
Donald Forrester*

University of Bedfordshire,
Luton, UK

Alex Copello

University of Birmingham,
Birmingham, UK

Clara Waissbein

Independent Researcher,
London, UK

Subhash Pokhrel

Brunel University, Uxbridge, UK

Evaluation of an Intensive Family Preservation Service for Families Affected by Parental Substance Misuse

‘Option 2 children took longer to enter, spent less time in care and were more likely to be at home at follow-up’

Parental misuse of drugs or alcohol is recognised to be an issue for a high proportion of families to known social services, and for many children who enter care. However, there is limited research on what is effective in working with such families. This article reports on an evaluation of an Intensive Family Preservation Service (named ‘Option 2’) aimed at families in which parents misuse substances and children are considered at risk of entering care. The study used mixed methods. A quasi-experimental element compared solely data relating to care entry (e.g. how long children spent in care and its cost) for Option 2 children (n = 279) and a comparison group of referrals not provided with the service (n = 89) on average 3.5 years after referral. It found that about 40 per cent of children in both groups entered care, however Option 2 children took longer to enter, spent less time in care and were more likely to be at home at follow-up. As a result, Option 2 produced significant cost savings. A small-scale qualitative element of the study involved interviews with 11 parents and seven children in eight families. The findings suggested that Option 2 was a highly professional and appreciated service. For some families it achieved permanent change. For others, particularly those with complex and long-standing problems, significant positive changes were not sustained. The implications for services designed to prevent public care, particularly where there are substance misuse issues, are discussed and recommendations for policy and evaluation made. Copyright © 2008 John Wiley & Sons, Ltd.

KEY WORDS: parental drug misuse; parental alcohol misuse; family preservation; motivational interviewing; public care

A high proportion of children who enter care are affected by parental substance misuse (Forrester and Harwin, 2006, 2007). Indeed, increases in parental substance misuse—and in particular more problem drinking and drug taking by mothers—have been

* Correspondence to: Dr Donald Forrester, Child and Family Welfare Research Unit, University of Bedfordshire, Park Square, Luton LU1 3JU, UK. E-mail: Donald.Forrester@beds.ac.uk
Contract/grant sponsor: Welsh Assembly Government.

identified as likely to be a key factor in the rise in the number of children subject to care proceedings since the inception of the 1989 *Children Act* in 1991 (Statham *et al.*, 2002).

The link between parental substance misuse and children entering care is particularly important currently, because reducing the number of children in care is a government priority. For instance, the government *Care Matters* Green Paper devoted a chapter to the topic. They summarise the UK government's view thus:

'We should concentrate our efforts on avoiding the need for care, except for those who truly need its support. We must identify problems earlier and respond quickly and effectively. And our responses must be driven by what we know are the key characteristics of effective interventions.' (Department for Education and Skills, 2006, p. 21)

Yet, at present, there do not appear to be any published examples of British interventions that succeed in reducing the need for public care. In this context the 'Option 2' service in Wales has attracted considerable attention.

Option 2 is a service that works with families affected by parental substance misuse. It aims to improve family functioning and the intention is that, where it is safe and appropriate for the child, there will be a reduced need for children to enter care. Option 2 has been recognised as an example of excellence through national awards and has a burgeoning reputation, including a book outlining its methods (Hamer, 2005). This has led to attempts to replicate fully or in part the service model in other areas. One version of 'Option 2' (Families First) was cited as an example of the type of service the government would like to see used to reduce the need for care (Department for Education and Skills, 2006). As British society wrestles with the problem of serious parental substance misuse, Option 2 appears to offer a new and positive way of working.

Yet, it seems appropriate to sound a note of caution. Option 2 is based on the 'Homebuilders' model of Intensive Family Preservation Service (IFPS) from the USA. Initial evaluations of Homebuilders found that up to 90 per cent of children had not entered care after receiving the service. These findings led to considerable interest in Homebuilders. However, more rigorous evaluations found that Homebuilders had little or no impact on the rates at which children come into care or other measures of child welfare (see Forrester *et al.*, 2008a, for a review of this literature). The reasons for this were complex. They include issues about whether the intervention was being delivered appropriately, whether the appropriate type of families were being referred to the service and whether crisis intervention was the right response to what were often chronic and long-term problems. The findings highlight the importance of evaluations of services aimed at reducing the need for care to include a

'Reducing the number of children in care is a government priority'

'It seems appropriate to sound a note of caution'

‘Option 2 is true to the key elements of the Homebuilders model’

‘Option 2 also differs from the Homebuilders model in important ways’

‘There is a strong body of evidence that Motivational Interviewing is effective’

valid comparison group. This paper reports on such an evaluation for the Option 2 service.

