
Taking the Message

Home:

involving parents in drugs
prevention

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Report prepared for the Home Office



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First published 2000

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ISBN 1-84082-515-4

FOREWORD

TAKING THE MESSAGE HOME – DPAS PAPER 5

An evaluation that explores the issues surrounding the engagement of parents in drugs prevention activities.

The Drugs Prevention Advisory Service (DPAS) was established in April 1999 with a remit to promote effective, evidence-based drugs prevention and to support Drug Action Teams (DATs) in their role of delivering the aims of the Government's national anti-drugs strategy. DPAS covers the whole of England with regional teams co-located with Government Offices for the Regions – based in Birmingham, Bristol, Cambridge, Guildford, Leeds, London, Manchester, Newcastle upon Tyne and Nottingham.

The main focus of DPAS's work to date has been on the first two aims of the national strategy – to help young people resist drug misuse, and to protect communities. But it has recently been agreed that, in order to broaden the support available to DATs, DPAS will take on responsibility for advising on all elements of the strategy, ie it will also cover treatment and drugs availability issues.

DPAS replaced the Home Office Drugs Prevention Initiative (DPI) which, between 1990 and 1999, managed a programme of work designed to test and evaluate a number of approaches to community based drugs prevention. This Paper reports on the evaluation findings of five DPI-managed drugs prevention programmes for parents that used a variety of approaches including: drugs awareness events, 'Living with Teenagers' and 'Parenting Teenagers' courses, interventions to raise self-esteem, peer education training, volunteer befriender schemes and parent-child shared learning. The paper provides an insight into successful ways of involving parents in drug prevention activities, the variation in needs across different groups of parents, and how Drug Action Teams should address this area.

A four page Briefing summary of this Paper is also available.

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Drugs Prevention Advisory Service HQ
Home Office
August 2000

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

We would like to acknowledge the support and help received from the members of the Drugs Prevention Initiative's Parents Corporate Learning Group during the time we undertook this research, and the project workers in the various locations.

We especially want to thank Teresa Williams, Charlie Lloyd and Tom Bucke within the research office at the Drugs Prevention Initiative/Drugs Prevention Advisory Service. Their help throughout the research process, and their useful comments on drafts of this report, have been invaluable.

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DPAS would like to thank Paul Griffiths at the United Nations Drug Control Programme for acting as an independent assessor for this report.



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EXECUTIVE SUMMARY

Research indicates that parents influence both the views and the subsequent behaviour of their children towards substance use and therefore have a major role to play in drugs prevention. This report describes the findings from the first major research study in the UK to examine the involvement of parents in drug prevention work. It examines whether it is possible to involve parents in drug prevention activities and improve their awareness, skills, and ability to positively influence their children.

In our research study we evaluated five drug prevention programmes for parents that were supported by the Drugs Prevention Initiative (DPI). This involved: conducting a literature review; interviewing and surveying parents, children, and professionals; and analysing data from a range of other sources, including course observations, focus groups and project reports.

A wide variety of approaches were used by the five projects to involve parents. These included:

- **Drugs awareness events;**
- **“Living with Teenagers” courses;**
- **“Parenting Teenagers” courses;**
- **Interventions to raise self-esteem;**
- **Peer Education Training;**
- **Volunteer Befriender schemes;**
- **Parent-Child Shared Learning in schools.**

ENGAGING PARENTS IN DRUGS PREVENTION WORK

- If the right type of prevention work is to be undertaken, effective needs assessment should be undertaken collaboratively with parents and local agencies. This can take time.
- A key to recruiting parents appeared to be the school and community networks on which a project could draw.
- In the five projects, the vast majority of participating parents were women. When men did attend it was more likely to be for a one-off session. Few people were recruited from minority ethnic populations, although there were significant minority communities in several of the project areas.
- Although projects did work in socially deprived areas, project workers were aware that in many instances they were unable to engage the least educated and more marginalised parents, who traditionally did not attend schools events.

- Parents' involvement in project activities was *aided* by:
 - project workers' skills, personality, persistence, and empathy;
 - active networks with schools, local agencies, and community groups;
 - the use of a familiar environment for sessions;
 - invitations addressed to the whole family;
 - courses with a focus wider than simply 'drugs';
 - continued worker-parent contact;
 - flexibility to fit with parents' commitments;
 - and the judicious use of news media.
- Parents' involvement in project activities was *hindered* by:
 - social difficulties (including the extra financial and organisational difficulties of single parents);
 - the location of the event and personal safety;
 - lack of engagement with the school or community;
 - lack of self-confidence;
 - fear of being stigmatised as a parent of a drug user;
 - lack of perceived need;
 - and lack of project resources.
- Small courses of no more than ten parents were thought to be most effective. This was because they encouraged more open communication and involvement. A lot of effective drug prevention and general empowerment work with parents took place informally during breaks from the 'taught' components of courses. Drug prevention messages inserted into non-drug specific courses were found by several project workers to be an effective method of engagement.

THE IMPACT ON PARENTS

- Long-term follow-up research is needed to clarify the impact of parental prevention work on young people. However, our research found the prevention work led parents to have an increased:
 - awareness and knowledge about drugs;
 - confidence in positively communicating with their children about drugs;
 - confidence in positively influencing their children's attitude and behaviour concerning drugs;

- confidence in coping with any drug-related behaviour;
- understanding of drugs prevention.
- Parents reported a number of *sustained* effects of participating in drug prevention activities. These included: talking with friends about drug-related issues; continued participation in education or skill-raising activities; and further involvement with schools or the community.
- At one secondary school, the majority of children whose parents had participated in drug prevention activities, welcomed this participation, had confidence in what parents said, and felt that this would affect their own drug-related decisions. Of one group of 62 children whose parents had attended drugs prevention sessions, 30 said their parents spoke about drugs in a more useful way than before; and 24 said that, following parental attendance, their parents spoke to them about drugs for the first time.

STRATEGIC ISSUES

- We believe that any local or national strategy should provide a balance between drug awareness sessions and other forms of drug prevention with parents. Drug awareness sessions are often very popular among parents and can be in great demand. We believe that one-off awareness and information courses should continue to be offered to the general population. However, a sole focus on such sessions can hinder other forms of work with parents, which may for example seek to target resources at parents with the greatest need.
- The development of parenting skills has an important role to play in drugs prevention among young people, and parents experiencing family difficulties also need long term support. Local agencies will therefore need to make decisions about the demand for such activities as:
 - parenting skills sessions that may include a drugs component;
 - courses seeking to raise the self-confidence of parents;
 - and more intensive courses for families with children at risk of problem drug use.
- Courses seeking to impart skills to parents that may help prevent drug use and drug problems could focus on three areas. These are:
 - *general parenting skills* that will strengthen family relationships and parents' ability to deal with cohesion, caring, control, and conflict resolution;
 - *substance-related skills* that will increase parents' knowledge about drugs and help them communicate to their children appropriate attitudes and models of behaviour with regard to drugs;
 - and *skills that support people's self-confidence* as parents.

- Drug Action Teams need to:
 - ensure that parental involvement is a key component of their local drug prevention strategy;
 - identify which member organisation should lead in developing parental involvement projects;
 - ensure that a balance is reached between drugs awareness sessions and skills-based work for parents;
 - be clear about local needs and identify specific aims regarding prevention.

1 INTRODUCTION

The Government's 10-year drug strategy identifies parents as playing a 'crucial' role in influencing whether young people use drugs (President of the Council, 1998). This view is supported by a number of research studies that see certain parental behaviours as being important 'protective factors' against drug use among young people. These include: the development of strong parent-child bonds; effective levels of parent-child communication; and the exercising of parental supervision involving clear rules. Engaging parents is therefore a key area of work for drugs prevention. However, while there is some information from other countries on working with parents and the kinds of impact that can be achieved, little evidence exists about engaging this group in the UK context.

This report describes the findings from the first major study in the UK to examine the involvement of parents in drug prevention work. It evaluates five drug prevention projects for parents, which were supported by the Home Office Drugs Prevention Initiative (DPI). These projects sought to provide parents with the knowledge, information, skills and abilities to address drugs issues within the family. In every case the project workers, in their individual areas, had been involving parents in drug prevention activities before receiving funding from the DPI to further develop these activities. This report assesses the progress and impact of these projects and discusses the issues that emerge.

1.1 EVIDENCE ON SUBSTANCE USE AND PARENT-CHILD RELATIONSHIPS

The international research literature indicates the importance of involving parents and families in drug prevention work (Mistral & Velleman, 1997). Caring, communication, cohesion and supervision aspects of relationships between parents and children have been associated with an effect on a range of substance use and other problematic behaviours among young people (Duncan et al, 1995). These include:

- smoking (Smith et al, 1995);
- drug use (Hawkins et al, 1992; NIDA, 1997; Pentz, 1995);
- alcohol use (Foxcroft & Lowe, 1991; Velleman & Orford, 1993a, b);
- general substance misuse (Kosterman et al, 1995; Brook et al, 1990); and
- delinquency (Farrington, 1995; Graham & Bowling, 1996; Hawkins et al, 1992).

These family factors impact not only on initiation into substance use but also on problematic use (HAS, 1996), and "a family-centred intervention is particularly important in steering the young person away from their potential drug using career" (Farrell & Strang, 1991).

A range of parenting skills and attributes are important. A close parent-child bond may discourage drug use both directly, and through choice of non-drug using friends (Crundall, 1993; Kandel & Andrews, 1987), while low family cohesion may predispose children towards deviant behaviour which parents then lack the influence to control (Steinberg et al, 1994). Supervision of structured

recreational activities by parents, other responsible adults or older peers may also be an effective discouragement to substance misuse (Chilcoat & Anthony, 1996). Supervising skills can be improved through training, but parents continue to need 'booster' courses, especially as a child moves into adolescence (Steinberg et al, 1994).

The attitudes held by parents strongly influence those of their children (Quinn, 1996), and the behaviour that parents model towards substance use is strongly linked to the subsequent behaviour of their children (Barnes, 1990; Foxcroft & Lowe, 1991; Greenlund et al, 1995; Harburg et al, 1982; NIDA, 1997; Velleman & Orford, 1993 a, b). For example, Andrews et al (1993) found that parent behaviour is a major influence on adolescents' use of alcohol, cigarettes, and marijuana. Similarly, fathers' smoking is positively related to smoking in boys, as is mothers' with girls (Smith et al, 1995).

Parents lack both basic knowledge about drugs, and confidence about their knowledge of drugs, and this may inhibit their ability to communicate clearly (Cohen & Linton, 1995; Evans et al, 1997; Robertson, 1996). One US survey in the late 1980s found parents had only slightly more drugs knowledge than parents in the early 1970s, and lacked the information to educate their children. In one UK study less than 20% of parents agreed that 'taking drugs is fun' which might illustrate a culture gap between themselves and young people (Cohen, 1996) and a failure to acknowledge reasons for their own use of alcohol or tobacco (Robertson, 1996). Although children want their parents to talk to them about drugs (O'Connor & Best, 1997), they often disagree with their parents' belief that drugs had been discussed (Quinn, 1996). Boys want more communication with their fathers but fathers rarely get involved in parent programmes (Hogg et al, 1996; Smith & Pugh, 1996).

