Starting the Conversation

An evaluation of how services are using the *Ruby's Dad* resource

June 2014

health promotion agency

"It was neat to read a book that's not a fairy tale but tells the true story of what it is like for us. It makes me feel like me and my family are the main characters and heroes because we are now living the happy ending."
12-year-old girl

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CONTENTS

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EXECUTIVE SUMMARY

Ruby's Dad is a children's book about a young girl whose father has a drinking problem, with accompanying Guidelines and Prompts for Clinicians, parents and schools on how to use it with family members and children. It was co-published by the Health Promotion Agency (HPA) and Skylight and publicly launched in late June 2013 with the aim of providing a resource that can help clinicians have conversations with parents and children about the impacts of parental addiction.

THE NATIONAL CONTEXT

Research has shown that children of parents with substance use issues are an at-risk group (Matua Raki, 2013; Tay, 2005). Parental substance use can adversely affect children in a variety of ways: they are more likely to experience abuse and neglect and are at risk of developing attachment difficulties due to inconsistent caring and nurturing by their parents and caregivers. These children are also more likely to develop their own mental health and addiction-related problems in later life (NSW Department of Community Services, 2008; Templeton, Zohhadi, Galvani, & Velllerman, 2006, cited in Matua Raki, 2013p.7).

In some overseas jurisdictions, addiction services have engaged in service redesign and workforce development to provide more support for children affected by parental addictions. Recently the New Zealand Ministry of Health initiated strategy development and workforce planning to provide similar support for children of parents with mental health and/or addiction issues (COPMIA). Opportunities to guide the effective integration of COPMIA within Whānau Ora are also being investigated (Te Rau Matatini, 2013).

Research on understanding what the children have to say shows that their most consistent requests are for more age-appropriate information about addiction to help them understand what is going on in their families (Joseph Rowntree Foundation, 2004). *Ruby's Dad* is an age-appropriate resource that meets this request.

THE EVALUATION OBJECTIVE AND METHODS

This evaluation aimed to understand how clinicians (particularly within the addiction sector) and family members were using the *Ruby's Dad* resource and what, if any, impacts they had observed from its use. The evaluation used a mixed-method approach: data was collected through qualitative, semi-structured interviews and a brief online survey.

THE EVALUATION RESULTS

Most of the clinicians surveyed (n=14) or interviewed (n=19) for this evaluation were using the resource in addiction or mental health services. Three parents in addiction recovery were also interviewed. The most common ways in which the participating clinicians used the resource were to: give it to their clients to read and consider taking home to read to their children; give it to the

partners of the parents and caregivers with substance use issues to read to their children; and in group work.

Most clinicians (and parents) rated the resource as either very useful or extremely useful. Furthermore, every practitioner surveyed online who had used the resource had recommended it to others. A smaller proportion of clinicians rated the resource as moderately useful. Reasons for this lower rating were related to how the resource was used rather than the actual resource itself.

Reasons for these high ratings varied, but the main themes described by clinicians and parents were that the resource:

- is seen as the first of its kind
- resonates with families' lived experiences
- helps children and their families to understand that they are not alone and others have similar experiences
- gives children a voice and a chance to express their feelings and ask questions
- helps children to understand that they are not to blame
- helps parents to understand the impacts of their behaviour on their families, which can sometimes prompt help-seeking behaviour
- provides family members with an easy way to broach a sensitive topic.

Some examples from clinical practice and the parents' experiences illustrated outcomes for families, such as opening conversations and addressing children's questions, relating to the story and reflecting on their own behaviour, prompting treatment and altering family dynamics for the better.

A set of factors that clinicians found optimised the use of the resource within their practice was identified. These factors included: first establishing rapport and trust; choosing the right time to introduce the book, which included carefully gauging the parents' or family members' readiness; delivering the book to children in a creative and engaging way rather than simply reading it; and following up with family members afterwards to identify any further actions. Most of these suggestions are included at a high level in the current Guidelines and Prompts for Clinicians that accompany the *Ruby's Dad* resource.

While the *Ruby's Dad* resource has only recently been available, and use within the addictions sector may not yet be widespread, clinicians and parents who are using it rate it very highly and report a number of realised and potential benefits from its use. The resource provides the mental health and addiction sector with an early intervention tool for family and an age-appropriate resource for children.

NEXT STEPS FOR RUBY'S DAD

Clinicians' and parents' suggestions on how to improve the use of the *Ruby's Dad* resource focused on three strategies: make the book more widely available through increased promotion and targeting broader audiences; provide training and more detailed guidelines about how to make best use of the resource; and work with services to create more opportunities to use the resource, including ensuring enough one-on-one time to deliver what is often a two-stage session/intervention.

Some suggestions were made regarding content change, for instance two people suggested removal of the more extreme example of the fire. However, overall, people found the content to be simple yet very effective in relating to families' real stories of alcohol problems. A number of clinicians suggested it would be good to have a series of resources that explored family experiences related to other substance use.

EMBEDDING RUBY'S DAD IN BROADER COPMIA AND WHĀNAU ORA WORK

The strategies above are reflected in emerging directions for the COPMIA service strategy and its integration within Whānau Ora in the New Zealand context. A national COPMIA workforce development strategy and implementation plan are currently being developed by the four mental health and addiction workforce development centres (for the Ministry of Health) to address infrastructure and organisational development, as part of workforce development strategies including training, resource development and retention and recruitment. "In partnership with the Ministry of Health, the four mental health and addiction workforce development centres have a key role to play in supporting a fundamental shift in the way mental health and addiction services work with people and their families… a shift away from individualised working in silos towards the inclusion of wider family and whānau networks and collaboration across systems" (Matua Raki, 2013, p. 21).

Feedback from clinicians and parents who have used *Ruby's Dad* has been very positive. They are now equipped with a resource that provides a way to start family conversations, whether the children come into the clinicians' service or not. *Ruby's Dad* is seen as a valuable resource that responds to children's call for more age-appropriate information on addiction (Joseph Rowntree Foundation, 2004). Therefore, this evaluation recommends that the *Ruby's Dad* resource be embedded within strategies and initiatives to support child and family inclusive practice within New Zealand. It is recommended that its use be the focus of a training module within any related training to increase its profile and give mental health and addiction clinicians, and other social and community services, the confidence to embed it in their practice.

Training alone is unlikely to achieve widespread and appropriate use of the *Ruby's Dad* resource. As noted by a national manager interviewed for this evaluation, "Matua Raki have done a lot of Family Inclusive Training in the past and the feedback has been great but people report how they

go back to their services and they don't have the rooms to see families, supervisors don't know how to supervise family work, or organisations are not funded to do family work. So there are organisational level issues that hold back progress." In the current evaluation clinicians often mentioned not having enough time to use the *Ruby's Dad* resource due to other service priorities and requirements. As the current COPMIA and Whānau Ora papers reinforce (Matua Raki, 2013; Te Rau Matatini, 2013), infrastructure and organisational development is also required to ensure that the mental health and addiction workforce can regularly apply training in child and family inclusive practice (including the use of *Ruby's Dad*) within their services.

INTRODUCTION

In June 2013 the *Ruby's Dad* resource, co-published by the Health Promotion Agency (HPA) and Skylight (a non-government organisation [NGO] working with children and families who have experienced loss and grief) was launched. *Ruby's Dad* is a children's book about a young girl whose father has a drinking problem, with guidelines: for clinicians on how to use the resource with parents, family members and children; for parents and family members on how to use it with their children; and for schools. It was published with the aim of making visible the impacts of parental addiction on children and to provide a tool to intervene with these children.

> *"The development of this resource is very timely and exciting* – Ruby's Dad *is the first of its kind here in New Zealand and will be a useful tool for clinicians. This book will help us make a difference to children like Ruby."*
> Russell Wills, Children's Commissioner (Health Promotion Agency, 2013, p.1).

HPA commissioned this evaluation to find out how services, particularly within the addiction sector, are using the *Ruby's Dad* resource. More specifically, the evaluation aims to understand how health professionals and family members are using the *Ruby's Dad* resource and what effects have been observed among children, other family members and clinicians as a result of its use. This information will contribute to HPA's understanding of the effectiveness of the resource, and inform possible dissemination and implementation strategies.

Given *Ruby's Dad* has only recently become available, exploratory rather than summative, conclusions can be formed regarding its effectiveness. This evaluation summarises the main effects that 33 participating health professionals have observed when using this resource in their practice with children, service users and family members affected by addiction issues. The evaluation also summarises the experiences of three parents who have used the resource with their children. The evaluation aims to draw some preliminary conclusions about whether this is a useful resource that contributes to supporting more child and family inclusive practice so that the impacts of addiction on children are reduced.

This report begins by briefly summarising related health policy and addiction service strategy directions within New Zealand. It then presents key messages from research that identifies issues facing children affected by parental addiction. The solutions and programmes that have been implemented to address these issues internationally and nationally are summarised. The report then focuses on the current evaluation of the *Ruby's Dad* resource. The methodology is explained, followed by a presentation of the main results and conclusions to inform the next steps for the resource in the context of related national directions for addiction services. The instruments used in the evaluation are presented as appendices.

NATIONAL CONTEXT

Recent government policy has put the health and wellbeing of children at the forefront of health and social service development. This is reflected in the Vulnerable Children's Bill, the Children's Action Plan, the Youth Crime Action Plan, the Perinatal and Infant Mental Health Initiative, the Prime Minister's Youth Mental Health Project, and Whānau Ora initiatives.

In addition to this, *Rising to the Challenge: The National Mental Health and Addiction Service Development Plan 2012-2017* (Ministry of Health, 2012a) emphasises the importance of intervening early in the life cycle to build resilience, and includes a focus on delivering increased access to services for infants, children and youth who are at risk of or experiencing mental health and addiction issues.

In this regard, in 2012 the Ministry of Health commissioned a scoping exercise to find out how services could better respond to the needs of children affected by parental mental health and addiction services (Ministry of Health, 2012b). This report highlighted the importance of developing a clear national strategy and workforce development initiatives for adult services to improve outcomes for children of service users. The scope identified that the ideal outcome would be:

> *A concerted workforce development initiative that ensures clinicians and other MHA [mental health and addiction] workers have the confidence to facilitate access to information that supports parents, including assisting children to understand their parents' health problems* (Ministry of Health, 2012b, p. 4).

The four mental health and addiction workforce development centres (The Werry Centre, Te Pou, Matua Raki and Te Rau Matatini) are leading the development of a COPMIA (children of parents with mental illness and/or addiction issues) workforce development project, which aims to increase the capability of health professionals to identify and attend to the needs of COPMIA in all aspects of service delivery (Matua Raki, 2013).

In 2013 Matua Raki completed a scoping document to review related literature in order to inform workforce development initiatives. While the COPMIA workforce development strategy has yet to be finalised, the scoping document identified a set of likely directions that included Infrastructure Development (led by the Ministry of Health), Organisational Development to shift orientation towards more family-inclusive and Whānau Ora-focused practice, Recruitment, Training, Development, Retention of a workforce with a higher level of knowledge and skills for working with children and families, and Evaluation of all COPMIA initiatives to ascertain their influence and inform future policy and direction.

> *In partnership with the Ministry of Health, the four mental health and addiction workforce development centres have a key role to play in supporting a fundamental shift in the way mental health and addiction services work with people and their families… a shift away from individualised working in silos towards the inclusion of wider family and whānau networks and collaboration across systems.* (Matua Raki, 2013, p. 21)

The Ministry of Health asked Te Rau Matatini (2013) to complete an analysis of the interface between Whānau Ora and COPMIA, and identify opportunities to guide the effective integration of COPMIA within Whānau Ora.

Whānau Ora is centred on the foundation of realising whānau[1] potential and giving effect to the collective aspirations of whānau by building on the strengths and capabilities that are already present within whānau (Taskforce on Whānau-Centred Initiatives, 2010).

The Te Rau Matatini report (2013) noted that the current COPMIA strategy tended to focus on changes to mental health and addiction services to better support children affected by their parents' addiction or mental health issues. The report highlighted the fact that parents and their children had contact with a variety of services. Therefore a cross-sector, collaborative approach could be more effective in addressing the co-existing issues often present for the children, parents and whānau.

