

ENCARE V: ChAPAPs

Reducing Harm and Building Capacities for Children Affected by
parental Alcohol Problems in Europe

DG SANCO project no 2006327

WP 8: Manualisation

Good practices manual

1. INTRODUCTION

The examples of good practices were collected in the project ChAPAPS (Reducing Harm and Building Capacities for Children Affected by parental Alcohol Problems in Europe) during the years 2008 and 2009. The project was carried out in 17 European countries and was financed by Sanco project of the European Commission's Public Health Executive Agency (PHEA). 21 expert organisations from the participant countries were represented.

The partners in this work package involve LBG (Austria), KFH NW (Germany), AUSL (Italy), IDT (Portugal) and PK (Estonia); the Cyprus and Hungary were unresponsive.

The aim of the project was to collect comprehensive data on the mental and physiological state of the health of children affected by parental alcohol problems. A number of studies indicate that children and adolescents in families affected by alcoholism are at an increased risk to suffer from mental disorders, such as depression, anxiety and personality disorders. Also, they are more likely to be victims of abuse (physical, psychological and sexual) and they tend to develop an alcohol addiction themselves. In addition, poor health may be a consequence in children, living in a family affected by parental alcohol problems. The general consequences of parental alcohol problems on health economics are investigated across Europe.

Consequently, the goal and the task of the project was to prevent or reduce negative consequences and build resilience for children and adolescents caused by parental alcohol abuse in families affected by alcoholism. For this purpose, a manual with recommendations and examples of good practices from working with children affected by parental alcohol problems has been developed. The document's primary objective is to reach those specialists from the EU countries that have gathered little or no experience in this area. Thus, by reaching the experts in the countries lacking expertise in this area they could and should benefit from the existing knowledge and practices in some of the other partner countries.

The goal of this package is to create a manual with guidelines for different approaches and positive examples for the work with children and adolescents affected by parental alcohol problems. The aim of this good practice manual is to introduce the concept of good practices and offer guidance in making use of the practices for helping children and adolescents, living in a family affected by parental alcohol problems. The manual will present 12 good practices, mostly in the field of treatment and some in the field of prevention, which can be divided into services directed to children, and services for children and their parents.

During the course of the project, it was observed that in two other work packages (WP4 Capacity Building and WP5 Monitoring) an observation of good practices was possible. Therefore, in this project, the examples of good practices were actually collected with three different means and methods during the course of three different activities. Consecutively, the results may be richer and more complex and the reader should observe/consult the abovementioned WP results for a broader view.

1.1 Definition of a good practice

There may be several definitions of a good practice. According to the definition of the previous DAPHNE project CHALVI, a good practice is:

» a working practice that is based on the best possible knowledge, and which has been identified at a workplace as good, functioning and beneficial to the client«.

During the course of the project, it was recognized that there might be several different, and yet successful approaches to recognize, support, nurture these children and to prevent the damage, caused by unfavourable family circumstances. It was agreed the collection and distribution of these practices could provide a variety of examples for other countries. The research within the project has proved that there are countries which do not have such services available. Although the problem is widely recognized, the activities and practices for children, affected by parental alcohol abuse, are unevenly distributed across the partnership.

In accordance with the WP8 partners, original practices/examples/activities only would be evaluated, leaving out international organisations such as AlAnon Teens etc. All the latter are well known and accessible

Also, only activities specifically targeted on chaplains and their families would be collected for the manual. The examples of good practices could include:

- projects,
- strategies,
- organisational activities,
- prevention methods,
- networking,
- counseling/treatment related,
- materials (guidelines, manuals...)

1.2 Limitations

- The whole project is based on the presumption that organisations have interest, intention and determination to address the problem of children exposed to parental alcohol abuse. The condition- sine- qua- non is, above all, the recognition of the problem and appreciation of its size. In accordance with Charter establishing the European Alcohol and Health Forum (2007), developing and maintaining a common evidence base about the harmful effects of alcohol in EU is one of the priorities.
- The vast differences in the circumstances and activities, available across the partnership to children and parents with alcohol abuse also reflect a variety of circumstances for establishing

such services. Resources such as experts, knowledge, material background may have a wide range of non-availability and limit the possibilities.

- Also, the ethnic, religious and legislative specificities of the respective countries may interfere with some of the presented examples, however, rendering other practices possible. Feasibility of a particular example of good practice in a respective environment should be evaluated and consequently, thorough evaluation, certain adjusting and adopting may be necessary before implementing it.
- In the area of social sector the evidence based proof about the impact of certain practice/activity may be problematic. This manual brings examples of practices, which are very well rooted and have been observed for a longer period of time. On the other side, there are examples of practices without palpable evidence on its impact, also due to its short existence or recent implementation. Therefore, good judgement and thorough consideration should be used while adopting these examples for one's own environment.

1.3 The European Union perspective

The Commission adopted in 2006 an EU strategy to support Member States in reducing alcohol-related harm. The Strategy addresses the adverse health effects related to harmful and hazardous alcohol consumption, as well as the related social and economic consequences.

With this objective, the Commission has identified five priority themes, which are relevant in all Member States and for which Community action as a complement to national policies has an added value:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

Within the above quoted Charter establishing European health and Alcohol Forum, it is especially stressed that the forum process will be open for development »as new evidence and good practices emerge.«

This manual is an attempt of providing some examples of good practices, which can possibly be adopted, adjusted and embedded in new environments.

1.4 The ChAPAPs perspective

Whereas the main beneficiaries of the project are children and families, the main intermediary (target) groups include professionals, working in education, child care and child protection, as well as national politicians in the field of health, social care and family affairs.

Although environmental specificities and circumstances may represent a unique background for each of the the examples, it is persumed that the problem of children, exposed to parental alcohol abuse is common.

The intention to identify and adress the problem of chapaps is also persumed to be universal to the presenters of the good practices as well as to the readers of the manual.

The concept of the projects was, beside the originality of the examples presented, a systematic and concise approach to the presentation of the good practices. The aim was to make the examples concise, and yet informative.

The manual should serve as a tool for professionals to improve the practical work with the target groups. The examples could serve as a template, as an example or at least as an idea to improve this work.