The Option 2 Service

Option 2 is true to the key elements of the Homebuilders model (Forrester *et al.*, 2008a), namely that there is:

- *Intervention at the crisis point.* Families are considered to be ‘in crisis’—with this crisis generally being linked to the possibility of a child entering public care. The response is broadly shaped by crisis intervention theory and focuses on immediate, intensive and short-lived intervention.
- *Treatment in the natural setting.* Services take place in the client’s home.
- *Accessibility and responsiveness.* Workers are on call 24 hours a day, seven days a week. Families are given as much time as they need, when they need it.
- *Intensity.* Services are concentrated in a period targeted at four weeks.
- *Low caseloads.* Workers carry only one intensive case at a time.

However, Option 2 also differs from the Homebuilders model in important ways. Most obviously:

- All of the families have substance misuse problems.
- The intervention is based on Motivational Interviewing and Solution-Focused approaches (see Hamer, 2005) (Homebuilders does not specify the therapeutic approach to be used, only the crisis intervention framework).
- The British service and welfare context is different from the USA. For instance, Britain has a stronger welfare state and significantly fewer children per head of population are taken into public care.

It is worth noting that substance misuse problems were associated with IFPS being less successful in the US (Forrester *et al.*, 2008a). There is also a history of interventions found to be effective in the US being less effective in the UK, in part because our general welfare provision is of a higher standard and thus comparison groups do better (Carpenter, 2008, personal communication). On the other hand, while there is little evidence for the effectiveness of Solution Focused approaches (Corcoran and Pillai, 2007), there is a strong body of evidence that Motivational Interviewing is effective with alcohol and (to a lesser extent) drug problems (see Raistrick *et al.*, 2006).

The service is run by a manager experienced in Motivational Interviewing and with knowledge of substance misuse and child welfare issues. Workers are drawn from social work or psychology backgrounds with relevant experience. All receive extensive training and supervision devoted to the development of skills in

delivering the Option 2 intervention. The service has also been unusually successful in retaining staff, with comparatively low turnover and a strong commitment to the ethos and worth of Option 2.

Method

The evaluation of Option 2 combined quantitative and qualitative components. The methods are set out in brief here. A full description can be found in Forrester *et al.* (2008a). The study was approved by Brunel University's Ethics Committee.

Quasi-experimental Study of Care-related Outcomes

As Option 2 operates within a 'crisis intervention' model, it does not run a waiting list. If a family is referred when the service is full, it is not provided with a service, though basic information is noted. For all referrals a decision is made about whether it is 'appropriate'. Appropriate referrals require the child to be at risk of coming into care (with a minority being considered at risk of being placed on the Child Protection Register) and concern about parental substance misuse. The decision about appropriateness is carried out for referrals whether or not there is space to provide a service. This process provides a natural comparison group as—in theory—there should be no difference between these families. The sample therefore consists of all referrals made to the service and considered 'appropriate' between 2000 and 2006—whether they received a service or there was no space.

Within the current study it was only possible to examine outcomes in relation to the care system, for example, whether a child entered care, for how long and at what cost. These were provided anonymously by the local authorities.

Some 16 per cent of the intervention group did not receive the service. This is the valid research comparison (as it is not possible to know which of the comparison group families this would have been true of) but it makes identifying the impact of the service as received more difficult. The small number of children for whom a referral when there was 'no space' was followed by a referral in which they were allocated was excluded from the analysis.

Data were collected on all children referred to the service between June 2000 and March 2006. Information was gathered from Option 2's referral form and local authority information relating to care entry was provided by the two authorities in which Option 2 works. Information was anonymised prior to the research team receiving it. There were 279 children in the Option 2 and 89 in the comparison groups. Table 1 sets out the distribution of variables for the Option 2 and comparison groups.

'Successful in retaining staff, with comparatively low turnover and a strong commitment to the ethos and worth of Option 2'

'It was only possible to examine outcomes in relation to the care system'

Table 1. Option 2 and comparison groups at referral

		Comparison Group		Option 2	
		n	%	n	%
Substance	Local authority A	53	59%	187	67%
	Local authority B	36	40%	91	33%
	Alcohol	45	51%	171	61%
	Amphetamine	9	10%	47	17%
	Heroin	31	34%	65	23%
Presenting crisis	Other drug	6	7%	29	10%
	CPR	32	36%	92	33%
	Accommodation possible	47	53%	177	64%
On CPR	In care at referral	9	10%	9	3%
	On CPR	26	29%	119	43%
Family Structure	Two parents	39	43%	134	48%
	Mother only	19	21%	109	39%
	Father only	31	35%	12	4%
	Other	0	0%	23	8%
	Care Order	8	9%	35	13%
	Child age	6.1 yrs		7.3 yrs	
	Number of children	2.6		3.4	

CPR = Child Protection Register.

