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Hampshire County Council

Working with Families where there is Domestic Violence, Parent Substance Misuse and / or Parent Mental Health Problems

A Rapid Research Review

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OXFORD BROOKES UNIVERSITY

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1 Introduction

The Institute of Public Care (IPC) at Oxford Brookes University has prepared this summary review of evidence for Hampshire County Council. It forms part of their Innovation Fund 'Active Agents for Change' Evaluation.

Hampshire County Council and the Isle of Wight (IOW) were successful in an application to the Department for Education (DfE) for a share of the Innovation Fund in order to undertake a major change programme relating to the way in which social care services for children, young people and families are delivered.

The overall objective for the programme is to create the right conditions and capacity for professionals to work more effectively and cost effectively with vulnerable children and families in order to **get it right first time** and therefore to reduce the demand for more remedial or repeat interventions – in other words, to become 'active agents for change'.

This review has been prepared to help inform both the activities of the programme work stream concerned with the provision of 'Family Intervention Teams' and the evaluation of this strand of the Innovation Programme. We note that the scope of the work stream is likely to include:

- Creating more overall capacity for 'work with families in need' by including practitioners from other disciplines in the team
- These Family Intervention Teams (FITs) comprising workers with specialisms in domestic violence, substance misuse and adult mental health service provision
- More responsive access for families in need to these services as a result
- Ultimately, the development of new more holistic models for intervening with families with two or more of the 'toxic trio'[1] of needs in these areas

A number of key assumptions and implications are associated with the prospective outputs and outcomes of the 'Family Intervention Team' work stream and these are summarised within the relevant Theory of Change (Appendix One). In turn, this Theory of Change document has also suggested particular lines of enquiry for the review and critical assessment of available evidence.

[1] i.e. domestic violence, parent substance misuse or parent mental health problems

The source material for the review was obtained through a literature search comprising five main strands:

1. Thomson Reuters Web of Science and Google searches using appropriate search terms.
2. A search of the following academic journals (using the same search terms as above) for the period 2005-15: British Journal of Social Work; Child & Family Social Work; Journal of Social Work; Research in Social Work Practice; Child Welfare; and Journal of Children's Services.
3. A search for relevant materials within the SCIE online resource.
4. Recent Government – funded reviews and reports.

The overall picture set out below derives from a mix of academic research-based evidence, government commissioned reviews, and best practice guidance as well as observations from the field.

2 Context

The context for thinking about innovative including holistic ways of working with children in need and their families includes a number of drivers influencing thinking and delivery in this field in recent years:

- A recognition by Ofsted (2010) and many researchers (including Brandon et al 2010, Cleaver et al 2007, 2011 and Stanley et al 2010, 2011) that, whilst parents with single issues such as mental health problems can be effective parents presenting minimal risk of significant harm to their children, the **'toxic trio'** of domestic violence, parental substance misuse and parental mental health issues interact with each other 'to toxic effect' to create increased risks of significant harm to children.

  "*Time and again, it seems that the combination of problems is much more likely to have a detrimental impact on children than a parental disorder which exists in isolation*" Cleaver et al (2011)

  A large body of research cited in the recent (2011) large-scale research overview undertaken by Cleaver et al has also identified that, whilst the prevalence or incidence of individual toxic trio issues in the overall adult population is relatively low, their incidence increases significantly within the 'social care intervention' population and in tandem with the seriousness of the social care intervention, as illustrated in the table below:

Toxic Trio 'issue'	Prevalence in the Overall Population	Prevalence in 'child protection' cohorts overall	Prevalence in Families subject to Care Proceedings	Prevalence in Families whose children are the subject of a Serious Case Review
Parent Mental Illness	Between 3 - 13% (excluding post-natal depression)	25%	43%	63%
Parent Substance Misuse	Alcohol abuse = 5% for women and 7% for men Drug abuse = 3%	25 - 60%		33%
Domestic Violence	Approximately 200,000 households with a known risk of domestic violence	40-50%	51%	53%

This table includes research evidence summarised in Cleaver et al (2011)

There are, of course, other family presentations that bring their own risks and that may also interact with or result from one or more aspects of the toxic trio, for example: learning disability, sexual abuse, neglect, physical abuse, child disability, child 'behaviour' or emotional wellbeing issues. With regard to the particular interplay between toxic trio issues, studies suggest that:

- Adults with mental health problems are more likely to abuse drugs or alcohol and those who abuse drugs have a markedly increased lifetime occurrence of diagnosable psychopathology (Spotts and Shontz 1991; Beckwith et al 1999)
- There are strong links between intimate partner violence and both 'drinking in the event' and 'problem drinking' (Finney 2004)

