



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# **Evaluation of “Option 2”**

## **Research Summary**

# **Summary Report**

## **on the Evaluation of “Option 2”**

**Prepared for the Welsh Assembly Government**

**Submitted by a University of Bedfordshire, Brunel University and Birmingham University consortium consisting of:**

Dr. Donald Forrester  
University of Bedfordshire

Dr. Subhash Pokhrel  
Brunel University

Dr. Lynn McDonald  
Brunel University and University of Wisconsin, USA

Dr. Alex Copello  
University of Birmingham

Charlotte Binnie

Graham Jensch

Clara Waissbein

Dimitra Giannou  
Brunel University

Contact: Donald Forrester, Child and Family Welfare Research Unit, University of Bedfordshire, Park Square, Luton LU1 3JU

E-mail: [Donald.Forrester@beds.ac.uk](mailto:Donald.Forrester@beds.ac.uk)

## Introduction

- “Option 2” is a service funded by the Welsh Assembly that works with families in which parents have drug or alcohol problems and there are children at risk of harm. A particular focus of the service is reducing the need for children to come into public care. It has a Cardiff and a Vale of Glamorgan service.
- The intervention is short (4 to 6 weeks) and intensive (workers are available 24 hours a day). Workers use a combination of Motivational Interviewing and Solution-Focussed counselling styles, as well as a range of other therapeutic and practical interventions.
- Option 2 is a service of particular interest because there is limited evidence on how to prevent high risk children from entering care, and increasing concern about the number of children affected by parental drug or alcohol misuse.

## Structure of the evaluation

The evaluation had 4 main components:

1. a review of the literature on intensive family preservation services;
2. a quantitative follow-up of Option 2 children and a comparison group looking at the impact of the service on care entry and associated cost savings;
3. a qualitative study of the views of parents and children who used the service in 2006.
4. questionnaires to social workers in the local authorities.

An additional literature review on outcomes for children in the care system was carried out and is the subject of a separate report.

## Review of the literature on services to prevent children entering care

- The literature review reported on in this report focuses on intensive family preservation (IFP) services for children at high risk of care. It summarises evidence from around 100 articles or books.
- Intensive interventions seem important because general services aimed at improving family welfare (such as Sure Start and Homestart) do not appear to have an impact on care entry rates. They also often fail to engage families with the most severe problems.
- Initial evaluations of IFPs suggested that 90% of children “at risk” of entering public care avoided doing so following an intervention.
- A series of more rigorous and large-scale evaluations of IFP involving control groups found that Family Preservation services *did not tend to have any impact on the likelihood of children entering public care and that as a result they did not tend to have any economic benefit*. Specifically they found:
  - Placement rates of children into care                      No differences

- Functioning of children and families                      No differences
- Length and intensity of intervention                      No differences

The main issues identified were:

1. The children referred to IFP services were not in fact at “high risk” of coming into care - most children in control groups did not enter care.
2. Few studies provide evidence on the services for the control groups.
3. IFP services are based on a “crisis intervention” model, yet the family problems generally appear to be chronic and long-term.
4. Many of the projects developed practices that differ from those on paper, such as keeping families on waiting lists.
5. It is often difficult to be certain what is being evaluated as the focus is on the structure not the process of the intervention.
6. Family Preservation should not be seen as a goal in its own right, as sometimes entering care is the right choice for children.

The research highlights the danger of over-enthusiasm about insufficiently tested models. There is no “magic bullet” that will prevent the need for children to enter public care. At best it may be possible to develop services that are able to stop *some* children from entering care by significantly improving their family situation. This process requires careful and ongoing evaluation.

### **The quantitative study comparing care entry outcomes**

The quantitative study compared information on care entry and cost for 278 children referred and accepted by the Option 2 service between 2000 and 2006 (this includes 16% who did not receive the service) and 89 referred but not accepted as the service was full (the comparison group). Results are summarised in the table on the next page.

#### *Impact of Option 2 on Care Entry*

- Option 2 did not reduce the proportion of children who entered care;
- Option 2 significantly reduced the time children spent in care, because:
  - Option 2 children take longer to enter care;
  - If they do enter care, they tend to stay there for a shorter time;
  - A higher proportion of Option 2 children return home from care.