Table 2. Logistic regression of intervention vs. comparison groups

Independent variables	Odds ratio	Std err ¹	Z	P > Z
Age group (Ref: < 5)				
Age 6–10	1.236	0.425	0.62	0.538
Age 10+	1.913	0.750	1.65	0.098
Alcohol use	0.811	0.435	-0.39	0.696
Heroin use ²	0.538	0.300	-1.11	0.266
Child group (Ref: single)				
Child 2–3	0.760	0.350	-0.6	0.552
Child > 3	1.855	1.256	0.91	0.362
Crisis: Risk of care (Ref: Risk of CPR)	0.819	0.374	-0.44	0.662
Two parent family (Ref: Other types)	0.827	0.357	-0.44	0.659
Local authority B (Ref: Authority A)	0.569	0.276	-1.16	0.245

Log pseudo likelihood = -181.16213; pseudo R² = 0.06. Number of observations: 346; Wald chi²(9) = 9.75 (p = 0.37). ¹ Standard error adjusted for 149 families. ² No other substance used in sufficient proportion of families.

Quantitative Results

Statistical analysis checked the validity of the comparison group. A logistic regression technique was used to test whether pre-intervention differences existed in Option 2 and comparison groups. The likelihood of the child in our sample being in Option 2 (as opposed to the comparison group) was modelled as a function of their age, the type of parental substance misuse, the type of family, number of siblings in the family, the degree of crisis and the location (local authority A or B). None of these variables proved significant in the model (Table 2), suggesting that no pre-intervention differences between these groups were likely to be significant in our sample and that this is a valid comparison group.

‘Statistical analysis checked the validity of the comparison group’

We then used Chi square or *t*-test to establish whether the outcomes were significantly different between the Option 2 and comparison groups. Outcomes were all based on local authority data relating to the use of care. The follow-up point was 31 December 2006 (on average 3.5 years with a range from eight months to 6.5 years; there was no significant difference between groups in length of follow-up). Data on the cost of care only related to direct placement costs as recorded by the local authority. Costs linked to placement identification and support were not included for local authority placements, nor were other costs such as social worker allocation. There is no reason for believing this would affect the between-groups comparison, but it does minimise the cost of care. The cost figures for local authority B appeared unreliable and these data were not therefore used (see Forrester *et al.*, 2008a). The costs for Option 2 were calculated using their annual grant. This covered all elements of the service. The outcomes evaluated were:

- (a) whether the child entered care at any stage;
- (b) whether the child was at home at the end;
- (c) days in care;
- (d) days to care entry; and
- (e) direct cost of placement for children in care.

Table 3 shows the results of the analysis. The findings were that:

- Option 2 did not reduce the likelihood of children entering care;
- Option 2 did significantly reduce the time children spent in care, because:
 - Children took longer to enter care;
 - They tended to stay there for a shorter time;
 - A higher proportion of Option 2 children returned home from care.
- As a result 68 per cent of Option 2 children were at home at follow-up, compared to 56 per cent of comparison group children;
- Taken together these differences meant that Option 2 resulted in statistically significant savings in the cost of care.

‘Outcomes were all based on local authority data relating to the use of care’

‘68 per cent of Option 2 children were at home at follow-up, compared to 56 per cent of comparison group children’

Table 3. Outcomes between Option 2 and comparison groups

Outcomes	Comparison	Option 2	Total	<i>P</i> -value	Type of test
Entered care ¹ (%)	43.82	42.65	42.93	0.84	Chi square
At home at end ¹	56.18	68.10	65.22	0.04	Chi square
Days in care ²	602.95	409.55	452.31	<0.01	Student <i>t</i>
Days to care entry ³	125.69	149.68	143.55	0.47	Student <i>t</i>
Average cost of care ⁴	£16 931.13	£13 558.36	£14 844.48	<0.01	Student <i>t</i>

¹ N for control = 89; N for Option 2 = 279. ² N for control = 21; N for Option 2 = 74. ³ N for control = 36; N for Option 2 = 105. ⁴ Authority A only; N for control = 53; N for Option 2 = 187.