2. HOW TO READ GOOD PRACTICES MANUAL?

The main aim of this manual is to present to the reader the existing practices across Europe that may help those seeking activities and practices that help children exposed to parental alcohol abuse.

These examples can be used at least in two ways:

1. as practice models, or
2. as sources of ideas and/or inspiration.

Like the original examples, they can be implemented

- as a routine work of an organisation, or
- as a project and its result/product.

Merely reading through the collection of examples can trigger new ideas and open new possibilities.

Not only implementing a certain practice or action but also combining and complementing several practices into one can result in a new example, feasible in the reader's environment.

Most likely, the common goal of the readers of the manual is to find, identify, introduce and implement an efficient intervention. The aim of each of the good practice examples is to introduce an efficient intervention, the aim of which is to improve the well-being of the children in families with alcohol problems.

Some of the aims in our manual are evident from the practices themselves, each targeting at least one of the following:

- establishing social networking among the children with similar problems ("peer support")
- supplying expert advice to children as well as parents
- increase the sense of security and self-esteem
- reducing harm generally caused by an alcohol-induced dysfunctional family
- improving the situation within the family (expert advice, support, family courts etc.)
- offering opportunities, activities and social functions outside (and instead of in) the family
- reaching out and conveying the three main messages to the children of parents with alcohol abuse: YOU ARE NOT ALONE, IT IS NOT YOUR FAULT, THERE IS HELP!

2.1 Premises

Defining the problem

The good practices manual deals with children in families with parental alcohol problems. During the course of collecting examples, only activities aimed at children were admitted. Also, originality of the activity was mandatory, leaving aside some of the well-known and established international programs such as AI AnonTeens etc. The latter were not rendered as less valuable, but the goal of the manual was to present fresh and original ideas.

Definition of terms

Alcohol abuse is a term with different definitions. Generally, it is not only defined by the amount of alcohol ingested, but also by its consequences. One can express misuse of alcohol by the amount of alcohol ingested (i.e. less than 7 units per week for women and less than 14 units weekly for men). On the other side, it is the physical, psychological and social consequences that prove the use of alcohol as problematic.

Child perspective in this project was to monitor, evaluate and seek means of help and support to children of parents misusing alcohol. The results have proved that children of such parents definitely bear consequences, stigma and shame often preventing them from seeking help and support. Building resilience of these children and finding means to help them within and outside the family more often than solving the underlying problem was the main topic of this manual. The fact that family patterns are more often than not repeated brings the child perspective of parental alcohol abuse even into a prevention oriented focus. The stigma of being a child in such family can render permanent damage and trigger future harmful patterns of behaviour. The children with their feelings, emotions, reactions are to be given a legitimate status. Only in this manner they can be considered as the target of the activities and only so can their needs be met and their expectations be fulfilled.

Target audiences in this project have been defined as intermediary and final (beneficiaries). The project aims at delivering the help to the children through professionals' activities. The professionals are also referred to as intermediaries, describing their role in between the project and the beneficiary.

- Intermediary targets would be all professionals, working with children:

- a) generalist professionals: teachers, kindergarten teachers, social workers, guidance centres employees, police, youth workers (incl. religious organisations), legal officers, sports coaches etc.
- b) specialist professionals: general practitioners, paediatricians, social workers, therapists, child psychiatrists/ psychologists/ psychotherapists

- Final targets-beneficiaries: children of age between 0 and 18, living in families with parental alcohol abuse.

This manual is generally aimed at professionals, working (or merely coming in contact with them, such as police etc.)

Transferability

The idea of presenting best practices is meant to serve interested professional in this field. Inspirational model may be even more important than the implementation of the models presented as such. Each of the elements of the structure, e.i. the benefits of the activity or the core idea itself could serve as a ground stone or a basis of a new, implemented activity.

The language barrier is supposedly overcome by the presentation of the examples in English, while the religious, ethnic, legislative and other differences remain a challenge to the potential user of the practices here presented.

2.2 Format

The format used to collect the best practices was agreed upon by the partners and established in order to present a common structure for all the examples collected. The aim was to present all the practices in a uniform, user-friendly manner. The questionnaire itself is attached at the end of this manual, here are the elements with a short description:

Each of the practices should have a clear and well defined core idea.

The goal of the practice should be comprehensive and clear. It should be aimed at chapaps and/or their families, for example, improving the social status of the deprived children of alcohol abusing parents.

Target of each practice should be stated, for example, »preschool children of alcohol abusing parents«.

Necessary elements of the practice/activity should be stated and evident according to the following grid:

- a) process
- b) actors
- c) structure
- d) other

The outcomes/outputs/outreach/health impact of each of the practices/ activity should be defined (for example: *there has been a significant increase-38%- in the number of cases of chapaps reported since the internet site has been started in 1998*).

There should be a vision of how the respectful practice/activity could be beneficial (health impact, other benefits) to the chapaps for example: hearing their voice, or , improving safety, or, reducing harm.

Some additional information about the activity would be required:

- Whose perspective is the practice/activity taking?
- Are there any references, pertaining to the practice?
- Who are the contact experts/stakeholders (address etc.)?

By the deadline-March 30, 2009, and according to the structure, **13 examples were received**.

2.3 Evaluation

The criteria to evaluate the usability and the quality of a practice are very complex. Each example can be evaluated from several perspectives. For example, according to the organisational input, material and human resources required for implementation. On the other side, one could simply evaluate the outreach of the activity. Finally, from the perspective of the target: was the impact sufficient? Did it meet expectations of the authors? Was it positively evaluated from the standpoint of the chapaps, the final beneficiaries?

It has been agreed that some responsibility for the evaluation be given to the reader. The project did have some time limitations and a defined time scope, therefore a very well defined evaluation process may not be justified. Some of the activities have run for a longer time and can therefore display more information than others. Consequently, relatively new activities with less feedback information may not necessarily be of a worse quality or have a less innovative core idea.

It will be obvious that the amount and quality of information may vary from example to example, partially due to a short life of some of the projects, partially maybe even reflecting the language barrier. The contact address at the end of each of the presentation of examples may render possible access to information, accumulated after the course for the project.

