an enormous benefit to us both.*

Box 2.2 Case Study: Helping Others, Helps Me

Ejay [not real name] came into service with concerns and needing support with her son's drug addiction and debt problems. Ejay received one to one support from a family support worker then accessed the CRAFT programme to learn new skills to help cope with her loved one's addiction. Ejay then accessed wellbeing events and workshops and through the support and learning decided she would like to do the Peer Mentoring Programme Level Two, after completing this she also completed Level Two in skills for those affected by addiction and Level Three in family dynamics. Ejay's learning led her to become a family champion and has successfully co-supported parenting and carers groups; Level Two in peer mentoring; and one to one work with carers who are supporting loved ones with addictions. Ejay says that she wants to give back to others as she valued the support she received from ESCAPE family support and now enjoys supporting others.

In research carried out by the organisation with service users that had undergone training and participated in learning activities, they found impacts in participant confidence, self-respect and family relationships. Service users reported:

> *After doing the course I have got better like my confidence, self-awareness, strength, good relationships, being able to express my emotions without being judged.*

And …

I am more understanding and assertive after completing the course.

And …

I have benefitted from sharing with this group and learning the experiences of others. I have learnt more about the impact on family members together with support methods.

There is evidence which indicates the delivery of training has been of a high quality in addition to their strong participant feedback. For example, an independent training observer said the following about a well-being workshop:

[Name] who facilitated the workshops successfully engaged students, and imparted knowledge in a way that made the group feel they could relax and enjoy the sessions as well as gaining knowledge. The sessions seemed well structured with a good balance of imparting knowledge and group interaction. [Name]'s empathetic nature meant people felt comfortable sharing their opinions and experiences, or not if they did not want to.

Increasing voice, recognition and agency: ESCAPE responds to feelings of being overlooked, ignored and a lack of control, amongst service users. They do this through strong service user participation and coproduction principles that exist throughout the organisation: there is a strong participatory feeling within the organisation and service users are encouraged to be involved if they wish. There exists a strong service user and volunteer support infrastructure, with training provision and one to one support to build capacity within service users and there are routes into volunteering. This, in turn, creates further layers of recovery/rehabilitation from mental ill health back into productive external activities. There was a recognition of the beneficial impact of volunteering, enabling services to contribute to the resources that they once took advantage of and "*give back*" to the organisation and the people who are in similar circumstances to themselves.

Maintaining stability and avoiding crisis: the duration and longevity of service are important variables of project success especially for more vulnerable service users prevents families

from slipping into crisis. Service users valued the long-term nature of support and a number of service users had been involved with ESCAPE for a long time and they had both received and provided support to other carers. Overtime the levels of support provided by ESCAPE to service users varies, with some periods in carers lives requiring more intervention than at other times, although this ability to stay in touch/maintain and open engagement, prevents any issues becoming chronic or resulting in crisis events. This was illustrated by one service user:

> *Staying connected to ESCAPE even in a "dormant" state is vital ... just because someone's usage has altered doesn't mean that life suddenly reverts back to pre addiction status. I suspect we will live with the ripples and impacts of the addiction on behaviours and personalities indefinitely ...without a "dormant" or active connection to ESCAPE life would be precarious at the very least.*

Service users may be nervous and put off contacting ESCAPE because of fear and/or stigma. There may be a reluctance among certain service users to reach out for support which resulted in delays in receiving ESCAPEs services. This is illustrated by one service user:

> *I first contacted them around eight years ago but my family thought there was stigma attached to asking for help and so I decided not to come. There was a fear factor that made me not come as well, I thought social services would remove my daughters' children if they found out. Looking back if I had gotten early intervention things might not have been so bad.*

The Family Champions and befriending service increases access and ensures interventions are appropriate and engaging to families: service users responded to support from people who understood what they were going through. These experts by experience, backed up by training and support, have been able to provide support in an accessible way to other vulnerable groups. For example, service users reported the following:

Befrienders simply understands because they have been through it all. They are friends who understand, they listen. You can offload all your crap and you aren't judged and it never goes further.

You often doubt yourself and decisions but befrienders reassure you. I wouldn't get through all this without them.

Box 2.3 Impact on Schools: Testimony From an Academy

Working with ESCAPE has been an outstanding benefit to our Academy's welfare work. We are identifying an increasing need amongst our student body, both in terms of numbers of students reaching out, and the severity of the need. When we find such need, we do as much as we can to make the child feel supported in school, but we do not possess the level of expertise or have the time to make the long term changes that are truly required. Knowing of an organisation with such skills, has been a blessing. We have so far referred four young people to ESCAPE and work is well underway with two of them. It is wonderful to know that two young people facing challenges that would rock an adult, now have the support and guidance that will make a difference to their lives long-term, and we can already see improvements in their behaviour and self-belief as a result. [Name of project worker] has the character and commitment, as well as the expertise, to make this difference. We are already deeply grateful to know ESCAPE and we know are students will feel this way now and for a very long time to come.