- **Interest in particular models of delivery including the 'Reclaiming Social Work' model** piloted in Hackney. This model incorporates a focus on supporting social workers to undertake more and better quality 'direct work' with families and a strong element of multi-disciplinary team working. Drawing on the largely very positive findings of evaluations of this model (for example: London School of Economics 2010 and Forrester 2013) as well as other sources, the Department for Education (2014) has published its own guidance 'Reclaiming Social Work' proposing a series of 'known' features of successful models of delivery – but stopping short of specifying or recommending a particular model.

- **Interest in 'off the peg' intervention models for children and families with complex needs such as Multi-Systemic Therapy** that have at their heart a holistic (whole family) intervention ethic capable of working with families with more than one issue or problem.

- **High profile national reviews, in particular the Munro Review**, endorsing some of the newer more holistic models of delivery for preventative social work. In her final report, Eileen Munro (2011) stated that '*We need brave, principled and dynamic organisations to lead the way in new thinking about how to get this system working to its full potential…Local authorities and their partners should start an ongoing process to review and re-design the ways in which child and family social work is delivered, drawing on the evidence of effectiveness*..'

- Arguably also **the development of intensive intervention services** located just outside of the sphere of social care services but none the less for families who also have multiple and/or chronic needs, for example through the Think Family / **Family Intervention Project (FIP) movement** and, latterly, the **Troubled Families Programme**. These services or ways of working often incorporate particular attributes including: intensive or 'gripping' interventions; fidelity to an evidence-based model for intervention that is suitable to the needs of the family; holistic approaches; strong attention to engagement of the whole family by a 'persistent' and 'assertive' key worker; robust plans linked with family strengths and intended outcomes; 'Team around the Family'.

3 Key Findings from Existing Research

3.1 Effects of the Toxic Trio on Parenting Capacity and Children and Young People

3.1.1 Effects on Parenting Capacity and Propensity towards Abusive or Neglectful Parenting

Calder et al (2004) found that domestic violence and domestic abuse more broadly has a serious effect on parenting capacity, not least because it creates an 'inconsistent and unpredictable environment' for children but also because carers who are affected may also demonstrate a lack of emotional warmth and/or higher levels of aggression or rejection towards the child(ren). Alternatively, children may undermine a more nurturing environment because they can sense and respond to the 'fear and anxiety' of the adult being abused. There is also a well-established link between domestic violence and the physical abuse of children (Humphreys and Mullender 1999; Onyskiw 2003; Covell and Howe 2009) and what has been described as 'gathering evidence' of the link between domestic violence and child sexual abuse (Cleaver et al, 2011). For example, Hester et al (2007) found that over half of the children who had been sexually abused and attending an NSPCC centre had been living with domestic violence at the time of the abuse.

It is not inevitable that parental substance misuse will affect parenting capacity. However, analyses of Serious Case Reviews 2007- 09 confirm earlier findings that it is a significant factor in child deaths and serious injuries (Brandon et al 2010). Children of substance misusers are more likely to be physically or emotionally abused or neglected by their carers (AMCD 2003 and Dunn et al 2002). Other relatively small scale research studies (for example Priory Group 2006) have also begun to suggest an association between parent alcohol misuse and child sexual abuse. Alcohol dependence linked with depression is particularly associated with poorer, less consistent parenting (Woodcock and Sheppard 2002).

Parent mental health problems are also associated with a risk of serious harm to children (Brandon et al, 2010). Conditions such as depression can inhibit a parent's ability to respond to their child's emotional cues and offer consistent care (Gorin, 2004). It can cause a parent to be either 'intrusive and hostile' or 'withdrawn and disengaged' (Murray et al 2010). Research has begun also to consider the effects on parenting of more serious mental health conditions.

However "although there is substantial evidence showing that a combination of (toxic trio issues) increases the risk to children's safety and welfare, the best predictor of adverse long-term effects on children is the co-existence (of a range of family issues) with family disharmony and violence".