With appropriate training, parents can provide a supportive environment in which children develop self-confidence, self-mastery, and healthy peer relationships (Botvin & Tortu, 1988). In one US project where both parents were trained, mothers showed new skills in general family interaction while fathers exhibited improvement only in problem-solving situations (Kosterman et al, 1995). This may signal a need for prevention projects which differ for mothers and fathers.

UK surveys have shown that up to 90% of parents believe that young people's drug use derives from the need to conform with their peer group (Evans et al, 1997; Hiley, 1997; Williams, 1996). Indeed, family and peer groups may be mutually influential (Parke & Ladd, 1992). Too great an emphasis on peer pressure, however, may lead parents to underestimate their own influence on children which, though it varies at different ages, has been shown to affect young people's long-term behaviour (Oygard et al, 1995).

The age of initiation into drug use has been decreasing (NIDA, 1997; Pollard, 1995), with recent surveys showing experimentation beginning at 12-13 years (Balding, 1994; 1996). A strong association has been found between early initiation into drug use and later problematic misuse (HAS, 1996) and this underlines the importance of involving parents while their children are still young enough to be influenced in a positive preventive manner.

1. INTRODUCTION

1.2 ENGAGING PARENTS IN DRUG PREVENTION ACTIVITIES

Despite recognition of the need to involve parents in drug prevention, serious difficulties have been found in recruiting and retaining families. This is true especially for those experiencing divorce, unemployment, or social isolation (Fraser et al, 1988; Kosterman et al, 1995; O'Donnell et al, 1995). Training programmes also appear disproportionately available to white families and women (Smith & Pugh, 1996). In response to low recruitment rates, an assertive approach has been developed in the US, including home visits, meetings at the family's convenience, written contracts, and concrete problem solving, as well as incentives such as free transport, crèche facilities, meals and prize draws (Kosterman et al, 1995; Spoth & Redmond, 1994). Most projects attempt to recruit parents via schools, as many parents are involved to some extent with their children's education. However, some parents tend to have quite low involvement with schools, including fathers, ethnic minority groups uncomfortable with the English language, and families of low socio-economic status.

Contemporary parent programmes have tended to move away from a 'shock/horror' didactic approach to a more interactive, myth-dispelling, harm-reduction type of discussion, that sometimes involve young people (Fife Healthcare Trust, 1996; Taylor, 1996). Group discussion has been found to reduce a sense of isolation felt by many parents (Evans et al, 1997; Milburn & Cohen, 1994).

Demonstrating effective prevention is very difficult, especially where funds and time are limited (NIDA, 1997). Where evaluation of drug prevention training effects on young people has proved unfeasible, the impact on parents has been taken as an intermediary indicator of the value of prevention programmes. Parents may exhibit gains in knowledge and confidence, feel more able to communicate with their children, and believe that, if necessary, they could approach helping agencies without fear or shame.

1.3 IMPLICATIONS FOR PRACTICE

International research indicates the need for a comprehensive, multi-component approach to drug prevention addressing multiple factors over an extended period of time (NIDA, 1997). Involving parents in drug prevention activities is seen as a way of reinforcing and ensuring consistency, with drug prevention messages delivered via other channels. It can harness parents' concerns about drugs; increase their confidence in talking to their children about drugs; and modify the behaviour of children.

Many parents do not understand the importance on their children of parental influence and role-model behaviour, and it is of primary importance to educate parents in this regard (McCallum, 1996), especially as poor parenting skills tend to be passed from one generation to the next (Walters, 1994). Any community-based drug prevention initiative needs to develop interventions *with* rather than *for* the members of the community (Hyndman & Giesbrecht, 1993). A comprehensive understanding of the status, needs and expectations of families is required, and US experience indicates the importance of designing formal support structures into a project, or

strongly encouraging informal contact systems between participants. Professionals need to exercise the same skills that are crucial in the family: effective communication; modelling of desired behaviours; good management and supervision.

1.4 RESEARCH AIMS AND EVALUATION METHODOLOGY

Our research was informed by the evidence summarised above and sought to address three questions:

- What are the important process issues in involving parents in drug-prevention projects?
- What impact does parental involvement have on prevention of drug-related problems?
- What should parental involvement in drug prevention projects be trying to achieve in the context of national and local strategic approaches to drug prevention?

Of the five projects evaluated, three were case studies and two were monitored for relevant data. A variety of research methods were utilised, all within a framework involving a partnership between the project workers, the DPI and ourselves. Data were collected from a wide variety of sources:

- 235 individuals were interviewed (82 parents, 131 school children, 12 head and other teachers, 5 senior development officers, and 5 project workers);
- 843 individuals completed questionnaires (259 parents, and 584 schoolchildren);
- 25 further questionnaires were received quarterly from the project workers;
- 6 focus groups (with from 4 to 12 participants) were held with project workers and a combined group of project workers and DPI members;
- 16 sets of observations were made within case-study projects;
- numerous meeting and informal contacts were held; and
- all the project reports, as well as other material including advertising, and newsletters or leaflets produced by parents, were examined.

The use of these methods over a period of two years produced an extensive amount of quantitative and qualitative data. Validity was addressed by a three-way process whereby data gained from one source were checked against other sources. Interviews were open-ended and semi-structured, to obviate simple *yes* or *no* responses. After analysis of all data, appropriate quotations from parents, project workers, and other professionals were selected. Every effort has been made to protect the confidentiality and anonymity of the parents, children, and professionals who contributed.

The terms 'parents' and 'drugs prevention' need to be defined in the context of this report. This study defined 'parents' as people taking care of children in a personal, as opposed to a professional role. In effect this came to mean 'women' since, in the main, the projects attracted

mothers rather than fathers or both parents.

Drugs prevention was defined as meaning any activity which seeks to:

- Stop or delay people starting to use drugs;
- Stop or delay escalation of use from occasional or experimental to regular or recreational;
- Stop or delay the development of problematic patterns of use; and
- Stop or delay harm associated with drug use or misuse.

1.5 RESEARCH CHALLENGES

We encountered a number of difficulties in applying standardised data collection methods to the projects being evaluated. The five projects operated in different geographical locations, in varying social contexts, and targeted parents in different ways. The structure and content of sessions and courses across the projects varied widely.

Project workers were extremely cautious about allowing us access to participating parents. This stemmed from a strong ethical stance regarding parents' privacy and a desire not to frighten away parents with observed low confidence levels. This meant that:

- parents names and addresses were not always available to us;
- project workers had to be consulted about the format and content of questionnaires, resulting in variations to the questions asked across projects;
- it was unknown in advance how many, or if any, parents would attend courses;
- some parents started after, finished before, or were unavailable at the times set; and
- follow-up was difficult because many parents did not have a telephone, or had other commitments.

We believe that active management of the projects from their inception, with the aim of fulfilling the research brief would have greatly contributed to the collection of data.

1.6 OVERVIEW OF REPORT

Chapter 2 provides a brief description of each of the five projects, including their aims and their work. A process evaluation is described in Chapter 3, relating to: how parents' needs were assessed; which parents were recruited and retained; and what gateways and barriers to parental involvement were discovered. Chapter 4 reports on an outcome evaluation focusing on: the extent of parental participation in the projects; improvements in parents' drug prevention skills and abilities; longer term effects on parents; and young people's reactions to parental participation in drug prevention activities. Chapter 5, a concluding chapter, provides a summary of the findings and a critical discussion of strategic issues relevant to those responsible for both national and local drugs strategies.

2 BRIEF DESCRIPTIONS OF PROJECTS

This chapter provides an overview of the five projects examined in our research. Three projects acted as case studies, while the remaining two were monitored for relevant data. A description is given of each project's aims and activities while Table 2.1 below provides a summary of the five projects.

Table 2.1: A brief overview of the five projects

Title	Context	Interventions	Research Status
Birmingham	Broad community-base.	Living with Teenagers courses; Support groups; Befrienders; Telephone Help-Line.	Case study
Essex	Originally school-based in 1 secondary, 3 feeder primary and 2 infant schools. This area was described as economically deprived.	School-based meetings with parents to increase their awareness of the school drug curriculum and build a parent-school partnership. Small informal meetings with parents in private homes aimed at building confidence and ability to communicate an effective drugs prevention message.	Case study
Knowsley	Primary school-based in an economically deprived area.	Primary school-based information and awareness meetings with parents; Training of parents to take drug prevention sessions into the class-room.	Case study
Nottingham	Community-based with a focus on parents not involved with schools, and living in economically deprived situations.	Self-esteem and confidence raising activities coupled with drug-related information; Parenting Teenagers courses; peer education courses.	Provision of supporting data
Stockport	Primary, secondary and special school-based in a mixed socio-economic area.	One-off awareness sessions plus work with small groups of parents in school-based activities.	Provision of supporting data

2.1 BIRMINGHAM: A COMMUNITY-BASED APPROACH

The project ('Parents for Prevention') offered a comprehensive range of prevention and crisis management interventions to a wide range of parents across Birmingham. The project was community-based, but schools were often used as venues for one-off awareness talks. One full-time worker was employed and the project relied on the support of a committed group of volunteer helpers.

2. BRIEF DESCRIPTIONS OF PROJECTS

Aims

The project aimed to:

- help parents, guardians and communities to reduce the risk of children becoming involved in the use of legal and illegal drugs; and
- support parents and guardians in coping with problems related to a child's drug misuse.

The work of the project

Drug awareness talks: This project provided a large number of drug awareness talks. Between April 1995 and May 1998, 171 talks were attended by 1,707 parents and 1,424 professionals (a total of 3,131 attendees). The parents had children at all levels within the education system, but there was more interest and demand from parents with primary school aged children. The professionals who attended included schoolteachers, community workers, police school officers, health workers, probation officers, and parent support workers. The talks gave basic information regarding drugs and the services and other courses provided by the project. Parents were also encouraged to form their own local support networks.

Living with teenagers courses: These were set up in recognition of the fact that drug use and related problems do not exist in isolation. These courses focused on general issues involving parents and teenagers, i.e. communication difficulties, school, behaviour, discipline, relationships, and drugs. Courses were offered in a variety of flexible formats to facilitate parent participation. A ten-week course was run in conjunction with, and accredited by, a local Further Education college.

Helpline: A telephone Helpline (with 24 hour answerphone) was staffed by volunteer helpers who returned calls and took appropriate action (e.g. providing advice or an information pack; organising a befriender). During 1996-1997, 234 new calls were taken, and during 1997-1998 the number of new calls continued to rise steadily to 308 (an increase of 32%).