> *Viewing the needs of children and young people as independent to those of their parents and whānau means that important, and at times immediate, needs such as housing, transport, childcare, education, healthcare, financial and emotional issues are not considered (Nicholson, Hinden, Biebel, Henry, & Katz-Leavy, 2007, cited in Te Rau Matatini, 2013, p. 8). However, these needs are all essential for the collective wellbeing of whānau*. (Te Rau Matatini, 2013, p. 8)

The Whānau Ora strategy challenges the mental health and addiction sector to extend practice beyond primarily individual-based service models. This practice should not only consider the client as a parent and involve their child(ren), but also meet the needs of the whole whānau and develop cross-sector service pathways that enable this whole-system approach.

[1] The Te Rau Matatini report provides the following definition of whānau. "Durie (1994) observed that potentially there are multiple definitions of whānau including: whānau as kin; whānau as shareholders-in-common; whānau as friends; whānau as a model of interaction; whānau as neighbours; whānau as households; and virtual whānau. Whānau describes those who share common descent, kinship and collective interests that generate reciprocal ties, aspirations, obligations and responsibilities. Whānau as kin is permanent, and is more than an extended family network (Lawson-Te Aho, 2010; Irwin, Davies, Werata, et al., 2011)." Te Rau Matatini, 2013, p. 4).

THE RESEARCH

RISKS AND PROTECTIVE FACTORS

Children of parents with addiction issues are an at-risk group. Research has shown that they are more likely to experience neglect and abuse and are at risk of developing attachment difficulties due to inconsistent caring and nurturing by their parents and caregivers (Tay, 2005). These children are also more likely to develop their own mental health and addiction-related problems in later life (NSW Department of Community Services, 2008; Templeton et al, 2006, cited in Matua Raki, 2013, p. 7).

International studies estimate that 10% of children are affected by their parents' alcohol and other drug (AOD) use. In New Zealand this would equate to more than 89,000 children, based on the 2006 census figures (Matua Raki, 2013. p. 8).

It is important to recognise that parental substance misuse is rarely the sole cause of this set of adverse effects experienced by children. As Te Rau Matatini (2013) pointed out in its Whānau Ora report, there is usually a range of co-existing problems contributing to a difficult family situation. These can include economic deprivation, unemployment, housing difficulties, living in isolation, and the presence in the family of co-existing mental health issues (National Treatment Agency for Substance Misuse, 2011; National Center on Addiction and Substance Abuse at Colombia University, 2001; Templeton et al, 2006; Te Rau Matatini, 2013).

While there is a clear link between parental addiction and child outcomes, parental addiction is not incompatible with being a good parent. There are a number of protective factors, largely driven by the parent, that can protect the child(ren) from some of the worst outcomes. These include:

- the parent receiving addiction treatment
- concrete resources in times of need – for example, ensuring that the parent has access to food, housing, transportation and employment
- a support system for the family
- the emotional and psychological resiliency of the parent
- parenting tips, information and skills courses for the parent
- the child(ren)'s socio-emotional and cognitive abilities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012; National Treatment Agency for Substance Misuse, 2011, cited in Matua Raki, 2013, p. 9).

WHAT DO THE CHILDREN SAY?

Research on understanding children's experiences and what they want has shown that often children of parents with addiction issues feel sadness and isolation (Joseph Rowntree Foundation,

2004). They are often more aware of their parents' problems than their parents realise, but don't always understand what is happening and why. This can leave them frustrated and worried.

Further, the research indicates that children can find it difficult to talk about their problems, and are most likely to do this with their parents, friends or extended family. They rarely seek help from professionals, and tend to report mixed experiences when contact with professionals is made. These studies have found that children of parents with addiction issues think that their parents should talk about alcohol and drug use and not hide it from them (Bancroft, Wilson, Cunningham-Burley, Backett-Milburn, & Masters, 2004; Joseph Rowntree Foundation, 2004).

> *"Children's most persistent plea is for **more age appropriate information** to help them understand what is going on in their family."*
> (Joseph Rowntree Foundation, 2004, p. 1.

THE STRATEGIES AND INTERVENTIONS

INTERNATIONAL INITIATIVES

Australia and the United Kingdom are pioneering co-ordinated national programmes to support COPMIA. Australia's work began in the early 2000s and focused on upskilling individual workers and teams and improving system responses to children of parents with mental health issues (addictions had a lesser focus). Since then the programme has developed to include e-learning tools, resources, workforce development, a secondary schools' health initiative, research, seminars and a range of other activities. More recently the focus has broadened to addictions, where a key direction has been to improve alcohol and drug treatment through a better focus on child and parent sensitive practice (Trifonoff, Duraisingam, Roche, & Pidd, 2010).

The United Kingdom has taken a cross-sector approach to addressing the potential problems associated with parental alcohol and drug use through related policies spanning education, social services, justice and health. Service developments have focused on establishing clear care pathways and protocols for joint working arrangements, child protection conferences, training and supervision.

WHAT'S HAPPENING IN NEW ZEALAND

Historically, New Zealand has not taken a nationally co-ordinated approach to supporting COPMIA. However, some initiatives have been established in some places and services. Most initiatives aimed at improving outcomes for children have been developed by NGOs in response to perceived needs and are often based on individual workers' backgrounds, training, and passion for and commitment to improving outcomes for COPMIA (Matua Raki, 2013, p. 12).

The Werry Centre (2013) reviewed five of the most established and high-profile initiatives[2] outlined in the Ministry of Health's 2012 COPMIA stocktake (Ministry of Health, 2012a) to highlight the development of national strategy and policy. Key conclusions were that: new initiatives needed to be led by passionate people with an excellent specialist knowledge base; adult mental health and addiction services were an important target sector for service delivery aimed at improving outcomes for COPMIA; cross-sector service partnership models were required; and enhanced data collection regarding COPMIA was needed.

Matua Raki and the Kina Trust (a charity established to promote and enhance work with families and children within the alcohol and drug field) have developed *Think Parent Think Family*, which

[2] These services were: Tu Tangata Tonu (Auckland District Health Board [DHB]); West Coast COPMI programme (West Coast DHB); Northland Child & Adolescent Mental Health Service (CAMHS)/NGO Partnership COPIA Programme (Northland DHB); Caroline Reid Family Support Service (Stepping Stone Trust); and Southland Real EASI (Supporting Families Southland).

outlines a number of practical ideas for considering children in alcohol and drug services. However, both the Kina Trust and Matua Raki note:

> *"Without systemic change and government directives to make this core business it has been up to individual clinicians and organisations to make changes that better support people as parents, as well as their children"* (Matua Raki, 2013, p. 13).

Ruby's Dad is a new resource developed to support child-inclusive practice by providing a tool to bring children into conversations. It is a children's book about a young girl whose father has a drinking problem, with accompanying Guidelines and Prompts for Clinicians, parents and schools.

The guidelines provide suggestions, prompts, parameters and guiding questions to support a safe, effective conversation between an adult and a child. The guidelines were not designed to be a step-by-step guide to engaging in a therapeutic conversation about the impacts of parental drinking. HPA and Skylight recommend that people using the guidelines are skilled enough to build on the high-level ideas provided to facilitate effective therapeutic conversations.

The following section outlines the method used to evaluate *Ruby's Dad*'s impact since its launch on 24 June 2013.

THE EVALUATION OBJECTIVES, SCOPE AND METHODOLOGY

OBJECTIVES

To understand how health professionals (particularly within the addiction sector) and family members are using the *Ruby's Dad* resource, and the impacts they have observed as a result of the use. Impacts could include: changes, if any, in professional practice; effects, if any, for COPMIA; and effects, if any, on parents and other family members.

This information will help HPA to understand the resource's effectiveness, and inform dissemination and implementation strategies.

EVALUATION QUESTIONS

The following questions were asked to address the evaluation objectives:

1. How do clinicians/family members use the *Ruby's Dad* resource? How useful is it? In what ways is it useful?
2. If clinicians/family members are not using the *Ruby's Dad* resource, what are the reasons for this?
3. Does having the resource contribute towards or support clinicians/family members to proactively seek to improve outcomes for children affected by parental addiction? If so, in what ways?
4. Do clinicians observe any changes in their professional practice by using the *Ruby's Dad* resource? If so, in what ways?
5. What else might clinicians need to better support them to use the *Ruby's Dad* resource to improve outcomes for children affected by parental addiction?
6. Do clinicians perceive that use of the *Ruby's Dad* resource has any effect on parents, children or other family members or family dynamics? If so, in what ways?
7. Do parents perceive that use of the *Ruby's Dad* resource has any effect on children or other family members or family dynamics? If so, in what ways?
8. What are the resource's strengths and weaknesses? Any other comments?

SCOPE

The evaluation scope refers to the boundaries that define the purpose, focus and intent of the evaluation. Defining the scope is important as it establishes the limits of the evaluation. The reader should note the following boundaries to the scope of the current evaluation:

- The evaluation focused on understanding the use and impacts of the resource within the addictions sector. Therefore, while views from some clinicians working in other health services were included, most participants worked in addiction services.

- The *Ruby's Dad* resource has only recently been made available therefore it may not yet be widely used within the addiction sector.
- This evaluation summarises the use and impacts observed by clinicians and parents who were early adopters of this resource.
- The evaluation did not directly examine outcomes for children, parents and family members who used the resource. The data that is presented on the usefulness and effectiveness of the resource is based on the shared perceptions and experiences of clinicians and a small group of parents. The evaluation, therefore, aims to provide formative conclusions about the resource's effectiveness for children and other family members affected by parental addiction.

EVALUATION METHODS

Design

The evaluation used a mixed-method approach; data was collected through qualitative, semi-structured interviews and a brief online survey.

Data collection

The following data-collection methods were used: a literature and document review, advisory group interviews, interviews (face to face or by telephone), an online survey and an analysis of a resource distribution list.

Literature and document review

Literature on the impacts on children of parents with addiction issues, and strategies to support this group, was reviewed to help to identify key evaluation questions and the use of this resource within New Zealand's current service context. The accompanying Guidelines and Prompts for Clinicians, parents and schools on how to use the *Ruby's Dad* resource were also analysed to outline the evaluation design.

Advisory group interviews

Four clinicians/national managers were interviewed who were identified by HPA as either users of the resource, involved in its development or interested in its use. These interviews focused on understanding how the *Ruby's Dad* resource worked or was expected to work, and the expected effects on clinicians, family members and children.

Interviews

Twenty-two interviews (19 clinicians and three parents) were conducted either face to face or by telephone with participants who had consented to being interviewed and met the selection criteria (see below). Interviews lasted 20 minutes to one hour depending on the extent of use of the resource. The demographic characteristics of the interviewees are detailed in Appendix A.

Participant selection

Two participant groups were targeted for interviews: professionals who knew of the *Ruby's Dad* resource and who had used it in their practice; and family members who knew of the *Ruby's Dad*

resource and who had used it within their families. The evaluation also included the views of a smaller group of clinicians who knew of the resource but had not yet used it in their work. The interviews sought to gain the views of professionals from a variety of sectors, but focused on interviewing clinicians working within addiction services.

Interview recruitment process

A variety of methods were used to identify and recruit interview participants:

1. A cover letter was enclosed when orders of the *Ruby's Dad* resource were sent out during the evaluation period. This letter invited the recipient to make contact with the evaluator should they wish to be involved.
2. A group of clinicians known to have accessed and used the *Ruby's Dad* resource was identified by HPA and other colleagues from the addictions sector. These clinicians were asked whether they would like to participate in the evaluation. They were also asked whether they had clients or family members with whom they had used the *Ruby's Dad* resource, or to whom they had given the resource for them to read to family members. When a person was identified, the evaluator asked the clinician to assess whether it would be appropriate to engage this person in the evaluation and, if so, whether they would be willing to contact this person to enquire about their potential participation. (See page 49 for information about the consent process.)
3. A survey 'opt-in' process (that is, where people had to tick a box that said "Yes, happy to be approached for interview") was used in the online survey to recruit further participants for interview (see page 18 for more detail).