The three-year funding period has provided organisational stability and continuity of specialist service provision: a three-year investment period allows breathing space for an organisation and the ability to try new approaches. It also allowed for a deepening of expertise and understanding of what works for both the organisation and service users, which in turn increases impact. This lasts up until the end of the second year in which attention must turn to the pursuit of continuation funding. This is common with most voluntary sector providers and is a characteristic of the sector. However, the evaluation can still observe that a longer time period would extend the early creative ability of the organisation, increase and improve service user experience and maintain skilled staff on longer-term contracts.

3.0 Conclusion & Recommendations

3.1 Conclusion

ESCAPE Family Support is a resilient organisation and it has reaffirmed its role and function through the effective delivery of the National Lottery project. The commitment of the organisation and the strength of the relationships that exist between the service users and staff/volunteers is a testimony to the impact of the work. The number and testimonies of both children and adults who are supported by ESCAPE indicates a profound existing need and an effective service response.

The organisation demonstrates that hidden harm continues to affect families with drug or alcohol dependent family members living with them and their children despite a changing focus of the public gaze. There are few agencies that reach out, making it even more difficult to create a route out for families or children. But ESCAPE does. The organisation provides an extremely valuable role in the social welfare of this vulnerable group in Northumberland and they save local authorities, principally health and social care agencies from such costs as preventing children entering foster or residential care or reducing usage of emergency services. Other agencies benefit also, including criminal justice agencies as better relationships translate into less substance misuse. If we return to the initial program goals of the funder, we can categorically say that as a result of the work more people are together in a supportive and helping sense and there are stronger (and newer) relationships and across communities, as more people understand the effects of substance misuse on families. We can also categorically say that as a result of the work more people have been able to fulfil their potential by working to address issues that affect them at the earliest possible stage. ESCAPE Family Support do their best to intervene at the earliest possible stage, especially in the lives of children, but it is difficult and does not happen often. However, they do intervene earlier than anyone else and can be the first responders in the recovery and rehabilitation of children and their grandparents. Intervention times are also mutable and change with investment, which is currently minimal from statutory services.

3.2 Recommendations

Our initial recommendation is for continued long-term investment for a valuable service that caters for a hidden group in our society. The evaluation has demonstrated that the impact has been significant, and appreciation has been high. It is the opinion of the evaluation that increased capacity would result in more children and adults being supported at earlier stage. If funding is found from either the charitable sector or local commissioned (preferably not 12 month only funding periods or non recurrent grants which allow limited planning) services to enable longer term planning,

We also recommend examining the feasibility of providing a male focus to the work. The world of caring has traditionally been domain of women and the majority of service users of ESCAPE are women. However, there are men who care and in recognition changing times and shifting attitudes, we need to focus on underrepresented groups.

It was evident that from the evaluation and testimonies from service users that other services either did not intervene at all, or soon enough, or did not intervene in a relevant or appropriate manner (mostly the former). We therefore recommend that partnership development work takes place across Northumberland that firstly focuses on increasing understanding of the issues faced by families with a substance dependent loved one; and secondly looks at referral pathways and intervention points. When there is an understanding of role and function/purpose, there can be comparisons of costings. Ultimately the conclusion must be the earlier we can identify signs of hidden harm and the earlier we can intervene and attempt to prevent the harmful effects on children and their future children.

Although slightly outwith the remit of this evaluation, we continue to make the recommendation that all problematic substance misuse is treated as a mental illness. This would overcome the problem of dual diagnosis which community services continued to find it difficult to work with or address. We also recommend the closer involvement of parent carers in the discussion of treatment options, being mindful of issues of consent. From the research for this evaluation, a common experience amongst parent carers was being excluded

from the services that should be providing support, which seem to be working in silos. Communication between agencies, especially children and treatment services, must improve and a more inclusive approach needs to be encouraged and one which includes the family, capitalising upon the knowledge and resources which exist, which ultimately make more effective interventions. The Team Around the Family is, as suggested, a useful model to use.

A final note to end, the success and vitality of ESCAPE Family Support is in the direct interest of a number of key statutory agencies, notably children's social care, adult social services, mental health services, the police and drug treatment services. Adfam's review of the 2021 drug strategy[6] similarly identified this and indeed highlighted the prime minister's comments about the need to involve all government departments in addressing substance misuse. In the report, to which ESCAPE is a signatory, they also make national recommendations for an earlier intervention and a treatment service that recognises the recovery capital of families. Our local report supports the national findings and we suggest the better ESCAPE performs, the better those government agencies will perform and closer cooperation will only improve efficiency, effectiveness and impact.

[6] Substance misuse: through the lens of the family, Adfam, 2022.

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