



Where the children of substance misusing parents are subject to child protection interventions, the relationship between children's services and adult substance misuse services has not always been an easy one. Some of this difficulty has been about confidentiality issues and some about intervention styles and philosophy. The Option 2 project in Cardiff was started in order to address some of these issues and to provide a service to families where there are substance misusing adults and related child protection concerns. We work in a holistic way with families rather than just the children or just the adults, and we look for the resilience and strength factors in those families and their surroundings that might be built upon to prevent families being broken apart.

Based on the 'Homebuilders' model in use in the USA, the Option 2 project in Cardiff works with families where childcare practitioners are concerned enough to be seriously considering the need for the child/ren to be accommodated by the local authority. Rhoda Emlyn-Jones, service manager for drug and alcohol services in Cardiff, saw the model in practice and met one of its originators (Jill Kinney) on a trip to New Mexico. Rhoda spent five years fighting for funding to bring the model to the UK, funding came from the National Assembly For Wales Substance Misuse Strategy and the project was launched in 2000 with two intervention workers trained by practitioners from the USA and a part time admin support worker.

The Option 2 Project, which very quickly won the *Community Care* magazine Award for Child Protection

Option 2

keeping families together

Mark Hamer describes Cardiff's innovative approach to bridging the divide between children's and adults' services

in 2001, and was highly praised in the 2002 Joint Review of Social Services in Cardiff, has since grown to include an Option 2 project managed by Rhoda in the Vale of Glamorgan and a number of other projects across the UK based on the model and having had their staff trained by Option 2.

Option 2 workers (of which I am one) work intensively with families for a four to six week period. We give families our mobile telephone numbers and are available to family members 24 hours a day for the duration of the intervention. The aim of the intervention is to enable families to make whatever changes are appropriate so that the children can remain safely at home. Following referral from a childcare social worker, an Option 2 worker will make contact with the family within 24 hours. We follow a very clear model of intervention, which begins with briefly looking for strengths, and risks and creating a short-term safety plan with the family. This is designed to prevent the child/ren being removed during the early part of the intervention. Option 2 workers often find themselves negotiating with child protection workers for a little time and space for the family so that the pressure can be relieved for a period and families can have the opportunity to make changes before the tools of a statutory intervention are brought to bear.

Very early in the intervention we concern ourselves with practical problems, which may prevent family members from becoming involved in a therapeutic process. For example, the home may have no cooking facilities and it is unlikely that a parent will be able to do any focused work on changing their parenting if they are constantly concerned about such basics as feeding their

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children. Option 2 staff have easy access to about £35 per family, which they can spend on things that will open the doorway and help families to engage in more therapeutic work. Items like gas and electricity, a cooker, wallpaper, a pushchair, food, shoes and baby goods have been provided for families by this money. The fund is there to remove those emotional barriers but is also helps families to realise that things can improve, raises expectations of success and increases hope.

Very often families feel that there is no point in trying, that things have gone too far, that they are not capable of making things better, or that they are just not worth the effort. Feeling hopeless, pointless and worthless, some are just waiting to lose their children, already grieving before the act. Often, our first task is to address these feelings of guilt and inadequacy and bring some hope – and so we ourselves must always feel hopeful. We don't work with a rule of optimism, but a rule of hope. This takes experienced and mature workers that we have recruited from backgrounds in social work, psychology and counselling and we look for people who are at the peak of their practice. This intensive and often emotionally draining work means that we need to protect our workers; each individual works with no more than two families at any one time and we provide our staff with various levels of supervision.

By looking in great detail at the strengths in the family, workers can begin to create and build on the understanding that family members are already successful at some things. There is always some level of success that we can work with; if some level of success did not exist the client would not have managed to stay alive. We then explore their values as individuals and as a group, creating in the individuals the belief that they are actually worth the effort of change. Using solution-focused language and card games designed to elicit positive values and strengths, we can build in the family the belief that what they have is worth protecting and that maybe they have the ability and strength to protect what they have. At the same time we are creating a cognitive dissonance, an irritating disparity between whom they believe they are and how they actually behave. Drawing a distinction between the person and the behaviour allows the person to see that what they do is not the behaviour of who they want to be. It is easier to change behaviour than belief, and so a real internal change process slowly begins.

Building motivation and confidence allows the family to start to think positively about the future. Using the information we have gained, our developing understanding of the family, and techniques like the 'miracle question' (drawn from Brief Solution Focused Therapy and Neuro-Linguistic Programming) we can begin to help the family to develop some clear goals. By the middle of the second week, most families will have created a number of goals for themselves. These will often be something like 'the children go to school every day' or 'I will take my Subutex regularly'. We use a very formal tool to scale goals so that families and others can measure how successful they are in relation to those goals. With such clarity about goals, it becomes easy to identify the behaviours needed and the steps that need to be taken to allow

the individual to achieve that goal.

The intervention is highly solution-focused and goal oriented. Problem-focused talk is discouraged, reframed into opportunities and turned into goals. Workers make great effort to focus their attention on where the individuals in the family are now, rather than where the worker or the child protection worker would like them to be, or where they have been in the past. In this way the next small and achievable step can be identified and the family can successfully move forward.

A key part of this intervention is transparency. Families know that if it is at all relevant, what they say to their Option 2 workers will be discussed with the childcare worker. Childcare workers know that records are shared with clients and they will be told of any serious concerns. In fact workers provide their families with their own identical copies of their case files. Families truly feel that they are working in partnership; they come to trust their Option 2 worker and feel able to disclose information they had kept hidden from others in the full knowledge that although it will be discussed with others, it will be handled sensitively.

The outcomes speak for themselves. It is a target that 75 per cent of families we work with will remain together. This has been exceeded every year and around 80 per cent of families remain together a year after the intervention. The early 'bridge-building' aims of the Option 2 project continue to be met and the intervention has been so successful that children's services in Cardiff County Council are looking at how the tools and practices can be used by children's services as part of their drive to refocus their efforts more on preventing children from harm rather than protecting them at a later date. It is felt that 'front loading' services, focusing efforts on providing early services to children in need, can prevent many children being separated from their families and placed in foster care. Furthermore, the tools, the ideas and the style of this intervention are an ideal fit with the aim and structure of the Childcare Assessment Framework, providing useful and useable information on both risks and strengths.

A facilitative style of management is vital for resources such as this to work effectively. When workers feel trusted and respected as professionals they are able to give 100 per cent of their effort to the families they work with. We at Option 2 are able to work when families require us, rather than when systems expect us; we are available to the families we work with 24 hours a day and so we need to feel supported by our colleagues 24 hours a day. We do this through a 'buddy system' – workers are aware of their colleagues' location. If we get called out, we contact our buddy and we talk with that worker at the end of every day, offering peer supervision whenever our buddy asks for it.

The complete manual for this intervention: 'Preventing Breakdown: a manual for childcare professionals working with high risk families' is to be published in Jan/Feb 2005 by Russell House Publishing. You can read more about Option 2 at www.another-way.co.uk.