Volunteer training: The project worker taught a ten-week counselling course, three times a year, at a local FE college, and a number of volunteers (nine in 1995-96 and seven in 1996-97) were recruited from this course. Volunteers staffed the Helpline, and were befrienders to parents in need.

Befriending support: Befriending support was provided to parents in need by the project co-ordinator and by trained volunteers. During 1996-97, 529 home visits were made to 43 mothers concerned about their child's drug use, or other behavioural difficulties. During 1997-98 those receiving ongoing support increased by 112% to 91, and within nine months this increased to 139 parents receiving support. In over 80% of cases it was the mother who requested support. The majority of the parents were able to receive ongoing telephone support rather than face-to-face contact.

Funding and partnerships: During 1996 the DPI provided £27,000 while £21,774 came from a range of other organisations. Partner organisations included Housing Trusts, Police and Probation services, and the Local Education and Health Authorities.

2.2 ESSEX: A SCHOOL-BASED APPROACH

This project was developed to reduce a perceived gap between parental knowledge of drugs and that of their children (enhanced by drug awareness classes at school), in order to reinforce the drug prevention message in the home. The project operated in a largely working class area, with high rates of unemployment and of single mothers. The project worker stressed that the project operated within the context of many other activities attempting to involve parents (*e.g.* Youth Service; Health Promotion).

Aims

The project aimed to:

- develop a process to increase parents' awareness of the school curriculum in drugs;
- build parents' confidence and ability to communicate a drug prevention message; and
- assist in creating a drug prevention partnership between parents and school.

The work of the project

Drug awareness events: The project initiated drug awareness events in the local secondary school, three feeder primary schools, and two infant schools. It was planned to develop themes as the children moved through their education. Irregular attendance by parents, however, resulted in the events becoming a series of 'one-off' sessions attended by between 15 – 60 people. The format often involved parents and children together for an information session; separated children's drama workshops and parent discussion group, and was followed by a plenary session with questions to an 'expert' (*e.g.* the police, health promotion, or drugs advisory service). During 1998 the project developed a series of small, informal meetings of parents in participants' homes, to discuss drug-related issues.

Funding and partnerships: Project funding was almost entirely through the DPI (£15,000 per year). The local Drug Action Team provided a one-off grant of £1,200. A project steering group comprised representatives of Local Authorities, Police, Schools and Health Promotion.

2.3 KNOWSLEY: A SCHOOL-BASED APPROACH

The project developed from an earlier one which set out to encourage the participation of Knowsley primary school children in a wide range of health-related issues, including drugs education, crime prevention and bullying. The present project continued this work, with the

2. BRIEF DESCRIPTIONS OF PROJECTS

addition of a specialised course for parents, and the involvement of parents in classroom activities. The area was largely economically-deprived, with high levels of unemployment.

Aims

The project aimed to involve parents in courses that would:

- facilitate drug prevention with their own children; and
- give parents the skills and knowledge to support classroom work.

The work of the project

A total of eleven primary schools hosted parents' courses, some on three separate occasions. Each course focused on drugs information and awareness, communication, building relationships with children and helping them to learn. The course was initially run on four consecutive whole days, but adapted to one morning per week over five weeks to facilitate parents' attendance. The course and the practical classroom work (with children aged 9-11 years) were accredited by Merseyside Open College Federation. The project involved 120 parents (from 4 to 10 per course).

Funding and partnerships: Project funding over three years was entirely through the DPI, which provided £28,760 for 1996-97, £5,000 for 1997-98, and £19,380 for 1998-99. The schools were very important partners in the project activities (encouraging parental involvement; allowing access to children; allocating teacher-time; as well as providing classroom and meeting space).

2.4 NOTTINGHAM: A COMMUNITY-BASED APPROACH

The project originated from a request from community organisations to City Challenge (a city regeneration initiative) to 'do something' about local drug problems. A meeting of representatives of community workers, youth workers, drug workers, a prostitute outreach team, local community organisations, police, and the local drug prevention team, developed a job description for a community drug prevention worker, who was appointed in August 1995. The project mainly focused on those parents who were economically-deprived and who had little involvement with schools.

Aims

Work with parents was planned to constitute 60% of project activity. These parents were contacted via family centres, community groups and schools. Two main aims were to:

- reduce the fear of drugs and drug-related crime in the community; and
- build the capacity of community members, particularly parents, to engage with drug prevention.

The work of the project

Drug awareness: The first few months were spent developing professional networks, and advertising the project via the news media, leaflets and posters. Immediate results were two drug awareness sessions for parents in schools and two in the community.

Self-esteem work: The first ongoing parent work (nine sessions) was with a group of six mothers from a Family Centre, and aimed initially at raising self-esteem, as the project worker found the women lacked the confidence to consider any role in drug prevention. The project worker reported evidence of an increase in confidence and subsequent involvement in a range of community activities among members of this group.

Peer education training: Parents who had attended drug awareness sessions expressed a desire to pass on their learning to other parents, and Peer Education Training was set up as a result. Seven mothers enrolled in the first course in October 1997. Parents who completed the course were offered opportunities to co-work parent drug awareness sessions.

Parenting teenagers: The project worker developed an accredited 'Parenting Teenagers' course in conjunction with a local college. This began in November 1997 with 18 parents, including 2 fathers, and 15 parents successfully completed.

Funding and partnerships: Over four financial years, the Nottingham project received a total of £56,000 from the DPI and £57,750 from various other sources including Nottingham City Challenge, and Boots. Nottingham City Council provided management and office premises.

2.5 STOCKPORT: A SCHOOL-BASED APPROACH

This project derived from an identified need to provide continuity for previous drug prevention work funded for one year (1995-96) by the Department for Education and Employment (DfEE) in Stockport schools. Parents had identified a desire for action around drug issues; wanting to work closely with schools; a sense of ignorance of drug issues; and a desire to talk with other parents and children about drug prevention.

Aims

The project aimed to involve a variety of active partners, including parents, to:

- review existing drug-related activities in local schools;
- be involved in drug awareness workshops;
- develop innovative responses to drug prevention (including parent-parent and parent-child activities; theatre presentations; and workshops involving professional actors, young people and parents); and
- design and produce information material, leaflets, posters, video and photo packs.

2. BRIEF DESCRIPTIONS OF PROJECTS

The work of the project

The main project began in January 1997 with the aim of building parents' knowledge and confidence. In that year, eight workshops attracted 313 parents. One workshop, advertised borough-wide, attracted 112 parents. The Stockport project worker stressed that the project needed to be seen as part of a wide range of drug-related activities taking place in the schools and community, and that participating parents should not be simply 'recipients' of information but be active partners helping to shape future interventions. This project worked with 12 Stockport schools: 1 special, 7 primary and 4 secondary.

The project worker estimated that 60% of parents had attended workshops on a one-off basis, while others had been further involved in activities such as:

- designing and preparing leaflets or information sheets;
- questionnaire drafting, analyses and reporting back to working group;
- working on school policies;
- giving feedback to governors or other parents; and
- classroom participation, or other children-related activities.

Funding and partnerships: Over a three-year period the Stockport project received £22,250 from the DPI, and £78,750 from other sources (mainly DfEE funding). Substantial DfEE funding was accessed because the project worker was a Health Education Advisory Teacher with a primary responsibility to schoolchildren rather than parents. Working partners in the project included the local Health Authority, Health Promotion, and the Community Drugs Team.

3 ENGAGING WITH PARENTS

This chapter deals with the issues resulting from the creation and implementation of the five parent projects we examined. It discusses how parental needs were identified and addressed, and the retention and recruitment of parents. It then goes on to discuss the gateways and barriers to engaging parents in drug prevention. Lastly, the subject of providing accreditation for drug prevention courses is raised.

3.1 IDENTIFYING PARENTAL NEEDS

Assessing needs

The assessment of parent needs progressed through a number of informal stages, and involved much more than a simple survey of a sample of parents. The project workers found informal discussions much more effective than questionnaires for gathering meaningful information. After hearing complaints from residents that previous initiatives had made only token gestures of community involvement, the Birmingham worker actively consulted numerous agencies, community groups, individual parents and, particularly, parents of children with dependent drug problems. This was reported as providing an invaluable source of information for the project development.

“The needs of the community can only be measured if the community is consulted and invited to be involved in the project.”

Project worker

Where questionnaires were used with parents, the project workers usually read the questions and wrote the responses to obviate any embarrassment around literacy levels. Where workers saw that confidence and self-esteem were low they spent considerable time working to empower parents to state further needs.

What are parental needs and wants?

At first most parents found it difficult to identify what they needed apart from information about drugs, such as what drugs look like, their effects, and how to spot usage. The project workers felt that information by itself might have limited value unless parents were able to *do something* with it. Thus even one-off awareness sessions often addressed ways of talking to children about drugs, and clarified appropriate responses if drug use was discovered. Project workers agreed that parents' needs became more sophisticated as they progressed and a great deal of flexibility was necessary.

“It is difficult to devise a programme based on needs, because you have got to run it past them... you have to keep offering opportunities.”

Project Worker

Sometimes project workers found that some needs assessment had already been undertaken. One project worker reported that the prior assessment indicated that most parents in the area were concerned about drugs, knew very little about them, and did not feel confident in talking about drugs to their children.

3. ENGAGING WITH PARENTS

Project workers noted a difference between parents' *needs* and their initial *wants*. Some *needs* (for example, a sense of perspective, or skills in communication and general parenting) were, at first, often not recognised by parents. On the other hand, some *wants* (for example, a simple answer to the problem, or reassurance that their children would not become involved with drugs) were requested, although parents later often came to view them as unrealistic.

The projects served primarily as instigators of a developmental process. Project workers indicated that if parents saw the relevance of what they were learning they became enthusiastic and wanted to go on to further learning or activities. Several project workers commented that this further learning was not necessarily directly related to drugs prevention, but formed part of the individual's personal development.

“First you give them knowledge and confidence, and that lights the spark which will lead them on to further education or whatever.”

Project Worker

3.2 ADDRESSING PARENTAL NEEDS

One-off awareness sessions

Projects conducted both one-off awareness talks, and courses lasting over several weeks. Awareness talks tended to attract greater numbers than the extended courses. Although much more in-depth work can be done through a longer course than in a one-off session (where a large proportion of the time must be used to convey drug-related information), there are still many important functions that one-off awareness sessions can fulfil:

- Awareness sessions provide essential information to relatively large numbers of parents;
- Many parents may lack the time and/or commitment to attend a course;
- Even in a one-off session, it is possible to address wider parenting issues to some extent; and
- Attendance at an awareness session may motivate parents to go on to more intensive parenting-focused involvement

Parenting skills

Although international literature has linked effective parenting and family cohesion with fewer drug-related problems among young people (e.g. Mistral & Velleman, 1997), and workers on the parent projects recognised a need for effective parenting skills, this was not necessarily recognised by parents initially:

“... once you have provided the opportunity ... they are talking about parenting ... On the other hand if you called it ‘parenting’ they wouldn’t turn up for it. It would be like ‘How come you think I need parenting skills?’ ”

Project Worker

Communication skills

Project workers recognised that parents were not going to have any impact with drugs prevention unless they were communicating, setting boundaries, resolving conflicts, and discussing issues with their children. The need for many parents to improve their skills in effective communication with their children was evident to the project workers, if not initially evident to all parents.

