

# An Evaluation of the Option 2 Intensive Family Preservation Service

Final Research Report  
for Alcohol Research UK



**Tilda Goldberg Centre**  
for social work  
and social care



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## **Final Report on Evaluation of Option 2 Intensive Family Preservation Service**

This report presents findings from a study funded by Alcohol Research UK (formerly Alcohol Education Research Council) into outcomes and experiences of families referred to the Option 2 service in Cardiff. The study was carried out between 2009 and 2011.

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## **Executive Summary**

### **Background**

Option 2 is a crisis intervention service aimed at families where serious child protection concerns are related to parents' use of drugs or alcohol. It uses a combination of Motivational Interviewing, Solution Focussed and innovative family work to help create positive changes for families and thereby reduce the need for children to enter care.

A previous evaluation of Option 2 suggested that families liked the service and that it reduced the need for children to enter care, thus generating significant cost savings for local authorities. The evaluation reported on here attempts to understand what impact the service has on the substance use and welfare of parents, family functioning and the safety and wellbeing of children.

### **Study design**

The study takes advantage of the fact that Option 2 does not have a waiting list. If a referral is received when the service is full details are taken but the family will generally not receive the service. This provides a natural comparison group to investigate the impact of Option 2 on outcomes.

The study compared outcomes for a total sample of 27 families (84 children). These were composed of 15 Option 2 families (52 children) and 12 comparison families (32 children). Data was gathered through research interviews. A distinctive feature of the study was that the follow-up was very long: on average 5.6 years after referral.

### **Findings**

Over the whole sample, the families had very serious problems related to alcohol and drug misuse by parents. These were related to very high levels of concern about risks to children, including children being assaulted, born withdrawing from drugs, experiencing severe neglect or witnessing violence in the home. These issues took place in complex contexts of multiple other problems, including most prominently inter-generational abuse, low maternal self-esteem, high levels of violence and poverty.

Over the years the families had received inputs from a wide range of agencies. Services that were available when needed, where professionals were caring and committed and that provided long-term support were particularly valued. Across a wide variety of professionals, including GPs, social workers and alcohol services, workers working in this way were identified by parents. Such services maximised the likelihood of parents addressing their alcohol and drug problems

At follow-up most parents had considerably reduced their drug and alcohol use. Despite this, overall the families had high levels of family difficulty at follow-up, with parents having scores suggesting many were stressed and at risk of psychological problems, many of the families experiencing discord and a high proportion of the children having emotional and behavioural difficulties. This evidence was supported by qualitative accounts of family difficulties and often the inter-generational transmission of problems.

Families that had received the Option 2 service seemed to do considerably better than those who had not. In particular:

- Parents were far more likely to have reduced their alcohol or drug misuse (94% to 58%);
- Parents were less stressed and at risk of psychological problems (44% to 85%);
- Families had more solidarity and cohesion.

The finding that Option 2 children were less likely to enter care was strongly supported:

- Only 8% entered care (compared to 44%)
- None were in care permanently (compared to 38%)

There was no significant difference in the welfare of the children in the two groups. It appeared that children receiving the Option 2 service were being kept in their family homes without an increase in poor outcomes.

In the qualitative analysis the families were grouped into those with ongoing problems (9), those where improvements had been recent or partial (7) and those where there had been obvious and sustained improvements since the time of the referral (10) (analysis was not possible for one family). Option 2 was strongly associated with better outcomes, with 70% of those with sustained improvements having received the service, compared to 57% of the mixed group and only 33% of the no change group.

Overall, parents reported that the Option 2 service was extremely positive for them. In particular they tended to highlight that it:

- Was there when they needed it
- That the workers were caring and seemed to understand their problems
- The focus on recognising and building strengths was helpful
- That the workers managed to help families make achievable plans for change and support them to carry out changes
- And that workers were helpful in negotiating with other agencies and professionals.

The main criticism that parents made was that the service was not available for long enough, or that they would have liked to be able to be re-referred when they had later problems.

## **Conclusions**

Care needs to be taken in drawing overly firm conclusions given the relatively small numbers and challenges experienced in recruitment. However, the study is following an initial evaluation with data on care entry from a far larger sample of families. It is in line with findings from that study. Overall it therefore seems safe to conclude that:

- Option 2 significantly reduces the need for children to enter care
- It is likely to generate very significant cost savings for local authorities and other social care, health and criminal justice agencies
- Option 2 appears to be an effective way of engaging and helping parents with serious drug and alcohol problems to significantly reduce their drug or alcohol use
- Overall, the service improves family wellbeing and parental welfare

Option 2 is now the best evaluated service to prevent children entering care in the UK. It is successful in doing this and as a result saves local authorities and other public services significant amounts of money. We recommend that this excellent and innovative service should be replicated and adapted to suit local needs. New services based on Option 2 should be carefully evaluated in order to ensure that they are delivering the service to the same level of quality and achieving at least equivalent results.

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## 1. Background

In recent years there has been increasing recognition of the extent and impact of parental misuse of drugs or alcohol on children known to social services. For instance, Forrester and Harwin (2006; 2008) found that a third of all allocated cases involved parental substance misuse, but that this rose to 42% of children on the child protection register and 60% of care proceedings. Still more concerning was that two years after the initial referral most of these children (54%) were no longer living at home, generally because social services had removed the child, and the fact that children who remained at home appeared to be doing particularly poorly. Taken together these findings led the authors to conclude that:

“What we are currently doing is not working, and ... developing more effective approaches is a major priority if we are to meet the needs of some of the most vulnerable children in society”. (Forrester and Harwin, 2008; p16)

In this context Option 2 has been identified as an approach that appears promising. This has led to attempts to replicate the service model in other areas. The Welsh Government is currently rolling out an adapted version of Option 2 across all local authorities in Wales (Welsh Government, 2008), and several local authorities in England are replicating or adapting the model.

It is therefore vital that the service is thoroughly evaluated. This is particularly important because the extensive American literature on Homebuilders – the model upon which Option 2 is based – is equivocal about the effectiveness of the intervention. Initial evaluations found that 70-90% of children had not entered care following a Homebuilders intervention (see Forrester et al., 2008). These findings led to considerable interest in Homebuilders as a way of reducing the number of children coming into care, and the model was widely taken-up. However, more rigorous evaluations, including large scale government-funded studies, found that Homebuilders had little or no impact on the rates at which children came into care (USDHHS, 2001). Furthermore, there were no measurable differences in outcomes for children or adults who received Homebuilders. There are complex reasons for these findings - including whether appropriate families were being referred to the service, the issue of whether the intervention was being delivered with fidelity and the question of whether a crisis intervention model is appropriate for what are often chronic, long-term problems - however the results point to the importance of rigorous evaluations of interventions aimed at reducing the need for public care.

In light of these issues the Welsh Government commissioned an initial evaluation of Option 2, including a comprehensive review of relevant literature, a small-scale qualitative study of families who had recently received the service and evidence on the impact of Option 2 on care entry from social work records. Option 2 was highly rated by those who received the service, it reduced the need for public care and as a result it produced significant cost savings (Forrester et al., 2008a). However, the same proportion of children entered care in the two groups, with the reduced use of care being partly due to a delay in care entry and primarily related to a higher likelihood of return home. These are difficult findings to interpret, particularly as care tends to have a positive impact on child welfare (Forrester et al, 2008b) and therefore a service that reduces the use of care may – despite being excellent - have a negative impact on the welfare of some children. It is important to know what impact Option 2 has on parental substance use, child welfare and family functioning.

Given the importance of these issues ARUK funded the current research study which aimed to examine these issues. The evaluation also aimed to explore what – if anything - about the service had an effect on families, what families it worked best for and how change was maintained (or not) over time. Answers to these questions are crucial in considering how the model might helpfully be developed and adapted. At the heart of the proposal was a quasi-experimental design that aimed to use the fact that because Option 2 operates a crisis intervention model it does not keep a waiting

list: families referred when the service is full have basic information taken but do not receive a service. They therefore provide a natural comparison group.

### ***Developments during the study***

Unfortunately, there were serious problems in recruiting families into the research. There was always a possibility that this would prove to be a problem, given the complex nature of the difficulties that the families were experiencing, the comparatively long follow-up period and the fact that the sampling strategy involved following-up families that had not agreed to take part in the research at the time of the referral. These difficulties are explored further below. They led to a major revision in the nature and focus of the study. They have in particular made the comparative and evaluative features of the original proposal difficult to carry-out. Nonetheless, the sample obtained does have a number of important and interesting features that make the findings of practice and policy relevance. First, while a simple comparison of outcomes needs to be treated with great caution, it is nonetheless possible to combine quantitative data on outcomes with in-depth qualitative interviews on the processes of change and the contribution of Option 2 to this. Taken together these provide a persuasive picture about the nature of the service and the ways in which it does (and sometimes does not) help people to change.

Second, there is no equivalent research looking at the experiences or outcomes for families where serious child welfare issues are linked to parental misuse of drugs and alcohol. In particular, there is no research we are aware of that follows-up families some years after involvement with child protection services. The qualitative data produced provides a powerful set of stories with insights into the nature of parental misuse of drugs and alcohol where there are serious concerns about the welfare of children and the contribution of professionals to helping such families. The study therefore provides an unparalleled opportunity to explore the experiences and stories of a very hard to research group.

In light of these considerations the study now attempts to answer the following questions:

1. ***What are the outcomes for the whole sample of families referred to Option 2?*** In particular, what were the key factors in the development of their difficulties, their description of the problems they are experiencing and the impact of the substance use on their children?
2. ***What are parents accounts of how their problems developed and affected their ability to care for their children?*** What are the key characteristics of services that help families and how can this be understood in relation to their broader experiences of change (or lack of change)?
3. ***How do outcomes vary between the Option 2 children, parents and families compared to the comparison group?***
4. ***What did parents think of the Option 2?*** In particular, not only was it effective but what features were helpful and how might it be improved?

The presentation of findings in the bulk of this report is structured around these four questions. Therefore rather than presenting quantitative and then qualitative data, there is a description and analysis of the whole sample which combines both types of data, followed by a similar approach to evaluating and understanding the Option 2 service better through comparative analysis. The next section outlines the research methods used. It is then followed by 4 substantive sections that present the results in relation to each of the research questions above.

## 2. Research Method

### *Plan of investigation*

A total of 75 families were approached to take part in the research (see Table 1), with just over a third (36%) being successfully recruited. The bulk of these were not available - despite multiple visits and attempts to follow-up with phone calls - because the family appeared to have moved. Very few of these families were still allocated a social worker and therefore it was not possible to get new addresses or contact details.

**Table 1: Recruitment Issues**

<b>Recruitment Outcome</b>	<b>n</b>	<b>%</b>
<b>Interview parent</b>	<b>27</b>	<b>36</b>
Moved or not contactable	30	40
Refused participation	8	11
Other reason	3	4
Social worker not contactable or suggests no contact	7	9
<b>Total</b>	<b>75</b>	<b>100</b>

We had anticipated that many families – and particularly those who had not received Option 2 – might not wish to participate in the study. In fact this was not the case. Only 11% of families refused to participate, with a further 9% where the social worker either suggested we should not contact the family or more commonly did not respond to confirm that it would be appropriate (a stipulation required for ethical approval). This is in part testament to the extremely active approach of the main researcher. Families were visited a number of times, including often multiple research interviews (the average number of visits to complete data collection was 3.5 with a maximum of 10 visits).

Nonetheless, the large number of families who had moved and the problems this created in following them up was an unexpectedly substantial challenge for the study. The low response rate is of concern, and the fact that it is linked to a particular group i.e. families who have moved is also problematic, as one might expect this group to differ systematically from those who had not moved. It is not possible to be sure what the nature of these differences might be.

In order to address the difficulties in recruiting sufficient families into the intervention sample it was decided to drop the case comparison approach in order to ensure sufficient O2 families were recruited. As a consequence more recent O2 referrals were approached to take part in the research. This was successful in ensuring a sufficiently large sample who had experienced Option 2 but it further compromises the comparative model.

### *Data collection and analysis*

Interviews with families involved interviews with parents and with children 11 or over. These interviews gathered information on:

- A qualitative account from parent about family life and substance use since the referral, including a description and evaluation of different services offered
- Child's welfare (Strengths and Difficulties Questionnaire (SDQ) for emotional and behavioural development; school attendance and performance; health issues)
- Parental substance use (Maudsley Addiction Profile (Section B) (Marsden et al., 1998))



- Family functioning (Family Environment Scale (sub-scales for family cohesion, open expression of emotion and open conflict), Moos and Moos, 1986).

### ***Description of the Sample***

Interviews were completed with one or both parents for 26 families. In addition, a lengthy written contribution was made by one mother who it was not possible to interview. Interviews were also carried out with 7 children in 5 families.

The final sample provided data on 84 children, 34 parents or step-parents (though quantitative data was only provided by 31) from 27 families. Here the characteristics of the whole sample are detailed prior to qualitative analysis relating to the whole sample. In the third section of the results a comparison of the Option 2 and comparison samples is presented.