3.1.2 Impact on Child or Young Person Outcomes

The effects of one or multiple combinations of the toxic trio on children and young people are reported to include:

- Baby experiencing withdrawal symptoms – particular to substance misuse (ACMD 2003)
- Baby or infant failing to thrive (ACMD 2003)
- Children not meeting developmental milestones (Stanley et al 2010)
- Poor attachment / attachment disorder
- A lack of parental warmth (Stanley et al 2010)
- Non-accidental injuries where children get 'caught up' in a violent incident at home or where children are hit themselves (DfE 2010 and Munro 2011)
- Exposure to anti-social behaviour and / or violence in the home or wider community (DfE 2010, Stanley 2010)
- Neglect including lack of supervision and critical care as well as poor home conditions (Stanley at al 2010)
- Sexual and emotional abuse (Munro 2011)
- Bed-wetting (Stanley et al 2010)
- Involvement of older children in problem alcohol or drug use or unsafe sex (Stanley et al 2010)
- Encouragement to 'stay home from school' to protect a parent or care for them or provide care for another sibling (DfE 2010) – particularly girls (SCIE 2008)

- A wide range of behavioural and emotional problems (Stanley et al) including 'acting out' or 'internalising worries', difficulties in making relationships with peers and poor self-esteem, including as a result of the stigma and secrecy surrounding domestic violence
- Negative impacts on a child's adjustment in adulthood, including their transition to parenthood (SCIE 2012)
- An over-forgiving attitude towards their own violence as well as that of others (SCIE 2008)

This list is not exhaustive.

Some children appear to cope relatively well despite their experiences of domestic violence, parental substance misuse and / or parent mental health problems (SCIE 2008). Research is increasingly recognising the importance of protective factors and coping strategies among children and young people living with one or more of the toxic trio including for example: high levels of extended family and community support; or moving to live in a safer or more secure environment (SCIE 2008).

However, Velleman and Templeton (2007) suggest caution in relation to an unrestrainedly positive view of resilience in children. They argue that the processes that allow children to become resilient to problem behaviour in the short term may result in later problems. For example, strategies of detachment, avoidance and withdrawal used for coping with domestic violence or parental substance misuse may result in later relationship difficulties.

3.2 What Works in Preventative Social Work with Children and Families (including where the toxic trio is present)?

"*Knowing the specific method of helping families to change is useful but, whatever the method, the worker needs to be able to engage and form a trusting relationship with the child and family members"* Munro (2011)

"*Helpers who are cold, closed down, and judgmental are not as likely to involve clients as collaborators as are those who are warm, supportive, and empathic" (Gambrill, 2006)*

"A key finding from a review of evidence on what works in protecting children living with highly resistant (often toxic trio) families was the need for authoritative child protection practice. Families' lack of engagement or hostility hampered practitioners' decision-making capabilities and follow-through with assessments and plans..practitioners became over-optimistic, focusing too much on small improvements made by families rather than keeping families' full histories in mind" (C4EO 2010)

The recent Department for Education publication 'Rethinking Social Work' (2014) underpinning the Innovation Programme has rather helpfully organised recent research findings into three main themes relating to the features of effective social work practice within organisations:

- General Features
- Tools and Practice
- Workforce and Structure

General Features

- A clear, well-articulated vision for what the service is there to achieve.
- A belief that social workers should be making change happen for families and, where necessary, taking decisive action themselves rather than just assessing and monitoring.
- Work under-pinned by a particular evidence-based theory and / or set of interventions that shape the way that social workers operate both in direct work and in their critical thinking and decision making.
- Staff well supported by managers and colleagues but also challenged to develop multiple hypotheses and try new approaches when something isn't working.
- Easy access or joint working between social workers and clinicians, particularly mental health practitioners.

Tools and Practice

- The organisation has a shared theory of practice, so a particular theory shapes and underpins the way all social workers in the authority work with families.
- Social workers deliver evidence-based direct work and have the skills to engage children effectively.
- Management practices, in 1:1 supervision or team meetings, encourage social workers to reflect critically on cases, develop alternative hypotheses and be open to multiple lines of enquiry. Supervision isn't just about agreeing a 'to do' list.
- Theory is also used to encourage critical thinking and it provides a shared professional language.
- Social workers have access to high quality and flexible administrative support – an all-round trouble-shooter who gets the practical things done for families.
- Managers and staff use data and quality assurance mechanisms to provide rich feedback which gets to the heart of the fundamental questions, 'are children being helped?' and 'are children safer?'

Workforce and structure

- The service provides intensive support to the most vulnerable families.
- Teams are interdisciplinary (i.e. CAMHS workers are embedded), and/or social workers have easy access to clinical and therapeutic support for families.
- Teams are reasonably small with a 'flattish' structure.
- All staff have extensive training in the organisation's practice theory, and in evidence-based techniques for direct work.
- The organisation provides career paths that enable experienced staff to progress whilst staying in practice.
- Managers get involved in direct work and provide mentoring and coaching to staff on how to do this effectively.