- As a result a quarter of Option 2 children were in care at the end of the study, compared to a third of children in the comparison group

### Summary of Impact of Option 2 on Care Entry

	Option 2	Comparison	Statistically significant?
Did child enter care?	41%	40%	No
How many days did children spend in care?	766	958	Yes (p=0.038)
How many days was it from referral to care entry?	243	126	No
Was the child in care at 31.12.06?	24%	33%	Yes (p=0.025)
Was the child living at home at 31.12.06?	68%	56%	Yes (p=0.003)
Cost of care (Cardiff only) (£)	13558.36	16931.13	Yes (p=0.049)

#### *Impact of Option 2 on the cost of placements*

An attempt was made to measure the savings from reduced need for public care and “off-set” this against the cost of Option 2. This found:

- In the Vale, the figures on costs seemed unreliable (through no fault of the local authority). The Vale children were therefore excluded from the cost/off-set analysis.
- For Cardiff, the *cost of Option 2 was £2194.67 per child.*
- *Option 2 on average saved £3372.77 per child in the cost of placements.*
- Thus, on average **each appropriate referral saved the local authority £1178.10 per child.**
- The savings were probably considerably greater than this, as not all the costs of care were included, and the alternatives to Option 2 were not costed.
- It can be concluded that Option 2 in Cardiff provides significant cost savings to the care system and is therefore likely to be a cost-effective approach to reducing the need for public care.

#### *Which types of family was Option 2 most effective with?*

- Option 2 appeared particularly good at reducing the need for care when:
  - The referral specified a child being “at risk” of accommodation;
  - Parents misused alcohol;
  - Families had one parent.

- The only group in which Option 2 increased the likelihood of care entry were children referred as “at risk” of going on the child protection register.

The impact of Option 2 was particularly noteworthy because the study used a valid comparison group and the numbers are relatively large. However, the test of impact was particularly stringent because the evaluation involved:

- A comparatively long follow-up period (averaging 3.5 years);
- The full costs of care were not underestimated because the cost of continued social worker input or of finding placements were not included;
- Most importantly, information on other services received by the comparison group is not included. The cost of these is not included within the economic evaluation. More importantly, the presence of these other services mean that **the impact of Option 2 is in comparison to other services – not in comparison to receiving no service**. In effect, Option 2 is producing a greater impact in reducing the need for care than the combination of other services that families tend to be referred to.

**What parents and children would most like  
to tell the Welsh Assembly Government about Option 2**

- “without [Option 2 worker's] intervention... we would have split up as a family
- “without wanting to sound dramatic, [Option 2 worker] did save this family”.
- it’s “been brilliant for me and [daughter] for those 4 weeks”.
- It’s “good for our relationship between mum and daughter
- “when you can rely on somebody...that’s more than 101%...”.
- “I could have killed my [eldest son] by now” or put him in care if “I didn’t have someone like [Option 2 worker] to talk to”.
- “They’re very helpful”; “good listeners”. “Friendly”. “I wish I was still with them!”.
- “It’s good for alcohol help” and “alcohol is a drug”. “Thanks!”.
- [the interviewee] said that Option 2 was a “good service” and without it he didn’t know “where I would be concerning the children”.
- Option 2 is “really a big help”. They “should have all social workers working like them [Option 2]”
- “Don’t put a stop to Option 2, definitely” and “extend it as much as they can”.

### **The qualitative study of the experiences of service users**

- All parents and children interviewed (n=18) were very positive about the service that they received.
- A particular feature was that Option 2 workers appeared able to engage with families that other professionals had found difficult to work with.
- The style of interaction of Option 2 workers was contrasted with the often unhelpful ways in which child and family social workers engaged with families.
- All the families talked about the changes that had occurred within families during their engagement with Option 2. For some families these had been permanent; for others the family had slipped back after Option 2.
- The tendency to return to previous levels of difficulty appeared more pronounced in families with complex and inter-linked difficulties.

### **The questionnaires to social workers**

- Questionnaires were returned from 23 social workers in the Vale and Cardiff;
- Those who had referred to Option 2 were very positive about the professionalism of the response;
- In general respondents felt that Option 2 had had a positive impact, though a small number felt that it temporarily improved family functioning only for children to eventually enter care;
- Workers in the Vale had a closer relationship with Option 2; those in Cardiff often did not know much about the project.

### **Conclusions**

A child entering care is a sign of social and familial breakdown of the most profound kind. It only happens when families have extremely severe difficulties. This explains both the comparative improvements that children exhibit in care (detailed in the report accompanying this one) and the repeated difficulty that services have in preventing the need for care.