Only basic data from the referral form was available for the period of the initial referral. More detailed information is available for follow-up interviews.

All families were referred to Option 2 between 2000 and 2009. Table 2 sets out some of the key characteristics of families. All participants in the study were white British, reflecting in part the fact that the project is based in a predominantly white area. Most of the families involved alcohol use issues, though a significant minority involved drug problems. There was only one family where both were present at concerning levels. The reason for referral highlights the generally serious nature of the concerns in families, with two-thirds of referrals being to prevent children entering care and the remaining third being to prevent a child being placed on the Child Protection Register.

**Table 2: Family Characteristics (n=27)**

	<b>n</b>	<b>%</b>
Alcohol an issue in family	16	59%
Illegal drugs an issue in family	12	44%
Reason for referral: Preventing care entry	15	56%
Reason for referral: Return from care	3	11%
Reason for referral: Preventing child's name being placed on Child Protection Register	9	33%
	<b>Mean</b>	<b>SD</b>
Number of research visits	3.5	2.1
Time since referral (years)	5.6	3.0
Age now (n=26)	38.6	8.1

Table 3 provides further detail on the 31 parents or carers interviewed. The most noteworthy element of this table is the high proportion of respondents who were mothers (87%). In fact there was only one family in which the mother did not take part in the interview (and this was because the mother had died in that family). The study is therefore primarily focused on the experiences of mothers referred to Option 2.

**Table 3: Parental Characteristics (n=31)**

	<b>n</b>	<b>%</b>
Alcohol an issue	16	52%
Illegal drugs an issue	17	54%
Received Option 2 service	18	58%
Mother	27	87%
	<b>Mean</b>	<b>SD</b>
Age now (n=30)	38.0	10.8

There were a total of 84 children in the families. This includes children born since the referral (11) and 28 children of the family who were over 18 by the time of the follow-up interview. The average age of the children at time of referral (at 9 years) was older than expected. It may be in part because we did not identify a “focus” child, as Option 2 (and indeed children’s social services) are concerned with all children in the family. There were a number of families in which the substantive focus was on a younger child or children but older young people in the household will have increased the average age. It is also possible that – when compared to families who we could not recruit – families with older children were less likely to move.

**Table 4: Child factors at referral to Option 2****(N=84)**

	<b>Mean</b>	<b>SD</b>
Age at referral	9.1	4.9
Age at interview	13.8	7.0
	<b>n</b>	<b>%</b>
Female	36	45%
Received Option 2?	52	62%
At home when referred?	62	75%

### 3. Results

The results are presented in four main sections relating to the research questions identified above.

#### A. *What are outcomes for the whole sample of families?*

This section considers the outcomes and experiences for parents and children in the study. Outcome measures were looked at in relation to family functioning, aspects of parental welfare and children's emotional and behavioural well-being and care entry.

##### *Family Level Outcomes*

The outcome measure for family functioning was the Family Environment Scale (FES). The "Cohesion", "Expressiveness" and "Conflict" subscales were used in line with previous research (Sanford et al, 1999). Cohesion is the degree of commitment and support family members provide for one another, expressiveness is the extent to which family members are encouraged to express their feelings directly, and conflict is the amount of openly expressed anger and conflict among family members.

There is some debate about the psychometric qualities of the FES, as well as the clinical significance of different ratings. However, it has been extensively used in research, particularly in relation to families affected by parental alcohol problems. This allows the figures in table 5 to be compared to other samples (here the average score is used for ease of comparison, while elsewhere the total score is presented). For instance, Sanford et al (1999) used the FES with a sample of 319 "alcoholic and anti-social" families (defined by the fact that a parent had a drink-driving conviction), "alcoholic and non-anti-social families" and control families from the same neighbourhood. Compared to "alcoholic and anti-social" families even post-intervention the families in the current sample had far lower levels of cohesion (2.04 compared to c. 6.5) though there were similar levels of conflict (comparison c. 4.2) (Expressiveness did not have a mean reported).

**Table 5: Family Environment Scale (n=24)**

	Mean	SD
Expressiveness scale (0-9) (high positive)	3.33	1.60
Cohesion scale (0-9) (high positive)	2.04	1.33
Conflict scale (0-9) (low positive)	4.62	1.91
Overall (0-9) (high positive)	3.33	0.82

##### *Parent Outcomes*

Two primary instruments were used to evaluate parental well-being: the brief General Health Questionnaire (GHQ-12) and the Maudsley Addiction Profile (Part B). In practice, a variable identifying noteworthy reduction in self-reported alcohol or drug use was the primary outcome measure. Two findings are noteworthy from the parental self-reports. First, the vast majority of parents reported significant reductions in levels of alcohol or drug use. This was generally supported by apparent improvements in the family's functioning. However, despite this the parents reported very high levels of stress. Approximately half of the parents reported GHQ scores over 11 (using the Likert scoring method). This is a threshold cut-off for psychiatric "caseness": it suggests that around

half of the parents were still struggling with high degrees of stress, anxiety and/or perhaps depression.

**Table 6: Outcomes for Parental Variables**

	Mean	SD
Mean General Health Questionnaire (GHQ) Score (n=28)	15.0	16.7
	<b>n</b>	<b>%</b>
Proportion over GHQ >11 (clinical significance) (n=28)	13	46%
Reduction in substance use? (n=30)	24	80%

#### *Child level outcomes*

For the quantitative analysis two basic sets of outcome measures were looked at: whether children had remained at home or moved and a measure of their emotional and behavioural welfare (the SDQ).

The outcomes relating to where children lived highlight the high degree of disruption and involvement with social services that this group had. Only just over half of the children were living at home at the final interview (57%) with a quarter having been permanently moved (often within the wider family) or removed to public care (26%). A fifth of all the children had entered care at some point (21%). A striking finding was that despite an average follow-up of 5 years, half of the children were still allocated a social worker.

**Table 7: Child outcome variables at follow-up (n=84)**

	n	%
Under 18 at follow-up	54	66%
Living at home at final interview (excludes adult children, n=54)	31	57%
Permanently moved	22	26%
Entered public care at some point	18	21%
Entered public care permanently	12	14%
Allocated a social worker (under 18=54)	26	50%
Threshold for serious EBD problems (n=21)	8	38%
	<b>Mean</b>	<b>SD</b>
Emotional and behavioural difficulties (SDQ) (n=21)	13.6	6.8

Fifty four children were under 18 at follow-up, and SDQs were completed for 21 of these children (few were completed for children in care or elsewhere). The scores in relation to emotional and behavioural well-being suggested a very wide range of outcomes. The average score for the sample was close to the “slightly raised risk of clinical problems” threshold (i.e. 14). More than a third of children had “high risk of serious clinical problems” (a score of 16 or over). As with the findings in

relation to the parents and the family environment this points to the high levels of enduring difficulties that these families were experiencing.

### ***Summary***

An important finding was that the bulk of parents interviewed had seen considerable reduction in levels of problem drinking and drug-taking. Despite this it was very striking that despite this, and even with a comparatively long follow-up period, there continued to be a high level of problems for families, parents and children. This points to the serious, complex and enduring difficulties for these families.

The next section looks at the accounts of parents about their family situations and issues. This section looks at the whole sample without differentiating between Option 2 and comparison families. The comparative elements of the results follow this.

## **B. Qualitative Accounts from Parents**

The qualitative accounts are divided into two parts. The first part covers the key factors in the development of their difficulties, their description of the problems they are experiencing and the impact of the substance use on their children. The second part looks specifically at change and the place of services in helping parents..

For the purpose of this report we discuss only the accounts from parents who were identified at point of referral problematic users of drugs or alcohol (n = 25) and we have therefore not included the interviews with their children or partners. In the analysis we have understood the interview as providing an opportunity for the participant to present a particular account of selfhood to the interviewer (Reissman, 1990) by recounting life events that illustrate the kind of person the participant is and how they came to their current position. Our narratives of self often allow us to develop some moral coherence and an opportunity to attribute causation to our life trajectories (Rhodes et al. 2010).

In order to capture both the breadth and depth of the data we have taken two broad approaches to the analysis of the qualitative data. Firstly, the interviews have been analysed as individual, whole narratives. To achieve this, each full transcription has been closely read by at least two team members and case summaries written which incorporate the trajectory of the family history and key themes for each case. A graph of life events was plotted with participants during each interview and during the period of analysis electronic graphs were generated and service provision points overlaid onto reported life events. This visual display of each narrative greatly helped the team to develop deeper understandings of how each participant understood the role of key life events in their life trajectory. Secondly, these themes were developed into a coding frame, all transcripts were uploaded onto NVivo and coded thematically under a series of themes and sub-themes. Themes included fairly concrete categories, such as 'service use' to more subjective categories such as 'family secrets and sensitivities'. Key themes were then analytically developed. Thus analysis has been carried out on a within-case and cross-case basis. We draw on both forms of analysis in this report.

### ***Findings:***

#### ***Family members' accounts of the impact of substance misuse on parenting and family relationships***

In our interviews with parents we explored their perceptions of how their use of drugs and/or alcohol had impacted on their ability to parent and on family life in general. The stories told by our participants often veered between narratives that explained how 'normal' family life had been maintained in their homes and accounts of periods of time when parenting became sub-optimal. Most participants included both types of accounts in their interviews, although a small number maintained that their children had been unaffected by their family circumstances. Some had self-referred to police, their GP or social services when they felt anxious about the care they were providing for their children, but most had come to the attention of formal services through referrals from family or friends or when arrested for drug dealing, theft or being drunk in charge of a child. Participants are identified by family number (families 1-27) to allow readers to distinguish between anonymised participants.

#### ***Maintaining good enough parenting***

A tiny minority (two or three) of the parents maintained in interview that they had provided adequate care for their children and that concerns had been misplaced. In family 26 the mother says that authorities were right to be concerned about her heavy drinking (now ceased), but maintains that her young son had remained unaffected by this or by the domestic abuse from his father to his

mother. Nonetheless, she reports that he recently told his teacher he used to pretend to be asleep when his parents argued. The mother in family 21 claims that her referral for child neglect was made by a vindictive ex-partner and that she has 'always done things with the kids', and managed as a parent of five children despite her use of cannabis, speed and sometimes alcohol. It is impossible to verify her claim that substance misuse has not adversely affected her parenting, although her fairly recent suicide attempt, one child's long-term involvement in crime and the poor physical environment of the home at time of interview suggests that this mother has indeed experienced many difficulties. In family 10, the mother feels that social services exaggerated the effect of her drinking on family life:

how can they come in and say 'oh poor [*teenage child*] does her own cooking' ...I've always cooked for my children, well he knows that [*partner*], always cooked, I love cooking. (1)<sup>1</sup> They always had clean beds, clean clothes, they were taken out, I done things with them. I, I, I just can't understand them.

Here the mother invokes care that is above the minimum. She provided home cooked meals and fresh laundry, took them to places outside of the home and did things with them. In doing so she provides a counter-discourse to prevailing notions of the alcoholic parent and concrete examples of how concerns were misplaced. Her children's physical *and* emotional needs were met, in her account. One of her four children has had very poor outcomes, but the rest are reported to be doing well as young adults.

More commonly, parents told stories of more mixed parenting experiences that varied in how positively they felt about their parenting qualities over the years. Some parents, who admitted that their children had experienced some negative experiences, and indeed in some of the cases below had had their children removed from their care for long periods, argued that they had maintained basic care of their children. They implied or directly stated that this had not been recognised by the authorities. In family 8, the mother, who is dependent on heroin, is living in a shared house maintained by a homelessness organisation. Her two sons have been in long term care for many years. Throughout her interview she intersperses stories of care and normality in her children's lives when they were living with her, with occasional, and briefer comments that her sons came to some harm. The following passage brings together phrases relating to normative parenting that were scattered throughout the hour long interview,

Before they went into care I used to keep them active anyway... I used to take them out all the time, cos I was working and driving a car, I used to work all week and then spare time at the week-ends. We'd go out to country parks...Kick boxing or swimming ... I'd do all sorts of things with them... I worked all my life since I was a kid and since I had the kids young I used to save my money cos I used to think I have to save money to have a mortgage cos they are my kids and I got to look after them....Well I'm not really that interested in drugs and I live..... I'm quite quiet you know, I likes working and looking after my kids and that. Cos I bothered with my kids and I always made an effort...It's, you can't take someone's kids, especially they walked in my house and said there was no food in the cupboards. There was always food in the cupboards....They told, told a bunch of lies. My kids were always bathed and fed and all that , so they can't just knock peoples door and walk in and expect to take people's kids. My kids had a good life. I know things went wrong, but they could have mended that couldn't they? (mother, family 8).