Upon examination and evaluation, three out of 15 practices collected were found to be insufficiently documented, also possibly due to language barrier. They are not included in the manual due to lacking of most of the elements required in structure. One practice was omitted because it was in the phase of an idea during the course of the project and could therefore not be justified.

2.4. Collection process and screening criteria

The following **tasks** were defined by the Project Manual and carried out as follows:

1. Define criteria for good practices

The criteria were defined by all package partners during the WP8 meeting in Ljubljana, Slovenia, January 21-23, 2009.

According to the definition of the previous DAPHNE project CHALVI, a good practice is *» a working practice that is based on the best possible knowledge, and which has been identified at a workplace as good, functioning and beneficial to the client«*.

2. Collection of good practice examples

The preliminary collection of the examples of good practices had been performed before the Ljubljana meeting (Nov. and Dec 2008). All project partners received the questionnaire and 15 examples were received by the WP8 leader.

3. Analyse examples

The 15 examples of good practices were analysed during the meeting by the WP8 partners. According to the analysis of these examples, it was agreed that a new structure should be established, and the examples should be re-examined by the partners.

4. Define common structure for the examples

The common structure for the examples was established at the meeting by the WP8 partners and has already been presented in the chapter 2.2 (Format) of this manual.

The screening criteria were established according to the goals of the project.

- 1) The core idea of the activity is clear and makes sense.
- 2) The activity has a clearly defined goal and purpose.
- 3) The target audiences/beneficiaries of the activities are clearly defined.

- 4) The necessary elements of the activity have been identified and described clearly. Necessary elements include:
 - a. process: How the activity is done in practice?
 - b. actors: Who were involved in the process and how were they qualified (education, work experience etc.)? What kind of organisation was needed?
 - c. structures: What concrete things were needed in order to make it work (i.e. buildings, equipment, computer systems etc.)
 - d. other necessary elements, e.g. atmosphere, important contacts etc.
- 5) The outputs of the project were identified.
- 6) The impact was proved to be beneficial for the child (evidence or practice based).
- 7) The activity described takes into account the child's perspective.

2.5. Division of practices

Upon the examination of the examples received, it became evident that several partners did not find an example within their environment while others contributed more than one example.

For the purpose of presenting a variety without favouring a certain partner, it was decided that all examples be presented.

During the course of the project it became evident that certain chapters, particularly teenagers, favoured anonymous activities (such as online networking) rather than face-to-face activities.

Also, it became apparent that girls were more responsive and open than boys.

Generally, the examples can be divided into three categories

- a) activities/services directed to children/adolescents
- b) activities/services directed to families, i.e. children and families
- c) activities directed to experts/professionals, working with children

Even this division is sometimes challenged: although mainly aimed at children and taking the child perspective, some of the activities directed to children are overlapping with those, directed to families (i.e. Maki, Kasulino). Generally, they included the possibility of parental consent, insight, debriefing etc.

3. GOOD PRACTICE EXAMPLES

3.1 Activities/services directed to children/adolescents

3.1.1 KIDKIT Online Counselling (Germany)

CORE IDEA

The basic concept of the website KidKit is to supply young people with age-specific information concerning parental addiction and/or domestic violence and to offer an opportunity to receive online counselling.

GOAL OF THE PRACTICE

The goal of project KidKit is to reach children and adolescents who live in a family burdened by addiction and/or who are affected by intrafamilial violence on a low-threshold basis. KidKit not only wants to convey information addiction, but also to offer the opportunity to establish links with the existing support system.

TARGET OF THE PRACTICE

Adolescents affected by parental substance misuse and/or domestic violence

THE DESCRIPTION OF THE PRACTICE

Interested children and adolescents visit the website in order to inform themselves about the topics mentioned above. If they want to they can visit the forum in order to get in contact to other affected young people. Moreover, they may ask for online counselling.

Activities

The web design company Ambaar has been overseeing the technical implementation of the homepage. *Beramet*, a renowned online consultancy portal provides the associated platform for the online counselling. Three part-time staffers (a psychologist, certified social worker and a certified social pedagogue) are responsible for the contents of the website as well as for the online counselling. They are supported by seven comprehensively trained volunteers that are also responsible for the counselling work.

Actors

The project is administrated by the three staffers on the premises of KOALA e.V. (KathO) and the Drogenhilfe Koeln. The counselling services of the volunteers are provided from their private PCs at home.

EFFECTIVENESS

The number of users of the KidKit homepage has continuously risen since the beginning of the project (2003) to 250,000 visitors per year. Likewise, the number of queries to the online counsel has

clearly increased. In the year 2007, there have been 300 queries of affected children and adolescents so far. The numbers indicate that the project has been able to establish itself well in the last four years and that KidKit is quite well known in North Rhine-Westphalia's addiction treatment system.

Providing age-adequate information, offering counselling, establish contacts to other affected young people, establish contacts to local help system. The program is taking the child perspective.

REFERENCES

Strahl, N (2006). *Empirische Analyse des Nutzverhaltens einer Website für Kinder aus suchtbelasteten Familien* (www.kidkit.de) [Empirical Analysis of the Using Behaviour of a Website for Children Affected by Parental Substance Misuse (www.kidkit.de)]. Katholische Hochschule NRW, Abteilung Koeln, Unpublished Master Thesis.

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3.1.2 MAKS-group and individual counselling for children and adolescents (Germany)

CORE IDEA

MAKS offers children affected by parental substance misuse the opportunity to talk about addiction problems and the related effects in their families. At MAKS, the children should be allowed to be children; they are supposed to receive clear structures and to learn maxims that might enhance their own development.

GOAL OF THE PRACTICE

MAKS wants to enhance the general development chances of affected children, and to reduce the risk for the children of developing an addiction related disorder themselves.

THE TARGET OF THE PRACTICE

Children and adolescents of all age groups (3 – 17+) from families affected by addiction.

DESCRIPTION OF THE PRACTICE

At the moment six children- and youth groups are existing at MAKS that are divided according to the different age groups. Next to the age-specific division there is a special girl group for children from 11 years and older. The group meetings take place once a week for 1.5 hours at MAKS in Freiburg. These group meetings make it possible for the children and adolescents to talk about the addiction of their parents and the related problems in a trusted environment.

