

ADDRESSING THE NEEDS OF CHILDREN OF SUBSTANCE USING FAMILIES:



FINDINGS FROM THE FAMILIES FIRST EVALUATION IN THE UK



Families First (FF)

- Based on a model from the USA called Homebuilders & Option 2 in Cardiff
- Pilot project to develop a joint Children **and** Adult Service.
- FF works with parents and carers to ensure child welfare, not necessarily prevent care entry.
- Intervention model based on Solution Focussed Behavioural Therapy (SFBT)
- Intervention and evaluation inspired by Hidden Harm (2003)

Methods and sample

- Longitudinal (12 months)
- Interviews and questionnaires
- Outcomes and processes
- Research was conducted with project staff (15), stakeholders (5) and a cohort of parents (11) from eight families
- 29 semi structured interviews and questionnaires



Questionnaire areas



Areas of investigation

Children

Self esteem and Self Image

Physical health

Access to services (e.g. dentist)

Medication

School functioning

Emotional functioning

Social functioning

Parents and carers

Physical health

Depression

Access to services (e.g. Sure Start)

Parenting and family life

Drug and alcohol use

Employment and qualifications and training

Housing



Interview content

- Views on service provision (impact, quality, potential areas for improvement)
- Experience of FF- Whether they felt they had benefited and if so, how?
- Impact upon wider family?
- Negative aspects and suggested improvements
- Access and experience of other support services
- Goals for the next six months



Key Findings

Child Protection Status

Summary of Impact of FF on Care entry (n=18)

	<i>n</i>
Number of children who entered care	5
Days in care (mean)	67.8
Number living at home Feb 2007 (t=0)	5
Number who entered interim care arrangements (kinship care) over the twelve months	10
Number living at home Feb 2008 (t+12)	16
Number in kinship care arrangements Feb 2008 (t+12)	2
Number in care in February 2008 (t+12)	0

- The majority of at risk children in this cohort were prevented from care entry or prevented from long term care placements outside of their family unit.

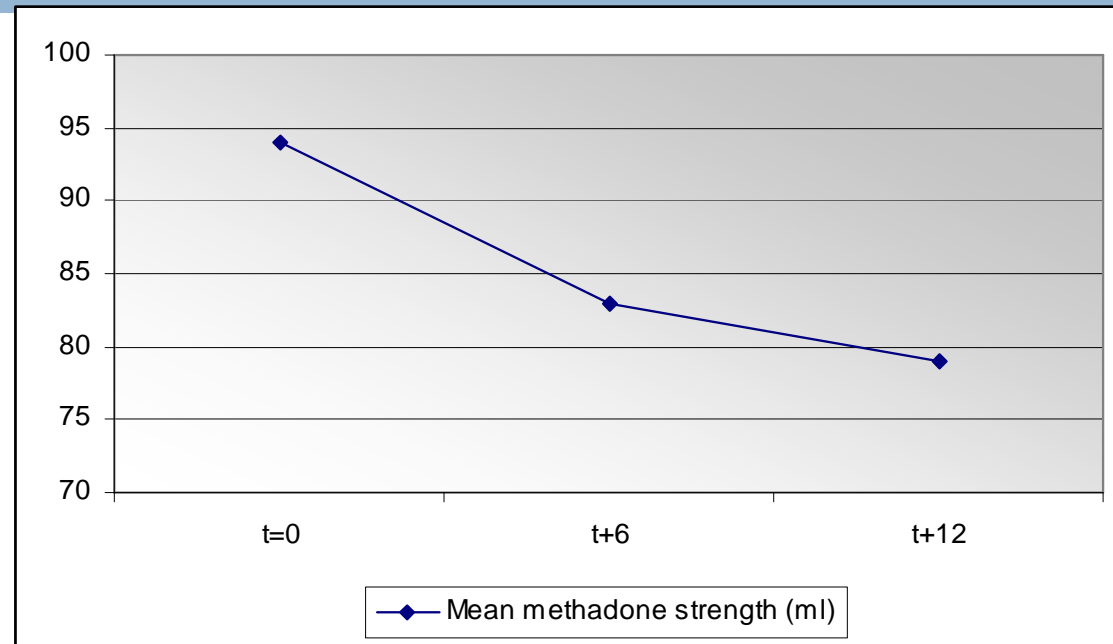
- Kinship care arrangements proved vital in preventing children's entry into care.