This mother also states during this interview that her older son experienced physical abuse and that things went 'pear-shaped' for a bit, 'I started selling all my furniture and the kids toys and

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<sup>1</sup> Numbers in brackets in quotations denote length of pause.

everything... I beat [son] up a few times on, well, yeah I hit him a few times. ...and he run away.' Despite these counter-examples, the dominant account to the interviewer is one of normal or even above-average parenting, not only buying food and keeping them clean but taking the children on activities and saving for a mortgage. Despite the rather passive note at the end of the interview ('things went wrong' and "they could have mended that') her dominant narrative is active parenting, 'always made an effort'. She depicts her difficulties as being circumstantial, strengths as being of her own making. Above all, this mother differentiates herself from the other people she lives among who are drug dependent by regularly referring to the fact that she, unlike them, has a history of working and demonstrates her difference by giving the example that she has been mistaken for being the cleaner rather than a resident.

Another mother had had involvement with social services for many years for neglect and emotional abuse of her children. The children spent several years living with their father who had been extremely violent to their mother. She explained that she did not feel she had always provided what her children needed emotionally but had strived to maintain physical standards.

Well they were always fed and they always had clean clothes and I would always, no matter what, once a week when I got my money I'd do the shopping and put a week's stuff there for them and they always went to school, they may have been a bit late but I don't think it was as bad as it seemed, but, umm I still wasn't there in my mind anyway. *[later in the interview she adds]* seeing me with the drugs and drinking had a big effect on them I think (mother, family 17)

Sadly the children were physically abused by their father whilst living with him and all three have gone on to experience difficulties with substance misuse or youth offending. In family 23, the mother says that she always maintained basic provision for her children, but did not provide any extras:

I always made sure there was food and gas, and electric, you know the normal things. I had to pay the water bill and all the rest of it, but then any spare money that you get, that you could have been saving for a holiday or something, you're not. You're off buying the odd £10 bag of heroin and sitting on the toilet smoking it.

In all three data extracts in this section mothers give concrete examples of providing for the physical needs of their children whilst at the same time stating that there were aspects of parenting that were negatively affected by substance misuse. These accounts were similar to the 'damage qualification' accounts in Rhodes and colleagues' (2010) study.

In this study most parents noted that their parenting had varied over the years, but some felt that the positive aspects had been under-recognised or ignored. Mostly, these parents emphasised concrete, physical aspects of care, especially food, clean clothes, paying bills and taking children to school or on outings as aspects of positive parenting. Some distanced themselves from others who present real risks to children. All of the families in this section could be typified as experiencing chronic and ongoing problems. Some were still misusing drugs or alcohol, some had lost custody of their children and others were living with children experiencing severe behavioural, social or emotional problems. It is perhaps understandable that in their narrative accounts of their parenting they seek to remember examples of where they had succeeded as parents.

### *Sub-optimal parenting, neglect and abuse*

In contrast, parents who were more self-critical of their parenting could be said to be at a different stage of parenting in that were successfully maintaining drug free or controlled use lifestyles and/or



their children were now adults. The most common disruption to maintaining 'good-enough' parenting in their accounts was when children were neglected due to parents being under the influence of drink or drugs or focused on getting a 'fix'. This led to children being undersupervised and having accidents, or not having basic needs of food, clothing, schooling and reasonable accommodation being met, as has been seen in other studies (Barnard, 2007) and as the following extracts illustrate.

A couple referred themselves to the police because they felt that their relatively short term dependency on amphetamines had got out of control:

Well it was just erratic basically absolutely. That's the only way you can describe it. There was no communication here, umm, the kids started to suffer by (1) our minds being preoccupied with rowing and arguing and getting our points across and stuff like that. (1) ... the house was a mess, umm (1) err, the kids were being let ...run loose and that and we were always preoccupied like, so...everything was out of our control,(1) because, the drugs controlled it. (Father, Family 4)

This family had quickly received an intervention from the service in our study and 4 years later their children appeared to be doing well at home. Several other parents who were now successfully living lifestyles with little or no reported substance use and maintaining care of their children were also unremittingly self-castigating about their sub-optimal parenting in their former chaotic drug or alcohol using lives. It is possible that such acknowledgement of the problem had led them to accept help to transform their lives or possibly that it was now safe to 'confess' to past failings because the child protection spotlight had been lifted from them.

In a very different family situation, a mother in family 6 told some tragic stories of how her children had been adversely affected by her alcohol dependence. This included her being unable to protect one very young daughter from sexual abuse by family members who had abused the mother when she herself was a child. She spoke of drinking heavily during the day while her daughter was in school and the humiliation for her child of being collected by a mother who was obviously inebriated. This changed when she finally stopped drinking and was illustrated by the transformed nature of birthday celebrations:

It was no more, 'it's your birthday, here's your presents'. We were doing things out the back garden, every year, different themes. Loads of children coming into the home, into the back garden because I wasn't pissed laying on the sofa. Thinking it was 7 o'clock and it was time for her to go to bed, when in fact it was four, and I was making her go to bed at 4 o'clock and she was arguing with me saying 'mum it's only four o'clock' and I was saying 'it's not it's bed time get to bed' and she would have to go to bed at 4.

She was now a grandmother and perhaps with the benefit of distance was able to reflect to some extent on the harm that her children had suffered. Her daughter had disclosed to her some of the difficult experiences she had experienced as a younger child.

Another mother, whose remaining dependent children had been removed to live with their father or in long term foster care, explained how her drinking had affected her parenting in the period leading up to social services involvement:

There was no continuity in my parenting if you like....I couldn't remember anything that I'd said to them. So they would say 'you said I could yesterday' and I wouldn't remember so I told them off for coming home late or not doing something, or they'd ask for money and they'd say 'you said I could have it yesterday'. There were just so many things I couldn't keep track of, couldn't remember. I couldn't parent. (family 11).

The mother in family 22 admits that she wasn't always able to give her son full attention, 'I was pushing him out a hell of a lot because of my drugs use'. She contrasts that earlier parenting experience with her current life on a low, legal methadone prescription, calling her current life more 'normal':

'I've definitely finally, finally come away from that crap, and I think [child] can see that and it makes [child] feel a hell of a lot better (2). [child's] more secure now. ... We are so much more, as a family um normal if you like.'

The most common themes in narratives of parenting adversely affected by alcohol or drugs were ones of chaos, lack of consistency and irrationality. Interestingly, the parents who were more negative about their own past parenting particularly emphasised emotional support, consistency, routines and children's feelings of security. In the last quotation above the mother associates 'normal' with her child feeling secure. This is a different take on good-enough parenting than providing physical care and outings as is more commonly expressed in the quotations in the previous section. Those parents were attempting to maintain accounts of normality but can be seen as more embattled.

### *Substance misuse and family relationships*

Domestic abuse has a strong co-occurrence with substance misuse (Galvani, 2007) and, we would suggest, had an equally debilitating impact on parenting capacity. Domestic abuse was reported in 18 of the 25 interviews with mothers. In two more cases women had experienced violence from others (neighbours, drug dealers and a sister). Violence from others was also present in the lives of some of those who experienced domestic abuse from partners. In the remaining 5 interviews, where no violence was mentioned, two took place with partners present, therefore the woman's ability to report any violence may have been restricted. Domestic abuse was therefore present in most (at least 80%) of the women's lives and may have been under-reported. In many cases domestic violence had been severe and enduring. The following data extract is just one example among several severe cases in our sample:

No one knew I was pregnant and I didn't tell anyone cos he was going 'don't tell anyone or they'll take them both' [toddler and unborn baby] and he said I could have the baby at home and no-one need know about it, and I don't know how I thought I'd get away with it... so I had no antenatal care, nothing and I was using heroin the whole way through, the whole way through. And he went to prison half way through for assaulting me, and then yeh, he assaulted me, yeh assaulted...and then I don't even know if I were 7 or 8 months pregnant but he was put in prison then and he beat me up behind the sofa and broke my coccyx and umm I started bleeding so I had to call.... to call the ambulance. (mother, family 5).

She also reports that the same partner had previously beaten her in hospital shortly after she'd given birth to their first child. The impact on family life in these cases is likely to have been high, both for the mother's physical and mental health and for the children who will have witnessed violence. Many families had moved frequently due to violence. In family 20, where the woman had been attacked with weapons and regularly severely beaten, she guesses that she entered refuges with her children at least 35 times in ten years before her partner committed suicide. In at least two families, including family 5 above, the mother had worked as a prostitute to earn for her and her partners' drug habits (others had worked as prostitutes when single). Street working inevitably involves risks of violence.

Some of the interviewees reflected on the impact of the violence on family life, with several reporting that children had witnessed violence. In family 23 a seven year old daughter gave evidence via video-link in a criminal court case regarding her father's violence to her mother. In family 9 the interviewee suggested that witnessing violence was worse for the children than her own alcoholism, 'seeing me being beaten up, can you imagine what that's like for a child?' Her 21 year old daughter, who was present, nodded her agreement. The children in that family had reportedly also been beaten with a belt by their father, and in at least four more of the families in this sample there was self-reported co-occurrence of violence to children as well as to women (families 6, 11, 14, 20).

Many others, however, mentioned violence only in passing. This might have been because the interview was seen to be about substance misuse or because it was difficult to talk about but our impression was that this was often a symptom of how for some the domestic abuse was just a fairly routine part of their lives and barely worth dwelling on in an interview situation. For many violence from men was a common feature of their childhood and most or all of their relationships with men; violence was the norm. A few reported that they, too, had been violent. A small number reported violence to their children and one reported leaving home at 15 after beating up her mother (family 13).

The intergenerational aspects of the substance misuse and abuse were striking throughout the data. Recurring issues were childhood abuse or unhappiness, parental substance misuse (usually alcohol) and chaotic, risk-taking mid-teenage years often including leaving home before the age of 16 and early pregnancies. One or more of these difficulties were mentioned in 17 of the 26 interviews (65%), and some of the remaining nine did not discuss their childhoods, therefore the occurrence may have been higher.

A says her mother was 'Irish and rough'. Her father was violent and started hitting A when she was 8. By this time A is gesticulating and speaking very slowly and quietly. This may be because her father is sitting in the next room. She mouths 'I was abused' and points at the door of the room her father is in. The researcher whispers 'was it your Dad?' and A nods and points to each eye and her nose in turn whispering 'here and here'. She then shakes her head and says 'can't say more'. (Researcher field notes, family 18)

Associations between childhood abuse and adult substance misuse have been found in other studies (Klee, 2002). Although a clear path can be seen for very many of the sample from unhappy and neglectful childhoods to their own difficulties in adulthood this was by no means the only trajectory in our sample. Some report entirely normal and uneventful childhoods and parents who were extremely upset when they realised that their adult child was using drugs, often through the influence of a disapproved-of partner.

Equally, some of the children in our sample appear to have reached late adolescence or adulthood without major problems and are, indeed, doing well in school or employment. Unfortunately there are frequent examples in the dataset of children experiencing severe behavioural difficulties in school, becoming involved in crime, living in abusive relationships and themselves misusing drugs or alcohol. Although we report the children's outcomes and experiences in more depth in another section, here it can briefly be reported that in half of the sample children are reported *by their parents* to have experienced such difficulties. It is possible that this represent an underreporting because of potential stigma. In 8 of the 18 families where at least one child was aged 15 or more at the time of the interview, parents reported that their children had problems with drugs or alcohol, often beginning at an early stage.

In Family 17 a mother is discussing her 15 year old daughter:

Mother: yeh and she do smoke.

Interviewer: Does she?

M: Smoke, smoke. Things she shouldn't smoke

I: Cannabis, kind of stuff or...?

M: No, just weed and stuff like that. She saw her dad do that from very little and she was stealing it off him, from what I can make out from the age of 10.

This fairly matter-of-fact reporting of substance use in teenagers and young adults was not untypical in the sample, although some parents expressed regret at such behaviour, particularly so when it had become associated with crime or mental ill-health. We would suggest that the intergenerational patterns do not suggest that difficulties are inevitable (some of the children have good outcomes in our study), but they do indicate that in many of these families they are chronic and entrenched.

In this section on the impact of substance misuse on relationships in families we have noted two very strong trends in our findings. One is the predominance of domestic abuse in our data, which many mothers report had at least as strong an impact on their ability to parent effectively as the substance misuse. The second is the longevity of severe social problems in the lives of those we interviewed, usually affecting several generations in the family. Next we discuss the impact of services on the lives of families, before exploring possible implications for practice.

### **Findings: Processes of change and what services helped families**

This section looks at general factors linked to different outcomes, including key motivational issues and the elements of effective service provision. It does not differentiate between O2 and other services, though many of the examples relate to the O2 service. In the final section of the results the qualitative accounts are compared between O2 and comparison families. It starts by considering parental accounts of why they engaged with services and changed and then looks at what the recurrent themes were when effective professionals or services were discussed.

#### ***Key motivating factors***

##### ***Fear of children being removed***

Several participants talked about fear of children being removed making them reluctant to contact services for help.

*'I didn't want to involve Social Services too much, uhhh, because if I thought, that (the child) was going to suffer in that sense, if she's been threatened with getting taken away from us, I didn't want to get them involved too much in that.'* (Family1)

Fear of the possible consequences of any Social Services involvement prevented one pregnant mother from seeking antenatal care. This was understandable as her first child had very nearly been taken into care.