“For example, I could hear a mother talking about ‘Well, I’ve told him, if you effing well touch drugs, I’ll kill you’.”

Project Worker

Supporting parents

Parents, especially parents of drug-using children, have a great need to talk and be listened to. One mother in Birmingham reported telephoning twenty-nine different agencies and being turned away for a variety of reasons, such as child’s age, or type of drug used. This finding was incorporated into the Birmingham Helpline practice so that all callers were given a lot of attention, and every effort was made to offer help, or to discover an agency that could provide appropriate assistance.

3.3 RECRUITMENT AND SUSTAINED ENGAGEMENT OF PARENTS

Which parents became involved?

Resources did not permit a survey of the wider population in project areas, and interviews with attending parents did not reveal special characteristics, other than that the great majority were female. Levels of parent involvement were generally relatively low, however. One probable reason for this was that the projects were quite small-scale, with tight budgets and low-key local advertising. Two project workers suggested that parents who attended were the most assertive and were most likely to come to other school events.

Gender issues

The great majority of parents who became involved in these projects were women. The importance of attracting fathers is signalled, however, in the international research evidence (outlined in Chapter 1) which suggests that boys want more communication about drugs from their fathers, and are influenced by their father’s behaviour.

In the Essex and Stockport projects 35%-40% of those attending one-off drug awareness sessions were men. The Stockport project achieved this proportion of male involvement through sessions held in six different schools. Project workers suggested that contributing factors included: a good home-school relationship; invitations addressed to the whole family; one-off sessions in the evening; and participation from a number of middle-class families (where men were thought more likely to engage with certain child-rearing responsibilities).

In contrast, the Knowsley project had only three fathers out of 120 participants. The Knowsley course was during the day, over five weeks, and included an option of classroom activities. This

3. ENGAGING WITH PARENTS

was an altogether different package to the awareness sessions in Essex and Stockport. A high level of male unemployment in Knowsley meant that more men should have been available, but project workers suggested that the men possibly saw primary schools and young children as ‘women’s work’. The Knowsley project planned to employ a male worker to recruit for an all-male group at a community venue, to see if more men would attend. This development occurred after the present research had finished; it would be interesting to see if this had been effective.

Other project workers suggested that men were more interested in solving concrete problems, rather than obtaining general parenting skills. No projects, however, had firm evidence to support any hypotheses about the (non)attendance of men. One reason for this was the importance project workers placed on protecting the privacy of parents (indeed it was suggested that “*Somebody phoning up to say ‘why didn’t you come’ is rather accusing*”). It is also important to acknowledge that in a number of cases the projects were working with single parents (usually female), with no fathers available.

Socio-economic, racial and cultural issues

Project workers kept no systematic records of socio-economic status or ethnicity, and pointed out that parents’ fears about drugs, and their need for knowledge, greater understanding, improved confidence, and communication skills, transcended social boundaries. Nevertheless, the projects worked mainly with parents in socially deprived areas (although Stockport had ‘middle-class pockets’, and the Birmingham project covered the whole of the city). Project workers had to be sensitive, therefore, to the needs of many people, the majority of whom had low incomes and few educational qualifications. Projects did work with those from socially deprived areas, yet workers were aware that in many instances they were unable to assess or meet the needs of the poorest, least educated, more marginalised parents. Despite the efforts of project workers these parents did not attend schools events and did not respond to discussion opportunities. While the research literature indicates that the children of these parents were at risk of later drug problems, accessing them would have required greater resources, and a more specific focus.

Projects reported working mainly with white parents. In Essex and Knowsley this was reported as a reflection of the ethnic make-up of these areas, while in two project areas (Birmingham and Nottingham) there were substantial ethnic minority groups which project workers felt were under-represented in some project activities. In response to this, in the final year of the Nottingham project discussions took place regarding developing courses specifically for Asian and African Caribbean parents. Reports from the Birmingham project indicated that relatively few Asian parents called the project Helpline, and that drug-related issues in the Asian community did not appear to be addressed as openly as they might be. The Birmingham project, however, was very reactive to demand but lacked resources to focus on members of specific communities: for example, there was no interpreting service available, and little targeted advertising. Project workers from both Nottingham and Birmingham thought it was possible to involve Asian parents via events focused on school curriculum subjects within which drug-related issues could be raised.

3.4 GATEWAYS TO RECRUITMENT AND SUSTAINED INVOLVEMENT

Working *with* parents, and their wider concerns

The two fundamental points underlying all the projects examined were that it was vital to work *with* parents, rather than teach drug prevention *to* them; and that drug prevention activities could not be pursued independently of wider issues relating to parenting, family life, and wider social issues.

For example, the Birmingham telephone Helpline dealt with calls about a range of social difficulties, and the project's 'Living with Teenagers' course was set up in recognition of the fact that the issue of drugs did not exist in isolation. Much of the Knowsley course focused on parenting skills. Other project workers, as well as developing parents' knowledge, confidence and communication skills, informed them that drugs were an integral part of the social milieu of many young people.

Group size

Project workers stressed that events or courses attracting small numbers allowed personal contact between the project worker and individual parents. This encouraged interactive discussion, the sharing of personal difficulties and mutual support between parents. Larger meetings tended to be lectures followed by brief questions, from which parents departed without further involvement.

School and community links

Project worker experience showed that strong links with school or community was a powerful factor in successful recruitment (of mothers, at least). In Essex, Knowsley and Stockport, the project workers capitalised on previous involvement with schoolchildren projects before their projects developed a 'parents' focus. These project workers already had credibility with head teachers who were able to provide vital publicity by placing posters in their schools and sending out letters.

Some project workers found that parents of primary school children had greater involvement in, and familiarity with, their children's schools. Many mothers come to primary school, even if simply delivering and collecting their child, and one project worker approached mothers at the school gates to speak about forthcoming drug-related events. Parents or their friends and relations may also attend other events or classes at schools.

"Well we've done a few courses in the school ... like cooking and needlework ... and when this (i.e. drugs) was highlighted we thought well, yeah, there's going to be a time. Okay it mightn't be now, but there's going to be a time when we have to talk to our kids."

Parent

The Nottingham project demonstrated that a community approach, based on extensive networking with community groups, Family Centres and a range of community agencies, could also be very

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effective. Project workers agreed that the community approach was important to recruit parents who, for whatever reason, had little involvement in their children's schools.

Project worker

The skills, persistence, personality, and ability of the project worker to empathise with local people seemed to encourage parents to attend, and appeared more important than ethnic, socio-economic, or cultural similarity to the audience. The Stockport worker reported, for example, that one Jewish school requested a Jewish person to give a drug session, but later reverted to a more skilled, but non-Jewish, facilitator. The Nottingham project worker was of a different ethnicity and socio-economic status to many local parents, but established positive and successful working relationships. This project worker managed by skills, commitment and assiduous networking over a period of months, to develop contacts and credibility.

Time

It is important to emphasise that all activities with parents tended to be time and human resource intensive. It would be a mistake to think that a 'hit-squad' of 'drugs-experts' parachuted into an area could spend a few months educating parents to deal more effectively with their children's drug-use behaviour. The Nottingham project worker, new to the field, spent much time contacting groups and agencies that then provided access to parents. Other project workers, with a longer history in their areas and more established networks and credibility, continued to liaise with different groups and agencies, including the Police, Health Authorities, Schools, Health Promotion, and community drug agencies.

Networks

"The most positive way ... is by making contact with as many agencies and local groups as possible, and tapping into what is already happening."

Project Worker

The professional background of project workers was very helpful in establishing networks. Prior to becoming part of the DPI parent projects, a number of project workers had spent years working within the fields of drugs and community work, or health and education. This established the professional credibility necessary to be welcomed into schools or other community settings, and to work with police, health authorities, local education authorities, and so on, organising joint drug-related events.

This is not to say that project workers will only succeed with such a lengthy history. The Nottingham worker was relatively new both to the drug prevention field and to the project area, as well as from a different social and cultural background to many local parents. This worker managed, nevertheless, by skills, commitment, and assiduous networking over a period of months, to develop contacts and credibility.

Familiar environment

Project workers reported that parents were more likely to attend a course or session held in a familiar environment. The Knowsley project worker found that sessions held at parents' local school were much better attended than those held at an unfamiliar school venue. Similarly, both the Birmingham and Nottingham project workers found that local community centres were not necessarily open to all.

“You can literally have a community centre on that side of the road, and nobody on this side of the road will go because that's ‘their’ territory.”

Project Worker

The Nottingham project worker approached this issue by initially working with quite small separate groups at familiar centres, and gradually introducing the idea of joint meetings alternating between venues.

Not specifically drugs oriented

There were conflicting views as to whether courses about drugs *per se* were an incentive or a disincentive to parental involvement. Project workers in Birmingham and Nottingham in some instances ‘hid’ drug prevention within sessions with titles such as ‘Living with Teenagers’, or ‘Keeping your Children Happy, Healthy, and Safe’. This was seen as less intimidating to parents who were concerned about being seen as having a drug problem in the family. On the other hand, the Knowsley, Stockport and Essex projects tried to utilise parental concern about drugs to attract interest in project activities. It was suggested that parents of primary school children were less intimidated by overtly drugs-related events because drugs seemed an issue for the future, while parents of teenage children felt more immediately threatened by the possibility of their child's involvement.

Sustaining interest prior to a course

Keeping regular contact over the period between parents' initial interest and the actual start of a course was seen to improve attendance rates. The Nottingham project worker compared two courses: one where regular contact was maintained with parents to inform them about the course and allow them to discuss any concerns; and one where there was no contact with parents between initial interest and course commencement. Attendance was much lower in the second instance, and the course folded before completion.

Flexibility

All projects tried offering courses in different formats to improve take-up rate. The Birmingham project offered Living with Teenager courses as a ten-week accredited course; over a two-to-three week period; and as a one-off session, as many parents had major commitments or problems, and would be put off by a ten-week course. The Nottingham worker found that short drug awareness courses (three sessions over three weeks) led participants to want to continue with further courses.

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Use of media

Most recruitment concentrated on small-scale advertising and personal links. Several projects refused some media opportunities as experience had shown that journalists did not always produce sympathetic reports. Judicious use of the media was, however found to be useful. For example, the Birmingham project worker devised a media timetable to ensure regular mentions on local television, in newspapers and in community newsletters, and reported a link between this and an increase in calls to the Helpline.

3.5 BARRIERS TO RECRUITMENT AND SUSTAINED INVOLVEMENT

A number of barriers to recruitment made it difficult for parents either to participate initially, or to sustain their involvement over time.