Structure of the interview

Following introductions, each interview began by examining how the participant had accessed the resource and any barriers to access or availability. Questions then explored how the participant had used the resource, and in what settings. They were asked to rate how useful they thought the resource was and the evaluator then used prompt questions to understand the reasons for this rating of usefulness. The participant was then asked to identify whether they had observed any effects on the child(ren), parents or other family members through the use of the resource. If they were not able to report any actual outcomes for the child(ren) or family members, they were asked to consider what effects they would expect to see. Participants were asked to identify any factors that might keep them from using the resource more frequently, and what factors might help them to use the resource more effectively. The interview concluded by asking the participant to summarise what they saw as the resource's strengths and weaknesses. See Appendix E for the interview template.

Online survey

Two online surveys were developed: one for clinicians and one for family members. See Appendix D for the survey template.

Survey design

The surveys were largely identical, although some questions differed slightly to suit the respective participant groups. Table 1 summarises the main sections and questions of each survey. The

survey design was based on information that emerged from early interviews that identified key themes for further investigation.

Table 1: Content of online survey

Access and availability	A brief series of items examining how the participant found out about the resource, and how they accessed it.
How they are using the resource	If the participant had not used the resource, they were asked to identify any reasons for this. They then exited the survey. Participants who had used the resource were asked a series of questions similar to those asked during the interviews – for example, where and how they had used the resource, perceptions of usefulness, observed effects on children, parents or other family members, factors that might inhibit/facilitate use, and the resource's strengths and weaknesses.
Demographics	A short series of relevant demographic questions.
Consent to be approached for a follow-up interview	A final section enabling respondents to 'opt-in' if they would like to be approached about participating in a follow-up interview.

Sample selection and survey administration

A broad sampling method was used in which invitations to take part in the online survey were sent to the 460 subscribers to the AandD Listserve[3]. This email group comprises people interested in addictions work within New Zealand and who have provided consent to receive related communications. In addition, survey invitations were circulated via the Matua Raki, Te Pou and Skylight newsletters.

Given that the *Ruby's Dad* resource the use of the *Ruby's Dad* resource is not yet widespread, it was expected that this broad sampling method would yield a low response rate. However, it was thought that even a small response set would provide useful data to supplement the information collected through the interviews. The survey also provided another recruitment strategy for interview participants.

The surveys were administered using the online Lime Survey tool. The first invitation was sent on 23 April, a second reminder was sent the following week and a third reminder was sent on 9 May. The survey closed on 14 May (providing three weeks to complete the survey). The demographic characteristics of the survey respondents are detailed in Appendix A.

Seventeen responses were received and 14 completed online surveys were returned. All respondents were professionals; no family members participated in the online survey.

[3] See http://www.alcohol.org.nz/newsletters-subscriptions/email-groups.

Analysis of the HPA resource distribution list

Data from the HPA distribution database was extracted and analysed to identify how many resources had been ordered and what types of service were ordering the resource. Resource distribution was tracked from April 2013; however, the resource was not officially launched and made publicly available until June 2013.

Data analysis

Thematic analysis was used to code data from the interview transcripts and qualitative responses within the survey to identify common themes on the views and experiences of participants. Data trends and relationships between the two participant groups (clinicians and family members) and across data collection methods (interview and survey) were identified. Each participant's unique identifier (see below) was attached to the data so that source and context were not lost. Quotes were recorded where they extended the analysis, and included in the report where they illustrated key findings and extended understanding. To protect participant anonymity, generic identifiers are not assigned to the quotes in the report.

An analysis of the quantitative data collected from the survey was conducted using descriptive statistical methods.

Ethical considerations

There was a possible risk in interviewing someone currently receiving addiction services (or a closely related family member) about the impacts the addiction had had on their family and child(ren). That is, the family members might experience emotional responses when discussing the impacts of parental addiction on their family, during and following the interview. Therefore, ethics approval from the New Zealand Ethics Committee was sought and approved before family members were approached.

The following strategies were included in the research design to mitigate the potential risk and address ethical issues:

1. Careful attention to the informed consent process, and involving clinicians in this process where applicable. See Appendices B and C for the information sheet and consent form.
2. An interview safety plan.
3. The provision of a universal information sheet that included follow-up support services should these be required.
4. The assignment of unique identifiers to each respondent so that no data was directly attached to names.
5. The storage of all data in a secure folder on the evaluator's password-protected computer network.
6. Participants were sent a copy of the final draft report and asked to provide any comment before the final report was published. Participants were provided with copies of the published report.

Limitations

Evaluation is inevitably constrained by factors such as scope, focus and methodology, and findings must be considered in this context. The following limitations of the current evaluation should be noted:

- Early adopters of the resource are likely to be clinicians with a particular interest in improving outcomes for children, so they may not provide an unbiased picture of how the broader adult addiction sector could use the resource.
- An inability to target potential participants known to have accessed the *Ruby's Dad* resource from the HPA resource distribution list limited the evaluation's sampling strategy. Recruitment for interviews largely relied on the advisory group identifying clinicians who were known, or likely, to be using the resource. Also, the broad sampling method used for the online survey resulted in a very low response rate. However, when combined the survey and interview data identify a series of common experiences and observed effects that will be useful for informing the further use of the resource.
- Most of the participants who were recruited for interview had not used the resource often. While they reported positive effects and experiences from use, few had directly observed or gained feedback from parents about outcomes for children as a result of using the resource. Some participants did, however, provide case studies that demonstrated impacts for children and other family members, and these are reported on in the following results section.

RESULTS

This section starts by outlining some of the service context issues that clinicians saw as relevant to using the *Ruby's Dad* resource. Common uses of the *Ruby's Dad* resource are then summarised, followed by common experiences from use that outline how the resource was perceived to be contributing to their professional practice and assisting parents, children and other family members. This is followed by results about the barriers to use and how the resource could be used more effectively.

CHILD-INCLUSIVE PRACTICE

One of the most common reasons clinicians put forward for the resource being so useful was that it is the first of its kind. In other words, it is the only resource to which clinicians had access that was designed for the purpose of benefiting COPMIA.

Clinicians were unanimous in highlighting the importance of increasing support for this group of children. Their main messages follow.

An at-risk group that the alcohol and other drugs sector should be serving

Only a few services cater for COPMIA (see The Werry Centre, 2013). However, this is expected to increase with the emerging COPMIA strategy (Matua Raki, 2013). Some clinicians reported that a new service direction that includes a focus on children is highly anticipated. Clinicians indicated that support doesn't need to be confined to child-specific services. Some degree of support can be offered within adult services by extending practices to include the children of clients where appropriate.

> *"Most of our clients are parents and what are we doing about this as a drug and alcohol treatment sector? We really need to start attending to the children."* Psychologist, Kaupapa Māori addiction service.

> *"Statistically these are children who are at risk of developing substance abuse issues themselves further down the track, at risk of being deprived financially and resource wise. They are at-risk children and currently there is a huge gap there. We have service users walking in to our service every day with young children at home. And this is the coal face; this is where we should be addressing those sorts of issues."* Family advisor, addiction services – DHB.

Kids have rights

Clinicians expressed concern that children were largely unseen and unheard within current addiction services, despite being an at-risk group. Current service models tend to focus on meeting the needs of the service users. Clinicians often don't have the time, the training or the confidence to attend to the children in the family dynamic. However, children have rights too. Clinicians highlighted that children needed their own support services, they needed places to go where they

could connect with other people who had similar issues, and they needed to be able to talk and express freely.

> *"I don't think services attend to the children in their clinical practice. What's happening with the children seems to be the last on the priority list and it feels to me that we are not respecting children as whole people in their own right and that their rights need to be supported."*
> Adult child of a parent in recovery from addiction.

> *"I think supporting children is long overdue, I think all the AOD services should be doing it now. The sooner everyone can be open about it, the sooner kids can get some support and just be really clear that it is not them, as this seems to be the main issue. They need to know there are things they can do to look after themselves, they have some rights. They need their own helplines and to know where to go when things happen."*
> Family advisor, addiction services – DHB.

Ruby's Dad as an early intervention tool

The research indicates that what children want most is age-appropriate information about addiction (Joseph Rowntree Foundation, 2004). Clinicians working directly with children highlighted that often children wanted to talk about addiction issues with their parents directly, not professionals. Some clinicians explained that the *Ruby's Dad* resource provides an opportunity to begin a conversation that could be the start of a wider set of supports to assist a family to deal with an addiction issue.

> *"What adult children are saying is that even when Mum and Dad went into treatment nothing much happened for them, they had no way to process what went on for them.* Ruby's Dad *provides the chance for children at an early stage to process what is going on for them, and to have that conversation validated. Their experience might not be the same as Ruby's, but it is a chance for them to unpack what is happening for them, to talk about the things they are afraid of, that are worrying them."*
> National manager, addictions sector.

> *"On its own RD (*Ruby's Dad*) may not be sufficient, but it is certainly a very useful resource to start articulating the issues. Any resource that takes a side by side approach to discussing the issues, rather than a front-on approach, for children is a good one."*
> Psychologist, child addiction service – DHB.

Child-inclusive practice covers a continuum of support

A clinician working in a child mental health and addiction service suggested that the broader mental health and addiction workforce needed to be better equipped to include children in their service delivery. She noted that because services are so busy, children often don't come into consideration unless there are quite obvious problems, and that clinicians then tend to refer the children to specialist services.

This clinician, however, noted that some clinicians were ready to extend their practice actively to think about the children. She described working with children as a continuum; there are certain activities that all clinicians can do to be more child inclusive, such as incorporating an awareness

of children into their work with parents, having conversations with parents about what is happening for the kids or as things get more complex, and referring to child specialists.

FAMILY-INCLUSIVE PRACTICE

Clinicians highlighted that, to be most effective, work to support children needs to happen as part of an approach that involves the whole family in the recovery process. This challenges many current service structures and clinical practice models that have been developed on individual models of care.

> *"Everyone will agree theoretically that it is really good to work with family members, and include family. Probably everyone will agree to this, but in practice few people do."*
> Family advisor, addiction services – DHB.

Some clinicians talked about what was actually doable in adult addiction services. For instance:

> *"Firstly, we need to get the families into the service and develop staff's confidence to work with families. I am not talking about family therapy. I am talking about sharing information and providing support to family members."*
> Psychologist, Kaupapa Māori addiction service.

Impact is not confined to the client

Clinicians explained that the whole family is affected by addiction. Therefore treatment is most effective if all the family are involved to some degree. In addition, it was highlighted that service users tend to return to their families following treatment. If the families have not been involved in the treatment process, there is more chance for old behavioural patterns to emerge and that the impact of the interventions will be undermined. However, if the families are involved, they can be shown how to support themselves and the service users better with their recovery journeys.

> *"The family members are the ones who had been coherent and aware of everything that had happened. Then suddenly you have the people who caused all the chaos receiving treatment and I think that is great. However, the family is left to try and figure their bit out on their own. They might have a family group once a month, but my belief is the treatment needs to happen for the family (including children) alongside the treatment that the parent with the addiction is receiving… If they are all in it together, I think there is more chance for longer term success."*
> Adult child of a parent in recovery from addiction.

> *"Historically, family members have been seen as part of the problem, but with the right support family can be part of the solution. Family have the ability to undo a lot of good work that happens behind clinical doors, but if empowered to do so family members can strengthen the work that clinicians do with family members."*
> Family advisor, addiction services – DHB.

Barriers to use

The clinicians interviewed reflected that there is a perception in services that there is not enough time to involve family members, or that family-inclusive practice (FIP) is too complex and there is a lack of confidence to incorporate it proactively into their practice.

> *"I think that most clinicians would be willing to use the resource but they may not have the confidence to work with family and children. Our sector is very medical/counsellor led and this tends to focus on individual work. This is where our sector needs a lot of development. So I think while a lot of clinicians would think it is a great idea, they might find it quite scary to use."*
> Family advisor, addiction service – DHB.

Training and service change are required

The need for more FIP training to increase the majority of clinicians' confidence to work with families was emphasised. However, some clinicians noted that training alone was not enough. Service structures also needed to shift to support clinicians to do this work.

> *"Matua Raki have done a lot of FIP training in the past and the feedback has been great but people report how they go back to their services and they don't have the rooms to see families, supervises don't know how to supervise family work, or organisations are not funded to do family work. So there are organisational level issues that hold back progress. These issues will hopefully be addressed in the upcoming COPMIA strategy."*
> National manager, addictions sector.