*'I did end up using again before I got pregnant with (her second son) and then when I fell pregnant with (second son) (2) I didn't tell anyone I was pregnant, not at all and I was on*

*probation then (2) .... so umm no one knew I was pregnant and I didn't tell anyone, cos he was going if you tell anyone or they'll take them both (Family 5)*

On the other hand, it was not uncommon for parents to say that fear of losing a child had motivated them to engage with a service.

Another couple felt their main motivation for using substance misuse services was to prove to social workers that they were not using during social worker involvement:

***Did you go there again because Social Services came in or did O2 suggest it or was it off your own bat?***

*father: pressure from Social Services to prove it. Social Services basically wanted to see where we were with our drug testing and to have drugs tests (family 23)*

Six families who received services somewhat reluctantly after referral to Social Services, reported some engagement with services once they had started use. Analysis identified the factors that helped this attitude change. They included 'reality checks' instances in which parents were helped to understand that they were in real danger of losing their children. This seemed to require skilful work, but could be crucial in enabling genuine change:

*well the thing is about T(therapist) is s/he's well T's a teddy bear but's blatant with you as well, if you need to be told T'll tell you, 'listen if you do, you carry on doing this you are going to lose your children, do you want to do that,?' Yeh : You know, s/he's as nice as pie, but s/he'll tell you straight. And that's what you need sometimes ..... It was, it was when, no it was definitely when T got involved that I realised Oh my god they are on the verge of taking my kids!..... So I moved up M (new city) (15), I was clean, I, I reduced my script to 30 and then I come off it. I got the boys off the register. (2) I was chuffed when I done that. (Family 15)*

*Yeh cos having someone come and talk to you makes you realise what you are doing, and I did get clean just after that so it must hav worked (Family 24)*

The positive way a worker communicated with the parents and families was also commented on by many participants, with words and phrases such as friendly, non-judgemental, easy to talk often used and sometimes linked to feelings of self esteem. The account below is from an interview with the mother in Family 22. It encapsulates events and qualities that had a negative impact on her relationship with one substance misuse service and with a social worker, before moving on to describe the qualities that helped her engage. At the start of this episode the participant had been angry about being referred to Social Services by her substance misuse service as she felt the fact she had approached services herself and had already sent her son to stay with his father whilst she came off drugs.

*'... I find myself pushing my son out into another room a lot, so I can do my drugs..... and all I said was that he was feeling that, you know, and I said I don't like to do, and also he was feeling left out and with that she (substance misuse service worker) got in touch with Social Services! It was like 'Whoa. It was you know I've been here three times, it was two times before and not once have they ever got me Social Services so it was basically like 'Why love?'..... then I had Social Services on my back and this social worker was like really young, she was younger than me, and for her to come into my home and tell me what I can and can't do with my child was really, I didn't like it at all, I really didn't. And she was*

quite young like, you know, and she was like trying to tell me what to do, and she didn't say, you know, people can say things in nice ways to make it sound a bit easier and she was, like (1) well I dunno, not nasty but, (1) it was down to her whether I got my son back and stuff n like that.....**What happened then?** Then umm (1) She got in touch she got us in touch with O2 ..... and then T came on the scene, and he was like ..... 'I can see that X is a bright intelligent, umm, confident person, I don't think he's lacking in anything I can see your relationship is really good.' ..... Umm, yeh it was good. I can remember um, thinking 'oh he seems nice': **What made him seem nice, d'you, you know?** Um the way he came across, the way he spoke, he was gentle in his voice, he was like 'I'm not here to judge, you, I'm just here to help you and to see why, you know, they got Social Services involved and, and umm whether I think you need Social Services involved and, what I think your relationship's like with X and stuff like that it just made me feel secure..... Yeh, in you know I felt I could open up to him I didn't feel I had to hide anything from him, I didn't fear my son being taken. If anything I felt like he was here to help me, (Family 22)

### *Self-motivated change*

Families did not only seek out help when made to by services or through fear of losing a child. Many described actively making a decision that they needed help. One theme that emerged from stories about 'independent' or self referred service use was that in the majority of cases parents had gone to services after they had made their own decision that a change should be made. The underlying reasons for this decision included concerns about their own health and wellbeing (11 families) and concerns for the effects and possible consequences of substance misuse on their families and children (10 families). Very positive attitudes to service use, accompanied by a strong desire to change were often apparent in accounts from these participants, for example:

*'I wanted help, for my sons sake and for my own sake basically I felt ,(2) that's what I felt, you know, I want to get off this crap, you know, this is not me, I don't, I'm not enjoying life at the moment, I love my son too much to drag him though it. So it for for myself and for my son I got off it. Umm I went for help and they were asking me questions at the Alcohol Service. (Family 22)*

One father felt so concerned about the effect of his and his partner's substance use on the family home and the children's welfare that he telephoned the police and confessed to using amphetamines despite worries that this may lead to the children being taken away:

*Umm, Yeh actually yeh, cos that morning I'd got up, cos obviously the night before we were arguing and the day before that were been arguing, d'you know what I mean and it seemed things were getting more unpredictable and erratic, umm as I said the house was a mess and we couldn't find any clean clothes because we'd been too busy arguing to wash any clothes yeh. It was wasn't her fault , fault or my fault it was just (1) the drugs fault, that's what was running our lives. So it was, even if I lost uh, I remember thinking to myself just before the phone call, even if I lose the kids, at least they're safe, regardless ..... (later) **that sounded like a moment of, (1) well you say what it was. Desperation. Now...** Sheer desperation (Family 4)*

Pregnancy was often mentioned as a factor that impacted on engagement with substance misuse services. Five mothers, (2, 5, 15, 24, 27) talked of how becoming pregnant had led to a wish to give up substances and to use of substance misuse services

*well I found out I was pregnant with T when I went to prison B din I? (2) I know! . Well I met B's dad, when I was on the rampage of shop lifting everyday and umm (cough) using drugs and stuff like that, I met B's dad, we were only together for a couple of months and I caught pregnant so I found out when I went to prison, mind you he was in prison for selling drugs, , it was when I went to prison I found out I was pregnant so they rushed the methadone for me (Family 24)*

But most of these stories (5,15,24,27) also included accounts of restarting substance misuse after the baby was born and related the continued use to their social network and psychological problems:

*Now he day I had Y, I mean the same day I had him, M's (the father's) brother turned up at the hospital with heroin on him, and he give it to me and and I'm in the hospital toilets now, using (Family 15)*

*Umm I had her prison and stayed in prison with her for 3 months and that's how Social Services got involved cos of that ... at my first conference I was advised to go on O2 ..... At first I didn't use, I was clean for 3 months and then R fucked off again and that was it. My head went (Family 27)*

*He had the baby when I was working (3, crying, sighs) I used to come home and give him all the money .....Then I fell pregnant again, after that but umm then before I fell pregnant I started using again, because I was working umm its no excuse, but I was so just depressed you feel so horrible doing that(Family 5)*

### **Qualities of effective services**

#### *Timing and availability of the service:*

Whether the motivation for change was intrinsic or extrinsic – or some combination of the two – a key issue was the availability of help at the right time for the family. The problem of waiting for substance misuse services was mentioned in 9 interviews with parents. Six talked of how the wait was difficult in relation to being a parent or being in a family. The mother of family 5 had a long period of using, ceasing use, funding her use and the family by prostitution and shop lifting, before she realised that it was only a matter of time before the children were taken into care. She therefore asked her social worker to find her a residential programme that would take her and the children and so provide a better environment for the children, a programme for herself and separate her from the children's father, but her wait for the service impacted badly on her substance misuse.

*'and umm, as soon as I saw it, I knew , I just, I didn't even want to leave that day I just wanted to stay, and they said 'Oh don't worry it'll only take about 1 or 2 weeks' cos you need to get funding from social services or probation, whatever, cos obviously it costs a lot of money I understand that, but it took em (1)over (2) 2 months ....and so in between that time I started, I did start using again and I know its no excuse that time I ended up, I got so depressed thinking I wasn't going to get a place and I ended up using again and ended with a really big habit (Family 5)'*

Both parents in family 23 took part in the interview. The mother described how her initial work with substance misuse services began when she suddenly became aware of the impact their substance misuse was having on the children. This insight came suddenly when she couldn't afford to buy her daughter a new pair of trainers because all the spare money was being spent on heroin. With this guilt fuelling her sudden motivation to change, they approached services and the idea of waiting for services seemed impossible:

*and at the end of the day, when you think like that you don't want to wait, don't want to wait like .....months before you see somebody about it, you want it now. Like. You know what I mean (23)*

#### *Longer-term Follow-up Support*

After use of Substance Misuse Services at least twelve participants talked of feelings that the service had been too short or had lacked a follow up service (Families 2,4,5,9,11,15,16,17,18,20,24,27). Three accounts (19, 15, 11) related this lack of continued care to continued difficulties in running a family whilst still affected by a range of problems including those related to their substance misuse. The mother of family 11 had worked with two substance misuse services, but after her time with Option 2 she had not managed to give up drink completely. Shortly after use her drinking resumed and relationship problems on top of this led to an overdose attempt. The elder girls went to relatives, but her youngest son was taken into foster care. After the mother's recuperation Social Services wanted to return the children, the mother had wanted to wait a while longer but the children were returned as planned:

*I fell at the first hurdle the first routine really. I couldn't I couldn't cope with any of the pressure. Just having to launder things on time, and cook meals at set times, and get up in the morning. I think I managed for the first couple of weeks and then it all just started going wrong. (1) And then Y had a respite night with his foster carers (1) and, they said he was dirty, unkempt and had flea bites on him, so they phoned the social worker and the social worker came round to have look, at the house, and it was chaos.*

The two boys in family 15 entered respite foster care whilst the interview with their mother was being organised. Although the mother praised the substance misuse service she used (Option 2), gave up drugs and then moved out of the area to cut ties with the drugs network after service use, problems have made the family move back to the area, Mum is increasing her alcohol dependence and the boys behaviour is so poor she requested the foster care. The family was offered no support after their substance misuse service service finished. The mother has requested a re-referral to the service.

In contrast to this nine parents (6, 13, 16, 17, 19, 20, 22, 24, 27) talk of the help long term support had given them, with contact with a known worker and access to other services often seen as important factors. When it comes to relating this support to family issues, the mother in family 19 had access to a support group for a year after her 6 week detoxification programme in a local psychiatric hospital. She feels that not only helped her with her alcohol dependence, but also supported her during prolonged court dealings in her fight to regain custody of her three children:

*And that sort of gave me the strength to be honest with you to keep me fighting in the courts do you see what I mean? It did, it really give me the strength, cos they backed me all the way, I had good reports off them, and I went on courses, I done a few courses there, I went on a 'Back to work' course and all this and that. And I would recommend that to anyone with a problem ... and I kept in touch for over a year after I left there, pop in yeh, I didn't have to be there after 6 weeks cos I'd had the full treatment, the courses, the counselling but I still used to go up once a week.*

Family 24 have been split by the mother's drug dependence over at least 10 years. The eldest child lives with her biological father, three children with a different father live with their paternal grandmother and her youngest daughter is currently in foster care. At present things look promising, her baby daughter was recently born in prison, but since release the mother had given up substance



use and it looks likely that the baby will be returned soon. This improvement is attributed to the potential loss of her daughter services utilised and the long term support received as Mum tries to give up drugs and improve her parenting skills

*I'm doing well, um, I'm on methadone and I got loads of support, and...*

**So how did you make that transition from using when you were pregnant with her to not using**

*Well, cos, she, I was going to lose her for good, and I wouldn't have had her back ..... she would have been adopted and I would never have seen her again so I had to make that choice.....So once I started to live without drugs I began to see the benefits, even though I'm, I still got no friends, still trying to get a social network, you know I'm in the middle of doing that, but umm, its a better life you know, I'm happier, you know, its a better life. Its not going out every day feeling ill and worrying about where the money will come for the drugs, worrying about going to prison cos you are shoplifting .It's peaceful I can actually just sit at home, cook a meal, watch television and be with my daughter., It s great I'm happy now, you know and I suppose I needed this kick, up the back side.....(later)*

**And, what do Social Services do for you at the moment?**

*Well we have like meetings and things like that, and, (cough) umm, (2) I suppose like I do training courses ,and parenting classes and things like that, yeh I just finished the incredible years .... and before that I did the nurturing programme*

The story given by the mother of family 27, makes further comments about the importance of family support. Whilst and since she was in prison, she and her family have been in contact with a raft of services. The mother describes a Sure start centre as the m greatest influence

*She come over, well I go over there to a play group already she does a play group And a lot of people go up there she does silly things like take you shopping if you need to, come here and .....they are counselling in a way, they counsel in a way. ....and they come to you, not pushy at all she come and I forgot and my mother pulled up she said I'll comeback.....And she wasn't pushy, not at all, fantastic .....Sure Start cracking. Done so much with them, I done parenting classes with them.....fantastic goes to music to movement with one of them, goes to the play thing and she loves it, I tell you if it wasn't for them, those people with their playgroups and stuff, I swear I would not be stood here now. When I first come here and R has left and I'm up here on my own and OK I have the support of the agencies but they come once a week, they aren't seeing you every day. They aren't at the house as such, I think that what FS (Family support?) and that would do I suppose, but at the end, FS would do that with people who find that hard, I don't, I interact very well, I got to I had enough of this, went to community centre found the play groups, umm, best thing I ever did. Found friends, right? (laugh) I've never had friends, had socials for 15 years who would rob me as soon as look at me, but never friends.*