‘The first demonstration in the UK that investment in preventative services “high risk” children can result in net cost savings’

‘Children were given the choice to be interviewed on their own, with siblings or with parents’

The study calculated the cost of Option 2 per child as £2194.67 per child (total grant divided by the Option 2 sample). The average savings in placement costs per child were £3372.77. Thus, on average, each child referred to Option 2 and accepted as appropriate saved the local authority £1178.10 in placement costs even after the cost of the service was allowed for.

This is an important finding. We believe it is the first demonstration in the UK that investment in preventative services ‘high risk’ children can result in net cost savings. However, the findings raise further questions. In particular, why did the service tend to produce a delay in care entry rather than preventing it? How did Option 2 produce such positive findings, when IFPS in the USA did not appear so successful? And more generally, what lessons can be learnt for effective service delivery?

The Qualitative Element of the Evaluation

To shed light on these issues the evaluation included a small-scale qualitative study. The qualitative study involved semi-structured interviews with family members who had received an Option 2 service during the previous 12 months. Three research questions guided the collection and analysis of the data:

1. What were the views and experiences of individuals who had used the service about Option 2?
2. What factors influenced the success or otherwise of involvement with Option 2?
3. How could the views of individuals who had experienced the service help us to understand the outcomes in relation to care entry from the quantitative analysis?

Qualitative Method

Parents and children aged seven or over in families that had worked with Option 2 in the last 12 months were approached and, where they agreed, interviewed about their experience of Option 2 and perceived changes in their situation since their use of the service. Children and parents both consented to interviews with children. Children were given the choice to be interviewed on their own, with siblings or with parents. A special interview format and information and consent forms were designed for children. The analysis of post-interview reports from parents was based on grounded theory methods (Strauss and Corbin, 1998) that aim at model-building grounded in people’s accounts of their experiences. Given the limited space available the methodology and key findings are presented very briefly. Only key illustrative quotes are provided with a focus on those elements of the findings that help in understanding the quantitative findings. Full information is available in Forrester *et al.* (2008a).

In the 12-month period prior to the commencement of the evaluation, Option 2 worked with 16 families. Three had moved to unknown new addresses, four were not at home for multiple visits and one declined participation. Interviewees were therefore from eight families including a total of 11 adults and seven children (aged from nine to 15).

Interviews with Parents

Central to the participants' descriptions was the relationship between the interviewee's family and the worker from the Option 2 project. Given the intensity of contact between the family and the worker, the latter comes to represent to a great extent each family's experience of the service as a whole.

All participants were very positive about the service that the family received from Option 2. It was not possible to find critical voices in the small sample that participated, though it is possible that those who did not wish to be interviewed were less happy with the service.

The picture from the qualitative interviews was one of families that had experienced difficult circumstances that trigger Option 2 involvement and then, usually fairly quickly, found the input from the Option 2 worker supportive and valued. Some interviewees noted the difficulty experienced when involvement comes to an end and described this clearly, for example, 'I was gutted when [the Option 2 worker] stopped coming to see us'.

We identified through our analysis six main categories that captured the descriptions by the participants of key components that were perceived as core to the service and helpful for the interviewees and their families. Space precludes presentation of direct quotes for this element of the findings, however these can be found in Forrester *et al.* (2008a). The six categories that seemed important were:

1) *A non-judgemental and understanding approach providing options rather than 'being dictated to'*

All interviews with parents contained references that fell within this category. Parents talked about the Option 2 worker as someone who could be trusted and related to them in a non-judgemental way. Participants described the worker as caring and understanding and providing useful advice whilst maintaining the parents' right to choose a course of action.

2) *Good open communication between the worker and the family*
Parents valued the communication that was possible with the worker from Option 2. This appears partly related to the style of the worker described within the previous category and was sometimes described by way of a contrast to experiences that parents had with other professionals.

'All participants were very positive about the service that the family received'

‘The parents felt that the worker was available at any time’

3) *Availability, reliability and high frequency of contact*

An important feature of the service was the fact that the parents felt that the worker was available at any time and that the frequency of contact between the worker and the family was high. This level of contact gave the Option 2 worker the opportunity to get to know the family really well, a fact that was again contrasted to other types of relationships with other professionals.

4) *Suggesting helpful strategies and offering practical support if needed*

Help with practical strategies seemed an important component of the support received by families. Sometimes, the help involved managing difficult and strong emotions with the parent, while other examples involved suggestions for managing the children.

5) *Support with substance problem when required*

Specific support related to the alcohol and/or drug problem was also a recurring theme within the interviews. Sometimes the help involved a clear statement of praise that could act as a powerful reinforcement for change, while for other families what was perceived as useful involved helping the parent ‘realise’ the extent and impact of the drug problem paired with specific strategies to deal with cravings.