Social difficulties

Parents, especially women with small children, single parents, those living on income support, or with a part-time job, did not necessarily have the time, money, or childcare arrangements to enable them to easily attend a course. The need for help with childcare was recognised and specifically addressed by some projects. In Knowsley, parents could bring babies or small children to sessions if they were unable to make other arrangements. In Nottingham, parents attending one course were paid baby-sitting expenses of £5 per evening, and mobile crèche facilities were also utilised by the project at a cost of £50 per session. Such strategies had implications for project resources; and project workers agreed that childcare was not the only issue.

“Organising themselves to go to a drugs talk may not be high up on the agenda of parents with lives that are less ordered and less hassle-free, particularly single parents ... providing crèche facilities may be a solution, but whether a parent turns up will depend on what’s happened during the day.”

Project Worker

Environmental difficulties

Project workers pointed out that some community centres and schools were not on bus routes, and people wouldn’t walk there in the evening because of poor weather and fear about personal safety. Some projects attempted to overcome this type of problem by offering taxi-fares to certain participants. This had obvious implications in terms of the project’s available resources and could be applied in only a very limited number of cases.

Little engagement with schools

The general level of parental involvement in schools was a crucial factor in recruitment success. The Knowsley project worker reported that success in schools depended on the level of involvement of the Head-teacher. A report from Nottingham suggested, however, that the involvement of the Head in a *specific* event was of little use where there was no *history* of

parental involvement in the school. Related to this was how parents saw the learning environment in the first place: for some parents, school was a threatening place, especially if they saw themselves as having failed there.

Lack of confidence

The issue of parental confidence as a contributory factor to low recruitment was raised in a number of projects. Project workers reported that many parents lacked the confidence to believe they could do anything about drugs. As one worker said:

“parents who come have more self esteem than others, although it is still not high.”

Fear of stigmatisation

Project workers suggested that some parents who were themselves users of illicit drugs might feel threatened by drug-related courses; and that there might be a fear of ostracism of a family if it was suspected that children were using drugs.

Lack of perceived need

One project worker made the point that some parents felt generally capable of dealing with problematic issues involving their children, whether related to drugs, shoplifting, or other anti-social behaviour. These parents might come to a drug awareness session, take a fact-file, and go home feeling satisfied that they have sufficient information. It was also suggested that parents of young children might not see a present need for drug prevention activities, while many parents believe that *their* child would never get involved with drugs.

Lack of project resources

Finally, resource limitations meant that projects often could not follow up parents who initially expressed interest but who did not actually become involved. These limitations also meant that they sometimes could not offer parents the opportunity of continuing involvement: for example, the Birmingham project planned to train parents to present drug awareness sessions, but lacked the resources to do this training.

3.6 ACCREDITATION

A final issue relating to the engagement of parents is accreditation, i.e. completion of a course on counselling or parenting provided by a further education college. This research found that accreditation could act as both a gateway and a barrier.

Benefits of accreditation

Project workers agreed that parents who graduated from accredited courses felt an enormous sense of achievement. Knowsley parents, interviewed after receiving their certificates, reported feeling ‘*pleased with myself*’ and ‘*pleased and proud*’. For some this was their first certificate, and this opened up future possibilities for them.

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“The accreditation is just a bonus that then becomes a passport to do other things.”

Project Worker

The Birmingham project worker reported that running an accredited course gave the project a certain amount of credibility in terms of how other *organisations* perceive it, and had set up an accredited Living with Teenagers course in order to attract funding. In Knowsley the project workers found that parents' accreditation work-folders provided feedback on the quality of the training and on the amount learned.

Drawbacks to accreditation

On the other hand, project workers and parents alike agreed that accreditation did not attract parents and, on the contrary, the idea of accreditation could be initially off-putting. In Knowsley, fourteen parents were interviewed after an accredited course, and several reported being initially uncertain about going for accreditation. This uncertainty appeared to derive from lack of confidence, particularly with regard to written work. The Knowsley project worker introduced the idea of accreditation once parents had committed themselves to the course, and found that parents then encouraged each other.

“It felt a bit like being back at school, having to write essays. I thought it would be difficult because I didn't know anything about drugs at the start.”

Parent

The Birmingham project found the administrative demands of the accreditation an added burden in an already very busy project. In some projects accreditation entailed a financial cost which may not have been affordable to some parents.

3.7 KEY POINTS: ENGAGING WITH PARENTS

Parental needs

- Information (although the type and quantity of information will differ with different groups of parents).
- Skills for talking to children about drugs, and appropriate responses if drug use is discovered.
- General parenting skills (although this may not be initially recognised by parents).
- Parents sometimes confuse 'needs' with 'wants'. Some needs are not at first recognised by parents (such as confidence, or communication skills); and some wants (such as the removal of all drugs) are not realistic.
- Parents are more likely to attend one-off awareness sessions. Although less in-depth, these can still provide many benefits, and they may motivate parents into further, more intensive, involvement.

The best way to assess parental needs

- Assessing parents' needs is time-consuming, and parents may initially have difficulties in identifying them.
- Community involvement is important.
- Need will change over time, and hence there must be ongoing re-assessment.

Recruitment and sustained engagement of parents

- Access to families who could be most at risk is difficult, and requires more assertive targeting.
- The vast majority of participating parents are women.
- Where men do attend, it is more likely to be for a one-off session, and even here numbers are often low.
- Two projects attracted 35%-40% men to awareness sessions. It was suggested that contributing factors included: a good home-school relationship; invitations addressed to the whole family; one-off evening sessions; and families within which men engaged with some child-rearing responsibilities.
- Ethnic minorities were not strongly represented.

Factors encouraging recruitment and sustained involvement

- Courses need to engage *with* parents, not teach drug prevention *to* them.
- The issue of drugs should not be examined in isolation. Courses need to link to the wider family and social context.
- Small groups facilitate communication and skills training with parents.
- Projects are likely to recruit parents with strong links with schools and community.
- Project workers' skills, empathetic engagement, expertise, personality and persistence are more important than specific ethnic, socio-economic, or cultural similarity to the audience.
- Considerable time is needed to establish networks, credibility, and outcomes.
- Parents are more likely to engage if sessions utilise familiar environments.
- Courses specifically related to drugs attracted some parents, but intimidated others; this may be related to the primary/secondary-school divide.
- Attendance rates rise where project-parent contact is maintained between initial recruitment and the start of the course.
- Offering courses in a range of formats increases accessibility.

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- Judicious use of media has been found to be helpful.

Factors which act as barriers to recruitment and sustained involvement

- Social difficulties, including the extra difficulties of single parents.
- An unsafe environment and lack of transport to sessions or courses.
- Lack of a history of school involvement.
- Low parental confidence levels.
- Fear of being stigmatised as a parent of a drug-misusing child.
- Lack of perceived need; and high parental competence.
- Lack of project resources.

Accreditation

Positive factors

- Once begun, parents encourage each other.
- Once achieved, accreditation is intrinsically rewarding.
- Accreditation can be a passport to further education or work opportunities.
- Accreditation may benefit a project in terms of external credibility and funding.

Negative factors

- Accreditation standards may be initially off-putting to parents.
- Accreditation creates extra administration for project workers.
- Accreditation can entail a financial cost to participants.

4 THE IMPACT OF WORKING WITH PARENTS

This chapter looks at the extent of parental participation in the projects; the impact on parents' drug prevention skills and abilities; longer term effects on parents; and young people's reactions to parental participation in drug prevention activities.

4.1 THE EXTENT OF PARENTAL PARTICIPATION

Between April 1995 and May 1998, some 3,137 parents were involved in the projects. Not all projects started actively recruiting at the same time, from similar sources, or for similar activities. The Birmingham project accounted for 1,707 (54%) of the parents, who mainly attended drug awareness sessions. The project also reported working with a large number of professionals, many of who would be parents. The number of parents involved in any one event varied widely: in Stockport, for example, one Awareness event brought 112 people. Overall, however, the numbers involved in any sustained manner were small (generally less than ten for longer courses). The inability to predict the number attending any one event made it difficult for researchers to directly survey large numbers, and much of the impact data derives from interviews with parents recruited opportunistically at courses or one-off sessions.

4.2 IMPACT ON PARENTAL KNOWLEDGE AND CONFIDENCE

Increased knowledge

Both quantitative and qualitative data indicated an increase in parents' drug-related knowledge. The self-assessment questionnaires applied pre- and post-sessions in three project sites all indicated a statistically significant shift towards increased knowledge. Table 4.1 shows the amalgamated results from a questionnaire completed by 113 parents who attended one-off awareness sessions in Birmingham and Essex.

The same questionnaire applied to 15 parents who attended the five-week Knowsley course also demonstrated a substantial increase in knowledge (Table 4.2).

Table 4.1: Parents' self-assessed knowledge of drugs (n=113)

Pre- and Post-single Drug Awareness talks (Birmingham and Essex amalgamated)

	Pre-session	Post-session
Good	6 (5%)	39 (35%)
Reasonable	48 (43%)	69 (61%)
Minimal	56 (50%)	4 (4%)
Non-existent	3 (3%)	1 (1%)

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Table 4.2: Parents' self-assessed knowledge of drugs (n=15)
Pre- and Post- five week primary school-based course (Knowsley)

	Pre-course	Post-course
Good	2 (13%)	3 (20%)
Reasonable	5 (33%)	11 (73%)
Minimal	8 (53%)	1 (7%)

Interviews with 82 parents indicated that they came to drug prevention sessions with widely varying knowledge of drugs. One set of parents, in the economically deprived area of Knowsley, reported little drug-related knowledge prior to involvement:

“We didn’t have a clue about drugs before we came here.”

Parent.

On the other hand, more middle-class, professional, parents interviewed following a drug awareness session in Birmingham tended to report confirmation of previous knowledge, with the session having ‘gelled together’ information obtained from a variety of sources.

In both these situations, however, parents reported gaining:

- increased knowledge of specific drugs, their effects and legal status;
- knowledge of the signs and symptoms of drug use;
- a broadened concept of drugs, to include legal drugs such as tobacco and alcohol;
- a more realistic picture of the dangers of drugs;
- realisation of how cheaply drugs can be obtained; and
- recognition that although many young people use drugs, only a small number become dependent on them.

Parents reported that a lack of knowledge about drugs had generally restricted pre-course communication with children to dire warnings of danger, and instructions to avoid discarded needles. In retrospect, many parents felt that they had spoken with little understanding, using guesswork and imparting information in a way which they later came to view as ineffective.

“I could only say ‘They’re dangerous – if you take them they can kill you’. I didn’t have the knowledge to talk to her properly. I wish I could have explained.”

Parent

With increased knowledge parents felt more able to talk with their children and answer questions in an informed way, and several expressed the belief that if children perceived their parents as knowledgeable they would be more likely to listen.