Drug use

Mean methadone strength (ml) t=0, t+6 & t+12 month interview (n=5)

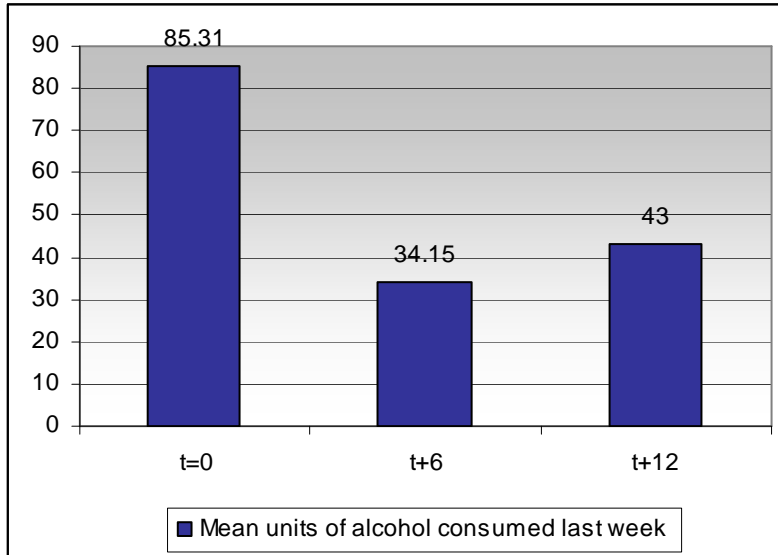
- For the majority of parents, taking part in FF was associated with cessation of illegal drug use, and/or stabilisation or reductions in methadone dosage for a twelve month period.
- Only one parent continued to use heroin and crack cocaine; this parent was no longer in the care of her child.



“I have stopped using because of it (Families First)”.

All families who had reported heroin or crack cocaine use at baseline, or former use prior to research and had since had their children placed back in their care, did not report any Class A drug use at six month or twelve follow up.

Alcohol use



Mean units of alcohol consumed in the week prior to interview (n=8)

Although not statistically significant, the findings did indicate a slight shift towards lower levels of regular alcohol use (less than government recommended maximum weekly guidelines) amongst former illicit drug users over time

- Findings relating to alcohol misuse were not clear
- Small number of parents whose substance use related to alcohol rather than heroin or crack cocaine.
- Levels of alcohol consumed by two mothers decreased significantly for the first six months of the intervention; however, lower levels of consumption were not maintained for the twelve month period.



Depression



Beck Depression Scale 11

Total Scores	Range
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

Parents were experiencing elevated levels of depression and this did not reduce significantly over time

The degree to which parents felt that they had failed as a person reduced significantly over the twelve month period.

Many parents described how participation in Families First had led to an improvement in how they felt about themselves, which they linked to having the opportunity to talk to Families First staff about their problems.



Family functioning



- Family conflict, such as arguing and fighting with both immediate and extended family members, was found to be an important issue and one that also negatively impacted upon parenting.
- Levels of family conflict were related to a reduction in how parents felt they are coping with the care of their child.
- Families First had brought families closer together. This provided parents with additional support through the period of drug withdrawal and lifestyle change.

“I was worried at first but it has brought us closer, a lot closer”.

“Its helped bigger than I thought it would have, even though everybody knew the situation that was going on I don’t think they (family members) realised how much a little bit more help would have helped”.



Housing

Families who did move house during the evaluation period partly linked reductions in substance use and return of children to their care with having the opportunity move away from former social networks and areas of residence.

Five parents (n= 3 families) stated that Families First's assistance with the housing bidding system in order to find alternative housing in a new area away from former social networks had been key to what they had achieved.

"We moved areas from the town centre. If we were in the town centre when we were fighting for (child's) custody we wouldn't have got him because it would have been so hard for us, not just because of our own personalities or our own beliefs or 'owt, just because other people in the area wouldn't have allowed us as they would have been at the door all of the time".

"It's just not friends who are on your door all the time; it's just once or twice a week or something...It's a different type of friend, its more like realistic friends, like it's supposed to be I suppose. Its not like 'are you coming to get high somewhere' you know what I mean? Which is good".