6) *Help with family relationships when required*

The Option 2 worker was perceived as someone who could offer valuable help in terms of family relationships. In most interviews, the parents reported improvements in the relationships following Option 2 input. Sometimes the help related to the relationship between the parents and involved improving communication between the parents or helping the couple to build confidence and self-esteem, while at other times the help related to relationships between the parents and the children.

‘Someone who could offer valuable help in terms of family relationships’

Interviews with Children

One of the major themes that arose from the children’s interviews was that most of the children felt that their confidence had been boosted as a result of their experience with their Option 2 workers. As a result, the children felt that this helped to lead to improvements with their schools, friends or with other professionals.

For example, one 12-year-old girl said that ‘I stick up for myself more’. She attributed this change partly to the fact that with her Option 2 worker ‘I could express myself’. Consequently, she felt that things were better with her friends and at school. A ten-year-old boy, said that at the beginning, he was ‘shy’, with his Option 2 worker, but then ‘I became used to it’ and he became ‘less shy’. Now he felt that with his social worker ‘I’m much more confident and I can say what’s on my mind’. His 11-year-old sister stated that ‘[Option 2 worker] made me strong and funny’, by ‘talking

‘Most of the children felt that their confidence had been boosted’

to me a lot'. She also felt that the situation at her school and with her friends had improved: 'as soon as I saw [Option 2 worker] I kept on talking to all the boys and girls in school', although she also gave other reasons for the improvement.

The youngest child in the interview, a boy aged nine, when talking about why he felt that things at his school were now much better, said that before his Option 2 worker was present, he thought he wasn't 'intelligent' but 'then my brain started to work faster'. When asked why he thought this change had happened, he replied that [Option 2 worker] kept on 'making us do stuff' and 'helped us read' so he thought he could do 'better at school'.

The children also spoke about how they felt that the work the Option 2 worker undertook with their parents improved the quality of their parents' relationship and also improved the children's relationship with their parent(s). As one boy put it, his parents 'made better friends' when the Option 2 worker started talking to them, although he also pointed out that since the worker had left, they were now arguing more. As a result of their parents' improved relationship, this boy and his sister felt that their relationship with their parents had also benefited. Another felt that his mother had 'really calmed down'. He spoke about how the Option 2 worker helped his mum not to 'hit us and swear at us any more'.

Changes over Time following Option 2 Involvement

Processes of change described by participants were analysed in depth, with a particular focus on relating the findings to those of the quantitative analysis. Some families felt that their work with Option 2 had really helped to get them 'back on track'. After their work with their Option 2 worker, these families seem to be managing well. For example, in the case of one family, the support and advice with cravings that they received from their Option 2 worker contributed to them no longer taking drugs and they have no contact at all with social services. As far as this family is concerned, without the support and help of their Option 2 worker, they would have gone back to using drugs ('without wanting to sound dramatic, [Option 2 worker] did save this family'). This tended to be the situation in families in which there were fewer problems, and in particular those in which one issue (usually drug or alcohol misuse) appeared the primary focus of concern.

The description of change was somewhat different for the two families where there were multiple and continuing problems (such as substance misuse, mental health issues, discipline problems, marital problems). For these families there were clearly described improvements in key areas during and after the Option 2 work, however, other problems still continued. For example, in the case of two families, the problems included depression, self-harming,

'Improved the quality of their parents' relationship and also improved the children's relationship with their parent(s)'

'Processes of change described by participants were analysed in depth'

‘They missed working with their Option 2 worker’

alcohol issues, discipline, and marital and financial problems. While both families were working with their Option 2 worker, matters improved considerably. However, when the Option 2 work ceased, these families found it difficult to cope without the extra input and some of the improvements ceased. It is significant that both the mothers in these families stressed how much they missed working with their Option 2 worker and how they both wished that they could still be in contact with them (‘I wish I was still with them [Option 2]’; or ‘I want [Option 2 worker] to help me and [daughter] put things back together’). It is arguable that for these families, the support of Option 2 was very important in helping them manage their difficult lives and without this support the complexity and number of their problems were overwhelming.

Summary of Qualitative Results

Overall, the unanimity in the positive evaluation of the Option 2 service is noteworthy. Critical comments were actively searched for but not found. Parents and children were all positive about Option 2. As perceived by the families interviewed, Option 2 provides a highly skilled and valued intervention within a framework of respect for the families, sustained support and the fostering of individual responsibility for actions. In terms of the support that interviewees described as receiving from the Option 2 worker, the range and type of support offered appear to cover all categories identified in previous research as being important for families affected by drug and alcohol problems (Orford *et al.*, 1998). This includes both emotional and practical support as well as information giving within a non-judgemental framework.