Activities

MAKS' services are consisting of continuous groups. New children and adolescents therefore have the possibility to enter the groups at any time. This open structure allows the number of group participants not to be limited. There also isn't a time limit for the participation in the group. Besides these group meetings, regular comprehensive leisure time activities are organised, such as e.g. excursions, parties, theatre, circus or holiday camps in the Black Forest.

For youths who do not fancy groups or who do not have the time for group meetings as well as for those who need more intensive mentoring and support, one-on-one interviews are offered. Next to the topical exchange about their parental substance abuse, MAKS offers supervision and support in every day life concerns in these interviews (e.g. support for finding internships and apprenticeships, writing job applications, administrative matters etc.).

In addition to the services for children and adolescents there is also the possibility for parental work in the form of talks with the parents. During these meetings MAKS focuses on making clear to the parents what effect their addictive disorder has on their children. The work with the parents is never interrelated with conveying any judgment or feelings of guilt. Instead the aim is to assess the situation at hand openly and realistically and to help the parents focus onto their children. During the talks the parents must firstly ensure that the children are going to take part in the services for children regularly and that within this frame they will be allowed to openly talk about the topic "addiction within the family" and about the resulting problems. In content the parental talks are concentrated mainly on topics concerning the child, e.g. choice of school, nutrition, organisational

matters as well as always again the current situation at home. The basic rule within these talks is to reflect the actual style of raising children of the individual parents as well as encouraging parenting skills.

In addition, there is a special offer for substance using, pregnant women. They receive help for the organisation of the changed life situation and support in looking for according medical support as well as support in public authority matters. MAKS also offers counselling about how a life with a child could be managed. This particular counselling offer can be continued after the birth of the child if the mother wishes so.

Last but not least, MAKS offers informative meetings, further trainings and supervision for professionals who are confronted with addiction problems within the scopes of their work.

Actors

MAKS in Freiburg currently employs 4 full-time employees working part-time (distributed onto 2.4 work positions). Overall responsibility for the accomplishment of the activities is assumed by the director of MAKS (social pedagogue, supervisor). The services and interventions are implemented by a social pedagogue and two social workers. The employees are supported by a changing number of volunteers (currently six), one person carrying out civilian service in lieu of compulsory military service and two interns.



MAKS' activities are taking place at MAKS' own facilities. For the group meetings a separate group room is available. This room is equipped with various handicrafts and crayons, books and toys for different age groups, board-games and games of dice, instruments, and cuddly toys as well as addiction specific and topic-related information material.

In addition to this, in the group meetings the in-house kitchen is used for cooking and baking. Apart from this, MAKS has a beautiful, wide-ranged open-air ground on which children and adolescents find the space to play and romp about.

For the work with children and adolescents from families affected by substance abuse the employees have to be versed with empathic abilities, partiality and team ability. Furthermore, another requirement of this type of work is that the employees are available via telephone at any time.

In the group meetings it is very important to create certain structures. Thus, every group begins and ends their individual group meeting always in the same way, e.g. with a song or a short greeting and leaving line. Clear and logical rules as well as reliability and punctuality are extremely important within MAKS' working structure. The atmosphere within the group meetings is determined by a high degree of appraisal and acceptance towards the children.

EFFECTIVENESS

In the years 2004/2005, the Institute for Therapy Research Munich (IFT) conducted a study concerning the change of behaviour of children who are affected by parental addiction that are taking part in prevention activities. In this frame, data from 120 children from 13 different projects has been evaluated. One MAKS group participated in this study. Even though the individual results

for MAKs are not individually distinguishable within this evaluation, the study showed that children who take part in the examined activities were able to experience positive changes concerning their feeling of self-worth as well as with regard to their coping abilities and social behaviour.

This practice is taking the perspective of the child, with the aim of enhancing feelings of self-worth, improving coping abilities as well as improving social behaviour.

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3.1.3 SHADOW WORLD-Creative anonymous online networking and counselling (Finland)

THE CORE IDEA

The *Shadow World* is reaching out to Finnish children suffering from parental substance misuse with a comic book and an interactive web service.

THE GOAL OF THE PRACTICE

The goal is to provide children and adolescents with information, support and means to deal with the difficult life situation.

THE TARGET OF THE PRACTICE

11-18 year old children and adolescents who suffer from the substance misuse of a close adult.

DESCRIPTION OF THE PRACTICE

The two basic methods used to reach children are a comic book and an interactive website, both of them utilizing a narrative approach and a manga-style appearance, which is very popular among young people nowadays. In addition to the story, the comic contains links to the website and information on how and where to seek help. The comic book was sent through schools in Finland to about 70.000 5th and 6th graders (11 to 13 year-olds) and a media campaign was targeted to primary high school pupils (13 to 15 year-olds) in Spring 2008.

The website, built around the comic book (www.varjomaailma.fi) was launched in April 2008. There children can find information on the issue (addiction, dynamics, feelings) and the rights of the child as well as how to seek help (relatives, professionals in school, anonymous services). Moreover, the website allows sharing one's story anonymously, either by writing or by creating a comic strip with an application specifically developed for the purpose. A Shadow Forum, a moderated discussion platform, was set up in February 2009 which offers children a possibility for a peer support. It contains also an "ask an adult" -service and closed web group led by two counsellors, which has been piloted since the Summer 2008.

Actors

The Shadow World is ran as part of the Fragile Childhood activity of the A-Clinic Foundation. The main responsibility lies on the project planner, who is child protection social worker by training. She runs everyday business of the web service (comic book distribution, marketing, running and moderating the Forum, and counselling a closed discussion group). The project manager is co-ordinating the Shadow World activity in regard to dissemination activities, budgeting and administration.

EFFECTIVENESS

The comic book reached 70 000 pupils in Finnish Schools in Spring 2008. The feed back collected from teachers (n=194) has been very positive.

During it's first month, April 2008, the web service was visited 4500 times As by February 2009, there are 1342 registered users, 532 comics have been made and 78 stories written. There have been 7-12 girls between 12-17 years old participating the counsellled group active since June 2008 (separate report to be published in English)

The report from the first online counsellled group is very encouraging. Many of the adolescents who have participated the online counselling since the start of the group has become empowered to talk about the issue with a parent or other close adult . The feed back from the users of the web site have been positive too. Many express, that finally their voices are being heard.