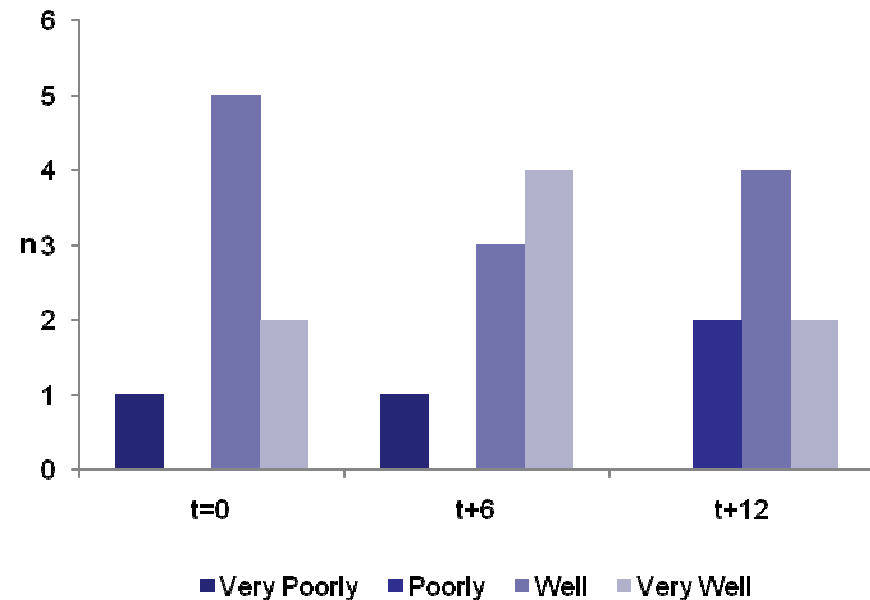
Education, employment and finance

FF did not greatly impact upon parents' education and employment opportunities.

Three participants were attending training or vocational courses at baseline.

None of these parents completed the full teaching term.

At wave three (t+12) one parent did state that she had started working on a part time voluntary basis.



How parents felt they managed their income at t=0, t+6 and t+12 month interview (n=8).

The majority of participants were positive about how well they managed their income with only one parent stating that she managed her money very poorly (t=0 & t+6) or poorly (t+12).



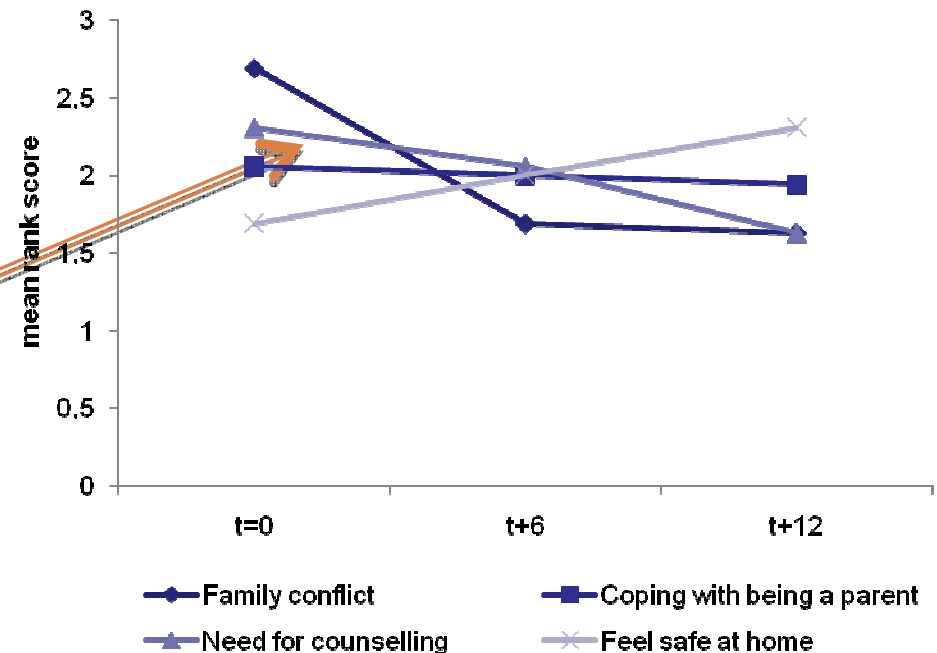
Access to support

Table 11: Most commonly accessed support services by parents in addition to Families First by type of service t=0, t+6 & t+12.

Most commonly accessed	Service by type		
	t=0	t+6	t+12
1	Drug and alcohol support	Drug and alcohol support	Drug and alcohol support
2	Social Services	Social Services	Child and Family support service (Sure Start)
3	Probation	Child and Family support service (Sure Start)	DIP
4	Critical Care Outreach Services	Prostitution support	Housing
5	Child and Family support service (Sure Start)	Health visitor	-
6	Prostitution support	Housing	-

There was a significant difference in the number of parents accessing support services over time

mean scores for parenting and family life measures t=0, t+6 and t+12 month interview (n=8)



Reduced need?



Views of the intervention

The majority of parents' attitudes towards Families First staff changed substantially over the three waves of data collection

Baseline

- **Interference (n=5)**

"they are interfering and busy bodies"

- **Trust and negative perceptions (n= 3 & 9)**

"I think that they thought that I didn't deserve to get him back".