A passionate group of child and family advocates

The need for more support for COPMIA was a strong message amongst the participant group in this evaluation. These are clinicians who are not only considering how their own practice can be extended to be more child and family oriented, but reflecting on the need for wider service change to offer more support for children and families affected by addiction. This child and family inclusive orientation is likely to be a key reason for these clinicians being early adopters of the *Ruby's Dad* resource. The resource offers them a tool to extend their practice through providing them with a vehicle to have conversations with COPMIA or with clients who are parents.

> *"I think there is a group of clinicians that are really open to FIP but don't have the resources or tools to support this. So* Ruby's Dad *can shift clinical practice for those who are open to moving away from individual focused models. It is very difficult in the current environment to make a major shift but* Ruby's Dad *is more of a head shift. This tool helps them think outside of the square to support the children even if they don't come into the services."*
> National manager, addictions sector.

Building supportive attitudes and understanding about child and family inclusive practice within the wider addiction workforce could be an important part of implementation strategies to support the further use of the *Ruby's Dad* resource.

USE OF THE RUBY'S DAD RESOURCE

An analysis of HPA's distribution list for *Ruby's Dad* provides some information about who is requesting the resource. Information was solely collected for the purpose of sending out the resource, therefore only service types and regions can be reported on. However, analyses of these two criteria reveal some interesting themes.

People can order three sets of resources: *Ruby's Dad* with *Guidelines for Parents*; *Ruby's Dad* with *Guidelines and Prompts for Clinicians*; or *Ruby's Dad* with *Guidelines for Schools*.

The resource was officially launched on 24 June 2013 when it was made publicly available. Prior to this, copies were given to a select group of people. Resource distribution was tracked from April 2013. The following graph and analysis identify the distribution for the period April 2013 to May 2014.

1083 copies of *Ruby's Dad* with the associated *Guidelines for Schools* were ordered, 3408 *Ruby's Dad* with the associated *Guidelines and Prompts for Clinicians* were ordered, and 4960 *Ruby's Dad* with the associated *Guidelines for Parents* were ordered. There appears to be a fairly high demand for this resource, with a lot of distribution in the past year. The following two graphs illustrate the types of service that are ordering the resource and the regions where they are based.

Figure 1: Most common service types to order the *Ruby's Dad* resource: (%)

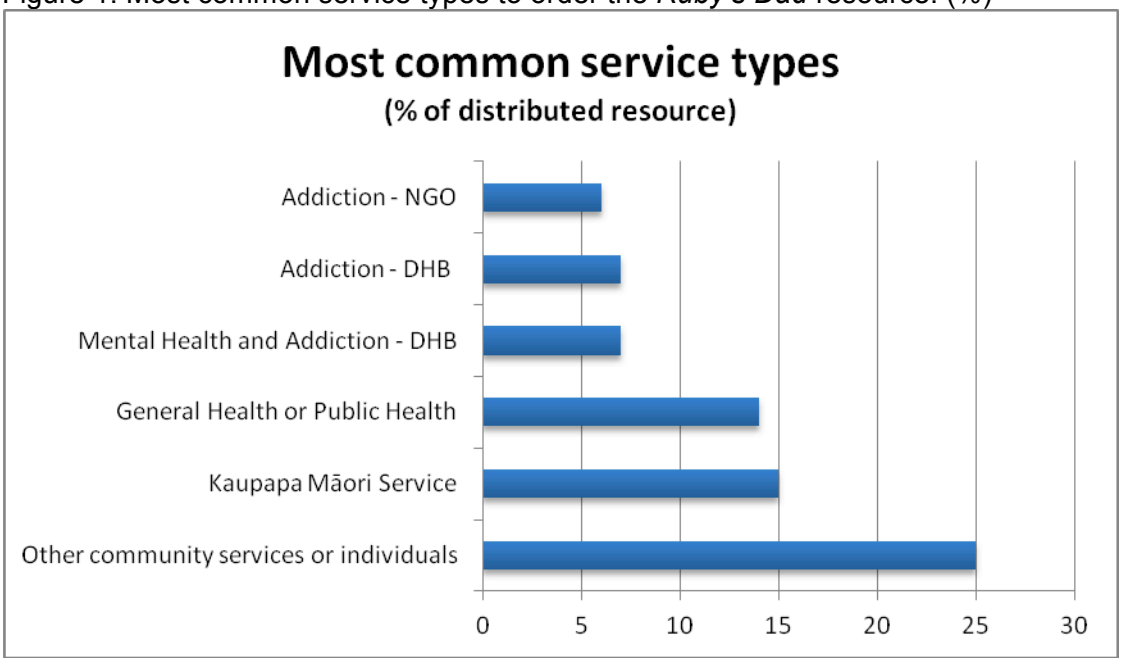
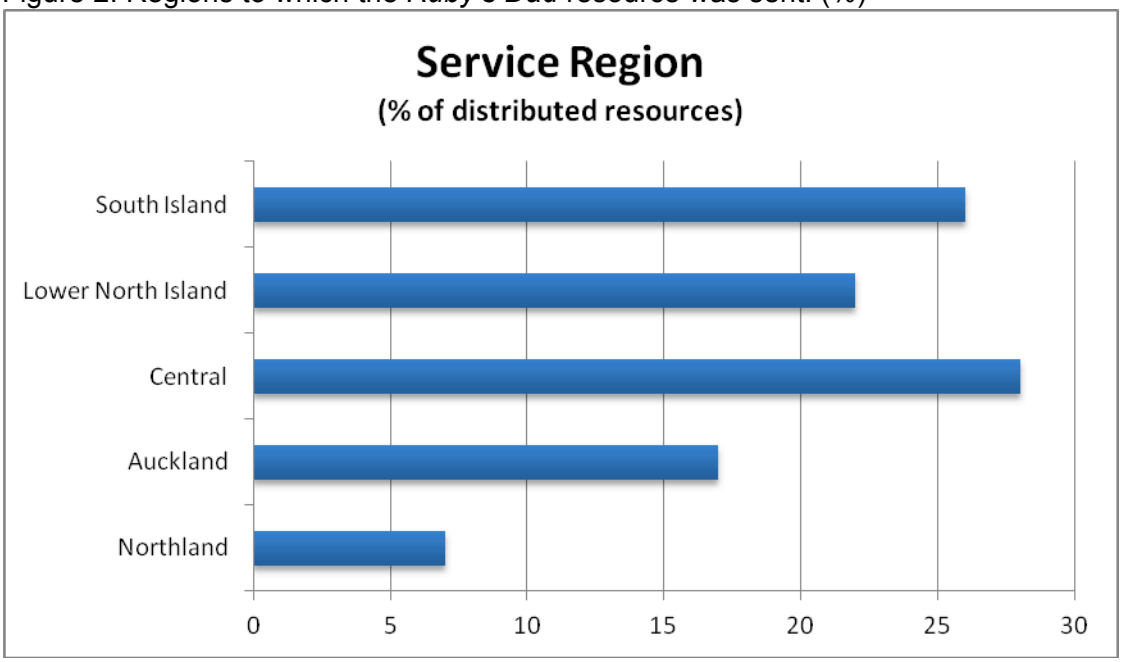


Figure 1 demonstrates that people who are requesting the resource represent a wide variety of community organisations. The mental health and addiction sectors combined have ordered the largest number of resources in the past year. Kaupapa Māori services follow closely with 15 % of the resource distribution. The *Ruby's Dad* resource has also been ordered by a range of other services in general health services, schools, criminal justice and child, youth and family service settings.

Figure 2 shows that distribution is geographically widespread. Combined, these statistics suggest that word is spreading (although other than the launch, the resource has yet to be widely promoted), with a diverse range of services across the country accessing the resource.

Figure 2: Regions to which the *Ruby's Dad* resource was sent: (%)



How it is commonly used

Most of the clinicians surveyed and interviewed for this evaluation were using the resource within addiction and mental health service settings. Following are the common ways the resource had been used by evaluation participants:

- Gave it to clients to read and consider taking home to read to their children.
- Gave it to parents or caregivers (without substance use issues) to read to their children.
- Used it in group work where the resource was either presented and recommended for use by family members, or read in the group followed by discussion.

> *"When people mention they have young children I ask them how much they have managed to talk about the issue with their children. I then introduce the book as a way to expand on those discussions or start the discussion."*
> Family advisor, addiction services – DHB.

Group work

The addiction clinicians interviewed cited a variety of ways they had used *Ruby's Dad* within group settings. Clinicians had promoted it at groups for significant others (family and whānau), as a resource that family members could use to begin conversations with their children about addiction.

Some clinicians had used the resource as a therapeutic tool in group work (with either friends and family groups or service user groups). In this setting they had read the resource to the groups, or asked group members to read it, then reflected on the groups' responses to the book. Time was also often taken to coach group members regarding useful preparation and techniques to use when reading the resource to their children.

> *"The men didn't want to be just given the book, they wanted to go through it and so they ended up taking turns reading the book and it caused them to reflect on their own childhood experiences and their own behaviour with their children. We were quite taken by how powerful it was with that particular group."*
> Psychologist, Kaupapa Māori addiction service – DHB.

> *"I read it in family and friends groups – there wasn't a dry eye in the house… It is amazing for accessing emotions. It's a reality check for how it is for the kids."*
> Family advisor, addiction services – DHB.

These quotes indicate the therapeutic potential of the resource – and its power to validate and connect with the experience of the child. However, some clinicians commented that given this therapeutic power and potential, the end-user of the resource needs to be well supported and that often clinicians lack the time (or training) to provide this support. See the section 'Barriers to use' for more discussion.

Work with children

The co-ordinator of a Kaupapa Māori service for COPMIA explained that the resource was used in both group and individual work with children aged from 6 to 12 years. These groups were either just with the children or with the whole whānau. The resource was read to the children and follow-up discussions were facilitated.

An addiction practitioner who works with children affected by addiction in a high school reported using the resource in his group work with 13-year-olds. He asks the children to read the resource, then facilitates discussions where the students summarise what the story means for them and whether there is any relationship with their own experience.

> *"Most say, 'Oh I am like Ruby'. They identify with the story; they match the story with their own life… The book helps to build up a relationship between me and the children, they are more willing to open up and share."*
> Addiction school counsellor.

While the practitioner noted positive effects for these children, he did notice that 15-year-olds and above did not respond in the same way. They considered the resource too childish to relate to.

Family members' use

The parents interviewed reported needing time to reflect on the story themselves, as preparation before reading the book to their children. Family members reported that the conversations with their children were simple ones, in which they either read the book to their child or asked the

children to read it. They then followed this with brief conversations in which the children asked simple questions, and said they thought the story was good.

EXPERIENCES FROM USE

The children first

One of the parents interviewed had collected quotes from children whose parents had read the resource with them. These provide some preliminary information about how children perceive the book and what they think about its usefulness:

> *"It was such a cool book because I want to tell people about meetings and how good they are for adults who drink too much, but I can't and this book does it for me."*
> Nine-year-old boy.

> *"It was neat to read a book that's not a fairy tale but tells a true story of what it was like for us. It makes me feel like me and my family are the main characters and heroes because we are now living the happy ending."*
> Twelve-year-old girl.

The parents

The three parents interviewed were all very positive about the resource. They had personally related to the story and gone on to use the resource with their children. They described it as a useful tool to support them in starting conversations about addiction with their children. The parents liked the story's simplicity and that it was realistic in mentioning relapse. They appreciated its clear message – there is hope for recovery.

> *"It was fantastic. It provides a good, subtle, easy to read message. I passed it on to my daughter and then grandchild. It subtly introduced an issue that is in a lot of homes from a kid's perspective. It offers hope with rainbows and helps the child to realise that it is not their fault. It helps the parent to consider the impact on family of their addictions."*
> Parent and grandmother.

Parents emphasised the importance of having open discussions with their children, so they had an accurate understanding of the situation.

> *"For me it was so important to involve my children in my recovery; they were around when I was drinking so they need to be part of when I am not drinking and understand this*."
> A parent in recovery from addiction.

These parents held the opinion that this resource could be used without needing support from professionals. But the context for this use is important. All three parents interviewed had been in recovery for a number of years. Despite this, they still experienced some emotional reactions when reading the story.

> *"When I got the book it did take me a long time to read it. I still deal with embarrassment and guilt about my addiction even though I am in recovery. When I read it, it sounded like my story; it hit home quite a bit and it took me a while to read it to my kids because it*

brought up that guilt and embarrassment for me. I had to deal with those feelings first before I could read it to the children."
A parent in recovery from addiction.

