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► [Addressing the needs of children of substance using parents: an evaluation of Families First's Intensive Intervention.](#)

Woolfall K., Sumnall H., McVeigh J.

Centre for Public Health, Liverpool John Moores University, 2008.

Based in Middlesbrough and winners of the Drug Team of the Year award in 2008, Families First's intensive short-term support meant that children of problem drug users on the verge of being removed from the family were safely able to stay with their parents or other relatives.

Abstract [Families First](#) is a multi-component support service which provides advice, social work intervention and parenting support for adults and families on substance use related issues. The project was set up with funding from the Neighbourhood Renewal Fund and local authority sources and staff from local authorities and health authorities. Its intensive family support package has been developed from the Intensive Family Preservation (IFP) approach used by the Option 2 project in Cardiff and the Vale of Glamorgan and the Neighbourhood Enabling Team (NET), a Middlesbrough based Family Support Project. The intensive family intervention aims to ensure child welfare. If parents are unable to make necessary lifestyle changes, then alternative care arrangements are made. Upon referral to the project the majority of study participants were heroin and crack cocaine users. Many had previous experience of social welfare involvement which in some cases had resulted in the permanent removal of children from their care. For many of the families involved, the intervention was their last chance to change their lifestyle in order to keep their children in the family home. Research was conducted with 15 project staff, five stakeholders and a cohort of 11 parents from eight families over a 12-month period, and the progress of 18 children over whom there were child protection concerns was monitored. Findings suggest that the Families First model prevents the need for permanent placement of children into care and reduces the time spent in temporary care placements by helping parents provide a safe home environment or by finding an alternative kinship care placement. These findings are limited by a small sample size and no comparison group and therefore implementation in other areas should be accompanied by an imbedded evaluation from the project's inception, based upon the current research model. However, the 12-month follow-up period of this evaluation would suggest that the intervention had a range of positive outcomes, including reduced

parental substance use up to 12 months post-intervention. The researchers believe that the Families First model has potential to be used in both social work practice and wider community based family support services.

FINDINGS Across the UK, national targets, service standards and policy statements have recently embodied the perspective that parenting and child welfare are core concerns for services in contact with problem drug users, a contention featuring strongly in new [Scottish](#) and [English](#) drug strategies. The featured project's recognition in the [Drug Team of the Year award for 2008](#) signifies how high this issue is in government priorities. Areas considering such initiatives can benefit from their experience as documented in the current evaluation and those of similar projects available through the [Option 2 web site](#).

Families First's caseload consists of problem drug and/or alcohol using parents in crisis, whose children risk being removed and/or are subject to child protection measures, or whose families risk breakdown due to parental substance misuse. Parents are, however, sifted to exclude those who see no urgent need to change their parenting practices and lifestyles. In other words, they at least want to return to a degree of normality but have so far been dramatically unable to do so. The injection of a six-week intensive support package and four months follow-on help, sometimes involving the necessary removal of children from the family home, seems in the short term at least to have helped them pull back from the brink. Though all 18 children subject to child protection measures had been at high risk of being [taken in to care](#), by the end of the 12-month study 16 were living in the parental home, two with other relatives, and none were in care. None were on the child protection register and 15 were not subject to any form of care order. These successes were almost certainly linked with the fact that most parents stopped using illegal drugs and/or stabilised or reduced methadone dosage.

The longer term success of such projects is highly dependent not just on the calibre of the staff, but also the availability of housing and other community resources and the strong interagency partnerships needed to make these accessible to the families concerned. Possible fragility in the achievements in Middlesbrough is apparent in continuing high levels of parental depression, shortage of social housing, and the lack of progress in education or employment. Wider family relationships had improved, but these other anchors against relapse seemed harder to secure. That this type of intervention is no panacea is also indicated by an [earlier evaluation](#) of the similar Option 2 project in Wales. Unlike the featured study, this benefited from a comparison group of families referred to the service, but who could not be accommodated due to staff shortages. In both sets of families, 4 in 10 children entered care, though the intensive intervention delayed and shortened the care period and at the end meant 12% more children (68% v. 56%) were living at home. A similar comparison group in the featured study might also have shown that not all the improvements could be laid at the door of Families First, especially since families were pre-selected for motivation. But at a cost per child of £6555, if the intervention itself saved just 1 in 5 from long-term care, it would have [paid for itself](#). Also the projects [differed](#) in one possibly important way: Families First had case responsibility for the children, making it a unique adaptation of the Option 2 model.

The evident progress of the UK Families First parents contrasts with the general lack of progress made by [parents in London](#), presumably largely in the absence of a similar

intervention. The study **included parents** whose substance misuse was causing concern and who had been referred for long-term social work involvement. Two years later fewer than half the London children were living with their parents, over a quarter were in care, and few parents had significantly curbed their substance use.

The featured intervention is effectively a rescue service attempting to pull families back from the very brink of losing care of their children. Before that point there is a strong case for also offering parenting and child welfare interventions to all problem drug users in contact with treatment and harm reduction or other services. Because these offer positive support without implying parental failure, they often have a good uptake and can **reduce the numbers** who reach the point reached by the families in the featured study.

Thanks for their comments on this entry in draft to Kerry Woolfall of Liverpool John Moores University and Suzy Kitching of Families First in Middlesbrough. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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