‘An interesting feature of Option 2 is the service’s ability to engage and respond to every family referred to it’

An interesting feature of Option 2 is the service’s ability to engage and respond to every family referred to it. The qualitative interviews illustrate some of the key ways in which this is achieved—with good communication and listening skills, a willingness to work long or unusual hours, exceptional commitment to each family, and a deep knowledge of both child care and substance misuse issues being described by participants. Many of these are consistent with the model being used, and in particular the skilled use of Motivational Interviewing.

These attributes of the service appeared to have had a positive impact on some families. In particular, where families had fewer or less entrenched difficulties Option 2 appeared to have achieved lasting improvements. However, the picture was more complicated for families with complex and long-lasting difficulties. For these families the intervention had also achieved positive changes, but the changes did not appear to last and maintenance of improvement was problematic. The reasons for this were various—external events, processes of lapse and relapse in behaviour change, or

the pressures of individual or social circumstances. However, the picture was one of temporary improvement followed by a return to situations similar to those experienced before.

Discussion

Limitations and Strengths of the Study

First, the quantitative element of the study only provided information on care entry. This is not a measure of child or family welfare. A study gathering data on child welfare, family functioning and parental substance misuse would provide far more evidence on the effectiveness of the intervention. This was not possible within the time and resource constraints of the current study.

Second, the cost/off-set element of the study relies on minimal information. Most importantly, only costs related to care are included; the direct costs of social work input or other services provided to children in care are not. The cost of alternative service provision instead of Option 2 is not considered. There has been no attempt to measure the impact on education, health, criminal justice, adult substance misuse or other resources. For these to be included, a study that directly accessed families would be needed. The study is therefore probably a significant underestimate of the economic impact of Option 2.

Third, the evaluation benefits from the fact that the project set up a comparison group. In an ideal world, families would have been randomised to receive the service or not, and the lack of randomisation creates the possibility of variations that might impact on the validity of the findings. Attention has been paid to this issue in the analysis, but the possibility of variations between the groups may nonetheless influence the findings in ways that are not obvious.

Fourth, the Option 2 group included anyone referred to the service when there was space. Thus, 16 per cent of the children in this group had been assessed as inappropriate and received little or no intervention for various reasons. From a research point of view this is the valid comparison, because families such as these would be included within the comparison group and there was no way to allow for this. However, the impact of Option 2 was greater in reducing care at the follow-up point and in reducing costs if 'not appropriate' children were excluded. This is therefore a stringent test of effectiveness: it is the impact of the service on any *referral* accepted as appropriate, rather than on any family worked with.

Fifth, it is not known what services the comparison group received. Questionnaires completed by social workers highlight a multiplicity of services that families might be referred to, including

'The picture was one of temporary improvement followed by a return to situations similar to those experienced before'

'Probably a significant underestimate of the economic impact of Option 2'

'It is not known what services the comparison group received'

‘The research appears to have a valid comparison group’

‘Strong evidence of a powerful intervention with families in which there is parental substance misuse’

some that offer comparatively intensive input (Forrester *et al.*, 2008a). The impact of Option 2 is not being matched against ‘no service’; it is being compared to ‘a range of other services’. The effects that are being discussed are therefore greater than for a comparison group receiving no input, and this makes it likely to be harder to demonstrate an effect. Indeed, social workers had high opinions about some of the other services available. If these are indeed effective services, the impact of Option 2 is all the more noteworthy.

Sixth, the qualitative study was carried out on a small sample of families and individuals. Great care needs to be taken in generalising from the findings. In particular, the families who agreed to take part in the evaluation may have different views to those who could not be contacted. It is possible that individuals who are unhappy with the service would be less likely to participate in the evaluation.

On the other hand, the study has a number of important strengths. Thanks to the foresight of the manager of Option 2, the research appears to have a valid comparison group. This is very rare in evaluations of interventions in a British context, and has enabled a far more critical appreciation of the impact of Option 2. There has also been sufficient information to allow the validity of the comparison group to be explored and differences in the local authorities to be taken into account in the analysis.

An important strength in the study, and a comparative rarity in evaluations of British social work services, is that the study has sufficient numbers to carry out robust statistical testing. The follow-up period—which averaged 3.5 years—is also far more than most evaluations. This is particularly important in a study looking at the impact of an intervention on care entry, as it has allowed short and medium-term impacts to be considered. Importantly, the study has combined quantitative and qualitative evidence and information from a variety of sources, and this has strengthened the findings.