The activity is taking several perspectives: child, paternal, maternal, parental, systematic, societal.

The concept of the Shadow World has been developed from the point of view of the children. The young people have been participating in the testing of the web service and according to the the wishes from the users, the web service is being taken to a more interactive direction.

REFERENCES

- The comic book is available in English online by following the link www.varjomaailma.fi/english
- a report from the counsellled online peer support group is available in English from Shirley.Hubara@a-klinikka.fi

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www.lasinenlapsuus.fi/english

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ADDITIONAL REMARKS

The Shadow World has received an *e-Inclusion Award 2008* by the European Commission in the category of *marginalised young*. It has also received an *Honourable Mention* in the Mentor International Prevention Awards Gala in 2008.

3.1.4 Kasulino –preventive and therapeutic stress reduction counselling and group work(Austria)

CORE IDEA

The core idea of this practice is to support of children affected by parental alcohol problems.

GOAL OF THE PRACTICE

Kasulino is offering children psychological preventive and therapeutic counselling. The practice is aimed at supporting and building resilience of the children, affected by parental alcohol abuse, the main goals of the treatment defined as: stress reduction, improvement of skills like problem solving and coping strategies, reduce tabu and isolation, reducing shame and responsibility.

TARGET OF THE PRACTICE

Children (aged 7-11) affected by parental alcohol problems.

DESCRIPTION OF THE PRACTICE

Kasulino offers support for children (aged 7 to 11) affected by parental alcohol problems. Once a week for 2 hours 6-8 children attend a group led by two professionals (therapists); this group takes place for 12 weeks. Kasulino is a preventive and therapeutic offer. In a first talk the parents get general information about the group and they give permission to the child to talk about experiences within the family and their feelings.

The groups always have the same structure to provide clearness to the children: greetings, review of the last meeting, introduction to the actual topic, section of game-playing, relaxation, story telling through the leader, every child finds a personal angle in this story (identification) and presents it

through drawing or acting, thus transferring the personal situation. Within groups there are common meals, a section for game-playing and farewell.

A concluding talk (a form of debriefing) includes the parents and children, and a meeting one month after the conclusion of the programme.

Actors

The programme is led by two professionals-psychoterapists.

EFFECTIVENESS

The main aim of the program is stress reduction for children, exposed to parental alcohol abuse with all its consequences.

The practice is taking the child perspective, partially also systematic perspective.

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3.1.5 Website for chapaps-adult expert counseling (Norway)

CORE IDEA

The core idea is aimed at giving Chapaps a possibility to network, to share their situation and have a possibility to get one-to-one help from an adult.

GOAL OF THE PRACTICE

To support children and youth affected by alcohol use in the family.

TARGET OF THE PRACTICE

Children and youngsters up to the age of 18 are welcome on the website.

DESCRIPTION OF THE PRACTICE

The Webpage consists of a forum offering opportunities for discussion, an educational section about the problem and of a possibility to contact adult project worker for one-to-one consultation.

EFFECTIVENESS

The website has 21 000 hits a year (in a country with a population of 4.7 mill). The website is relatively small and does not advertise its existence. The frequency of visits speaks for itself.

The benefit of this activity is improving the situation for these children. Having access to online advice prevents them from feeling alone. Educational part of the webpage convinces them the

situation is not their responsibility. Stigma and shame can be overcome in anonymous counsel from adult experts in the form of help/support.

The practice is aimed at children/youngsters.

CONTACT ADDRESS

Arbeiderbevegelsens rus- og sosialpoliske forum

(The Labour Movements Forum for Drug- and Alcohol-related problems and Social Politics.)

<https://www.barnogunge.no/>

3.1.6 Trampolin –modularized prevention programme for children affected by parental substance abuse (Germany)

CORE IDEA

Trampolin® is a modularized prevention programme for children affected by parental substance abuse.

GOAL OF THE PRACTICE

Trampolin aims at the reduction of psychological strain, strengthening of coping strategies and enhancement of resources and resiliencies.

THE TARGET OF THE PRACTICE

Children (8-12 years) affected by parental drug or alcohol problems

THE DESCRIPTION OF THE PRACTICE

Trampolin is a modularized prevention programme consisting of 9 modules. It was developed by the German Institute on Addiction and Prevention Research at the Catholic University of Applied Sciences North-Rhine Westphalia and the German Centre for Addiction Research in Childhood and Adolescence at the University Medical Centre Hamburg-Eppendorf and is financed by the German Ministry of Health.

Each module of the *Trampolin* programme has its own main focus, e.g. strengthening a positive self-concept, psychoeducation on addiction and substances, coping with difficult emotions, problem solving, asking for help. These contents are transferred via multiple methods, like e.g. role plays, stories, games, and exercises. Each session is designed for 6-8 child participants and takes place once a week for 90 minutes. In addition, there is one module for parents, actually split up in two sessions: the first session is held before the children session start, the second session takes place after the children sessions have ended. Aim of the two parent sessions is to sensibilise parents for consequences of their addiction, to strengthen them in their parental responsibilities and to motivate them to seek further help.

All sessions take part in a group room. In addition to the manual, its material part, comprising several work sheets, as well as several other materials are needed, e.g. pens, felt-tips, paper, boxes, flipchart, music CDs etc.

To advertise the programme, there are advertisement materials like flyers for parents, flyers for professionals and posters.

Each *Trampolin*-group session has repeating elements. For example, each sessions starts with a »weather card«- ritual, where children can state how they feel today. Before the end of each session, all children participate in a relaxation technique for children called »Captain-Nemo-Stories« (Petermann, 2009). At the end of each session, the children get (optional) homework and play the »lucky stone«-ritual, where a child holds a small stone in his/her hand, gives positive feedback to his/her right neighbour and passes the stone onto him/her.

Actors

Trampolin is designed to be carried out by one group leader in outpatient settings, preferably by professionals from the field of social work, psychology or similar. However, as *Trampolin* is a low-threshold programme it can be accomplished by e.g. teachers as well.

To undertake the *Trampolin*-prevention programme, the *Trampolin*-manual is needed. This manual explains all contents and exercises and gives detailed instructions. Before the manual can be used by the group leader, he or she must take part in a one-day training course.