- The team shares some responsibility for cases collectively, so they work together on a case where this is what is needed.
- Work is done at the right level, with professional time focussed on intense work with the most vulnerable families, backed up by high quality administrative support.

The 'Rethinking Social Work' publication also evokes further questions, some of which are existing research or evaluation 'gaps' that the Innovation Programme is attempting to resolve. These questions include for example:

- Which of the 'Reclaiming Social Work' elements are more or less significant in terms of sustainable, cost-effective social care-led interventions with families?
- What is the significance of social worker caseloads within these newer ways of working or indeed within more traditional models of delivery? The nationally available data suggests that there may be a significant variation in the caseloads of child in need social workers. It is interesting to note that, whilst there is a big research gap in this area, evaluations of intensive intervention services for young people and families positioned just outside of social care suggest that low caseloads (of around 10-12 or sometimes lower) are recommended for 'key workers' to work intensively and effectively with families (Interface Associates, 2011 and Ofsted, 2011).
- What particular models are recommended for promoting social worker critical thinking and decision making?
- Given the many potential 'strands' of work required for any one child in need and their family, what should be the focus of social worker direct work including in the context of a multi-disciplinary team incorporating workers with particular skills in working with the adult members of the family?
- How best to organise the deployment of non-social work specialists (for example domestic violence or mental health workers) in a social work team? What's better: working in an integrated way or enabling 'quick referrals' to these specialists who operate as a semi-separate team?
- What is the optimum balance between social worker and non-social worker practitioners and / or social workers and administrators including 'personal assistant'- type roles?
- How best to motivate 'resistant' parents to change whilst continuing to maintain a focus on the welfare and safety of the child (Forrester et al 2012)?

There is a greater evidence base about how to work effectively with elements of the 'toxic trio' in isolation, far less about how best to work with families where two or more are present (although a significant proportion of families accessing 'single issue' services that have been evaluated are likely to have more than one of the toxic trio). It is worth noting also that most 'specific' interventions are of short duration which means that maltreating parents and their children will often need continuing support from a professional after completing 'the programme'.

3.3 What works regarding the domestic violence 'element'

In its recent research briefing, SCIE (2008) suggests that organisations working with families in this area need to promote:

- The safety and protection of children

- The empowerment and safety of those who experience domestic violence, primarily women
- The responsibility and accountability of perpetrators

The research referred to in this review also indicates that holistic, multi-agency provision is essential.

3.3.1 Investigating and Intervening

A report by LGConnect in 2005 concerned with the commissioning of services for children and young people affected by domestic violence suggests that the most effective interventions involve a planned package of support that incorporates risk assessment, trained domestic violence support, advocacy, support services and safety planning for the non-abusing parent who is experiencing domestic violence, in conjunction with protection and support for the child. These may involve safety-focused work, offered while the danger from the perpetrator is still real, and recovery work, undertaken when the family has moved into a safer phase of their lives.

Research undertaken by Stanley et al (2012) found that:

- Adult as well as child victims of domestic violence are likely to experience feelings of guilt and shame that can act as barriers to disclosure.
- Professionals who appear ineffective in the face of domestic violence can reinforce children's and victims' own sense of powerlessness.
- Practitioners need to engage with the emotional content of disclosure of domestic violence and to undertake this work in separate sessions with parents and with children so that differing accounts can be heard safely.

Another study by Jobe et al (2013) has found more generally that it is through trusting relationships with professionals that young people are most likely to disclose maltreatment and/or engage with services.

Specific frameworks for the assessment of risk to children affected by domestic violence have also been developed, for example the Domestic Violence Risk Assessment Model originating from Canada and developed in the UK by Barnardo's. This model encourages practitioners to examine nine 'key' areas:

- The nature of the abuse.
- Risks to the children posed by the perpetrator.
- Risks of lethality.
- The perpetrator's pattern of assault and coercive behaviours.
- The impact of the abuse on the woman.
- Impact of the abuse on the children.
- Impact of the abuse on parenting roles.
- Protective factors.
- The outcome of the woman's past help-seeking.

Safety planning and information about a range of relevant services for survivors and children should be given alongside the assessment interview(s) (Research in Practice 2007).

The literature also suggests a danger that, in relation to the perpetrator's tactics of abuse and violence, workers may be affected by the same disempowerment that children and non-abusing parents experience. The suggestion is that, when workers are involved in assessment or on-going work where there is domestic violence, they will require careful supervision and support that acknowledges if, and how, the worker is affected by the threat of violence and abuse (Research in Practice, 2007).