*" (Mother) "With social workers you can pick a phone up...
(Father) "And three days later they'll get in touch with you".*

Twelve month follow up

- **Reflection (n=4)**

"But when I think back they were only doing their job, they are not supposed to sit there and say everything I want them to say... now I know they are here to help me and the goals they have set are to help me as much as it is to help the kids".

- **Conflicting approaches (n=1)**

"It felt like Social Services were trying to take the kids away and Families First were trying to bring them back home to us".

Solution? Clarity at contact

Other outcomes

Being 'Normal' (n=6)

- A lifestyle without illegal drugs or alcohol

"We have to do normal things and normal living".
"Just try and be normal, that's what I want".

Self Confidence (n=5)

"They were making me feel better about myself".
"I can be myself again I don't need to be abrupt to people or hideaway".
"I feel a lot more positive now than what I did before".

Keeping the family together (n=4)

"If we still had social services we definitely wouldn't have the kids with us now".



Child outcomes

Child health issues and access to health services (n =11 children >= 4 years)		
Children....	t=0 N (%)	t+12 N (%)
Diagnosed with ADHD	0 (0)	0 (0)
Registered with a dentist	9 (82)	10 (91)
Visited the dentist in the last 6 months	8 (73)	10 (91)
Has persistent health problems	3 (27)	3 (27)
Visited the doctors in the last 6 months	6 (55)	4 (36.4)
Receiving medication for anxiety or depression	1 (9)	0 (0)

Parental reports of child health and emotional well-being indicated that anxiety, specifically children's concern over what would happen to their parents, reduced significantly over time.

"[Family support worker] helped out our [child] because he had anger management, so. It did help him".

- Majority of children were healthy and registered with a dentist
- Anxiety was attributed to the cause of soiling (Encopresis) in one child and linked to the need for medication in another. Neither children were reportedly experiencing symptoms of anxiety at six nor twelve month follow-up.
- Reported improved behaviour (n=4) including reduced anger.
- Listening to parents and keeping up routines (e.g. making beds)



Valued aspects

- Therapeutic tools used to deliver the Solution Focused Behavioural Therapy model
- Goal setting (sense of control, motivation for change)
- Value cards (reflection)
- Opportunity to talk to staff and seek advice on family problems and parenting when required



Cause of behavioural change?

In addition to moving house.....

1) Removal of children (n=5)

“It’s given me a kick up the arse basically. It’s letting me know that I can’t just push them away sort of thing, because that they are there”.

“I had to do like everything they (Families First) wanted me to do to get them back; so I done it”.

(Father) “we knew that we wouldn’t get him back if we had stayed how we were then, do you know what I mean? At the end of the day”...

(Mother) ...”They gave us the incentive”.

(Father) “they gave us the incentive yeah”.



Cause of behavioural change?

2) *Acknowledgement of individual responsibility*

“The first time I went in they started asking us like to fill in bits of paper, like as a group and one of the first questions on one of them was about your kids and how your kids felt. Straight away I couldn't answer it, I just flipped, I shot the table upside down and cried my eyes out for hours and hours. Obviously because I had never really thought about things like that and they were there constantly, making sure that I was alright”.

“Now we realise that we have got to focus on the problem ourselves”.



Cause of behavioural change?

3) Timing: Being ready for change (n=6)

(Mother) "we were both ready to stop".

(Father) "yeah, him (child) added to the mix as well".

(Mother) "Like with (other children who were previously taken into care), I wasn't ready then, but now I am. Because I feel guilty and I say, I say to my mam 'how come I never done this with (other children)? and she said 'because you weren't ready then'.

(Father) "He (child) just come at a specific time when we really needed the help and because of him (child) the help we needed we got at the right time, you know what I mean?"



Cost



- Economic analysis of the intervention revealed that the cost of support for each child whose family received the intensive support package between April 2007 and March 2008 was £6,555.
- The mean cost per family (including both children and adults) during this period was £12,642.
- A lack of comparison group data meant that cost effectiveness analyses were not possible, however national estimates for the average cost of children in care (£33,000) suggest that Families First is a cost effective approach to reducing the need for care.



Limitations



- Number of young people old enough to participate (n=4)
- Reliance upon parental reports and parental self reports
- No comparison Group
- Interview data not matching quantitative findings
- Attrition (89% at W2)



For full report:

**[http://www.cph.org.uk/publications.a
spX](http://www.cph.org.uk/publications.asp)**

Kerry Woolfall, Harry Sumnall, Jim
McVeigh (2008) **Addressing the
needs of children of substance
using parents. An evaluation of
Families First's Intensive
Intervention**

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