EFFECTIVENESS OF THE PROGRAMME

Trampolin is currently carried out in 26 institutions (mainly family or drug counselling centres) in Germany and will be evaluated according to a prospective randomized-controlled trial design. That means, besides the *Trampolin*-group, each institution also conducts a playing group with children and affected by parental substance misuse, representing control group I. Control group II consists of affected children receiving no intervention. Each child and his/her parents will be interviewed before the intervention, after the intervention and again 6 months after.

Preliminary evaluation results will be available in autumn 2010. However, first results from the pilot study revealed that the children liked the intervention quite much. The group leader rated the practicability of the manual as »good«.



Trampolin is supposed to offer reduction of psychological strain by enhancing knowledge of addiction, self-efficacy, and positive self-perception as well as transferring behavioural problem solving skills, teaching effective coping strategies and how to ask for help. Thereby, the programme can prevent the development of mental health or substance use problems.

The project is taking the perspective of the children. In the parent group session, parents are sensibilised to take on perspective of the children by acquiring knowledge on the consequences their addiction might have, practising parental skills and getting motivated to seek further help.

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Moesgen, D., Schaunig-Busch, I., Bröning, S., Ruths, S., Jordan, S., Thomasius, R. & Klein, M. (2010). *Trampolin – Ein Präventionsprojekt für Kinder aus suchtbelasteten Familien. Trampolin Manual. Module 1-10* [Trampoline – A Prevention Programme for Children Affected by Parental Substance Abuse. Trampoline-Manual. Modules 1-10]. Cologne: German Institute on Addiction and Prevention Research.

Further publications will be available after evaluation of the programme (approx. in 2011)

CONTACT ADDRESS

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3.2 Activities/services directed to families, i.e. children and families

3.2.1 Committees for protection of children and youngsters at risk-networking (CPCJ)(Portugal)

CORE IDEA

The program was designed to protect children that are at risk, because of their parents' alcohol problems or any other situation, through the intervention of CPCJ which involve a specialized network.

GOAL OF THE PRACTICE

To provide the family with parental skills, direct parents to treatment if necessary and provide support for both children and their parents.

TARGET OF THE PRACTICE

Although the final target are children and youngsters at risk; the activity is directed towards family and involves interventions within the family.

DESCRIPTION OF THE PRACTICE

Whenever a child or a youngster is at risk, this situation is brought to the attention of CPCJ and this committee proposes an intervention. The Law for the protection of children's rights and protection of children at risk is applied thereafter. The characteristics of this intervention are to:

- address the best interest of the child
- respect the child's privacy
- be as timely as possible
- be as least invasive as possible
- promote parental responsibility
- make the child or adolescent and their parents aware of their rights and duties
- allow both parents and children to be heard on the adequacy of the proposed solutions.

The intervention is made by a specialized social network which aims to provide the family with parental skills, direct parents to treatment if necessary and provide support for both children and their parents.

It is very important that these Committees consist of teachers, family doctors and social workers because they all have insight into different aspects of the child behavior and needs, and can work together in the intervention and support its development.

Actors

The members of the National CPCJ, of the regional and of the local committees are multidisciplinary and include teachers, medical doctors, psychologists, relevant members of the community, beside the health professionals that are required to work in the situation (specialized units in alcohol treatment for the parents, specialized team in children in risk treatment from the paediatric hospitals or mental health centres, etc.)

EFFECTIVENESS

In Portugal, the National committee has existed since 1999 for the protection of children and youngsters at risk. Its role is to coordinate all administrative regional committees for each of the countries. Their role is to promote the rights and the protection of children and adolescents whenever their parents or their caretakers put their safety, health, education, development or formation at risk.

The activity of the committee is recorded in yearly National Reports and is taken from a societal perspective. Its activity is regulated by the law for the protection of children's rights and protection of children at risk (Lei n.º 147/99; Decreto-Lei n.º 12/2008).

CONTACT ADDRESS

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3.2.2 IDT.IP (Institute on Drugs and Drug Addiction. Public Institute-counselling and treatment) (Portugal)

CORE IDEA

Through the involvement of alcohol abusing parents in the therapy the situation of the children is improved.

GOAL OF THE PRACTICE

This program offers help to families coping with an alcoholic member thus improving the situation of the children.

TARGET OF THE PRACTICE

The primary targets of these activities are families with children.

DESCRIPTION OF THE PRACTICE

Alcoholology Unit of Uembra (UAC) involves alcoholic patients and their families in treatment. It consists of psycho-educational sessions, multifamily sessions with family members and their patient's members, family therapy, individual psychotherapy of family members (parents, partners, sons and daughters). The UAC is a Unit of IDT.IP which is a Public Institute.

EFFECTIVENESS

This activity has been ongoing since 1982. The family component of out treatment had been upgrading during all these years.

There is an informal positive feedback that is given by the families and the patients in the sessions, and a formal feedback of the inpatients measured in 2005. Actually, 51.6% of them declared the family component of the treatment was good or very good, and 7% said that it was good enough. In 2008 we involved 55.9% of the inpatient's families.

The family treatment is helping both, the families and the patient/parent. The recovery of the patient promotes the recovery of the family and vice versa, both affecting the quality of life of children.

The activity is taking parental perspective.

REFERENCES

Several studies shows the better efficacy of the alcoholic treatment by involving the family: Zeigler-Driscoll (1977,1979); O'Farrell et al(1985); Moos (1986); McGrady (1990); Edwards e Steinglass (1995)

"There is an increasingly robust evidence base that supports both family-focused and social network-focused interventions in substance misuse treatment. Recent studies have shown that family and social network approaches either match or improve outcomes when compared with individual interventions" in - Alex G. Copello; Lorna Templeton; Richard Velleman - *Family Interventions for Drug and Alcohol Misuse: Is There a Best Practice?* Curr Opin Psychiatry. 2006;19(3):271-276.
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The alcohol treatment improves family functioning, marital satisfaction, ant the family psychiatric pathology (Anónimo, 2006). In Josep Guardia Serecigni - *Guía Clínica Alcoholismo – Socidroalcohol – 2007 Valencia*

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3.2.3 Tallinn family center (Estonia)

CORE IDEA

To support children and families with children in their problems by improving their skills to manage their everyday life.