**So what you're saying is that without something like that you might be here by yourself and not be able make those circles?**

*What I am saying is I was there on this line, I could go this way or that way, but once I started going there, meeting new people, going out with her in term time, meeting new people. Oh. Sure Start, then L, runs the baby Sure, she was the only person I had outside of case conferences and core groups meetings,*

### *Qualities of workers who made a difference*

Many respondents identified key attributes of the workers who made a difference for them. Some of these were about having somebody that they felt they could talk to without being judged:

*He was brilliant and he would come and sit and listen and talk to me and it was good cos [he] would take on board things I would say, and things like that, it was great nice to have someone to talk to, and off load like, cos it was good, sometimes there is so much on your shoulders its nice to get it all off sometimes*

Another parent commented that it was:

“[Brilliant]... being able to speak about all that’s locked in’

In general parents identified that they thought some workers cared while others did not. As one put it in relation to alcohol counsellors and social workers:

“Some of them don’t give a shit and some of them are extremely good. And that’s the way it is, it is it’s the same with SS as well”

These qualities might be interpreted as those associated with empathic listening. Yet there were other qualities that respondents highlighted. Of these the most common was some version of being honest and straightforward:

Whats so good, she knows me, she knows I am bullshitting, she knows when I have used, and I know I can trust her. She has to tell SS anything that would put these in danger, fine. So fine right if I use she has to tell them, that’s fine, but she don’t tell them everything I tell her. Which is a lot of,, she don’t tell them I’m feeling this or like that, she might say to them that I used because of this . But she’s not on your back, I dunno, that’s how she makes you feel . But she don’t take no shit, and sometimes I felt you didn’t have to say that, but she’ll say but I do, do you see what I mean

#### **She’s straight with you**

Very very straight, that’s the word yeh, that’s it, thats what she is straight. I like that, I like no (1) I don’t like dilly dallying around and not doing what you say, don’t say you’ll do it and not do it

## **Discussion**

The findings present perspectives rarely found in published research: reflections about risk and parenting from parents with experience of the child protection system, up to eight years after they were referred for an intervention. This section focused first on experiences of parenting and family life and in doing so has hopefully deepened our understanding of the challenges faced when parental substance misuse coincides with child protection concerns by providing a longer perspective for considering what happens to families. It then considered the key elements in engaging with services and what helped people to change.

### *Parenting and family life*

Within our sample, most parents accepted that their family life had been negatively affected by substance misuse. Many also felt that there were times that their children had experienced good-

enough parenting and that these instances had been under-recognised by statutory services. Some parents had tried to prioritise their children's basic needs, such as buying enough food for the week and paying utility bills, before purchasing drugs or alcohol. A few had alerted authorities or otherwise sought help when they became concerned about their ability to parent.

It is interesting that we were able to note some differences in emphasis in the accounts of those who maintained that they had provided generally good care with parents who were more prepared to accept that their parenting had not been good-enough. The former emphasised their success in providing concrete physical provision such as food and clothes, whilst the latter tended to focus concern on the impact of their drug or alcohol use on their relationships with their children and the children's emotional well-being. Although it would be unwise to generalise from this small sample, it was apparent that parents who provided more reflective and self-critical accounts were more likely to be in families where there had been significant positive change over time.

In analysing these parental accounts we were struck by the complex relationships between personal narratives and material realities which have parallels in both social research and practitioner assessments of risk. In both practice and research interviews people are giving accounts of themselves and in doing so are developing or maintaining some form of self-concept. When a parent says, 'I make sure my kids are fed', they are providing important evidence about who they want to be seen as *and* what they think important. Practitioners need to recognise and acknowledge the positive aspects of this, thus helping engagement and evoking the possibilities of change (Miller and Rollnick, 2002) while simultaneously trying to assess whether the child's material, social and emotional welfare fits the presenting narrative (Holland, 2008).

A further challenge for practitioners in substance misuse and parenting is the overwhelming prevalence of domestic violence. In our sample, violence was almost ubiquitous and violence against women in the families was often severe and repeated. Despite this, there was a sense of taken-for-grantedness in the accounts of our women participants. Forrester and Harwin (2008) in an earlier study found that domestic violence was strongly associated with poor outcomes for children of substance misusing parents yet, paradoxically, was the biggest predictor of children *not* being removed. There is a real risk that the impact of domestic violence on women and children's welfare in families misusing substances may be under-recognised. Alongside many of our participants experiencing the early responsibilities of teenage motherhood, and some working in prostitution, there are clear and specifically gendered aspects to the experiences of substance misusing parents.

This is amplified by the fact that respondents were accessed due to their involvement in child protection services. It has been well documented that child protection services focus primarily on women, reflecting more general societal expectations that women should bear the major responsibility for the care and safety of children (Featherstone et al., 2010). It was striking that in this sample only one family was referred because of the father's substance misuse. All other referrals involved either substance misuse by a couple or by the mother alone. In some of the families where the mother was the identified focal client, there was a male partner who also misused substances. Mothers' substance misuse appears to be regarded as riskier than fathers'. This may reflect a gender bias in child protection services. It may also reflect a realistic assessment of which parent provides most child care in the families in this study and in society at large.

The final important issue raised in our findings is the longevity of problems with substance misuse and related problems such as violence, involvement in crime and behavioural problems in children. Such problems were noted in four generations in some of the families in our sample. In this area the quantitative and qualitative findings provide strong support for one another. It is important to note that the problems which compromised parenting in our sample were chronic and therefore likely to require sustained and intensive input from health and social care services.

### *Engaging families and lessons for effective service provision*

Two main discourses dominated parents' accounts of their own reasons for changing: internal choices and external pressures. It was common for these to be interwoven, highlighting the complexity of the narrative accounts of change (or lack of change) that people give. Thus, many participants talked about making their own decision to change, reaching a point where they realised that they had to change. Yet this decision was not something that was arrived at in a vacuum. On the contrary, it tended to arise when people felt that their drinking or drug-taking could not continue. In this respect external factors were frequently identified as important. These external factors often involved the profound difficulties that they were experiencing, but it was more common for them to mention the difficulties that substance misuse was causing them as parents (and in particular as mothers). In this respect the perception that they might lose their children was a powerful incentive.

There are challenges in unpacking some of this complexity. On the one hand, discourses in which individuals highlighted their own agency seemed important in telling a story of change. They were particularly common when women had made serious changes in their lives, and allowed them to claim "credit" in the account for the substantial improvements that they had achieved. Equally, for many participants – and particularly for those with enduring problems – there were narratives that emphasised their powerlessness and the harmful contribution of others (whether professionals, partners or family members) were common. These accounts included abusive partners and incompetent professionals as key ingredients in accounts that explained ongoing problems.

There was a strong tendency for those parents who had made significant positive changes to tend toward accounts that emphasised their own agency, while those with ongoing problems were more likely to accentuate the contribution of others to preventing change. However, the stories were not as straightforward as this. It was common for women (primarily though not exclusively) to blame themselves for the problems they had had in the past or continued to have. Such accounts described being powerless or making the wrong decisions. It would certainly be difficult to draw any firm conclusions about the relationship between stories of internal agency or external creation of problems and outcomes for families. These accounts serve complex purposes within a narrative that go beyond being reflections of the true nature of changes.

In this respect the accounts given of services that helped (or those that did not help) seem more useful. There were three key elements of effective services for individuals around drug or alcohol problems. Services needed to be:

1. *Available when needed* – opportunities for change were windows that did not always stay open for long. When parents were ready to make a change they needed help at that point, not some weeks or months later.
2. *Provide ongoing long-term help* – for many stopping using drugs and alcohol was an ongoing struggle. For others, doing so led them to identify other problems, such as low self-esteem or social isolation. The importance of longer-term and sometimes open-ended support was therefore crucial. This was not always necessarily the same as the help that people needed to turn things around, it was often about availability or ongoing but lower-level support, but it was striking how many parents talked about not being supported after changing.

3. *Good workers were good services* – the common themes across different professionals that helped were far more striking than any differences. For some families it was the Option 2 worker, but for others the GP, alcohol counselling worker, prison keyworker or someone from SureStart who was the worker that made a difference for them. The common features of these workers included:
  - a. Good listening skills
  - b. Showing that they cared – including going the extra mile and sticking with people through difficult changes
  - c. Being honest about concerns and problems

The next two sections turn to a comparison of the Option 2 and control group, first by looking at evidence relating to outcomes and then by looking at qualitative accounts of the nature of the Option 2 service and its contribution to changes for them.

### **C. Comparison of outcomes for Option 2 and comparison group**

This section compares the Option 2 and comparison group. It starts by exploring the comparability of the groups at the time of referral. It then presents the outcomes for the two groups in relation to child welfare and care entry, parental substance use and family wellbeing. In the final section qualitative accounts relating to Option 2 are presented.

#### ***Comparative Description of Option 2 and Comparison Group***

The overall numbers of families, parents and children about whom data was collected are set out in Table 8.

***Table 8: The Sample***

	<b>Option 2</b>	<b>Comparison Group</b>	<b>Total</b>
Families	15	12	27
Parents	18	16	34
Children	52	32	84

Statistical analysis was limited by two factors. First, for children, there was very considerable clustering of outcomes at the level of the family. Thus, for instance children entering care tended to happen for whole families and substance use was similar for adults within families. As a result many of the analyses could only be carried out at the level of the family. The second issue is that there were few families. As a result for most of the variables there are insufficient numbers to carry out multivariate analyses with confidence. Most of the analyses carried out are therefore bivariate. This considerably reduces the confidence that can be placed in any findings.

#### ***Comparison of Samples Prior to Intervention***

The study design primarily collected data post-intervention. Data for the point of the intervention was descriptive data gathered from referral forms. This is set out in Table 9. Chi-squared or Fishers exact tests are used to identify significant differences between groups on variables at the point of referral.

Table 9 identifies one significant difference between the samples (the gender of the children) and there is a trend toward a significant difference in relation to use of illicit substances (this would become significant if found with a larger sample). The finding in relation to the substances used points to the fact that the two samples are unlikely to be genuinely comparable: even though it does not reach statistical significance the variation in relation to use of illegal drugs is very noteworthy, and the failure for it to reach statistical significance is a function of the small sample. Both factors point to the care with which findings in relation to outcomes need to be considered.

It is hard to explain the higher proportion of boys in the Option 2 sample. It is possible that this is a chance finding.

**Table 9: Comparison of key characteristics at time of referral of families who received Option 2 (intervention) compared to those who were referred to the service but did not receive Option 2 (comparison).**

Characteristics		Total	Study Group		P*
			Option 2	Comparison	
<b>Parents</b>		31 (100%)	18 (58%)	13 (42%)	-
Age (2 NK)	18-30	11 (38%)	8 (47%)	3 (25%)	NS
	>30	18 (62%)	9 (53%)	9 (75%)	
Illicit drug use	Yes	16 (52%)	13 (72%)	3 (23%)	0.1
	No	15 (48%)	5 (28%)	10 (77%)	
<b>Child</b>		76 (100%)	46 (61%)	30 (40%)	-
Age (years) (3 NK)	0-5	23 (32%)	16 (36%)	7 (24%)	NS
	6-10	17 (23%)	10 (23%)	7 (24%)	
	>11	33 (45%)	18 (41%)	15 (52%)	
Gender (2 NK)	Male	44 (59%)	32 (70%)	12 (43%)	0.02
	Female	30 (41%)	14 (30%)	16 (57%)	
Living with parent (1 NK)	Yes	61 (81%)	34 (76%)	27 (90%)	NS
	No**	14 (19%)	11 (24%)	3 (10%)	
<b>Family</b>		27 (100%)	15 (56%)	12 (44%)	-
Referral is to avoid care	Yes	18 (67%)	11 (73%)	7 (58%)	NS
	No	9 (33%)	4 (27%)	5 (42%)	

\*  $\chi^2$  or Fisher's Exact test: NS, non-significant at the  $P=0.05$  level.

### **Outcomes for Option 2 and Comparison Group**

Given the small numbers involved it was not possible to carry out multivariate analysis. Table 10 therefore sets out the findings in relation to a regression analysis for each dependent variable and whether the family received Option 2. This identified that families that received the Option 2 service were significantly more likely to have parents who had reduced problem use of drugs or alcohol and parents were less likely to be exhibiting high levels of psychological distress. (Though reduction in substance use had a very large Confidence Interval).

No other outcome variable was found to be statistically significantly linked to receiving the Option 2 service in the logistic regression analyses. There was a trend toward more likelihood of social worker involvement with the family where Option 2 had been involved and if found with a larger sample this would have been significant.