Overall, by including all referrals accepted, having a comparison group receiving a range of services, having a fairly difficult outcome in preventing care entry and in following-up a brief intervention over a long period of time, the evaluation is setting up an extremely stringent test of impact. The fact that Option 2 has a measurable effect despite these factors is strong evidence of a powerful intervention with families in which there is parental substance misuse.

Key Findings

The findings are encouraging. Option 2 appears to be a highly professional and appreciated service that often has a lasting—though not always permanent—impact on families with serious problems,

including parental substance misuse and concerns about child welfare. The Option 2 approach offers considerable potential to be developed as a way of reducing the need for care—and the consequent costs—for some children. However, two important questions remain to be addressed.

The first is: Is it good for children? There are grounds for believing that Option 2 tends to improve family functioning in most of the families it works with. However, a complexity arises when the impact of entering care is also considered. Many children's welfare improves on entering care (Forrester *et al.*, 2008b). As a result, an excellent intervention aimed at preventing children from coming into care might in fact prove harmful for some children if it delayed care entry and prolonged children's experience of an abusive family. This is a possible impact that Option 2 might be having for some children (though there is no evidence to suggest that this is the case). This is also an issue that has been little discussed in the general move towards preventing care. Further research looking at welfare outcomes in the medium to long term is necessary to explore this possibility (and such research would be advisable for all services aimed at preventing care).

The second question is: Does the impact of Option 2 last? If not (or when it does not) why not? And how could its impact be made to last longer? The literature on Homebuilders interventions suggests that brief interventions are unlikely to be an effective way of reducing the need for public care. In general, children enter care because of complex and chronic problems, rather than a precipitating crisis. In this context, what is striking about Option 2 is that despite this the service does have a significant and measurable impact on care entry. Furthermore, this has been achieved with an issue—parental substance misuse—that research and theory suggest may be particularly intractable and unlikely to respond to a brief intervention. In some ways it can be argued that the Option 2 approach has made the Homebuilders model 'work'. The outcomes are certainly more impressive than the literature would suggest is likely.

On the one hand, it is necessary to consider why this may be. Two factors appear likely to be important. The first is that Option 2 provides an unusually highly skilled intervention. The workers are experienced and well qualified. They receive more training and supervision than many Homebuilders interventions report providing. The manager of the service is very experienced, qualified and dedicated to the provision of an excellent service. These are in no way trivial issues in thinking about how other services might replicate the successes of Option 2.

The second factor is that Option 2 uses established and evidence-based methods. In particular, there is a strong body of evidence supporting the effectiveness of Motivational Interviewing as an

'Option 2 tends to improve family functioning in most of the families it works with'

'Option 2 provides an unusually highly skilled intervention'

‘For some families at least—the impact of Option 2 may fade over time’

‘Acknowledge our lack of evidence and set about exploring what may or may not work’

intervention with alcohol misuse. A key focus of Option 2 has been on the quality of the interaction and the creation of an equal partnership between parent, child and worker. The tentative conclusions of reviews of Homebuilders were that this might be more important than the length or intensity of the intervention (see Forrester *et al.*, 2008a); certainly it is at the heart of Option 2.

Nonetheless, the evidence of the evaluation suggested that—for some families at least—the impact of Option 2 may fade over time. There are three inter-linked possible explanations—relating to the nature of the families, the intervention and other services. First, families from which children enter care have profound and inter-related and chronic problems. This makes creating lasting change particularly difficult whatever intervention is used. Second, a brief intervention is unlikely to be effective with such issues. This explanation stresses the lack of ‘fit’ between the problem and the solution, rather than the nature of the issues within the families themselves.

A third potential contributory factor is that the services post-intervention are inadequate. For instance, in the qualitative interviews, families tended to contrast the quality of relationship and commitment of the Option 2 worker with what they were used to from social workers. This explanation suggests that the failure to maintain change may be as much about the quality of the services provided after Option 2 as it is about the families. Thus, if Option 2 can significantly reduce the need for care by on average around four months through a four to six week intervention, could skilfully delivered ‘normal’ social work—or other services—sustain this change? Conversely, could poor services actually undermine the positive changes achieved?

In reality, each of these explanations probably has a part to play. They point to the complexity of exploring outcomes in complex social interventions such as Option 2, and the importance of lessons about good practice being learnt from Option 2.

Conclusion

These days there are often calls for ‘evidence based practice’ and ‘evidence based policy’. Yet a crucial element of this is to acknowledge when we do not have evidence about what works. How to prevent children from entering care is one such area. It may be more appropriate to acknowledge our lack of evidence and set about exploring what may or may not work. In this respect, the Option 2 service has a number of important contributions to make.