Ruby's Dad accesses a sensitive topic, and while the parents interviewed for this evaluation were able to manage those emotions themselves, others may need professional support to integrate feelings that can be triggered by the story. The need for professionally supported delivery might be even more important if this resource were to be used in a family where the addiction had previously been kept secret, or if the parent was still struggling with the addiction or at an earlier stage of recovery. There is a tension here to which further implementation strategies for the resource will need to attend: how to balance the need to get the resource into the hands of those who need it versus ensuring that delivery is associated with the professional support necessary to manage responses to the resource. See page 30 for further discussion.

The clinical guidelines that accompany *Ruby's Dad* emphasise the importance of distributing the resource in settings where there is adequate support in place – for example, adult alcohol and drug services, child and adolescent mental health services, primary care, family support agencies, and specialists working in schools such as nurses and social workers.

Case study: A parent's story

I took it home, read it and cried because it told my story. Most alcoholics are born in to an alcoholic family – I could see me as a child and my father who was an alcoholic. But mostly it was so emotional because I am a mother of two children and I suffered from alcoholism… *Ruby's Dad* had an impact. With its simplicity, it showed me how much my drinking affected my children but also how much my abstinence and working the 12 step programme has also affected my children. The emotional reaction wasn't in a negative way. There was some remorse that I really had impacted my children in the past but I have worked through this. There was also a positive reaction that finally someone has written a story for children, and there is so much hope in it… Children can see the reality, they can identify with Ruby and can see that they are not to blame, and neither are the parents. For parents, it helps them to identify with the story and put the issue out there openly. Everything is covered in that book and it opens up room for discussion.

The clinicians

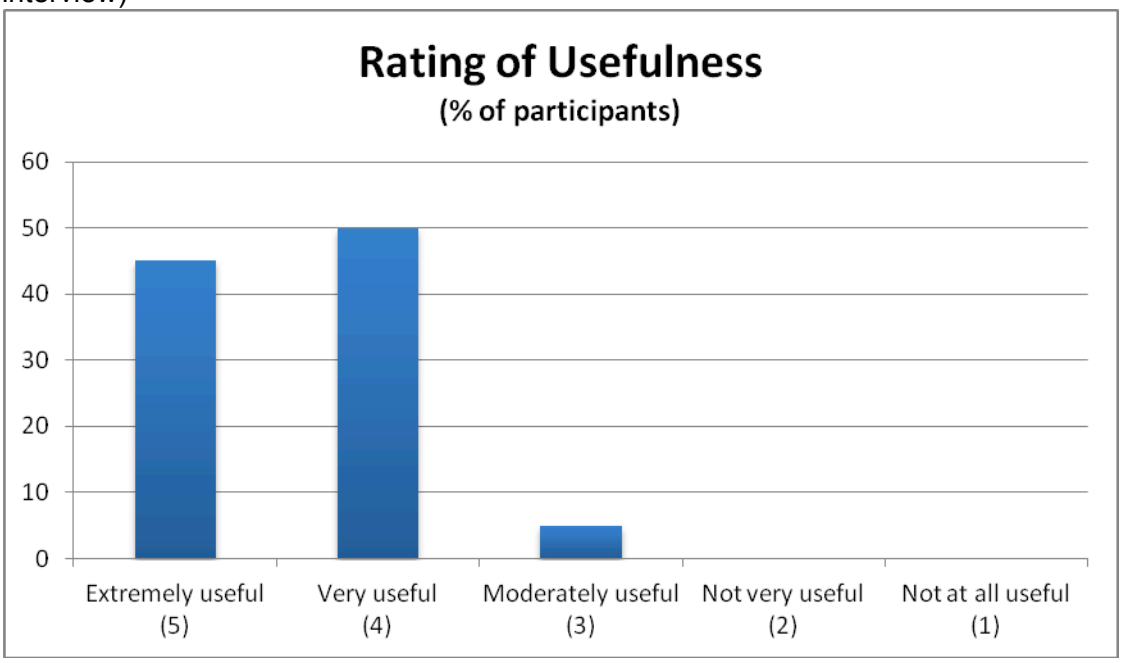
Following are common perceptions of the *Ruby's Dad* resource shared by clinicians (surveyed or interviewed). These illustrate what clinicians saw as the strengths and weaknesses of the resource, the benefits for children and family members, and how it helped to extend their professional practice. Clinicians also provided a lot of comment regarding how the resource is best used – which is summarised in the following section.

Ratings of overall usefulness

As Figure 3 demonstrates, on a usefulness scale from 1 to 5 most clinicians (and parents) rated the resource as either very useful or extremely useful. Furthermore, every practitioner surveyed online who had used the resource had recommended it to others. A variety of reasons were provided for these high ratings; the most common ones are listed below.

A proportion of clinicians rated the resource as moderately useful. Reasons for this lower rating were related to how the resource was used, rather than the actual resource itself.

Figure 3: Ratings of the *Ruby's Dad* resource's perceived usefulness by participants (survey and interview)



First of its kind

Many clinicians noted that this was the first resource of its kind that they knew of. They expressed gratitude for now having a tool they could offer parents who they knew were struggling with how to broach the topic with their children. One practitioner noted that she thought it sent a good message to the addictions sector and its service users and families, that the government does have a conscience about this problem.

> *"It addresses the helplessness and frustration. We have something to offer the family and friends."*
> Family advisor, addiction services – DHB.

The power of a story

Clinicians gave compliments on the simplicity of the story. They thought it covered a good range of content in a simple way that made it easy for a lot of people to relate to.

> *"Addiction is one of those sensitive subjects in families and it can be quite hard to talk about, especially with kids because people don't know where to start. You don't want to get too deep but you do want to have a conversation. So* Ruby's Dad *is good in that it touches the surface and opens up the discussion."*
> Social work student.

Many clinicians complimented the resource for the realism of the content; in particular they appreciated that relapse was addressed.

> *"It is important to be upfront and honest; the reality is that some people relapse so it's a realistic message for children. If relapse does happen, then they are less likely to see it as hopeless or a waste – it's not an entire surprise."*

Clinical co-ordinator, addiction residential service.

Clinicians also noted that the story was non-judgemental and enabled the family to take a third-party view. This slight distance from the experience could make it easier for families to address this sensitive topic.

> *"A children's book is always lovely to read, and there are no 'baddies' in it. There is no right and wrong, it's very validating of people's feelings and experiences."*
> Family advisor, addiction services – DHB.

Accessing the heart

Clinicians noted that having some parents read the story and consider the situation from the child's perspective could help them to soften and access some of the emotions that they might hold about the impacts of their addiction on their children.

> *"People were able to sense or see what it was like for the child, when they previously may not have been able to see that. That's powerful and what generates the emotional reaction that in this instance tended to be shame. As a story book, it is somewhat removed, so becomes a little easier to look at."*
> Family advisor, addiction services – DHB.

Many clinicians highlighted that this book had the potential to help parents better understand the impacts of their addictive behaviour on their children. The parents interviewed confirmed this, in that they could relate their personal experiences to the story.

> *"It is so simplistically laid out, it covered everything, like the denial and hiding of drinks. These are things I did in my drinking days. And the simple message that there is hope and that it is not a one fix wonder, it's on-going and the father has to go to the meetings – that is something I very much identified with. It is just one day at a time."*
> A parent in recovery from addiction.

> *"I think it is helpful, especially for men, for them to see the point of view of their children. Half of the time it has never crossed their mind that the kids might know what is going on. You hear it over and over again: 'No I never do that in front of the children'. Well actually they do have an idea. It can be a good wake up call."*
> Adult child of a parent in recovery from addiction.

Clinicians also suggested that by acknowledging this impact, parents may then be more willing to take responsibility for how things have been. It may strengthen their resolve to stay in recovery and prompt them to seek to make amends with their children and other family members.

> *"The rationalisation is you have to tell yourself that the kids are okay, otherwise it would be too terrible… So reading something like* Ruby's Dad *is very powerful because it can help parents see that actually they have had an impact. It can be a motivator. Many times I hear that I got in to recovery because of my kids. The book can create this realisation."*
> Family advisor, addiction services – DHB.

It normalises the situation

Clinicians thought that the resource would help children and the other family members to realise that they are not alone. In particular, when a child sees a similar story to their own in a picture book, this helps them to realise that it is something that happens to other people, as well.

> *"I don't think change happens in the dark. I think* Ruby's Dad *brings awareness, and anything we can do to normalise the issue so it can be talked about is good. Being isolated is the worst thing for kids, so if they can realise they are not the only ones with this problem that has to be good."*
> Counsellor, church-based social service.

Case study: A prompt for help-seeking behaviour

Reading *Ruby's Dad* prompted my female client to discuss possible treatment options with family, including the children, which resulted in a collaborative decision for the client to attend residential treatment. It assisted with reducing fears for the children about being away from their mother temporarily, extended their awareness and other family members' awareness that treatment would provide their mother with a 'tool box' not 'cure all', and made everyone involved feel part of the support process.

It gives children the chance to speak and feel

Clinicians reported that *Ruby's Dad* could help children to talk about their situations, realise that it is okay to have related emotions and get the right information.

Clinicians often cited that children tended to be very good observers of family situations but not as good at interpreting, which makes it critical that children are supported to gain an understanding of their situations.

> *"I think that children do better when they have the right information because otherwise they make up explanations for themselves and some of those are about it being their fault."*
> Psychologist, child services – DHB.

> *"It gives kids a voice to talk about what is really going on – and provides a chance to address the three Cs – you didn't cause it, you can't cure it and you cannot control this. It helps to remove responsibility and blame – whether this is done overtly or not, it is common."*
> Clinical co-ordinator, addiction residential service.

Case study: Where did Mummy go?

A major response that stands out for me was when I had a female client, 30, with two kids aged four and six…The father was at home caring for the children while she was with us. I mentioned *Ruby's Dad* to her and she was really keen to use it. She mentioned it to her partner, we sent it to him, he read it to the kids and provided us with great feedback. He said the kids, particularly the eldest daughter, was reading it a couple of times a day to deal with Mum being away. She didn't feel so alone, or isolated. She understood more about why Mum wasn't at home. The father had said to me that it was kind of hard to explain to them and it was coming up a lot – the kids were asking a lot of questions. He didn't really understand either and didn't know how to explain the situation to his young kids. So I think he found the resource really useful in that a lot of the questions stopped after reading the book. They were able to understand that their Mum was unwell like *Ruby's Dad* and she has gone off to the hospital to get better.

Perhaps it is too optimistic

Not all parents responded positively to the resource when it was shared in individual sessions and group work. While this wasn't common, clinicians noted more than once that a parent had

responded to the story by saying it was too positive, that the road to recovery for addiction was not as smooth as what was portrayed in the *Ruby's Dad* resource and that this might give false hope to children who read it.

However, the majority of clinicians and parents highlighted the hopeful message as one of the strengths of the book. They thought it was important for both children and other family members to see there was a pathway to a better outcome.

> *"Family members struggle with hope on addiction issues. I hope they also catch some of the positive energy they are sharing with the child when they read* Ruby's Dad *– that we can get through this and things can get better. When I meet family members, they are learning that there is a way through this. It might help them feel that there could be a rainbow at the end, like the one in* Ruby's Dad*."*
> Family advisor, addiction service – DHB.

Some examples like the fire may be too extreme

While this feedback was not as common as the other messages listed above, some clinicians did report instances where parents did not feel comfortable using this resource because they felt the example of the fire was too extreme and therefore might unnecessarily upset their children. They felt that there were many other, more common, experiences for families dealing with addiction that could have been included instead.

A more common message was that parents were often reluctant to use the resource with their children if their addiction problems were related to other substances, not alcohol. In these instances clinicians and parents suggested it would be good to have a series of resources that shared the common experiences for families across a variety of addiction issues.

It provides an important first step

Clinicians emphasised that a key strength of the resource was that it was a way of starting family conversations, whether the children came into the clinicians' service or not. There then needed to be ongoing conversations within the families that were supported by targeted support services for families and children affected by addiction issues, where needed.