Table 10 Univariate analysis of outcomes at follow-up for families who received Option 2 compared with those who did not (controls).

Outcome		Total	Study Group		Odds Ratio (95% CI)
			Option 2	Controls	Univariate
Reduction in parental substance misuse (1 NK)	Yes	24 (80%)	17 (94%)	7 (58%)	<b>12.14 (1.19-123.62)*</b>
	No	6 (20%)	1 (6%)	5 (42%)	1.00 (Baseline)
Parent's psychological distress (GHQ-12 score)	11+ (indicates distress)	19 (61%)	8 (44%)	11 (85%)	<b>0.15 (0.03-0.85)*</b>
	0-10 (not indicative of distress)	12 (39%)	10 (56%)	2 (15%)	1.00 (Baseline)
Child behaviour (SDQ score)	≥14 (indicates some or high needs)	9 (45%)	6 (46%)	3 (43%)	1.14 (0.18-7.28)
	<14 (low needs)	11 (55%)	7 (54%)	4 (57%)	1.00 (Baseline)
Family functioning (FES score , 3 NK)	0-9 (indicates poor functioning)	13 (54%)	7 (50%)	6 (60%)	1.5 (0.29-7.75)
	10+ (moderate to high functioning)	11 (46%)	7 (50%)	4 (40%)	1.00 (Baseline)

\*P<0.05

There was an interesting interaction between the SDQ score and children being in care permanently. Overall, 7 of 52 Option 2 children (13.5%) had an SDQ problem compared to 3 of 32 in the comparison group (9%). However, none of the 12 children in permanent public care – all of whom were in the comparison group – had problems. Entering public care permanently is a very effective intervention for reducing emotional and behavioural difficulties (see Forrester et al, 2009). If only children at home at follow-up are compared then the figures for the comparison group are 3 of 20 (15%), suggesting very similar overall proportions. This is discussed further below and in the discussion section.

The FES scores were not appropriate for logistic regression and therefore an independent-samples t-test was conducted to compare the cohesion, expression and conflict scores of families in the intervention and control groups. There was no significant difference in expressiveness scale or conflict scale for families who received the intervention and the control group. There was a significant difference in cohesion scores for families who received the intervention ( $M = 11.6$ ,  $SD = 1.29$ ) and the control group ( $M = 10.3$ ,  $SD = 1.06$ ;  $t(24) = -2.57$ ,  $p = 0.02$ , two-tailed). The magnitude of the differences in the means (mean difference = -1.27, 95% CI: -2.30 to -0.24) was large (eta squared = 0.23).



**Table 11: Family Environment Scale Scores**

	Option 2 (n=15)	Comparison Group (n=12)
Expressiveness scale	12.1	12.7
Cohesion scale	11.6	10.3*
Conflict scale (low is better)	13.4	14.0
Overall (high better)	10.3	9.0
*P <0.05		

**Care entry for Option 2 and Comparison Group**

Table 11 considers one of the key aims of the Option 2 service. The figures indicate that far more children remain with their parents, fewer enter care and that far fewer entered care permanently. Data is presented at the level of the family as well as for children. Family level analysis has little impact on the size of the difference. Regression analyses including gender and substance misuse (as the differences between the two groups) were carried out for permanent move and entering care at some point. This had no impact on the statistical significance analysis as neither factor was related to outcomes. Regression analysis was not possible for permanent care entry as there was no variation in the outcome variable. An independent samples t-test was therefore calculated for all three variables. These suggested all three outcomes in relation to family preservation were highly significant: children referred to Option 2 stayed with their birth parents and were far less likely to enter care. In particular, as found in the previous evaluation, the children of families referred to Option 2 were particularly unlikely to enter care permanently.

**Table 11: Children changing carer or entering care**

	Option 2 Service		Comparison group		T-test for children	
	Children N=52	From families N=15	Children N=32	From families N=12	t	p
Child permanently moved	9 (17%)	5 (28%)	13 (41%)	5 (42%)	-2.27	0.03
Child entered public care at some point	4 (8%)	2 (13%)	14 (44%)	6 (50%)	-3.73	0.001
Child public care permanently	0	0	12 (38%)	5 (42%)	-4.31	<0.001

**Comparison of findings with previous evaluation**

One of the features of this data is that it allows a comparison with the findings of the previous evaluation. This is helpful because while the previous evaluation was able to collect limited data, it was on a 100% sample of families. The previous evaluation was carried out over different time periods (it followed-up families through to the end of 2006 while the current study had a cut-off point of end 2010). It is not expected to find exactly the same proportions when O2 and the comparison group are compared across the two studies. Differences in the composition of the groups across the two studies may be for one of the following reasons:

1. to do with changes in the nature of the service over the last 5 years or
2. random variations due to sampling error (in the current study compared to a 100% sample)
3. problems in recruitment within the current sample leading to distortion of the sample.

In this respect the following percentages are of interest:

	First evaluation		Current study	
	O2	Comparison	O2	Comparison
“Child entered care at some point” compared to “One or more children entered care from family”	41%	40%	47%	42%
Parental alcohol use	60%	53%	33%	87%
Referred as risk of child protection register	46%	38%	29%	22%
Child’s age at referral	7.14	6.84	8.5	10.0

Looking more closely at some of these variables, there appeared to be a strong relationship between year of referral and drug use, with 23 of the 31 children who entered the Option 2 sample since 2006 involving drug use issues. It is possible that in recent years Option 2 has been working with a higher proportion of drugs cases and more where entering care is the reason for referral. However, it remains the case that a substantial proportion of families could not be followed-up, and it seems likely that this group include a high proportion of those children who entered care following Option 2.

Obviously any failure to include families in the study is unfortunate. However, the primary focus of this study is outcomes for children who remained at home following the intervention. In this respect the over-representation of children who remained at home is more desirable than over-representation of children who entered care. It allows us to focus on the welfare and safety of these children.

### ***Discussion of Quantitative Data***

The limitations within the data have been highlighted a number of times. With this important caveat, the quantitative findings are of interest. It is important to start by reiterating the key finding from the analysis of the whole sample: 5 years following referral, families in *both* conditions continued to have very considerable problems. Thus, most of the parents had GHQ scores suggesting considerable psychological distress, almost half the children had emotional or behavioural problems and most families indicated “poor functioning”. These were a group of families which had problems that for most were complex, profound and for most enduring. In this context, what impact did Option 2 appear to have? The quantitative data suggests three main findings:

First, Option 2 appeared to have a strong impact in reducing the use of public care and in keeping children with their parents. This is an extremely important finding in planning future public services and responses to this high risk group.

Second, Option 2 achieves this by improving parent and family functioning. Parents who received Option 2 were almost twice as likely to have significantly reduced their substance misuse and half as

many were at risk for psychological functioning. There were also indications that families that had received Option 2 had greater familial cohesion. These findings address one of the key questions behind the current evaluation: what is the impact of Option 2 on parental and familial welfare. It also suggests that Option 2 may be an effective intervention for substance misuse with a relatively high risk group.

Third, there was no significant difference in the emotional and behavioural well-being of children who had received the Option 2 service when compared to the control group. On the face of it this may appear to be a disappointing finding; Option 2 aims to improve outcomes for children by helping their families. However, we would tend to interpret this finding favourably for three reasons:

- (a) None of the children permanently removed from home had serious problems as identified by the SDQ. One interpretation of this finding is therefore that while for the comparison group the most high risk children were being protected by removal from dangerous situations, the Option 2 group appeared to be protected through Option 2 improving family functioning.
- (b) This is related to the second consideration: the study found no evidence that Option 2 was leaving children in risky situations or that children who should have entered care had been harmed by the preservation of family life. This concern was one of the key rationales for the current study and neither here nor in the qualitative evidence was there any indication that Option 2 was inadvertently harming children by keeping them with their families.
- (c) Finally, Option 2 provided a brief intervention 5 years previously. In this context the abuse and neglect these children had already experienced, the ongoing problems for their families and the social context in which they live create a situation with high levels of risk for emotional and behavioural problems. The Option 2 service is only one factor in the outcomes for these children. From a research point of view its striking success in keeping children in their families and improving the welfare of the parents with such a brief intervention and such a long follow-up is far more of a surprise than the lack of impact on the children's behaviour and emotional well-being.

Overall, these are very encouraging findings. They support the ability of Option 2 to engage and work with families with some of the most serious substance use problems imaginable, and they suggest that Option 2 manages to improve family life sufficiently to help parents to reduce their substance use and improve their emotional well-being.

In the next section we consider the qualitative evidence on the impact of Option 2. The qualitative data provides more depth to our understanding of what positive and negative outcomes mean in these families, and provides a more detailed appreciation of the nature of the Option 2 service, how it helps families and how it might be improved.

## **D: Qualitative description of the experience of Option 2**

### **Analytic approach**

The qualitative analysis reported on here is based primarily on 26 interviews with parents in families all of which were referred to O2. The interview enquired about: the family at the time the referral to Option 2 was made; the experience of using Option 2 (for those who received it); family life and experiences since the time of referral. In response, most participants gave extraordinary stories, 'autobiographical narratives' Reissman, (1993) about large parts of their lives which included rich detail about their association with substances. The majority of these stories placed and explained the substance misuse within a time line which ran from before substance misuse became a problem, up to the time of the interview. Weaving in and out of the overall life narratives, were threads, or mini-stories, describing individual/family use of substance misuse services. Some of these had been accessed before participants had children, and others once child welfare and protection became an issue.

As the focus of this element of the study was the whole narrative "journey" rather than specific themes or elements an attempt was made to analyse the qualitative data at the level of the entire story of the family. Narrative has been described as a useful route for learning about subjective reality or inner worlds (Lieblich *et al.* 1998). The stories given by participants consisted of two major elements: stories of their lives over time, and descriptions and explanation of specific events or crisis related to substance misuse within this time e.g. starting substances, use of substance misuse services, changes in substance habit, involvement of social services. In this way participants placed their substance misuse within the context of 'what was going on' in their lives at various times. Analysis could therefore draw on two of Mishler's (1995) models for narrative analysis i.e. analysis of the temporal order and analysis of contexts and consequences.

The analytical process consisted of: transcribing of interview tape recordings or field notes; each transcripts being read by at least two members of the research team; short summaries of the life story and key issues were made. Each team member read the summaries to ensure all necessary points were included, and a picture of the family story retained. All transcripts and summaries were also entered into NVivo, coded and analysed. The researchers then read and discussed the transcripts of a sample of 5 of the interviews. Following on from this discussion one researcher summarised every family's journey, highlighting elements of trajectory and outcome identified in the initial discussions. The summaries were compared to the full transcripts to ensure they represented a valid and complete summary of their account. In general there was a very high level of concordance. The summaries were then used to group families. The decision about how to group families was made through iterative attempts at coding and re-coding until a framework that best fitted the data was found. The coding process was much assisted by one element of the interviews in which the researcher developed with parents a graph that allowed them to express their views on how things had changed over time for them. These graphs provide powerful pictorial representations that complement the verbal accounts of change.

Following the coding of families into 3 main "stories" the research team returned to the original transcripts. These were read firstly to ensure agreement with the summary report and secondly to identify themes and issues of relevance to understanding the different types of stories. This generated a number of general themes associated with different family stories and the contribution of services to helping families. These are outlined below.

Before the main groupings of stories are considered further it is worth commenting on two general findings which stood out from undertaking this analysis

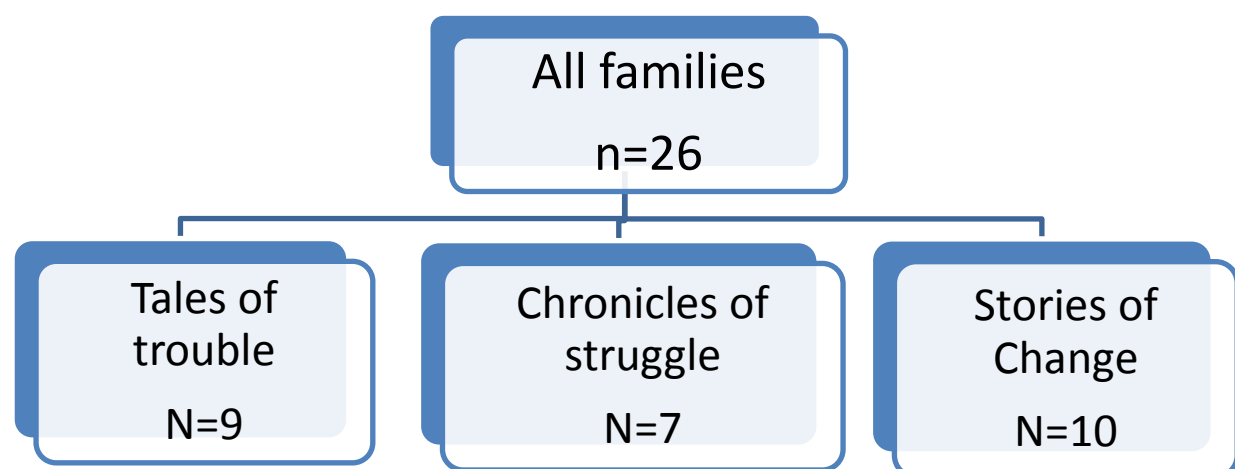
The first key point to make is that services were crucial to helping people change. There is growing interest in the ability of individuals to change without professional input. In this sample, every parent in our sample who changed their substance use spoke of the key role of professional help. This may be because this sample had comparatively serious levels of substance use, or because substance use was so often interwoven with other problems, but it was nonetheless clear that effective services were crucial to helping parents in this sample change.