First, there is much to be learnt from Option 2 in terms of engaging some of the most difficult to reach families in services. Their success in this regard is outstanding. A related point is the way in

which the service seems to be received very positively by parents and children. Once again, there are general lessons to be learnt about working with people in difficult situations and about broaching difficult issues, such as drinking or drug taking and its impact on children. This also provides a foundation upon which interventions aimed at improving child welfare and reducing the need for care can be built. The ways in which Option 2 achieves this are likely to have implications not only for specialist services but also for social work practice more generally. It points to the potential contribution of skilled communication styles such as Motivational Interviewing and Solution-Focused approaches within services for children affected by parental substance misuse.

Second, Option 2 appears to have some impact in delaying care entry and increasing the likelihood of return home. This provides a starting point for experimenting with ways in which the service might be able to improve child welfare and if possible prevent children from entering care.

Third, the findings raise questions about whether a short-term, crisis intervention model is appropriate for all of the families worked with. Indeed, for the families we consider most likely to have children enter care—those with complex and long-standing problems—effective prevention may require longer term or episodic work. For these families, the qualitative feedback was that they wanted more Option 2 input, and the quantitative findings supported this as something they might benefit from.

Overall however, it is clear that the Welsh Assembly Government has invested in a highly professional and well-received service, which reduces the need for public care and as a result appears to reduce the cost to the public purse of care entry. As such, it provides a good starting point to experiment with ways in which we might prevent children from entering care.

Acknowledgements

The article is based on an evaluation funded by the Welsh Assembly Government. Option 2 agreed to be identified. We would like to thank all members of the Option 2 team, but particularly the manager Rhoda Emlyn-Jones and administrator Michael Mann, for their help and cooperation with the evaluation, as well as the managers and administrators in the relevant local authorities.

References

Children Act. 1989. Department for Children, Schools and Families. The Stationery Office: London.

‘Delaying care entry and increasing the likelihood of return home’

‘A good starting point to experiment with ways in which we might prevent children from entering care’

- Corcoran J, Pillai V. 2007. A review of the research on solution-focused therapy. *British Journal of Social Work*. Advance access published on 14 September 2007. DOI: 10.1093/bjsw/bcm098
- Department for Education and Skills. 2006. *Care Matters*. Green Paper. Available: <http://www.everychildmatters.gov.uk/publications/> [12 February 2007].
- Forrester D, Harwin J. 2006. Parental substance misuse and child care social work: Findings from the first stage of a study of 100 families. *Child and Family Social Work* **11**: 325–335.
- Forrester D, Harwin J. 2007. Outcomes for children whose parents misuse drugs or alcohol: a 2-year follow-up study. *British Journal of Social Work*. Advance access published on 5 August 2007. Available: <http://bjsw.oxfordjournals.org/cgi/reprint/bcm051v1>
- Forrester D, Pokhrel S, McDonald L, Giannou D, Waissbein C, Binnie C, Jensch G, Copello A. 2008a. *Final Report on the Evaluation of 'Option 2'* (also publicised in Community Care magazine). Welsh Assembly Government: Cardiff.
- Forrester D, Goodman G, Cocker C, Binnie C, Jensch G. 2008b. *Does Care Work? A Focussed Literature Review on Welfare Outcomes for Children Who Enter Care*. Welsh Assembly Government: Cardiff.
- Hamer M. 2005. *Preventing Family Breakdown, A Manual for those working with families and the individuals within them*, Russell House Publishing: Dorset.
- Orford J, Natera G, Davies J, Nava A, Mora J, Rigby K, Bradbury C, Copello A, Velleman R. 1998. Social support in coping with alcohol and drug problems at home: Findings from Mexican and English families. *Addiction Research* **6**: 395–420.
- Raistrick D, Heather N, Godfrey C. 2006. Review of the effectiveness of treatment for alcohol problems. National Treatment Agency for Substance Misuse. Available: http://www.nta.nhs.uk/publications/documents/nta_review_of_the_effectiveness_of_treatment_for_alcohol_problems_fullreport_2006_alcohol2.pdf [15 July 2008].
- Statham J, Candappa M, Simon A, Owen C. 2002. Trends in Care: Exploring reasons for the increase in children looked after by local authorities. *Understanding Children's Social Care*, Number 2, Thomas Coram Research Unit, Institute of Education: London.
- Strauss A, Corbin J. 1998. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, 2nd ed. Sage: Newbury Park.

Copyright of *Child Abuse Review* is the property of John Wiley & Sons Ltd 1996 and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.