Case Study: Reuniting the family

I used one-on-one work with a client where her 10-year-old daughter was becoming extremely upset and didn't want anything to do with her father who was a relapsing alcoholic. The daughter didn't want her father moving back in, even though her mother was open to that. The mother read *Ruby's Dad* to the child and it helped the daughter to understand that sometimes Dad is better and sometimes he is not so good, and it relieved her as she could see that she didn't need to wait 'til Dad was cured before he came back in to the house. It helped her get out of that black and white thinking enough to allow Dad back into her heart, that's what it came down to really. She had blocked her heart off to her father after a traumatic event. *Ruby's Dad* was particularly helpful for that girl, and it was a resource for her Mum to somehow bring the family back together. The pictures, and the fact that an official book has been written about their issue, helped her to realise that this happens to other families. Reading a story about it helped her realise that it wasn't all her Dad's fault and that she didn't need to punish him by not letting him back into the house or her heart. The mother was very grateful that there was something she could use that was age appropriate and real but not too heavy. The family are still together now. It served a purpose, and it's a tool for them moving forward if relapse happens.

PRACTITIONER OBSERVATIONS TO OPTIMISE USE OF THE RESOURCE

While the evaluation participants tended to have a lot of shared views on the resource, one area of debate was whether *Ruby's Dad* could be freely distributed as a resource that anyone could pick up and read, or whether it should only be used when the support of a capable professional or peer was available.

Some clinicians, and the parents interviewed, felt that it could work as a stand-alone resource when accompanied by the guidelines for use. They thought it was important to provide as many opportunities for people to engage with this topic as possible, given its high prevalence in the community. A parent argued that if a family member were not ready to address the issue, they would disregard the resource or not take the messages on board.

> *"It is a book that a parent could pick up and use without clinician support. We get so much feedback from parents and family members saying we didn't know where to go to get support. The resource includes contact services."*
> AOD practitioner, addiction services – DHB.

However, other clinicians questioned the safety of distributing the resource without support. They emphasised that the resource could be a powerful tool for accessing emotions and that professional support may be needed to integrate some of these stronger reactions from children, parents and other family members, in order to then identify constructive next steps.

> *"I don't think you would want to have it in a waiting room… but I am not sure, perhaps any opportunity is a good opportunity. There is something about it being for the children that makes it more emotive."*
> Social worker.

> *"I would hate to think this might be the first opportunity for a child to realise they are not alone, but they leave more confused."*
> Adult child of a parent in recovery from addiction.

Almost all the clinicians interviewed and surveyed acknowledged that to get the greatest potential benefit from the resource, its use would need to be supported by individual clinicians and the service structures in which they worked.

Following is a summary of the practices identified to optimise use of the resource. Some of these are reflected in the *Guidelines and Prompts for Clinicians* that accompany the *Ruby's Dad* resource. Some are extensions to the current set of guidelines.

Building rapport and trust

This is a sensitive topic. While both research and feedback from the evaluation participants indicate that providing children with accurate information about addiction is important, parents may be unsure about what information to provide or how to provide it.

> *"Sometimes parents are not sure whether talking about the issue will make it worse."*
> Psychologist, Kaupapa Māori addiction services.

> *"I am yet to meet a family member who is actually comfortable to talk about this stuff with children."*
> Family advisor, adult addiction services – DHB.

Given the discomfort that a family member is likely to feel when considering broaching the topic with their children, the practitioner needs to build good rapport with their client or family member first. The client or family member needs to feel they can trust the practitioner, and therefore trust their recommendation when they do introduce the resource as a tool to use with their children.

Gauging parents' readiness

Clinicians talked about the need to gauge carefully a client's or family member's readiness to use the resource. Most suggested that it was best to introduce the resource to the client when they were well into the maintenance stage of their recovery process.

> *"I think people will probably have to be in the maintenance stage to be ready to take this book back to the family. Because they need to be strong enough to hold some angry reactions from the children, which could trigger guilt and shame and possibly a relapse. The ego strength would need to be there, and having some confidence in their ability to change."* Family advisor, addiction services – DHB.

While most clinicians thought the parent would need to be at a stage where they were making some positive changes, this view was not unanimous. As discussed earlier, some clinicians saw this resource as a potential motivator for help-seeking behaviour.

> *"Had I picked it up in my drinking days it would have made me look at myself and reflect. It might have helped me realise that I do have a problem, and it also gives the solution."*
> Parent in recovery from addiction.

In addition, a family member who does not have an addiction, such as the spouse, caregiver or grandparent of someone with an addiction issue, could use the resource. Readiness was still identified as an important factor in these instances. Clinicians indicated that it was best for the parent with the addiction to consent to its use. Also, the family dynamic would need to be stable enough to support the child(ren) to begin to talk and express openly about a topic that may previously have been secret or unaddressed.

Creative delivery

The potential of the resource is realised when the practitioner or reader gets creative when reading it. The co-ordinator of a Kaupapa Māori children's service noted that in groups, if the facilitator just read the book and wasn't particularly excited about it, the children would respond in a similar way. However, if the facilitator was expressive and engaging, the children also engaged.

> *"If you start reading and there is no engagement, you have to change your approach, use a different tone of voice, make it interesting, just like how you would read a book to your kids at home. If the kids start asking questions then make sure you stop, listen and respond, rather than just keep going through the story."*

Co-ordinator, Kaupapa Māori children's service.

"It's really important that it is not just read, the prompt questions need to be used. This is the benefit of Ruby's Dad *in that it can be taken a little further and can be used to have a therapeutic conversation that can actually be ongoing… It's about having a creative conversation, using questions."*
National manager, addictions sector.

A two-stage intervention

"It's brilliant in what it can access therapeutically, but it needs to be delivered properly to realise these benefits. It is probably best used in one-on-one work, where there is active follow-up and enough time to talk through reactions."
AOD practitioner, addiction services – DHB.

Some clinicians specified that whether the resource was delivered in a group or one-on-one setting, its use would need to be facilitated in at least two sessions. During the first session the resource would be presented to the parent(s) or family member(s) for their consideration. The practitioner would aim to help process any emotional reactions and consider whether they were ready to use it with their child(ren). This would include coaching them in techniques to use when reading it to their child(ren).

"The parent needs to be able to read it without losing the plot, because the child needs to feel secure and the parent also needs to feel secure while reading it."
AOD group facilitator, addiction services – DHB.

In a follow-up session after the parent(s) or family member(s) has used the resource with their child(ren), the practitioner would seek to understand what happened and help them to identify any further actions that may support the family dynamic and the child(ren) moving forward.

BARRIERS TO USE

With the exception of a few interviewed, the clinicians who participated in this evaluation did not use the resource frequently in their professional practice. Nor did they observe their colleagues actively using the resource.

"Since it came out I would have done scores and scores of interventions but I have only used Ruby's Dad *a couple of times."*
AOD practitioner.

Infrequent use is not necessarily something that needs to be improved. The focus needs to be on maximising *appropriate* use in the right contexts. The following are the main reasons clinicians provided for not using the resource as much as they would like.

Not top of mind

While the participating clinicians saw value in using *Ruby's Dad* in their busy clinical practice, they reported that they often didn't think about using it. In some instances, clinicians mentioned this was simply because they forgot about it, but more often it was because their focus was consumed with

delivering core business. These service requirements tended to focus on meeting individual client needs and didn't extend to the needs of other family members or their children. Child and family inclusive work, which includes the use of *Ruby's Dad*, can be seen as work on top of service requirements. Participants reported that resources are often stretched, and therefore clinicians tend to fall back on their default ways of working.

> *"There could be more awareness. It is small on the scale of being noticed, because we have core stuff to deliver and this has to be delivered first. It's additional to core work, so it is not factored in to the landscape."*
> AOD practitioner, addiction services – DHB.

> *"I think what happens is that it requires a conscious effort from me to move out of my training and think about someone as a parent and think about their children and the needs of the broader family. When I don't have that time available I do what I have to do and* Ruby's Dad *doesn't come in to that picture."*
> Psychologist, DHB addiction service.

Lack of opportunity

Some clinicians mentioned that they did not have many clients with children in the age bracket that would be appropriate for its use (6 to 12 years).

Another dynamic that is likely to be a barrier is the limited opportunity for clinicians to use the resource as a two-stage intervention (as discussed in the previous section). Group work is becoming more common, and while the resource has been shown to work well within a group setting, often group work in the addictions sector follows a structured approach that doesn't allow for additions like a two-stage intervention based on the *Ruby's Dad* resource.

Insufficient training and support to use effectively

This resource can be a potent tool for activating people's emotions regarding the impacts that their addiction may have on their families. Some clinicians expressed a reluctance to use it, given that they had not been provided with training. They highlighted that while it was good to have the current guidelines that accompanied the resource, they were not sufficiently detailed to instil the confidence clinicians needed to use it with their clients. They also expressed concerns about inexperienced clinicians wielding such a potent therapeutic tool.

> *"This is a very powerful intervention, which is why it probably stays on the shelf and is not used."*
> AOD practitioner, addiction service – DHB.

> *"There has been no support in the roll out. This resource needs to be discussed with clinicians. There needs to be some training, the guidelines are not enough."*
> AOD practitioner, addiction service – DHB.

HOW TO INCREASE USE

Clinicians had some common suggestions for increasing the use of the *Ruby's Dad* resource, which are summarised in this section.

Champions and sharing stories of use

The participants interviewed and surveyed for this evaluation are the early adopters of this resource. While they offered suggestions that could improve the resource or its roll-out, overall they reported being very grateful for now having a resource that they could offer parents and other family members who were concerned about their children.

> *"*Ruby's Dad *is a tool that early adopters will utilise and gradually, hopefully, it will be used more and more. These early adopters are the ones who are open to looking at ways of extending practice or moving out of individual models of care."*
> National manager, addictions sector.

While this group of clinicians reported recommending the resource to their colleagues where they could, a more organised approach could be taken. Champions could be identified from this early adopter group, who engage in activity to keep it on people's radars within their realms of influence.

> *"No-one has been a champion of the resource, so it hasn't stayed in our thinking."*
> Psychologist, DHB addiction service.

Publishing and disseminating stories and case studies that illustrate the ways that early adopters are using the resource, and the results they are realising, would also support these local efforts. Some clinicians indicated that the resource could be more actively promoted, perhaps through a resource re-launch and targeting of key services.

Two clinicians who had recently ordered *Ruby's Dad* said they had found it difficult to locate the resource on the HPA website. They suggested that both Google and HPA website search criteria could be better optimised to ensure people find the resource online quickly.

Expanding the early adopter group

The clinicians included in this evaluation were not only early adopters of the *Ruby's Dad* resource, they were also strong believers in child and family inclusive practice. It is this orientation towards working with children and families that led them to use the *Ruby's Dad* resource proactively in their work. They described *Ruby's Dad* as the first tool they had found that helped them to facilitate conversations with children about parental addiction, either directly or via parents and family members.

An orientation towards child and family oriented practice appears to be an important enabler for the use of the *Ruby's Dad* resource. To see a greater uptake of this resource, an important strategy could be workforce activity to build supportive attitudes to and understanding of the needs and benefits of involving children and families in addiction treatment. However, focusing on the workforce would not be enough. Results from this evaluation indicate that individually focused service models can keep clinicians from applying child and family inclusive practice such as the use of the *Ruby's Dad* resource. Therefore a two-pronged strategy focused on workforce development and service change would be required.

More support to enable use

The most common suggestion to increase use was to offer training associated with the distribution of the *Ruby's Dad* resource. Clinicians suggested that this training was necessary to embed the resource within mental health and addiction services. Even very experienced clinicians said they would like to see training that included factors such as the optimal conditions for use, how to use it in group work, the types of group that would be most appropriate for use, the stage in people's recovery at which the resource is best introduced, and the best process for follow-up.

Clinicians acknowledged that the current *Guidelines and Prompts for Clinicians* were useful, but said that more detailed guidance on how to use the *Ruby's Dad* resource practically, and in what context, was required to give clinicians the confidence to use it more regularly.