GOAL OF THE PRACTICE

The activity is aimed to support children and families with children, and render them supportive services.

The skills should be gained and improved to prevent and/or help to cope with:

- violence (emotional, physical, mental and sexual)
- subsistence difficulties
- inability to participate actively in societal life
- abandonment
- addiction problems

TARGET OF THE PRACTICE

The practice is targeted at children and families with children (in Tallinn), affected by parental alcohol abuse.

DESCRIPTION OF THE PRACTICE

Families or children are referred to Family Center by child protection workers. On the other side, they can also come to Center directly and voluntarily for counseling. Workers map out the problems and try to find out the best ways to help those families.

Family Center provides counseling and daily activities to the children and families with children. The Center is staffed with social workers and psychologists who can help children and their parents with learning difficulties and behavioral problems. Consultation by e-mail and phone is possible. Treatment is individual as well as in groups.

The activity of the center consists of 4 services – Family service, Day Center (for children), Counseling service (counseling, different therapies e.g. working in clay and sand field), Supportive person service (volunteers). Also available is a support group for young mothers (practical parental advice, assistance with taking care of their children). Parental alcohol problem affects all their family. By helping parents (help them manage with their everyday life, counselling, referral to treatment) their children benefit indirectly (reducing harm).

To protect the future of the children the parents need to cope with own issues before they start to affect child's well-being.

There are services directed to children as well: counseling and Day Center. Children receive support in solving difficult situations, opting and making decisions for her/himself and the others. Children have a chance to get support and help through individual counseling and have the opportunity of taking part in collective recreational activities.

Actors

Social workers, family workers, psychologists (all workers are qualified to work with problematical children and families with children).

EFFECTIVENESS

The Center is well known and popular in Tallinn: several clients and effective cooperation and networking with other organizations and professionals are a proof of that..

Parental and child perspective are both taken in Tallinn Family Center activities.

Children are at the focus of every activity at the centre. While working with clients, the child is always asked for his/her view and opinion about different issues.

CONTACT ADDRESS

Homepage: www.pk.ee

info@pk.ee

3.2.4 Family Drug and Alcohol Court Project (FDAC) (United Kingdom)

CORE IDEA

Through involving misusing parents in family courts, they should be motivated and encouraged to change their lifestyle.

TARGET OF THE PRACTICE

Target audience of the service is to work with families from the London Boroughs of Camden, Islington and Westminster where care proceedings have been initiated as a result of parental substance misuse. Referrals into the service can only be made by social workers. Service will work with a minimum of 60 families per year.

The aims of the activity are described as follows:

- To improve the well being of children affected by parental substance misuse
- To increase the number of parents into effective treatment
- To ensure that more children stay with their families when treatment is effective

- When treatment is not effective, to make quicker decisions around permanency placements for children

DESCRIPTION OF THE ACTIVITY

A pilot three year project across the London Boroughs of Camden, Islington and Westminster based in a family proceedings court (care proceedings). The pilot is based on a model which has been widely used across the US. A specialist District Judge plays an important role in encouraging and motivating substance misusing parents to engage with services through regular court hearing reviews. Parent mentors (parents who have gone through similar experiences) form part of the FDAC team offering peer support and guidance to the families accessing the programme. The FDAC team is made up of adult substance misuse workers, mental health workers and children's social workers and provides intensive assessment, support interventions and coordination of care for families in the programme relating to their substance misuse and parenting and provides support and assessment to the children, signposting them into relevant services.

Actors

This is a collaborative approach funded through central and local government and outsourced to a Health foundation trust (The Tavistock and Portman NHS Foundation Trust) in partnership with a third sector provider (Coram).

The project is funded through central government and local government funding. The project is innovative in its approach as it brings together three central government departments- The Department for Children, Schools and Families (DCSF), The Ministry of Justice (MoJ) and the Home Office (HO) as well as three London local authorities- London Boroughs of Camden, Islington and Westminster.

The research evaluation has been funded through the Nuffield Foundation and the Home Office (HO)

EFFECTIVENESS

The Project commenced in January 2008 and will run for three years until December 2011.

To date FDAC has proven to be an effective method of engaging and retaining families in treatment.

This is a very fresh approach to the problem, therefore a final assessment will not be possible before the end of the pilot project in 2011.

There are, however, some positive experiences:

- Excellent collaboration on a number of levels including cross government and cross local authority commissioning, collaboration between children's social care and adult treatment services, multi agency teams bringing together social workers, health professionals, treatment providers and parent mentors, close working with researchers in development of the project
- Using the family proceedings court as a supportive and treatment focussed environment
- Positive feedback from families going through the programme appreciating support which is helping them make positive changes

- Testing out innovative approaches which challenge existing systems

On the other side, some of the experiences were negative as well:

- Difficulty and lengthy process of securing funding – ongoing issue re long term funding
- Some delays in researchers gaining access to client files

An independent research evaluation is being undertaken by Brunel University and is led by Professor Judith Harwin.

FDAC is based on a model widely used in the USA. The US national evaluation found that outcomes for parents and children were better when families took part in specialist drug and alcohol courts:-

- More children were reunited with their parents
- Quicker decisions were made for out of home care if reunification was not possible
- There were financial savings on foster care

The results were attributed to the fact that more parents took up and completed substance misuse treatments than in traditional courts and services.

These very encouraging American results cannot simply be transposed to England due to different systems of law, practice and culture. For this reason an English first stage evaluation has been funded.

The Evaluation Objectives

- Compare FDAC with standard court process and service delivery
- Compare costs
- Compare child and parental interim outcomes between FDAC and standard court and services
- Identify set-up and implementation lessons.

A full report will be provided to the Nuffield Foundation and Home Office in September 2010. Other publications will be prepared during the course of the research, including briefings and articles. Seminars will be held at the end of the study.

If the evaluation is positive, there is a possibility of a second stage research study involving more drug and alcohol courts with longer follow-up of all children and parents.