Second, while services were necessary people's accounts of change all indicated that they were ready to change before they received a service. It is difficult to interpret whether this is "true" – it may be a retrospective justification of change that gives primacy to individual's self-efficacy. After all, a striking feature of many of the stories is that they hit what most would consider "rock bottom" on several occasions and it is difficult to be clear why one resulted change and the others did not. Nonetheless, individuals usually provided clear accounts of having decided to change before receiving the professional support that helped them.

### Stories and outcomes

The families could be broken fairly easily into three groups:

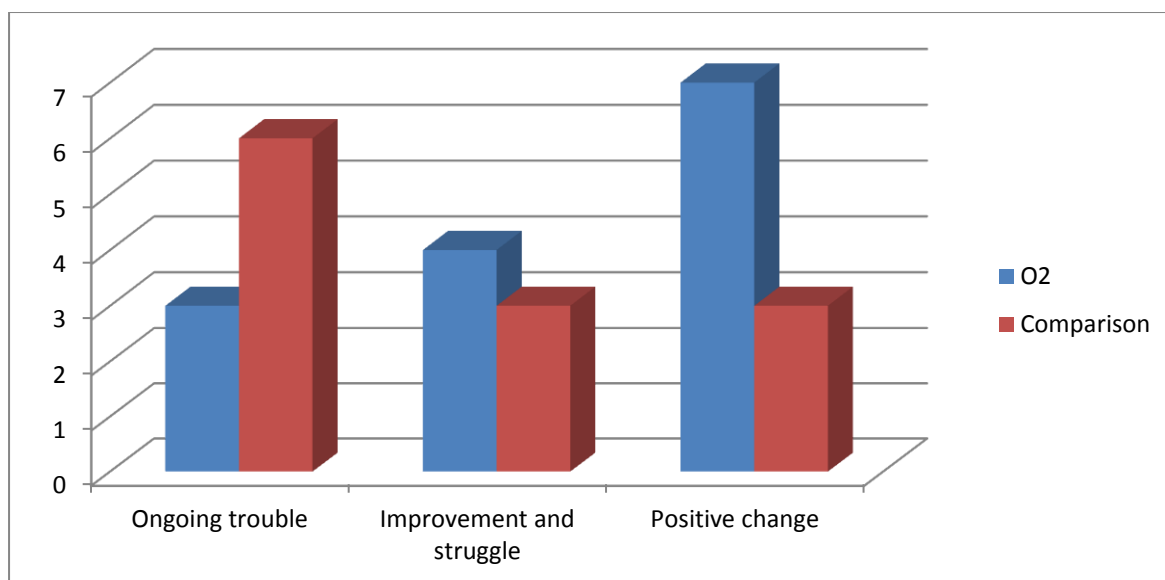
1. *Stories of change* - in which there had been clear changes for the better. All of these were characterised by much reduced substance use and usually also involved families seeing other benefits and positive changes once the substance misuse reduced. Violent partners leaving or dying was also a common feature in "stories of change" [Good outcomes]
2. *Chronicles of struggle* – all of these narratives involved change, but it was often partial and characterised by fluctuation between better times and increased difficulties. There were for all these families clear improvements since the time of the referral, but the mothers were finding it difficult to sustain them for various reasons [Mixed outcomes]
3. *Tales of trouble* – these were usually quite shocking tales of multiple and serious problems going on for years. They included a strong inter-generational element with children now becoming involved in crime, sex work or having their children taken into care. There was little reduction of drug or alcohol problems [Poor outcomes]



### Role of Option 2

When the membership of subgroups is broken-down to look at the impact of Option 2 the findings suggested that Option 2 was having a positive impact:

- 3 of the 9 families with ongoing problems had received Option 2 (33%)
- 4 of 7 with recent or partial changes were in the Option 2 group (57%)
- 7 of the 10 stories of change involved Option 2 (70%)



This is persuasive evidence that Option 2 was helping families. When combined with the quantitative data and the findings from the previous evaluation it begins to present a convincing picture of the contribution that Option 2 makes to many families who it works with.

### Qualitative account

#### Parent's experiences of Option 2

Many parents described their experiences with Option 2 at length and in rich detail, the majority of these included information about the positive elements of the Option 2 service, but some also referred to perceived limitations.

#### *Engagement and support*

Parental accounts suggest that work with Option 2 led to feelings of engagement and support for parents in nine of the fifteen families who took part in the study. The attitude of the Option 2 therapists was viewed by parents as instrumental in their service engagement, and for many contrasted sharply with their experiences with Statutory Social Workers before Option 2 use. Firstly, most parents who worked with therapists found them to be: likeable, non-judgmental, empathetic and possessed good listening skills, e.g:

*Mother: and T[therapist] was easy to talk to wannhe? T [therapist] just sort of knew, knew. Understood as well. D'you know what I mean? Like, I dunno. Father; Yeh, T wasn't here to judge, or, you know what I mean like I said before about the threat issue, T wasn't here to mock us or... umm, anything like that because of our situation (family 4).*

This appeared to lead to feelings of trust:

*Someone like I could talk to and trust, and T wasn't going to slag me off, or get them against me. ....and again I was telling T like what was in my head and what I wanted, is my family back and the kids. I knew T never ever went back, telling, like lying or twisting my words, never twisted my words. Like I'm not saying people lie but they twist your words don't they, (family 16)*

All these elements seemed to provide the underpinnings for a sense of being supported. Parents described how this support influenced feelings and events in a variety of ways, including helping parents prioritise and deal with one thing at a time,:

*And T was very, umm very supportive T, and I know they have their set things to do, **Yeh** But T wouldn't push that, right? T was very, what I was going through at the time s/he would deal with that rather than chuck all this extra stuff on me , (family 27)*

*It was the support innit, yeh somebody I suppose, like a psychiatrist would innit? . You'd run things past a psychiatrist I suppose, yeh? And then, to get their opinion on it, as well as what you should do or what you shouldn't do? (family 4)*

As well as giving an opportunity to talk things through and provide a push in the right direction if needed:

*Umm, well s/he talked to me a lot about, you know, my drugs misuse (2) and I suppose just having the support there ,it made you look at things differently it pushed you dunnit? when you have someone coming so many times a week. it , well some people hide behind closed curtains and hide basically, But umm (2) I suppose it pushed me more like in a way if you know what I mean. (family 24).*

A key feature of the way that Option 2 workers talked to families was that they recognised strengths and accentuated positives. This was a feature of both their work with families and the parent's perception of their mediation with other agencies on behalf of the family:

*Father: so at a case conference its not all bad said about you, Mother: There's someone there sticking up for you as well : Father: saying positive things (family23)*

### **Where Option 2 did not succeed as much in engaging parents**

For the minority of families that did not feel they had engaged with Option 2, two issues seemed important. Four felt the problem may have been their preoccupation with fear of losing the children, rather than with difficulties with therapists or the methods used:

*And maybe I didn't want to tell them so much cos I was scared for the kids. **Yeh cos they were with you** Yeh, so I was worried as well (family,17)*

Alternatively some parents identified them as too heavily under the influence of substances or other problems to be able to engage with the service:

*[mother] thinks the O2 referral must have happened about this time. She says she can't remember much about it at all. When the names of some therapists were mentioned she says it might have been a particular one. She explains that with the drug use her memory is awful, she loses a lot of time, even up to 6 months. She can't remember any work they did. When asked if T had worked with the children [mum]*

*thinks they might have worked with T. She agrees to ask her son] if he would take part in the study. (family 20)*

*had me doing these games , and they were quite helpful I think , but my mind wasn't in the right state, I don't think, to be doing them, progressively I would have got there if it was longer, but where I was in the moment (family 27)*

The remaining two mothers simply had not found the worker helpful or able to communicate clearly to them:

*At this point [her daughter] comes in and [mother] tells her we're talking about O2. The researcher asked [daughter] what O2 had done with her. She said ' it was silly, silly card games' and remembers T just sitting and talking rubbish. [mum] talked of how irritated she got because people like T come in 'from their perfect shiny lives and, well good for them I haven't got a problem with that, but not everyone lives like that and you can't just sit there and tell someone how it should be.' Mum feels that they got nothing beneficial out of O2 .(field notes family 21)*

### ***How the service worked with and for families***

When considering the impact of the work parents did with therapists, some parents talked how the honesty and straight talking employed by therapists had led to realisation that change must happen and consequently increased motivation for change:

*Yeh, well they had been on the register for so long, and they will only let you keep your children for a certain amount of time. . I mean so many people have said to me I mean SWs and all that had said to me I can't believe you have still got your children the amount of time they have been on the register.....It was, it was when, no it was definitely when T got involved that I realised Oh my god they are on the verge of taking my kids!(family 15)*

Another important factor was the way changes in self perceptions increased feelings of self esteem and confidence. This in turn helped them feel change was possible. Within this process parents felt having their strengths recognised had been important:

*What really stood out for me from what T told me about, was how I'd well I'd brought my son up. How much of a bright confident lad that I'd actually brought up. Well me, my mum and my dad, we all had . That really felt like, I felt really proud, I didn't feel like a bad mother, I didn't feel like I'd gone dramatically, drastically, wrong, like a failure, which I was feeling when I went to get the help ( family 22)*

*'T made me remember my strong times, how strong I was. I'd forgotten that, I felt worthless, stupid, a bad mum and a crap worker' (family 26)*

With motivation growing, a number of participant parents felt the help given in establishing the necessary steps to achieve change and , where needed practical help to make these steps had been beneficial:



*T showed me importance of having small obtainable goals, ...and achieving them (8) and that, that I was my biggest obstacle (family11)*

*Yes. T didn't actually do any of the gardening or any of the painting stuff, there was no need cos I'm capable myself like. But umm, T just gave us that focus of, umm, obviously it (the speed) took a lot of time, out of our lives running around chasing after it, finding it, finding the money to pay for it and all that stuff. So what are you going to do with all those extra hours T used to say to us, You needs to fill that gap now don't you? So yeh, again that focus like innit, pointing you in the right direction (family 4)*

*Firstly T spent time with [mum]. Talked about what was getting her down and why she was finding it hard to get up and going in the morning. T helped her realise that things as basic as the sorting out her bedroom might help. [mum] was sleeping on a mattress in a dirty bedroom ' just the thought of a pretty, clean bedroom was wonderful'. T then helped her arrange something that was easy. The bedroom was decorated and T and mum chose all the colours together. Mum feels this put her on a 'track of happiness'. It also boosted her confidence. (field notes family25)*

### **Limitations of Option 2**

Parents were asked about any perceived limitations of Option 2, and about things they would change if possible. The main theme was that the service was not long enough, a sense of feeling abandoned was given by many who spoke of this issue. Some described how this led to a relapse:

***what's it been like since then, how's it like when, when you finished with them?***

*umm a bit nerve racking wannit? But umm just the fact that your supports was taken away, Even though T said always at the end of a phone at the end of a phone call away and feel free to phone. It is consciously innit your support like so a bit nerve racking, and we did relapse a couple of times, (father, family 4)*

Others of feelings of loneliness or depression that increased after the withdrawal of the service:

*So T left me, then I think it would be better if there was care after too. D'you know what I mean? I think that would have gone a long way. Yeh cos I wasn't using so much cos I knew T was coming and I thought, I was concentrating like innit? And I wants my life back, but as soon as T went and I thought well I'm on my own again. I had no friends (family16)*

The second most common criticism was that the service had not been available early enough: that if it had been possible to access it earlier then it would not have been necessary to experience the more serious subsequent problems:

*Maybe if you had got O2 involved earlier, and I got the intense work that I needed. Maybe my boys wouldn't be in [respite] foster care now( family 15).*

### **Summary**

The accounts about Option 2 were overall extremely positive about the nature of the service and the contribution that it had made to helping parents (in particular) and families to change. This seemed to involve 3 main elements: the workers were very good at engaging families; once engaged they seemed to build on strengths of families and increase confidence and self-esteem, thus increasing the parents' sense that they were capable of change; finally, the work broke down potential changes and therefore created a structure and plan that seemed manageable.

In these description families are describing fairly accurately the intended aims of the Option 2 way of working. This is therefore important for two reasons. Firstly, it provides fairly strong evidence that Option 2 is generally being delivered in the way that it is intended to be delivered. Secondly, it suggests that when this happens families appreciate and benefit from the model. In effect, the qualitative accounts of good practice provide strong confirmation for the contribution that Option 2 is making to the positive outcomes identified through the quantitative and qualitative elements of the evaluation.