“You understand it better, don’t you – you can point out things more in detail to them, and give them a wider knowledge.”

Parent

Attending even a single awareness session may help. Six parents followed up after an awareness session in Birmingham reported that increased knowledge had improved communication with their children about drugs. One parent said *“I speak the same jargon as my child now”*, while another felt *“more streetwise than parentwise”* with her 16 year old daughter. Two other parents reported better communication with their children because their concept of drugs had broadened to include alcohol and tobacco.

Not all the parents interviewed had spoken with their children about drugs, usually because they felt the children were still too young. These parents believed, however, that when their children reached an appropriate age, the experience gained from the drug prevention projects would allow them to better approach the issue.

Teachers in schools involved in the Knowsley project agreed that the course had reduced unreasonable levels of fear in participating parents, who were *“a lot more calm and level-headed”* about the issue.

Following a one-off awareness talk in Birmingham, several parents expressed appreciation that the approach taken was *“not scaremongering”*. They now realised that not everyone who took drugs ended up in hospital or dead; that many children briefly experimented with drugs but only a small percentage developed problems; and that tobacco and alcohol caused more deaths than illegal drugs.

Transferability of knowledge

Parents who had completed the five-week course in Knowsley said that they felt able to pass on information and insight they had gained to other adults. A grandmother had passed on learning to her daughter, and felt able to explain to people whose children were taking drugs that it was not the parents’ fault, that the children could be helped, and that the parents could get help to cope. One parent had been able to point out to a friend that giving her daughter *“a good hiding”* for smoking was not helpful, particularly as the mother was herself a smoker. Another was able to advise a neighbour who was worried that her son’s changing behaviour might mean drug use.

Increased confidence

Parents involved in longer courses, as opposed to one-off awareness sessions, reported a great increase in their own general confidence. Further interviews with parents, together with pre- and post-course self-assessment forms, indicated an increase in overall self-confidence, which allowed some parents to make important shifts in their lives as well as improve their communication and parenting abilities. One parent reported

“I’ve gone out and got a job since I’ve done the course. It took me out of myself, it’s given me more confidence.”

Parent

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Teachers had also observed changes in the confidence of the parents resulting from their involvement in the Knowsley course and classroom work:

“In the catchment area ... there tends to be a lot of low self-esteem. Parents who’ve done the project now feel that people will listen to them if they present things in the right way. It all stems from empowerment.”

Class teacher

Pre- and post-intervention questionnaires administered to 87 parents across four projects indicated a statistically significant increase in the number of parents who felt very confident about talking with their children concerning drugs (Table 4.3).

Table 4.3: Parents’ confidence in talking to their children about drugs (n=87)

Pre- and Post-intervention (Birmingham, Essex, Knowsley, Nottingham projects)

	Pre-intervention	Post-intervention
Very confident	18 (21%)	38 (44%)
Reasonably confident	56 (64%)	48 (55%)
Not very confident	11 (13%)	1 (1%)
Not at all confident	2 (2%)	0

A number of parents reported that, prior to participation in the projects, they did not discuss drugs with their children. This was not just through lack of information but because they felt it might encourage drug misuse.

“If they had started talking to me about drugs I would probably have cut them short, feeling that what they don’t know, they’re better not knowing.”

Parent

Statistical analysis of questionnaire responses indicated a significant relationship between parental knowledge, and their confidence in communicating and intervening. The higher parents assessed their own drug-related knowledge, the more confident they were about:

- talking to their children about drugs;
- positively influencing their children about drugs; and
- dealing with a child’s drug-related problem.

4.3 INFLUENCE ON PARENT-CHILD RELATIONSHIPS

Improved communication skills

Increased confidence was linked to improved communication skills. Following attendance at a session or course parents reported that they felt able to approach the subject of drugs use in a

more positive manner by:

- making the conversation informal and enjoyable;
- listening more;
- asking the children what they thought and felt; and
- respecting their opinions.

A number of parents said that they now talked (or believe they would talk) to their children about drugs in a different way. One parent said that, pre-course, she had talked to her children *“in a typical parent way – just ‘Don’t!’ with no explanations.”* She now felt that this approach could increase children’s curiosity and desire to experiment, and was *“more open, letting them talk, and respecting their opinions”*. Feedback from parents who attended the Birmingham Living with Teenagers course and support group indicated that they felt more able to address drug-related issues.

The Knowsley school-based course gave parents the opportunity to practice communication skills via a ‘homework’ assignment: talking to a child about drugs. Parents also had the opportunity to work with the children in the classroom.

“I have learned to talk *with* the children, instead of talking *at* them. I have also learned how to listen to what children have to say without judging them.”

Parent

Improved parenting skills

Although much course-time focused on general parenting skills, the projects’ publicity did not highlight this issue. Workers wanted to avoid implying that people were ‘bad’ parents. The Birmingham and Nottingham projects, however, successfully ran courses which were in effect ‘parenting courses’ (Living with Teenagers; Parenting Teenagers), although they were possibly less threatening since parents needed to initially identify ‘teenagers’ as the problem rather than their own parenting skills.

Parents attending the Knowsley courses indicated that they had gained insights into family life, and now recognised that good parenting led to better relationships with their children.

“It taught us how to behave with the kids...because I mean nobody teaches you how to be a parent, and you’re thrown in at the deep end.”

Parent

As one parent said: “It wasn’t just about drugs, but your whole life.”

Increased intergenerational trust

A number of parents, during post-course interviews, recognised that their child should feel able to approach them with a problem.

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“You want it so that they can come to you ... so they’re not frightened ... so they think ‘My mum’s all right, I can tell her’.”

Parent

Some parents felt more able to trust their children, rather than over-protect them or try to keep knowledge about drugs away from them. One Knowsley parent, since attending the course, felt happy to show drug information leaflets to her child.

“Before the course I would have said to her ‘Don’t look at that!’ After, we sat and read through things together. And she was really sort of excited that I was trusting her to do this. It helped both of us – it was a nice time.”

Parent

Trust was also seen as important to prevent further harm if a young person was using drugs. A mother attending a Living with Teenagers support group said:

“He doesn’t have to hide it from me ... he knows he can talk to me about it ... If he’s got to do it in any case, I’d rather that he knows he can come to me.”

Parent

Increased support

An important aspect of the drug prevention projects for many parents was a sense of support, or reduction in isolation. For many parents this arose informally, as a result of participating in group learning activities. Although reports of informal support came predominately from parents who had attended the longer courses, several parents interviewed after attending an awareness session reported now knowing that help was available, should the need arise in future. A number of parents from all lengths of course reported feeling more able to seek help, should the need arise, and a number stated that they had found the sharing of experiences and concerns and the general mutual support very helpful.

“..it brought us together...talking about deeper things than just our kids.”

Parent

Specific support groups were set up for parents who had completed Living with Teenagers courses in Birmingham. Parents reported benefiting from having a place to which they could bring their concerns about their teenagers, as well as wider issues in their families. The Birmingham project also provided support through the Helpline and befriending service, and support groups specifically for parents of drug-using children.

Increased ability to positively influence children

A crucially important issue with regard to parents’ involvement in drug prevention projects is whether they are then able to influence their children’s behaviour around drugs. While a definite response to this was not possible within the limitations of the present research, parents did report feeling both:

- more able to positively influence their children about drugs; and
- more able to cope should their children use drugs.

A statistically significant increase was seen, post-intervention, in the number of parents feeling ‘very confident’ of their ability to positively influence their children about drugs (Table 4.4).

Table 4.4: Parents’ (n=87) confidence in ability to positively influence children about drugs Pre- and post-intervention (Birmingham, Essex, Knowsley, Nottingham)

	Pre-intervention	Post-intervention
Very confident	11 (13%)	34 (39%)
Reasonably confident	63 (74%)	52 (60%)
Not very confident	10 (12%)	1 (1%)
Not at all confident	1 (1%)	0

Note: Missing data for pre-intervention – n = 85

When interviewed parents stated that their increased confidence in this area was due to:

- their improved knowledge about drugs; and
- the skills they had learnt for communicating with children.

While parents felt able to do more than simply saying “Don’t”, they recognised that in the end their children would make their own decisions about drug use.

“Advise them, educate them so they know what’s what – that’s what it comes down to, I think.”

Parent

Increased ability to cope with a child’s misuse of drugs

None of the parents interviewed exhibited unrealistic optimism about either the future possibility of their children’s involvement with drugs, or their own ability to cope with the situation should it arise. Parents felt that learning of their child’s drug use would be very difficult and strong emotions would be involved. Nonetheless, many parents did feel that they were now better equipped to deal with it.

“There wouldn’t be the absolute horror I would have felt before, and I wouldn’t feel the same sense of failure as a parent.”

Parent

Again, the reasons parents gave for their increased ability to cope included:

- their improved knowledge about drugs;
- and the skills they had learnt for communicating with their children (allowing them to talk to their children without “screaming and shouting” or “blowing their top”).

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Parents' responses to pre- and post-intervention questionnaires showed once again a statistically significant increase in parents' confidence in their ability to deal with this situation (Table 4.5).

Table 4.5: Parents' (n=87) confidence in coping with a child's drug-related behaviour Immediately pre- and post-intervention (Birmingham, Essex, Knowsley, Nottingham)

	Pre-course	Post-course
Very confident	5 (6%)	14 (16%)
Reasonably confident	24 (28%)	58 (67%)
Not very confident	52 (60%)	15 (17%)
Not at all confident	6 (7%)	0

4.4 LONGER-TERM EFFECTS ON PARENTS

There was some evidence that the parent work helped in the personal development of those who participated. A number of parents went on to pursue further learning, although not necessarily focused on drugs. The longer and more intensive courses seemed to have given a number of parents the confidence to seek employment and training. More generally the courses appeared to stimulate greater community involvement, with some parents going on to campaign against the closure of their Family Centre, join a local parents' forum and work with a youth group. Some teachers described how the drug prevention work had helped to develop a stronger bond between participating parents and the school:

"It has become clear that they are keen to get involved in the children and their education, and the drugs education was a way in to other aspects of education."

(Head teacher).

4.5 YOUNG PEOPLE'S REACTIONS TO PARENTAL INVOLVEMENT

The key outcome measure of involvement of parents in drugs prevention must be the impact on the drug use of their children. To conduct a rigorous study of parental influence on their children's drug use was beyond the scope of this project. The opportunity was taken, however, to acquire information about school children's *reactions* to parents' involvement in the drug prevention projects.

Primary school children

Given the low incidence of drug use amongst primary school children, a big impact on their drug using behaviour was not expected. Several parents on the Knowsley school-based course stated that their children had reacted very positively to their involvement, discussing the content with them after sessions.

"She was interested – she asked me about the course. We talked after each session."

Parent

A number of parents said that their children had been very excited to see them working in the school, and a teacher who had also completed the parents' course also expressed this.

“I know from my daughter, she loves me going into her school...The children in my class are the same – they like to have their parents involved in what they are doing in school.”