CONTACT ADDRESS

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Judith.harwin@brunel.ac.uk (regarding research)

3.2.5 Moving Parents and children together (M-PACT) (United Kingdom)

CORE IDEA

The core idea of this activity is to keep the families where one or both parents abuse alcohol, together, while undergoing extensive family counseling and therapy.

TARGET OF THE PRACTICE

The programme is for any family where one or both parents are substance misusers. Referrals can be made from professionals or self referrals from families themselves.

DESCRIPTION OF THE PRACTICE

The projects have been running since 2006.

The M-PACT intervention programme was influenced by concepts underpinning the US Strengthening families programme. The M-PACT programme is a brief intervention, whole family approach working with parents and their children together and separately, it is available for any family who have children/young people aged 10-17 and where one or both parents are or have been substance misusers. The programme consists of 10 sessions and a reunion 12 weeks after programme completion.

The aims of this practice are:

- To reduce the negative impact of substance misuse on children and the family as a whole
- To interrupt repeating patterns of harmful behaviour and reduce risks
- To increase the range of coping strategies
- To improve communication within the family
- To strengthen protective and resilience factors

Actors

The programme is run by four clinical practitioners and by using a flexible, creative activity based approach the impact of substance misuse on family life and on the children in particular is addressed. The project works with around 8-12 families per programme. The project has been funded jointly through local government, health authority and a third sector provider.

EFFECTIVENESS

There are several positive experiences from this project:

- Analysis of the qualitative data revealed that families experienced an increase in overall well-being, demonstrated through improved communication and relationships, better understanding of each other's perspective, increased self esteem, greater awareness of safety and increased likelihood of accessing help outside of the family
- In terms of support, family members felt well supported by the workers and happy with the content of the programme

- The evaluation of this project has provided more evidence to suggest the benefit of programmes such as this to young people, parents and families as a whole

Nevertheless, some experiences were negative:

- The project found difficulty in getting referrals from agencies
- There were challenges associated with addressing the impact of substance misuse on families and parenting with using parents. Workers highlighted the tension between empathy for the parents' situation and a need to challenge the parents about the impact of their behaviour on their children.

The M-PACT programmes that have been run in Wiltshire and have been independently evaluated by the Mental Health Research Development Unit in partnership with the University of Bath. M-PACT was jointly funded by the Headley Trust, Wiltshire Local Authority and Action on Addiction. The project was externally evaluated by Bath University.

A mixed methodology before and after survey was undertaken. Quantitative data was collected from the young people and their families attending the project via a questionnaire at baseline, at the end of the intervention (the duration of which was nine weeks) and approximately one month after the intervention had ended. Qualitative data was collected via individual face to face (or telephone) interviews with the young people and parents in the month following the end of the intervention. Qualitative data was also collected via a focus group/ interview with professionals.

Summary of the results concluded the following:

- There was strong evidence that communication was a key area of improvement for each of the families
- Young people and adults referred both to their increased understanding about addiction and their increased awareness of how to keep themselves safe
- Accessing further support was a key feature of the M Pact programme
- Relationships between family members had improved, and as a result, the family environment was calmer, healthier and safer
- The programme impacted positively on the young people's self-esteem

Messages about safety and resilience had been picked up and taken on board by the young people.

According to the stakeholders of this project, the desired outcomes of the project were achieved.

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3.3 Activities directed to experts/professionals, working with children

3.3.1 STRADA-Scottish Training on Drugs and Alcohol (Country Scotland)

TARGET OF THE PRACTICE

Any professional who comes into contact with children, young people and families where substance misuse is an issue

CORE IDEA

The core idea of the practice is to offer training to all professionals both from the statutory and third sector.

GOAL OF THE ACTIVITY

- To improve professionals knowledge and understanding of substance misuse so they are better equipped at dealing with such issues
- Improve the quality of services available to children, young people and their families affected by substance misuse

DESCRIPTION OF THE PRACTICE

The programme has been up and running since 2004.

The project is funded by the Scottish Government and is coordinated and delivered by Glasgow University

Scottish Training on Drugs and Alcohol (STRADA) is the **leading national workforce development organisation** supporting those working with and affected by drug and alcohol misuse. The programme aims to improve the competence of staff working in the substance misuse field in order that the interventions available locally aid the recovery of those affected by substance misuse.

People affected by substance misuse come into contact with a very wide range of organisations. The work of STRADA impacts on those within the broader health, social care and criminal justice arenas, including both statutory and non-statutory organisations.

STRADA views active participation as key to effective learning. Taking responsibility for your own learning, for practicing within a safe environment and reflecting on practice within the workplace are fundamental to our philosophy.

EFFECTIVENESS

There are some negative and some positive experiences from the practice:

- a) Positive experiences
 - Increased knowledge of professionals in identifying and dealing with substance misuse issues
 - Professionalism of the addictions field
 - Improved frontline service delivery

- b) negative experience
 - Optional training so therefore variable take up of professionals

Glasgow University undertakes evaluation on the effectiveness of the programme.

According to the stakeholders, the programme has increased awareness on substance misuse issues and has helped professionalise substance misuse training.

CONTACT ADDRESS

www.projectstrada.org

CHAPAPS WP 8 MANUALISATION-NEW QUESTIONNAIRE: collection of examples of good practices

1. Please state the **core idea** of the practice/activity (not more than 20 words):

2. Please define the **goal** of the practice/activity (not more than 20 words):

3. Please name the **target** of the practice/activity (please short answer, for example: *preschool children of alcohol-abusing parents*):

4. Please state the **necessary elements** of the practice/activity according to the following grid:
 - a) process
 - b) actors
 - c) structure
 - d) other

5. Please define the **outcomes/outputs/outreach/health impact** of this practice/activity (please short answer, for example: *there has been a significant increase-38%- in the number of cases of chapaps reported since the internet site has been started in 1998*)

6. How is this practice/activity **beneficial** to the chapaps? Is there a **health impact**? A short answer please, for example: hearing their voice, or , improving safety, or, reducing harm.

7. Whose **perspective** is the practice/activity taking? Please choose from among the following: child, paternal, maternal, parental, systematic, societal.

8. Are there any **references** pertaining to the practice/example? For example: articles, book chapters etc. If so, please give quotations.

9. Please state the **contact adress of the practice/activity.**

10. Would you like to add any remarks, informations etc.?