> *"Training probably needs to be talking about some almost formulaic ways to do this work, so there is a clearer pathway for people to use when working with* Ruby's Dad*. Rather than just knowing there is a resource there, it would be better to talk them through a series of steps to deal with anxiety or resistance that may be present."* Psychologist, Kaupapa Māori addiction service**.**

Some clinicians suggested that this training could be included within a broader training curriculum focused on upskilling clinicians in child and family inclusive practice. It is important to acknowledge that training alone is unlikely to be sufficient to embed the *Ruby's Dad* resource in mental health and addiction services. As the COPMIA workforce development strategy has highlighted, a fundamental shift is needed in the way that mental health and addiction services work. Infrastructure and organisational development is needed to enable a shift "away from individualised working in silos towards the inclusion of wider family and whānau networks and collaboration" (Matua Raki, 2013: 21).

Development opportunities for the resource itself

As mentioned in a previous section, the suggestions for content improvement revolved around considering the use of 'less extreme' examples of behaviour that can result from substance abuse. Some parents were concerned that it painted too positive a picture, which could provide false hope for children. However, the majority of parents and participants interviewed said that it was important to provide children with a hopeful message, and that the resource was realistic enough as it mentioned relapse.

> *"The* Ruby's Dad *story might have been too positive, recovery doesn't tend to happen that easily. But this is a book for children so it is important to keep things simple. The book is a starting point but there needs to be an acceptance and recognition that it isn't always as seamless as it was for Ruby. Some children never get the right help."*
> Adult child of a parent in recovery from addiction.

Suggestions for resource development mainly focused on the need for a wider suite of resources that told the family story for people who experienced substance use issues other than with alcohol. Some people also suggested that consideration could be given to developing a resource with a similar purpose that was appropriate to a young adult audience.

Service support for child and family inclusive practice

As some of the clinicians in this evaluation highlighted, the core business for mental health and addiction services still tends to follow an individually focused model. The use of a more child and family inclusive resource such as *Ruby's Dad* relies on individual clinicians adapting their practice to include it. As this evaluation outlined, a group of early adopters have been using the resource and report a series of positive effects for their clients and children.

This early adopter group indicated that activities involving family and children can be seen as too complex by clinicians. They may lack the confidence to incorporate a more family-oriented approach into their work, especially if they are very busy. Therefore training and development opportunities to upskill workers in child and family inclusive practice are important, but this new way of working needs to be reinforced by the organisations' structures and systems. Clinicians often reported they didn't have time to use *Ruby's Dad* as they needed to stay focused on meeting core deliverables, which tended to focus on service and client needs. Clinicians need to be supported to apply FIP within their workplaces. This could include the services increasing the priority of FIP as a key deliverable, and ensuring that sufficient infrastructure, time and supervision support are available to reinforce this new practice.

While the COPMIA workforce development strategy has yet to be finalised, it is likely to include infrastructure and organisational development to shift the orientation towards a more family and whānau inclusive practice, as well as training and development to improve the levels of knowledge and skill for working with children and families. The Ministry of Health has stated that the ideal outcome from the current COPMIA initiatives would be to ensure that workers have the confidence to facilitate access to information that supports parents and assists their children to understand their parents' health problems (Ministry of Health, 2012b). The *Ruby's Dad* resource has a role to play in enabling this outcome. Results from this evaluation indicate that this resource is useful in helping both parents and children to understand the impacts of parental addiction. This resource helps to normalise the situation and provides a vehicle to open the discussion within a family.

WHĀNAU ORA

Whānau Ora takes work with children and family members to another level by prompting clinicians to think about the collective aspirations of the whole whānau including addressing housing, transport, childcare, educational and financial issues. Therefore to meet the needs of whānau, cross-sector collaboration is required, including the development of whānau care pathways. The United Kingdom has taken a cross-sector approach to addressing the issues faced by children affected by parental addiction. Perhaps some of its collaborative models could relate to initiatives in New Zealand.

A strength of the *Ruby's Dad* resource is that it can provide a whānau intervention, because a parent or other family member can read it to a child and others in the family to help open up a conversation about addiction. It is also worth noting that this resource has been ordered by a wide range of community services in New Zealand, with Kaupapa Māori health services being one of the

biggest users. The resource's general applicability could mean it is a useful resource for Whānau Ora workers; however, further investigation of this is required.

CONCLUSIONS

1. *Ruby's Dad* is a children's book about a young girl whose father has a drinking problem, and it includes Guidelines and Prompts for Clinicians on how to use it with parents, family members and children. It was published with the aim of providing a resource that clinicians could offer to family members to help them have conversations with their children about the impacts of parental addiction.
2. This evaluation aimed to understand how clinicians (particularly within the addiction sector) and family members are using the resource and the impacts they may be observing. Impacts could include changes in clinical practice, effects for children affected by parental addiction, and effects on parents and other family members.
3. Research has shown that COPMIA are an at-risk group. Parental substance use can adversely affect children in a variety of ways: they are more likely to experience abuse and neglect and are at risk of developing attachment difficulties due to inconsistent caring and nurturing by their parents and caregivers.
4. International programmes have engaged in service redesign and workforce development to provide more support for this group of children. Recently the New Zealand Ministry of Health has initiated strategy development and workforce planning to provide similar support for COPMIA. Opportunities to guide the effective integration of COPMIA within Whānau Ora are also being investigated.
5. Research focused on understanding what children of addicted parents have to say highlights that their most consistent request is for more age-appropriate information about addiction to help them understand what is going on in their families. *Ruby's Dad* is an age-appropriate resource that meets this need.
6. The evaluation interviewed and surveyed 33 clinicians from the health sector, mainly addiction services, who knew of the *Ruby's Dad* resource, with a special focus on those who had used it in their practice. Three parents who had used the resource within their families were also interviewed.
7. The most common ways that participating clinicians used the resource were: give it to their clients to read and consider taking home to read to their children; give it to parents or caregivers (without substance use issues) to read to their children; and use it in group work.
8. Most clinicians (and parents) rated the resource as either very useful or extremely useful. Furthermore, every practitioner surveyed online who had used the resource had recommended it to others. A smaller proportion of clinicians rated the resource as moderately useful. Reasons for this lower rating were related to how the resource was used, rather than the actual resource itself.
9. Reasons for these high ratings varied, but the main themes described by clinicians were: it was seen as the first of its kind; it gives children a voice; it helps children to understand that they are not to blame; it helps parents to understand the impacts of their behaviour on their families; and it provides family members with an easy way to broach a sensitive topic. Some examples from clinical practice and parents' experience illustrated outcomes for families, such as assisting in opening conversations and addressing children's questions, relating to the story and reflecting on own behaviour, prompting treatment and altering the family dynamic for the better.
10. A set of factors that clinicians found optimised their use of the resource was identified. These factors included: establishing rapport and trust first; choosing the right time to introduce the book, which includes carefully gauging the parents' or family members'

readiness; delivering the book to children in a creative and engaging way rather than simply reading it; and following up with family members afterwards to identify any further actions. Most of these factors are included in the current Guidelines and Prompts for Clinicians that accompany the *Ruby's Dad* resource.

11. Areas for improvement suggested by the clinicians mainly focused on supporting the resource's roll-out with the provision of training and more detailed Guidelines and Prompts for Clinicians regarding use and the best context to optimise impact. Some suggestions were made regarding content change, such as removing the more extreme example of the fire, but overall people found the content to be simple yet very effective in relating to families' real stories of problem drinking and addiction. A number of clinicians suggested it would be good to have a series of resources that explored family experiences related to other substance use.

12. Clinicians' and parents' suggestions for how to improve use focused on three factors: make it more widely available through increased promotion and targeting broader audiences; provide training on how to make best use of the resource; and work with services to create more opportunities to use the resource, including ensuring enough one-on-one time to deliver what is often a two-stage session/intervention.

13. The strategies above are reflected in the broader emerging directions for COPMIA and FIP in New Zealand and its integration with Whānau Ora. Service redesign and workforce development are required to support a shift in the way that mental health and addiction services work with people, their families and wider whānau.

14. While the *Ruby's Dad* resource has only recently been made available and its use within the addictions sector may not yet be widespread, clinicians and parents who are using it rate it very highly and report a number of realised and potential benefits from its use. It responds to children's call for more age-appropriate information on addiction. The resource provides the mental health and addiction sector with a tool for whānau that can be used to intervene early. Clinicians can give the resource to parents to use with their children to broach this sensitive topic. It is just the beginning; conversations in families need to be ongoing and families need to receive the right support to facilitate recovery, but it is an important first step.

15. An outcome of this evaluation is the recommendation that the *Ruby's Dad* resource be embedded within strategies and initiatives to support child and family inclusive practice within New Zealand. To this end, it would be beneficial to include it as a module within COPMIA-related training to increase its profile and give clinicians from the mental health and addiction sector, and other social and community services, the confidence to embed it into their practice. As highlighted in both this evaluation and current COPMIA strategy documents, workforce development needs to occur alongside system change that supports and reinforces more child, family and whānau oriented working models.

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APPENDICES

APPENDIX A: PARTICIPANT PROFILES

Table 2: Survey participant profile

Survey Sample (n=17, 3 incomplete)		
Ethnicity	(n)	(%)
New Zealand European	14	82
Māori	2	12
Other European	1	6
Professional Role		
Addiction Practitioner	9	52
Mental health nurse	2	12
Social worker	1	6
Family advisor	1	6
Counsellor	1	6
Māori health worker	1	6
Consumer advisor	1	6
Service		
Mental health and addiction service – DHB	8	47
Mental health service – DHB	3	17
Addiction service – DHB	2	12
National organisation	1	6
Addiction service – NGO	1	6
Other	2	12

Table 3: Interview participant profile

Survey Sample (n=22)		
Professional Role	(n)	(%)
Addiction practitioner	4	18
Clinical co-ordinator	3	14
Social worker	1	4
Parent	3	14
Family advisor	2	9
Addiction student	2	9
Psychologist	2	9
Consumer lead	1	4
Fundraiser – NGO	1	4
National manager	2	9
Psychotherapist	1	4
Service		
Addiction service – DHB	6	27
Addiction service – NGO	1	4
Addiction service – Residential	2	9
Child mental health and addiction	2	9
Kaupapa Māori mental health and addiction	2	9
AOD counselling service – school	1	4
General health	2	9

National organisation	3	14
Other	3	14
Region		
Auckland	11	50
Central	3	14
Bay of Plenty	4	18
Wellington	3	14
Dunedin	1	4

APPENDIX B: PARTICIPANT INFORMATION SHEET

How is the *Ruby's Dad* resource being used?

Information about the evaluation

Thank you for your interest in taking part in this work that aims to understand how family members are using the *Ruby's Dad* resource.

The following information outlines the purpose of the evaluation and your potential involvement. Please read this information carefully before considering whether you are willing to take part in an interview for this work.

The Health Promotion Agency (HPA) is currently completing an evaluation of the *Ruby's Dad* resource that was released in 2012. The *Ruby's Dad* resource is a children's book about a young girl whose father has a drinking problem and the guidelines are for clinicians on using the book in clinical practice to have a conversation with parents or a child. HPA would like to understand if and how services and families are using the *Ruby's Dad* resource and what effects this use may be having.

Your involvement is completely voluntary. At any point and for any reason you can choose to leave the evaluation and any information provided will not be used. During the interview you can also choose whether or not to answer any question or part of a question and can choose to end the interview at any time.

The interview will remain confidential and your responses will be anonymous. This means aside from the person doing the evaluation no one will be able to access your information, nor will anyone be able to identify your responses. The interview will be recorded and then written out afterwards to ensure your information is recorded accurately. This information will be securely stored in a password protected computer and only the person doing the evaluation will be able to access it to inform the results. A number (rather than your name) will be used to identify your information, to further ensure no one can identify your responses and any potentially identifying information will be removed from the written record of your interview.

All results will be presented at a general level meaning no individuals will be referenced. No information that could identify you will be included in the results or reporting. Some quotes may be used to present key messages for the evaluation but these will be anonymous.

You will be provided with the final draft report outlining the results of the evaluation. Your comments will then be included in the final report as appropriate. You will also be provided with a copy of the published report.

The interview will involve asking you about how you might have used the *Ruby's Dad* resource, and what effects (if any) you have noticed in family members following use of the resource. You may stop the interview at any time and you do not have to answer any question or part of a

question if you do not want to. If following the interview you would like to discuss any issues that have come up during the interview, the following services can provide information and support:

Lifeline: is a telephone counselling service operating 24/7, every day of the year. Calls to Lifeline from anywhere in New Zealand are **FREE** by calling **0800 543 354**.