3.3.2 Direct Work with Parent Victims

Stanley et al (2012) found that:

- Mothers are likely to require support including with managing the effects of separation or assistance with contact arrangements.
- Interventions enabling parents to engage with and understand their children's experiences of domestic violence appear valuable.

Positively evaluated programmes include:

The Freedom Programme – open to people living with or separated from violent partners and aiming to provide an educational support, to understand the reasons for domestic violence, dispense with guilt, protect themselves and their children in the future, and reduce isolation (Humphries et al 2000).

3.3.3 Post Separation Services

Research suggests that children's experiences of refuges are generally positive although some have difficulties in adjusting to refuge life, for example where they are overcrowded or located in unfamiliar localities away from their family and friends (SCIE 2008).

Stanley et al (2012) also suggest that, rather than taking separation as the end-point of intervention, social work needs to take account of the dynamics of separation and contact in parents' relationships and consider how they may continue to interact with violence and abuse to impact on children and young people.

3.3.4 Direct Work with Children and Young People

Research indicates overwhelmingly that children and young people want and need to talk about the domestic violence they experience. In order to do this, they need to feel safe, be respected, listened to and helped to understand what is happening in their families. Effective direct work with children and young people either individually or in groups is designed to facilitate the expression of feelings, to reassure children that they are not at fault, to help re-build self-esteem and to develop safety plans for the future (SCIE 2008).

3.3.5 Treatment Intervention for Perpetrators

The evidence base for effective interventions with perpetrators is not strong. However, SCIE reports that there is 'widespread agreement that the best approach consists of a combination of cognitive-behavioural and gender analysis work, though a more radical psychosocial approach is advocated by some writers'. SCIE also states that work with perpetrators certainly does need to be **specific to domestic violence** (rather than more general work on cognitive skills or anger management – which are not thought to be effective).

The National Offender Management Service (NOMS) provides or commissions many of the perpetrator services for those who are successfully prosecuted and published a 2008 report indicating some success in changing offender attitudes.

3.4 What works regarding the substance misuse 'element'?

3.4.1 Investigation and Assessment

The NSPCC (2014) describes a number of barriers to carrying out effective parenting assessments where a parent has a substance misuse problem, including the 'denial and stigma' of addiction and also that assessments must focus on children's needs and the ways in which parents are able or unable to meet these needs due to their addiction. Stanley et al (2010) suggest that social workers should liaise at least with adult substance misuse workers to undertake an assessment.

The NSPCC recommend tools to help practitioners assess the extent of alcohol use and how big a risk it poses to child welfare including:

- The Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000); and
- Screening Questionnaires T-ACE and TWEAK (BMA, 2007) for assessing risk

3.4.2 Intervening

The NSPCC (2014) suggests that a 'risks and resilience approach' should be taken including identifying and then reducing risks posed by substance misuse and promoting protective factors for example, by working to reduce family conflict whilst at the same time building family and social support networks. Practitioners should also seek to connect family members with specialist services able to provide intensive help with the addiction (Forrester, 2014).

Research published by Templeton et al in 2006 suggests that a range of child-focused interventions can be beneficial, including school-based programmes, play therapy, social support development (activities) and group therapy. Overall, information, support to develop coping skills (emotion focused and problem solving,) and other social and emotional support are key components for working with children of parents with alcohol or drug problems.

A review of specialist home visiting programmes undertaken in 2002 (Banwell et al) found that integrating a course on parenting skills into longer-term intervention programmes for substance misusing parents can improve the quality of mother-child interactions and the self-esteem of mothers. Programmes based on home visiting

either by health workers or trained volunteers are considered a successful model for families with babies and younger children, but relatively few such programmes target drug users specifically. One programme for high-risk drug and alcohol using mothers using home visits by 'paraprofessional advocates' (trained positive role models experienced in similar adverse life events) found that the mothers participating in the programme were more likely to enter drug and alcohol treatment, and to use health and social services for their children. The review also identified a successful home intervention programme for children of substance misusing parents aged 6-12 years, which showed a long-term positive impact on outcomes such as children's problem behaviours, emotional status and pro-social skills, as well as parents' parenting skills and family environment and functioning.