Teacher

Secondary school children

We also surveyed 333 schoolchildren from years 7 and 8 (aged 12 – 13) in Essex. Eighty nine children reported that their parent(s) had attended a drugs awareness meeting in the school. Of these, 62 (70%) said that their parents had spoken about the meeting. Although these numbers are very small, a number of interesting findings emerged.

These 62 children were very positive about the fact that their parents had communicated with them about drug issues following the meeting:

- 90% were glad that their parents had talked to them;
- 90% had confidence in what their parents had said to them;
- 89% said that they could talk to them about drug-related issues in the future; and
- 81% believed that what their parents had said would affect their decisions about drug use.

Twenty-four of the 62 children (39%) reported that this was the *first time* their parents had talked about drugs. Thus, in a significant minority of cases, the drugs prevention meeting seems to have facilitated parent-child communication regarding drugs.

Finally, 33 children stated that their parents had attended a meeting at the school, and had spoken to them about drugs *both* pre- and post-meeting. Of these, 30 (91%) reported that the post-meeting talk was *more useful* than previous talks.

4.6 KEY POINTS: THE IMPACT OF WORKING WITH PARENTS

The extent of parental participation

- 3137 parents were involved with the five projects during April 1995 – May 1998
- One-off Awareness sessions accounted for the majority of the total
- The number of parents involved in any event varied widely
- The number of parents involved in any sustained way was small

Increased knowledge

- Quantitative data demonstrated that parents' assessment of their knowledge of drugs rose between pre- and post-session assessments

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- Qualitative interview data corroborated this, showing increased knowledge of drugs and related issues

Increased confidence and communication skills

- Parents reported increased confidence in talking to their children, both specifically about drugs, and more generally
- Parents rated post-intervention communication with their children as significantly improved on pre-intervention communication
- Parents' confidence in communication with their children, in influencing their children, and in dealing with their drug-related behaviour, were all positively associated with self-assessed levels of knowledge – the higher the knowledge, the more confident they felt

General parenting skills

- General parenting skills were seen as vital by project workers
- Because project workers believed that parents would reject 'parenting' courses, the skills were incorporated into courses which appeared to have a different emphasis
- Two projects ran successful Parenting Teenagers and Living with Teenagers courses (parents may have perceived these as focusing on *teenagers* rather than *parenting*)
- Post-intervention interviews indicated that parents recognised the importance of good parenting in drug prevention, and felt that courses had improved their general parenting abilities

Increased intergenerational trust

Parents recognised, post-intervention, that:

- they needed to give children their attention, when required
- they could trust their children with more information about drugs, as opposed to over-protecting them
- children needed to trust their parents before they would approach with a problem

Increased ability to positively influence children

- There was a significant increase in parents feeling 'very confident' about positively influencing their children about drugs, and coping with a child's drug-related behaviour
- Qualitative data suggested that improved knowledge and communication skills were particularly relevant to these changes

Sustained effects on parents

- Parents were interested in further learning (not necessarily drugs-focused)

- Parents passed on knowledge to friends and neighbours
- Parents went on to further skills, education, and activities with young people

Young people's reactions to parental involvement

- Primary school children were very interested in their parents' attendance at drug-related sessions at school, and asked their parents about the content
- Secondary children whose parents had spoken to them about drugs after a drug prevention meeting were glad their parents had talked about drugs; had confidence in what parents said; felt they could talk to their parents about drugs; and thought what their parents said would affect their decisions
- A significant minority of secondary children whose parents had attended a drugs meeting and spoken of it, reported that this was the *first* time their parents had ever talked with them about drugs
- 91% of children whose parents had spoken to them *both* prior *and* post a drug prevention meeting reported that the post-meeting talk was more useful

5 CONCLUSIONS AND RECOMMENDATIONS

In this chapter we summarise the key findings from our research, identify important practice points, and outline a series of recommendations concerning future work with parents.

5.1 MAIN FINDINGS

Two clear findings emerge from our research. Firstly, the projects we evaluated demonstrate that it is possible to attract and involve parents in drug prevention activities. Between April 1995 and May 1998 the five projects evaluated engaged 3,137 parents in a variety of activities. The majority of these activities were one-off drug awareness sessions and there was a great demand for such sessions from parents in the project areas. The projects also held longer and more intense courses that sought to develop parenting skills, self-esteem and self-confidence, although the numbers attending these courses tended to be quite small. Project workers stressed, however, that having fewer than ten parents per course encouraged more open communication and involvement.

Secondly, our research highlights the potential benefits that can emerge from conducting drug prevention work with parents. Following this work parents described themselves as being more knowledgeable about licit and illicit drugs, including their effects and signs of their usage. Parents also reported feeling more able to communicate with their children about drugs, to positively influence their children about drugs, and to cope with their children's actual or potential drug-related behaviours. The prevention work also appeared to have an impact in terms of supporting parenting more broadly. Here parents described increases in their own self-confidence, and in their general communication and parenting skills.

Parents' descriptions of how the sessions and courses affected them can be viewed as a rather weak measure of the impact of these prevention activities. However, a survey of secondary school pupils whose parents had attended a drug awareness meeting, highlighted that even one-off sessions can aid family communication about drugs. For some school pupils the meeting led to the first discussion they had ever had with their parents on the subject of drugs, while others described how post-meeting discussions with their parents had been more useful than previous talks.

5.2 GOOD PRACTICE POINTS

A number of points emerged from our research which have implications for those seeking to engage parents in drugs prevention work in the future.

Recruitment

The key to recruitment of parents appears to be the networks within school or community to which a project is most strongly linked. In the five projects assessed, the vast majority of participating parents were women, and where men did attend it was more likely to be for a one-off session. Ethnic minorities were not highly represented. Although the projects were mainly situated in socially deprived areas, they did not target pre-defined 'high-risk' populations. Future

work may need to make particular efforts to engage with the populations not well-served by the present projects.

Assessing needs

For parents needs to be assessed effectively, project workers have to develop contacts and credibility, and this involves considerable networking. Needs assessment is best performed as a collaborative endeavour – done *with* parents, not *to* them. It is an ongoing process and initially it may be necessary to distinguish between needs and wants. General information on parental needs may be available from previous research. Those setting up projects should be aware that the parents whose families may be most at risk of problem drug use may be, also, the hardest to access and assess.

Gateways and barriers

A number of factors were seen to aid or hinder recruitment and sustained involvement. Gateway factors included:

- project workers' skills, personality, persistence and empathy;
- active links with school and community;
- networks involving projects, local agencies, and community groups;
- utilisation of a familiar environment for sessions;
- giving courses a wider focus than simply 'drugs';
- ensuring continued worker-parent contact;
- flexibility to fit with parents' commitments; and
- judicious use of news media.

Barrier factors for parents included:

- social difficulties, including the extra financial and organisational difficulties of single parents;
- environmental difficulties;
- lack of engagement with the school or community;
- lack of confidence;
- fear of stigmatisation;
- lack of perceived need; and
- lack of project resources.

5. CONCLUSIONS AND RECOMMENDATIONS

Primary and secondary schools

There was a tendency for the projects in our research to focus their efforts on parents of primary school aged children. This was because the project workers found:

- it was easier to get invitations from primary schools to set up projects aimed at parents;
- it was easier to obtain involvement from primary school parents, as they generally have more contact with schools than they do once their children move to secondary; and
- primary school parents were more receptive to discussions about drugs and drug use (possibly as these issues seem further away, and hence less threatening).

Engaging parents of primary school children also meant that there was only a relatively small chance that their children would have started to use drugs. There was, therefore, an opportunity to improve parental knowledge, confidence and parenting skills prior to their children reaching the age of experimentation. An alternative approach would have been for the projects to place a greater emphasis on working with parents with children in secondary school. These parents would be more clearly facing the issues of onset of experimentation and drug use through adolescence. The projects demonstrated that these parents can be attracted to awareness events, and to longer courses if these are focused on the problems that teenagers could cause. DATs and local agencies, after consideration of the local context, will have to decide which group of parents should be targeted, and with which type of prevention activities.

Balancing focused and strategic approaches

There are also a number of balances that future projects must maintain:

- awareness sessions are often in great demand, but the time and energy spent in meeting this demand can block the development of a more strategic and systematic approach to involving parents in drugs prevention;
- many parents need to develop confidence, communication skills, and general understanding of young people through smaller, longer and more intensive courses. More focused ‘drugs’ work should not be conducted at the expense of these vital activities;
- much effective drug prevention and general empowerment work is done with parents outside of the formal ‘taught’ components of courses; and
- inserting drug prevention messages within the context of a non-drug specific course has been found by many project workers to be an effective method

5.3 RECOMMENDATIONS

Our research has examined a range of different models of parental involvement, and these provide some suggestions as to how and from where parental involvement should be organised. Many good practice points stemming from this research have already been included in the Drug

Prevention Initiative's 'Guidance on Good Practice' (1998). Here we make four recommendations concerning the integration of parental involvement into drugs prevention.

Recommendation 1: Responsibility for work with parents

- We recommend that that parental involvement should be a key component of each local drug prevention strategy, and that each Drug Action Team should nominate a lead organisation that will be responsible for deciding what approaches are to be taken with different parental groups.

Unlike other areas of drug prevention (such as schools-based prevention) it is not clear which organisation should take responsibility for organising and funding projects aimed at parental involvement. Local expertise and services vary widely, and it would be inappropriate for us to indicate which organisation in each area of the country should be responsible for parental involvement in drugs prevention. However, a number of organisations have in the past taken a special interest in families, including social services, primary care services in general, and health visiting in particular. The balance of responsibility might be determined by funding arrangements. Incorporating parental involvement projects within area-based interventions, such as Health Improvement Programme and Health or Education Action Zones, may benefit from established community networks and partnerships for bidding and utilising funds.

Recommendation 2: Balanced provision for broad populations and high-risk groups

- We recommend that sufficient skills based courses, as well as more general awareness and information sessions, are organised for parents.

Rather than recommend an 'either-or' approach, we suggest that any local or national strategy attempting to involve parents in drug prevention should provide a balance between basic one-off awareness and information sessions, and longer, more intensive, parenting-focused courses. A key strategic consideration is the gradient of risk. The prevention of drug *use* requires a far more general population orientation, whereas the prevention of drug *problems* requires a far more targeted approach towards at those children and families at most risk. With limited resources for drug prevention activities, each Drug Action Team will need to clarify local needs and drug prevention aims, and then take strategic decisions as to the balance to be achieved.

Recommendation 3: Promoting prevention skills with parents

- Courses aimed at parents should seek to impart three sorts of skill to help prevent drug use and drug problems:

Substance-related skills: providing parents with accurate knowledge about drugs and highlighting the need to demonstrate attitudes and behaviour towards drugs use (including use of alcohol and tobacco) that are consistent with the drug prevention message they are imparting.