The Alcohol Drug Line: an information, referral and intervention service that offers free confidential information, insight and support on any problem, issue or query you have about your own or someone else's drinking or drug taking. Phone FREE by calling **0800 787 797**

Depression Helpline: call the Depression Helpline to talk to a trained counsellor about how you are feeling or to ask any questions. **Freephone 0800 111 75**

APPENDIX C: INFORMED CONSENT FORM

Participant Identification Number:

Consent form – Date:

How is the *Ruby's Dad* resource being used?

Please put your initials

1. I have read and understood the 'Information about the evaluation' sheet for this evaluation. I have had the opportunity to consider the information and ask questions. ☐
2. I understand that taking part is entirely voluntary and that I am free to change my mind and withdraw at any time, without giving any reason. ☐
3. I agree to being interviewed and the interview being recorded. ☐
4. I agree that (anonymous) quotes from my interview may be used in the write up of evaluation report and may be published. ☐
5. I would like to receive a summary of the results. ☐
6. I agree to take part in this evaluation. ☐

_____	_____	_____
Your Name	Date	Your Signature

APPENDIX D: ONLINE SURVEY TEMPLATE

How is the *Ruby's Dad* resource being used? Questions for Health Professionals
The Health Promotion Agency (HPA) is currently undertaking an evaluation of the *Ruby's Dad* resource that was released in 2012.

The *Ruby's Dad* resource is a children's book about a young girl whose father has a drinking problem and the guidelines are for clinicians on using the book in clinical practice to have a conversation with parents or a child.

HPA would like to understand if and how services and families are using the *Ruby's Dad* resource and what effects they have noticed through this use.

There are 32 questions in this survey

Demographic Information
What is your current job type?

Please choose **only one** of the following:

- ○ Addiction Practitioner
- ○ Community Support Worker
- ○ Family Advisor
- ○ Mental Health Nurse
- ○ General Nurse
- ○ Psychologist
- ○ Social Worker
- ○ Occupational Therapist
- ○ Counsellor
- ○ Psychotherapist
- ○ General Practitioner
- ○ Psychiatrist
- ○ Please List:

What is your relationship to family members impacted by parental addiction?

Please choose **all** that apply:

- ☐ Clinician to parent
- ☐ Clinician to other family member
- ☐ Support family and friends through a family and friends group
- ☐ No relationship to child or family impacted by parental addiction
- ☐ Other:

What type of organisation do you mainly work for?

Please choose **only one** of the following:

- ○ Mental health and addiction service - DHB
- ○ Addiction service - DHB
- ○ Mental Health service - DHB
- ○ Mental health and addiction service - NGO
- ○ Addiction service - NGO
- ○ Mental health service - NGO
- ○ Primary health care provider
- ○ Maori health service
- ○ Service led organisation
- ○ National organisation
- ○ Social Services
- ○ Other
- ○ Other

Please select your Ethnicity:

Please choose **only one** of the following:

- ○ NZ European
- ○ Other European
- ○ Maori
- ○ Cook Islands Maori
- ○ Samoan
- ○ Tongan
- ○ Nuiean
- ○ Fijian
- ○ Other Pacific People
- ○ Chinese
- ○ Indian
- ○ Southeast Asian
- ○ Other Asian
- ○ Middle Eastern/Latin American/ African
- ○ Other

Accessing the *Ruby's Dad* resource

How did you find out about the *Ruby's Dad* resource?

Please choose **all** that apply:

- ☐ At the Health Promotion Agency (HPA) launch for the resource
- ☐ The HPA website

- ☐ A promotional email/communication from HPA
- ☐ The Skylight website
- ☐ A newsletter or other communication from a service other then HPA
- ☐ A colleague told me about it
- ☐ Google Search
- ☐ Social media eg. Facebook, blogs etc
- ☐ Conference/seminar
- ☐ Other:

How did you get a copy?
Please choose **all** that apply:

- ☐ Ordered it via the Health Promotion Agency (HPA) website
- ☐ Called HPA to order it
- ☐ Accessed it through Skylight
- ☐ Was available through my service
- ☐ A colleague gave it to me
- ☐ Other:

Do you have suggestions that could improve access or availability of the *Ruby's Dad* resource?
Please write your answer here:

Use of the *Ruby's Dad* resource
Have you used the resource? *
Please choose **only one** of the following:

- ○ Yes
- ○ No

What are the main reasons why you haven't used the *Ruby's Dad* resource to date?

Please choose **all** that apply:

- ☐ I didn’t know about the resource
- ☐ I haven’t had access to the copy of the resource to use
- ☐ I haven’t had enough time to use it
- ☐ I don’t have clients who are parent of children aged 6 to 11 years
- ☐ I only work with the consumers, not family members or children
- ☐ I am not sure how a child would react to such a book and so am not confident to use it
- ☐ I am not sure how a parent or family member would react to such a book and so am not confident to use it
- ☐ I don't feel sufficiently trained or prepared to use this resource
- ☐ I forget to use it
- ☐ Other:

Thinking about your reasons for not using the resource, is there anything that might have made it easier or more suitable for you to use?

Who have you used the resource with?

Please choose **all** that apply:

- ☐ child under 6 years
- ☐ child aged between 6 and 11 years
- ☐ child aged between 12 to 18 years
- ☐ adult child (18 years or over) who has experienced addiction within their family
- ☐ parent experiencing problematic substance use
- ☐ spouse or partner of a person experiencing problematic substance use
- ☐ older sibling of the child
- ☐ grand parent
- ☐ Other:

How have you used it?

Please choose **all** that apply:

- ☐ Read it to the client/parent/care giver/other family member
- ☐ Gave it to the client/parent/care giver/other family member to read to their children
- ☐ Gave it to the client/parent/care giver to read to other family members
- ☐ Coached a client/parent/care giver/other family member to read it to their child who may be impacted by parental addiction
- ☐ Read it to a child who may be impacted by parental addiction
- ☐ Used in in group work with people experiencing addiction problems
- ☐ Used it in clinical work with an adult child who grew up in a family where addiction was present
- ☐ Other:

In what settings have you used it?

Please choose **all** that apply:

- ☐ Adult addiction service - DHB
- ☐ Youth addiction service - DHB
- ☐ Adult addiction service - NGO
- ☐ Youth addiction service - NGO
- ☐ In the family home
- ☐ Primary health service
- ☐ Adult mental health service
- ☐ Youth mental health service
- ☐ Other:

How useful have you found the *Ruby's Dad* resource?

1 = Not at all useful | 2 = Not very useful | 3 = Moderately useful | 4 = Very useful | 5 = Extremely useful

Please choose the appropriate response for each item:

1 2 3 4 5

If you did not find it useful, what are the main reasons?

Please write your answer here:

If you did find it useful, what are the main reasons you found it useful?

Please write your answer here:

Did the *Ruby's Dad* resource contribute to your discussion with clients or family members on the impact of parental addiction on a child?

1= Not at all | 2 = A little | 3 = A fair amount | 4 = Quite a lot | 5 = To a great extent

Please choose the appropriate response for each item:

	1	2	3	4	5
Contributed to discussion					

Did the *Ruby's Dad* resource assist you to improve outcomes for children impacted by parental addiction?

1= Not at all | 2 = A little | 3 = A fair amount | 4 = Quite a lot | 5 = To a great extent

Please choose the appropriate response for each item:

	1	2	3	4	5
Outcomes for children					

Did the *Ruby's Dad* resource assist you to improve outcomes for other family members impacted by parental addiction eg. spouse, grand parents, other siblings?

1= Not at all | 2 = A little | 3 = A fair amount | 4 = Quite a lot | 5 = To a great extent

Please choose the appropriate response for each item:

	1	2	3	4	5
Outcomes for family members	○	○	○	○	○

Please briefly explain the main reasons for your ratings for the above three questions, regarding your opinion on whether the resource *Ruby's Dad* contributed to discussions or outcomes for children and other family members impacted by parental addiction.

If the resource has not been of assistance in supporting you to contribute to improving outcomes for children and other family members impacted by parental addiction, what are the main reasons for this?

Thinking about your use of the resource *Ruby's Dad*, are there any factors that might assist you to better use the resource?

Please choose **only one** of the following:

- ○ Yes
- ○ No

If yes, what are these factors that could enable you to make better use this resource?

Effects of Use

Have you observed any effects for clients, children or other family members, following your use of the *Ruby's Dad* resource?

Please choose **only one** of the following:

- ○ Yes
- ○ No

If yes, were these positive or negative? Please describe the main effects you observed.

Have you noticed any of the following effects, through your use of the *Ruby's Dad* resource? *

Please choose **all** that apply:

- ☐ the parent gains more insight into how their behaviour may be impacting their children

- ☐ the parent is more motivated to change their behaviours
- ☐ the parent is more willing to talk about the addiction with their children or other family members
- ☐ the adult child gains more insight into how their early upbringing is impacting their current behaviours
- ☐ the child gains more understanding of their parent's addiction problem
- ☐ the child experiences a sense of normalisation, that they are not alone, others also experience this problem
- ☐ the child is able to recognise that their parent's addiction is not their fault
- ☐ the child feels more able to talk about the addiction issue with family members and friends
- ☐ provides other family members eg. spouse, grand parent, with a vehicle to discuss the addiction issue with the child
- ☐ it assists other family member's understanding of the impact of parental addiction within the family
- ☐ it helps other family members to normalise the situation, through recognising that others experience similar problems
- ☐ Other:

Do you have a stand out story that illustrates how use of the *Ruby's Dad* resource has effected children, other family members or family dynamics? If so, please briefly explain this experience.

In your opinion, what are the resource's strengths?

In your opinion, what the resource's weaknesses?

Have you recommended the *Ruby's Dad* resource to others? *

Please choose **only one** of the following:

- ○ Yes
- ○ No

Do you have any other comments on the resource? Please add them here:

Opportunity for further involvement

Would you be interested in being interviewed for this evaluation, to further explore your experience using the *Ruby's Dad* resource? Your contribution would be confidential and any results will be presented anonymously. *

Please choose **only one** of the following:

- ○ Yes
- ○ No

Our sincere thanks to you for completing the survey!

Submit your survey.
Thank you for completing this survey.

APPENDIX E: INTERVIEW TEMPLATE

Name / Relationship to child and or family members

Accessing the book:

1. When and How did you hear about the *Ruby's Dad* resource?
2. How did you get a copy?
3. Do you have suggestions that could improve access or availability of the *Ruby's Dad* resource?

Use of the book:

4. Have you used the resource?
   If not, what are the main reasons you haven't used the resource *Ruby's Dad* to date? Is there anything that might make it easier or more suitable for you to use?

5. How have you used the *Ruby's Dad* resource?
6. Who have you used it with? How have you used it with them? In what settings have you used it?
7. Do you know of other people or services using the *Ruby's Dad* resource? If so, do you know how are they using it?

8. How useful have you found the *Ruby's Dad* resource?
   1: Not at all useful 2: Not very useful 3: Moderately useful 4: Very useful 5: Extremely useful
   Please identify the reasons why it has been useful/not useful to you.

9. Did the *Ruby's Dad* resource contribute to your discussion with the child or family members on the impact of parental addiction within the family? (explore reasons)
10. Did the *Ruby's Dad* resource assist you to improve outcomes for children impacted by parental addiction? (explore reasons)
11. Did the *Ruby's Dad* resource assist you to improve outcomes for other family members impacted by parental addiction eg. spouse, grandparents, other siblings? (explore reasons)

12. If the resource has not been of assistance in supporting you to contribute to improving outcomes for children and other family members impacted by parental addiction, what are the main reasons for this?
13. Thinking about your use of the resource *Ruby's Dad*, are there any factors that might assist you to better use the resource? If yes, what are these?

14. Have you recommended the *Ruby's Dad* resource to anyone?

Impact on family members:

15. Have you observed any effects for children or other family members, following your use of the *Ruby's Dad* resource? If yes, were these positive or negative? Please describe the main effects you observed.

16. Do you have a stand out story that illustrates how your use of the R*uby's Dad* resource has affected children, other family members or family dynamics? If so, please briefly explain this experience.

17. In your opinion, what are the resource's strengths?
18. In your opinion, what are the resource's weaknesses?
19. Do you have any other comments on the resource?