In this context, the impact that Option 2 has is noteworthy. We believe that this is the first British evaluation with a robust methodology to show a reduction in the need for care from a support service for families. Indeed, the proven impact was noteworthy because it had a long follow-up and what appeared to be a valid comparison group. It is particularly important to stress that the comparison group will have received a variety of other services – including some intensive and/or long term services. The impact of Option 2 is therefore compared to a variety of other services – not compared to receiving no service.

As a result of these considerations our central conclusion is that ***in Option 2, Wales appears to have a ground-breaking asset of national and potentially international significance.*** It has the potential to be developed and expanded to address the needs of some of the most vulnerable families in society. However, there are some important cautions that need to be sounded:

- We do not know the impact of Option 2 on child welfare. This is crucially important – because even an excellent service may inadvertently harm children if it prevents children who would benefit from care entering care. There is no evidence that Option 2 is doing this – but it remains an important gap in our current knowledge;
- Option 2 did not reduce the proportion of children who entered care. Why this was so requires further investigation;
- Option 2 often appears to produce change for a period of time but some families return to previous levels of difficulties.

The following questions seem relevant to these findings:

- Is the brief period of intervention appropriate for families with complex needs? Would longer periods or top-up interventions be helpful for some families?
- Do other services help to sustain the positive changes made by families? It is important that the impact of Option 2 is seen within the context of general service provision. Service users were very critical of normal social work, in particular.

The contrast between the success of Option 2 and the general failure of interventions based on the Homebuilders model is striking. It seems likely that this is related to the use of evidence-based interventions such as motivational interviewing and to the high quality of staff and management within the project.

## **Recommendations**

### ***Recommendations for Option 2***

1. There seems to be limited evidence to support brief intervention based on a crisis intervention model as a way of preventing care entry – though it may be useful for families with less serious problems. Option 2 may wish to consider experimenting with:
  - a) longer periods of intervention;
  - b) more use of follow-up sessions and multiple re-referrals;
  - c) flexible models of engagement negotiated with families.



2. Targeting more closely on children “at risk of accommodation” or “in care” might increase the success of the project at preventing care entry.
3. Variations of Option 2 could be adapted and tried out with non-substance misusing parents.
4. The service needs to be publicised within Cardiff.

### ***Recommendations for other services involved with children and families***

5. The potential impact of training child care professionals in motivational interviewing and solution-focussed approaches should be explored. It is particularly important that this training is followed-up with skilled clinical supervision of actual practice, as research indicates that training alone is rarely sufficient to achieve skilled practice in an evidence-based approach.
6. Training might usefully be provided for social workers within Cardiff and the Vale in motivational interviewing and other aspects of Option 2 ways of working, and an evaluation of the “added value” to the Option 2 intervention undertaken. This might reduce the perceived difference between Option 2 and standard services and reduce the rate of “relapse” to previous levels of difficulty.

### ***Recommendations for further research***

At a number of points the dangers of relying on an evaluation that does not consider child welfare have been highlighted. We would therefore recommend as a priority:

7. A research study following-up the impact on child, parent and family welfare outcomes and full costs of Option 2 compared to comparison group children.
8. Adaptations to the Option 2 model should be carefully evaluated to identify their impact on child and family welfare and care entry.

### ***Recommendations for policy***

- The focus of interventions in families should be *child welfare not preventing care* – care is the right option for some children. This is the philosophy of Option 2 and it needs to be replicated in any intervention aimed at reducing the need for children to enter care;
- We do not know what services or interventions are able to improve children’s welfare and reduce the need for care at present, and *policy should therefore actively explore and evaluate different approaches*;
- The evaluation suggests that Option 2 is a positive model for achieving some of these aims. It provides *an excellent starting point for exploring how we might improve outcomes* for these extremely vulnerable children and their families. Particular features of the service that appear important include:

- Excellent communications skills in all the workers;
  - An ability to engage even very “difficult to engage” families;
  - The use of an evidence-based approach appropriate to the client group (namely, motivational interviewing);
  - A focus throughout the service on client-centred values;
  - Strong supervision and management that supports a collective vision of excellence.
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- However, service development and evaluation should not focus solely on specialist services – it should also consider ways of improving general social work practice. The contrast between service users’ perception of Option 2 and their views of “normal” social work was striking and suggests important lessons about skilful ways of working need to be learnt for diffusion into general practice.

Option 2 is an example of excellence in working with vulnerable families in which parents misuse drugs or alcohol. There is evidence that it reduces the need for care for children in many of the families referred to it. We would recommend that the model be developed and expanded, and the implications of the success of Option 2 be considered for social services more generally.