Parenting-related skills: giving parents the skills needed to develop and maintain family

5. CONCLUSIONS AND RECOMMENDATIONS

cohesion along with clear communication channels and high quality parental supervision. Skills of conflict resolution should also be a vital component within programmes aimed at parents.

Confidence skills: provided by developing parental awareness and knowledge about drugs, developing the skills of communicating with adolescents, and working to raise self-esteem.

A considerable body of research (see Chapter 1) indicates that parental and family factors are vital influences on experimental, recreational and harmful patterns of drug use. In particular, low levels of parenting skills and modelling of inappropriate behaviour towards substance use increase the probability of a child starting to misuse drugs.

Recommendation 4: Future research

- We recommend that a longitudinal study, utilising a comparison group approach, be commissioned to discover whether parental involvement in drug prevention activities has an impact on their children's later drug use.

We have described a number of positive effects, and good practice points, resulting from engaging parents in drug prevention work. Future work will need to address important questions concerning: the extent of the impact of these types of projects on young people's immediate and long term drug use; the process of involving fathers; and the involvement of parents from minority ethnic groups. It would be advisable that the evaluation of any future projects be developed from the outset so that appropriate research tools can be developed and the intervention properly studied.

5.4 FINALLY

We believe that, given the positive findings of the present evaluation, work with parents should continue to be supported. However, the place of parenting projects in the overall drug prevention policy needs to be clarified, both at national and local Drug Action Team levels, and a strategic approach with more specifically targeted resources needs to be given careful consideration.

REFERENCES

- 6, P., Jupp, B., Perry, H. and Laskey, K. (1997) *The Substance of Youth: the place of drugs in young people's lives today*. York: Joseph Rowntree Foundation.
- Andrews, J.A., Hops, H., Ary, D., Tildesley, E, and Harris, J. (1993). Parental influence on early adolescent substance use: specific and non-specific effects. *Journal of Early Adolescence*, **13**, 285–310.
- Balding, J. (1994) *Young People in 1993*. Exeter: School Health Education Unit, University of Exeter.
- Balding, J. (1996) *Young People and Illegal Drugs in 1996*. Exeter: School Health Education Unit, University of Exeter.
- Barnes, G. (1990) Impact of the family on adolescent drinking patterns. In Collins, R. L., Leonard, K. and Searles, J. (Eds.) *Alcohol and the Family*. New York: Guilford.
- Botvin, G.J. and Tortu, S. (1988) Peer relationships, social competence, and substance abuse prevention: Implications for the family. *Journal of Chemical Dependency Treatment*, **1**, 245–273.
- Brook, J.S., Brook, D.W., Gordon, A.S., Whiteman, M., and Cohen, P. (1990) The psychological etiology of adolescent drug use: A family interactional approach. *Genetic, Social, and General Psychology Monographs*, **116**, 2, p111 et seq.
- Chilcoat, H.D. and Anthony, C.A. (1996) Impact of parent monitoring on initiation of drug use through late childhood. *Journal of the American Academy of Child Adolescent Psychiatry*, **35**, 91–100.
- Cohen, J. (1996) Drugs in the classroom: Politics, propaganda and censorship. *Druglink*, 11, 12–14.
- Cohen, D.A and Linton, K.L.P. (1995) Parent participation in an adolescent drug abuse prevention program. *Journal of Drug Education*, **25**, 176–179.
- Crundall, I.A. (1993) Correlates of student substance abuse. *Drug and Alcohol Review*, **12**, 271–276.
- Drug Prevention Initiative (1998) *Guidance on Good Practice*. Central Drugs Prevention Unit. Drugs Prevention Initiative. London: Home Office.
- Duncan, T.E., Tildesley, E., Duncan, S.C., and Hops, H. (1995) The consistency of family and peer influences on the development of substance use in adolescence. *Addiction*, **90**, 1647–60.
- Evans, R., Mallick, J., and Stein, G. (1997) *The concerns and needs expressed by parents of children in Kent schools regarding drug use and drug education strategies*. Report commissioned by Kent County Constabulary on behalf of the Safer Kent Partnership Forum and the East Kent Health Authority. London: Roehampton Institute.
- Farrell, M. and Strang, J. (1991) Substance use and misuse in childhood and adolescence. *Journal of Child Psychology & Psychiatry*, **32**, 109–128.

- Farrington, D. (1995) The development of offending and anti-social behaviour from childhood: key findings from the Cambridge study in delinquent development. *Journal of Child Psychology & Psychiatry*, **36**, 929–964.
- Fife Healthcare Trust (1996) *Progress Reports, Health Promotion Department*, April 1995 – March, 1996.
- Foxcroft, D. and Lowe, G. (1991) Adolescent drinking behaviour and family socialisation factors: a meta-analysis. *Journal of Adolescence*, **14**, 255–273.
- Fraser, M.W., Hawkins, J.D., and Howard, M.O. (1988) Parent Training for Delinquency Prevention. *Family Perspectives in Child and Youth Services*, **11**, 93–125.
- Graham, J. & Bowling, B (1996) *Young People and Crime*. Home Office Research Study 145. London: HMSO.
- Greenlund, K., Liu, K., Kiefe, C., Yunis, A., Dyer, A. & Burke, G. (1995) Impact of father's education and parental smoking status on smoking behaviour in young adults. *American Journal of Epidemiology*, **142**, 1029–1033.
- Harburg, E., Davis, D. and Caplan, R. (1982) Parent and offspring alcohol use – imitative and aversive transmission. *Journal of Studies on Alcohol*, **43**, 497–516.
- HAS (Health Advisory Service) (1996) *Children and young people substance misuse services: a manual for guidance for commissioners, purchasers and providers*. London: HMSO.
- Hawkins, J.D., Catalano, R.F. and Miller, J.Y. (1992) Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, **112**, 64–105.
- Hiley, J. (1997) *Perceptions of Drug Use*. Report for St Ann's and Sneinton Drug Prevention Project, Nottingham.
- Hogg, C, McGuire, C., and Barker, R. (Eds.) (1996) *Health Promotion and the Family: Messages from four research studies*. London: Health Education Authority.
- Hyndman, B. and Giesbrecht, N. (1993) Community-based substance abuse prevention research: rhetoric and reality. *Addictions*, **88**, 1613–1616.
- Kandel, D.B. and Andrews, K. (1987) Processes of adolescent socialisation by parents and peers. *International Journal of the Addictions*, **22**, 319–342.
- Kosterman, R., Hawkins, J.D., Spoth, R., Haggerty, K.P. and Zhu, K. (1995) *Preparing for the Drug Free Years: Effects on Videotaped Family Interactions*. Seattle: Social Development Research Group, University of Washington.
- Kumpfer, K.L., Molraard, V. & Spoth, R. (1996) The 'Strengthening Families Program' for the prevention of delinquency and drug use. In: Peter, R. and McMahon, R. (eds) *Preventing Childhood disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications.

- McCallum, T. (1996) Who Influences. *Youth Studies Australia*. **Spring issue**, 36–41.
- Measham, F., Parker, H. and Aldridge, J. (1998) *Starting, Switching, Slowing, Stopping*. DPI Paper 21. Central Drugs Prevention Unit. Drugs Prevention Initiative. London: Home Office.
- Milburn, L. and Cohen, J. (1994) *In the Know: Parents' drug information and education project*. Final report to the Manchester Drugs Prevention Team. Central Drugs Prevention Unit, Drugs Prevention Initiative. London: Home Office.
- Mistral, W. & Velleman, R. (1997) *Involving Parents in Drug Prevention: A review of the literature*. Report prepared for the Home Office Drugs Prevention Initiative. Mental Health Research Unit: University of Bath.
- NIDA (National Institute on Drug Abuse) (1997) *Preventing Drug Use Among Children and Adolescents: a research-based guide*. National Institute of Health Publication No. 97–4212
- O'Connor, L., and Best, R. (1997) *Drugs, Drugs Education, and Young People – Missed Opportunities*. Unpublished report. London: Roehampton Institute.
- O'Donnell, J., Hawkins, J.D., Catalano, R.F., Abbott, R.D., and Day, L.E. (1995) Preventing school failure, drug use, and delinquency among low-income children: Long term intervention in elementary schools. *American Orthopsychiatric Association*, **65**, 87–100.
- Oygaard, L., Klepp, K.I., Tell, G.S., and Vellar, O.D. (1995) Parental and peer influences among young adults: ten-year follow-up of the Oslo youth study participants. *Addiction*, **90**, 561–69.
- Parke, R.D. and Ladd, G.W. (1992) (Ed.) *Family-Peer Relationships: Modes of Linkages*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Pentz, M.A. (1995) The school-community interface in comprehensive school health education. In: Stansfield, S. (ed) *Institute of Medicine Annual Report, Committee on Comprehensive School Health Programs*. Institute of Medicine. Washington DC: National Academy Press.
- Pollard, C. (1995) *Drugs Prevention Education for Adults Project*. A report for Buckingham County Council. High Wycombe, Bucks: Spring Gardens Centre, Pinions Road.
- President of the Council (1998) *Tackling Drugs to Build a Better Britain*. The Government's Ten-Year Strategy for Tackling Drugs Misuse. London: HMSO.
- Quinn, L. (1996) Mobilising parents. *Druglink*, **11**, 9–10. London: ISDD.
- Robertson, N. (1996) Speaking the same language. *Druglink*, **11**, 11 London: ISDD
- SCODA (1997) *Drug-related Early Intervention: developing services for young people and families*. Good Practice Unit. London: SCODA.
- Smith, C. and Pugh, G. (1996) *A survey of group-based parenting programmes*. Findings. York: Joseph Rowntree Foundation.
- Smith, C., Moore, L., Smith, A., and Catford, J. (1995) *Social group trends in health related*

- behaviours in Wales 1985–1990*. Health Promotion Wales Technical Report No. 4. Cardiff, UK: Health Promotion Wales.
- Spoth, R and Redmond, C. (1994) Effective recruitment of parents into family-focused prevention research: a comparison of two strategies. *Psychology and Health*, **9**, 353–370.
- Steinberg, L., Fletcher, A., and Darling, N. (1994) Parental monitoring and peer influence on adolescent substance use. *Pediatrics*, **93**, 1060–1064.
- Taylor, J. (1996) Personal communication re Parent Drug Education Project, 6 August.
- Velleman, R. & Orford, J. (1993a) The importance of family discord in explaining childhood problems in the children of problem drinkers.” *Addiction Research*, **1**, 39–57.
- Velleman, R. & Orford, J. (1993b) The adulthood adjustment of offspring of parents with drinking problems. *British Journal of Psychiatry*, **162**, 503–516.
- Walters, G.D. (1994) *Escaping the journey to nowhere*. London: Taylor and Francis Ltd. 52–62.
- Williams, T. (1996) *Integrated Programme: Parents’ Surveys*. Central Drugs Prevention Unit Internal memorandum, November 1996. London: Home Office.