Templeton (2014) has recently evaluated 'Moving Parents and Children Together' (M-PACT), a structured educational programme strongly influenced by the 'Strengthening Families Programme' but tailored to meet the multiple and complex needs of children and families affected by parental substance misuse. The model draws upon a range of child and family-focused approaches including: systemic theory; group theory; attachment theory; motivational interviewing; cognitive behavioural therapy. Much of the content is focused on improving relationships between parents and children; parenting (boundaries and consistency); and supporting families to develop a 'toolbox' of strategies and activities to draw upon in difficult times. The programme is delivered by a team of professional facilitators supported sometimes by volunteers. Following a comprehensive family assessment, the programme runs for eight consecutive weeks with each weekly session covering a different topic such as 'making sense of addiction'; 'communication'; 'feelings and beliefs'. It combines separate work with children and adults with work with family units or the whole group together.

The majority of families engaged in this programme over a number of sites were found to have benefitted in a range of ways including: by meeting others who were experiencing similar problems; having a greater understanding about addiction and its impact on children; and improved family communication. In many families there was also more openness and honesty, stronger relationships, and more time as families, and a reduction in arguments and conflict.

For families involved in care proceedings, Family Drug and Alcohol Courts have proven to be more successful than conventional interventions, including in relation to:

- Substance misuse cessation
- Family reunification
- Reduction in neglect and abuse
- A timely offer of support from other agencies (Harwin, J et al 2014)

Unlike conventional care proceedings, parents in FDAC see the same judge throughout and meet with them every fortnight. They also receive support from a multi-disciplinary team, which helps them access substance misuse services and provides assistance in tackling other problems such as housing, domestic violence and financial hardship.

3.5 What works regarding the parent mental health 'element'?

Approximately one in six adults in Britain is diagnosed with a neurotic disorder such as depression, anxiety or phobias. In addition, approximately 5 in 1,000 people have severe mental illness including disorders such as schizophrenia or bipolar depression.

The research literature relating to 'what works' is only just beginning to distinguish between more common neurotic disorders and severe mental illness (SMI).

With reference research undertaken by Cassell and Coleman (1995), the NSPCC have recommended that, during the assessment, social work practitioners should:

- Focus on how mental health issues affect day to day parenting capacity
- Remember that mental health problems can fluctuate over time – sometimes during the course of a day. For example, a depressed mother may function better in the evening than in the morning. This suggests that visits should take place more than once and at different times of the day.
- Consider the following in particular:
  - The warmth of the parent-child relationship
  - The parent's ability to respond to the child's needs
  - Delusional thinking
  - The parent's anger management
  - The availability of another responsible adult
- Seek information and advice from mental health practitioners involved in the parents' care

3.6 What works where there are two or more of the toxic trio

There is a relative dearth of research evidence in support of specific programmes of intervention designed to address two or more of the toxic trio in combination.

A recent research study by Maybery et al (2015) also suggests that, even where there is a dual diagnosis of parental mental health and substance misuse problems, outcomes for children are rarely recognised in recovery models. The research proposes a greater role for holistic 'goal setting' incorporating these elements as well as those relating to the parent 'issue(s)'.

Parents under Pressure (PUP) is an intensive home-based parenting programme developed in Australia specifically to address the needs of multi-problem families including those with substance misuse issues. PUP begins with a comprehensive assessment and case conceptualisation conducted collaboratively with the family. As part of the process, specific targets for change are identified and these form the focus of the intervention which is delivered over a ten to twelve week period. Ward et al (2014) cite a small randomised controlled trial showed PUP to be effective in reducing parental stress and methadone dose, and there were significant improvements in children's behavioural problems.

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Appendix One

What's the problem? What needs to change?	What do we need to do to effect change?	What will look different by November 2016 if we do these things?	What longer term outcomes will result if we succeed?
Social workers currently have relatively high caseloads and relatively little time for or focus on direct work with children and families. Their work is not sufficiently holistic in terms of effective interventions with families. Social workers need to have increased capacity to work with families to change in order to improve child outcomes and safely reduce the need for children to come into care.	▪ Create capacity / add capacity including from other practitioners (family support workers, coordinators and volunteers) ▪ Create intellectual capacity – to think about doing things differently ▪ Develop models for ways of working with families in a more holistic way ▪ Encourage holistic plans and interventions for our work with families ▪ Good use of new 'Family Intervention Team' resources and workers to help bring about change for families	▪ Social workers working in a different and improved way with families including an increase focus on improving family functioning ▪ More effective interventions with families where a child is in need ▪ More time for effective interventions led by social workers	▪ More children supported to remain safely at home (reduction by 6% of the number of children coming into care) ▪ Reduction in Child Protection Plans