In the final section we consider the implications for policy and practice.

## 4. Discussion and Conclusions

### *Limitations and strengths of the study*

The limitations of the study have been highlighted a number of times. The most important is that recruitment problems led to a limited sample size, particularly at the level of the family, and that the comparability of the Option 2 and comparison groups was therefore compromised. Most obviously, the comparison group appeared to be less likely to involve illegal drugs and to tend to be referred for less serious levels of concern. Even though these did not achieve statistical significance, this was primarily due to the relatively small sample size. These are serious limitations in the study and great care should therefore be taken in drawing conclusions, particularly when focussed on quantitative comparison between groups.

On the other hand, the study has several strengths. First, the sample overall are a group (namely families with serious child protection and substance misuse issues) that there has been very little UK research on. There have been no studies we are aware of that have obtained such a long follow-up of involvement with child and family social workers at such a serious level of concern. There are therefore important insights that can be obtained from the experiences of these families and the outcomes for parents and children. In particular, their ability to reflect on changes in their circumstances over time allows the families to provide important insights into the nature of the problems they have experienced and the different ways in which they can be helped.

Second, while the comparative element of the study is compromised, the presence of a comparison group provides a stronger evaluative element than a study that simply measured before and after outcomes. This is important in providing a context for understanding findings. Thus, for instance, at follow-up the Option 2 group still tended to have quite serious problems, but they were far less serious than those in the comparison group.

Third, the study benefits from the potential for comparison with the previous evaluation which had evidence on care entry for 100% of children. This allows the validity of the findings to be checked. It is reassuring that, in broad terms, similar findings were found.

Fourth, the combination of different methods provides a rich picture of not just outcomes but also processes and the way in which the two interact.

It is therefore important to consider the findings in context. The study has limitations, but nonetheless it provides the most robust study undertaken in the UK that we are aware of for any service aimed at preventing children from entering care; it is one of only a handful of evaluations to have looked at outcomes with a comparison group for families known to child protection services; with the recently completed evaluation of the Family Drug and Alcohol Court it is the only rigorous UK evidence on services aimed at working with serious parental alcohol or drug problems; and it appears to provide one of the longest follow-up studies of outcomes for a family preservation intervention study globally.

Furthermore, the evaluation is against more stringent criteria than is usual. In particular, Option 2 is a relatively brief intervention. The evaluation involves:

- A long average follow-up period (5.6 years). Most RCTs focus on a year and many follow-up for less. Impacts almost always fade over time, as other events exert influence. It is therefore extremely ambitious to expect a measurable difference almost 6 years later.
- The families were in general not seeking help: in most evaluations in the substance misuse field clients are seeking help. Even where that may not appear to be the case, for instance where treatment is court ordered, it has been powerfully argued and evidenced that in fact

people may wish to have help. That was not the case for most of the families in the current sample. Most felt reluctant to receive help, with concerns over losing children being a particularly difficult issue. Certainly they had not volunteered to take part in a controlled research study and there were no “exclusions” such as families with depression, violence or other co-existing problems (as often found in research studies). Creating meaningful change in this context seems likely to be extremely difficult.

- Families in the comparison group generally received other services, many of which had similarities to the Option 2 service. This makes identifying the impact of Option 2 particularly difficult – and also suggests that any identified impact must be as a result of some fairly impressive and high quality practice.

### ***Summary of key findings (repeated in executive summary)***

Over the whole sample, the families had very serious problems related to alcohol and drug misuse by parents. These were related to very high levels of concern about risks to children, including children being assaulted, born withdrawing from drugs, experiencing severe neglect or witnessing violence in the home. These issues took place in complex contexts of multiple other problems, including most prominently inter-generational abuse, low maternal self-esteem, high levels of violence and poverty.

Over the years the families had received inputs from a wide range of agencies. Services that were available when needed, where professionals were caring and committed and that provided long-term support were particularly valued. Across a wide variety of professionals, including GPs, social workers and alcohol services, workers working in this way were identified by parents. Such services maximised the likelihood of parents addressing their alcohol and drug problems

At follow-up most parents had considerably reduced their drug and alcohol use. Despite this, overall the families had high levels of family difficulty at follow-up, with parents having scores suggesting many were stressed and at risk of psychological problems, many of the families experiencing discord and a high proportion of the children having emotional and behavioural difficulties. This evidence was supported by qualitative accounts of family difficulties and often the inter-generational transmission of problems.

Families that had received the Option 2 service seemed to do considerably better than those who had not. In particular:

- Parents were far more likely to have reduced their alcohol or drug misuse (94% to 58%);
- Parents were less stressed and at risk of psychological problems (44% to 85%);
- Families had more solidarity and cohesion.

The finding that Option 2 children were less likely to enter care was strongly supported:

- Only 8% entered care (compared to 44%)
- None were in care permanently (compared to 38%)

There was no significant difference in the welfare of the children in the two groups. It appeared that children receiving the Option 2 service were being kept in their family homes without an increase in poor outcomes.

In the qualitative analysis the families were grouped into those with ongoing problems (9), those where improvements had been recent or partial (7) and those where there had been obvious and sustained improvements since the time of the referral (10) (analysis was not possible for one family). Option 2 was strongly associated with better outcomes, with 70% of those with sustained improvements having received the service, compared to 57% of the mixed group and only 33% of the no change group.

Overall, parents reported that the Option 2 service was extremely positive for them. In particular they tended to highlight that it:

- Was there when they needed it
- That the workers were caring and seemed to understand their problems
- The focus on recognising and building strengths was helpful
- That the workers managed to help families make achievable plans for change and support them to carry out changes
- And that workers were helpful in negotiating with other agencies and professionals.

The main criticism that parents made was that the service was not available for long enough, or that they would have liked to be able to be re-referred when they had later problems.

### **Implications for the Option 2 service**

Following the two evaluations now completed, Option 2 is probably the most thoroughly evaluated service for high risk families in the UK. It seems unequivocally clear that the service is of a very high quality and that the vast majority of families that receive it appreciate it and feel that it helped them change.

There is no doubt that Option 2 reduces the need for children to enter care. The current evaluation provides strong evidence suggesting it does this by helping families change for the better. The service seems particularly effective in helping parents reduce their substance misuse. Our findings suggest that taken as a substance misuse service alone, Option 2 is very effective. In addition, it seems to have a positive impact on family functioning and in reducing parental psychological difficulties. This is achieved without placing children at risk, and there were no indications that children who remained at home were placed at unacceptable risk of poor outcomes.

These findings reiterate and considerably strengthen the key findings from the previous evaluation, namely that Option 2 is an excellent service that achieves significant improvements in the welfare of families worked with, and that as a result it is able to reduce the number of children entering care. There is no doubt that Option 2 is also therefore an extremely cost-effective service, as outlined in the previous study. This study adds to the evidence supporting this, by indicating that there are likely to be savings in relation to substance misuse related harm and need for subsequent psychiatric help for parents (though it was not possible to cost this).

There are two areas which the service or related services may wish to address to improve outcomes further. The first is the need for longer-term work or periodic follow-up. This was a recommendation from the previous evaluation, though it is clear that within limited resources Option 2 is already providing an exceptional service and it is therefore difficult for it to provide considerably enhanced longer-term services. Nonetheless, the needs of each family vary and there were relatively few who only required a short term crisis service. It may not be the responsibility of Option 2 to provide follow-up, but looked at in the round many of these families would benefit from longer-term

support or periodic support based on the principles of effective practice identified within the Option 2 model.

The second area that may require further attention is related to the outcomes for children. In relation to emotional and behavioural difficulties, Option 2 children showed no particular differences compared to control group children. This may in part be because entering care was one of the most powerful ways to reduce EBD. Option 2 was therefore achieving a comparable level of success at avoiding behavioural problems compared to an alternative that included providing permanent care for 38% of children. Nonetheless, these children had very high levels of ongoing problems, and it was clear that in both groups as they grew up many of these children were experiencing a variety of social problems, including drug and alcohol problems, involvement in prostitution, violence or experiencing violence in intimate relationships and having their own children taken into care. These negative outcomes were more common in the comparison group, but they were also widespread in the Option 2 group.

This suggests that for most of these children a brief intervention that makes a real difference to family life may not be enough. The qualitative accounts provided an overwhelming sense of the myriad factors that worked to pull many of these children toward poor outcomes. These included poverty and deprivation, the impact of having experienced abuse and neglect and ongoing care that was often far from ideal. To make a real difference to these children and break the inter-generational transmission of deprivation would appear to require a more comprehensive and long-term intervention than that which Option 2 provides or is likely to be able to provide within its current resources. It might be that Option 2 would be better considered as the start of help for these families, and that the other help that the children might benefit from needs to be explored further.

## **Implications for research, policy and practice**

### *Research*

There is no doubt that robust randomized controlled trials are required if we are to know with greater confidence whether services such as Option 2 are making a difference. We hope that future evaluations will attempt to incorporate ideally randomization or where that is not possible a prospective comparative design so that comparison families can have data gathered on them and become involved in the research at an earlier stage.

### *Rolling out Option 2*

One of the most obvious implications is this: local authorities should experiment with developing services based on the Option 2 model. Option 2 gives families a real chance to change, and because it reduces the need for care it achieves very substantial cost savings. In the previous evaluation we identified a saving of c.£1500 per family referred just in relation to public care. It seems clear that if the savings are considered over a longer time period and if savings related to reduced health and other social costs are added then each £1 invested in Option 2 produces savings worth several multiples.

A note of caution is needed in relation to this: Option 2 works because it provides such a high quality service delivered by some very skilled professionals. It is cost effective because it has a commitment to excellence in the work it does. We would not expect such strong effects from services that did not invest heavily in the quality of the work being undertaken. We would also urge services emulating the Option 2 model to carefully evaluate it. One of the lessons from the American experience with Homebuilders is that where the model is poorly implemented it can not only fail to replicate

effectiveness but that this can place children at risk. Services such as Option 2 therefore need careful and ongoing evaluation.

A related finding was that to all intents and purposes Option 2 was synonymous with the worker for the family. It is the quality of the staff that make the difference, and this appears more important than many of the more obvious elements of the model.

#### *Option 2 and the Family Drug and Alcohol Court*

There are very few evaluations of services aimed at reducing the need for children to enter care in the UK. It is therefore worth comparing the findings from this evaluation with those from the only other such robust evaluation within the UK, namely the Family Drug and Alcohol Court (FDAC, Harwin et al, 2011).

There are some obvious similarities in the two projects: both relate to a similar group of “high risk” families where parents misused drugs or alcohol and both aim to reduce the use of public care by helping families address their drug and alcohol problems. There are other similarities, for instance both in practice use the possibility of children being removed as an impetus for change; both involve small teams; both are based in part on Motivational Interviewing. One difference is that the FDAC operates within formal care proceedings, while Option 2 tends to operate to prevent the need for these. FDAC is London based while Option 2 is based in Cardiff and one may expect differences in presenting problems and local authority responses as a result. It is therefore interesting to compare the evaluations and outcomes for the two interventions, while being mindful of important differences.

The FDAC evaluation was also quasi-experimental, with the main follow-up comparison relating to 41 FDAC and 19 comparison families (who were subject to care proceedings and involving parental substance misuse in similar local authorities). Follow-up was at the end of care proceedings (i.e. somewhat less than a year after referral, though this is not clear). Key findings were that FDAC :

- mothers were less likely to be misusing (48% to 39%)
- children were more likely to be living with mother (39% to 27%) (though most of these were living with their father with 7% to 12%)

On the basis of these findings the Family Justice Review has recommended a limited roll-out of the FDAC around the country.

The findings for the FDAC evaluation are very promising. What is perhaps most striking is the similarities between the two approaches and the potential for each to achieve significant benefits for families. Over the two evaluations undertaken for it, Option 2 has clearer impact in reducing care entry. This is likely to be in large part because it is dealing with families with a somewhat lower level of immediate risk. Nonetheless, the success rate of Option 2 relates to a second clear difference: the Option 2 service is far cheaper. Option 2 costs less than £2000, while the FDAC team costs £8740 per child.

The costs for the FDAC are higher in large part because it is involved in care proceedings. It therefore provides a more intensive service, including expert reports and many other important services aimed at keeping families together. It appears to be an excellent service which should be rolled out across the UK. However, the findings of this and the previous evaluation suggest that it might be cost effective as well as likely to produce positive outcomes for families if a service based on the Option 2 model were available to reduce the need for families to enter care. This would not prevent the need for FDAC, however it would ensure that the more expensive FDAC service (or indeed even care proceedings offered without FDAC) were only provided once families had been offered a high quality opportunity to change out with the court arena.

This is certainly not to argue for Option 2 over FDAC. It is not a case of “either/or”: we need both, plus other innovative and well evaluated interventions aimed at these very vulnerable families. Option 2 as a model therefore has an important role to play in informing service developments in responding to this very high risk and often apparently hard to engage group of families. The two evaluations provide convincing evidence of its effectiveness and suggest that it is an excellent place to start in designing services for children at high risk because of their parent’s substance misuse.



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