NSPCC

# Pause

# Children's House

# Parents Under Pressure

# Family Drug and Alcohol Court

A SET OF
CASE STUDIES OF PRACTICE

EVERY CHILDHOOD IS WORTH FIGHTING FOR

# Introduction

Across the health and social care system we have vastly under-estimated the importance of looking after the mental health of babies and young children.

When a young child experiences abuse or neglect and ends up in care, their mental health and their future can be profoundly damaged. But evidence suggests that if they are nurtured through good quality relationships early on, they can recover from this early trauma and get back on track.

Despite this evidence, services designed to identify and look after the mental health of babies and young children in care are virtually non-existent. By highlighting the fundamental importance of looking after infant mental health, we want to build awareness and understanding, and to create change for the better.

To support action, we are developing a better understanding of practical, evidence-based solutions, which lead to better outcomes for children. These case studies shine a spotlight on examples from the UK and abroad, which focus on looking after the emotional wellbeing of children and their parents, by intervening early, working together, focussing on children's relationships, building parental capacity, providing personalised and intensive support and making evidence based decisions. They are written for professionals across health, social care and the judicial system who support children and their families.

## Additional resources

This set of case studies forms part of a suite of materials NSPCC is developing that focus on the importance of looking after infant mental health. We have published a 'case for change', which brings together a wide range of evidence from research and from practice, and a case study of the New Orleans Intervention Model, a multi-disciplinary approach which NSPCC is testing in the UK.



nspcc.org.uk/infantmentalhealth

# Contents



Photography by Tom Hull.
The people pictured are models.

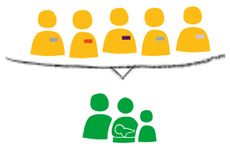
# Overview of key characteristics

There are a number of key characteristics present across these case studies that we believe are important to their success. When combined, these characteristics create unique and powerful opportunities for:

- professionals to work together in new ways
- positive and productive work with children, parents and whole families
- the use and collection of evidence in order to improve service delivery and decision-making.

These characteristics are all present in the New Orleans Intervention Model, which is being tested by NSPCC through Infant and Family Teams in London and Scotland. The New Orleans Intervention Model is a multidisciplinary approach to looking after the mental health of infants in care. It aims to improve decision making and support for children, their family and carer, through a focus on the child's attachment relationships.

A separate written case study on the New Orleans Intervention Model is available as part of a suite of materials produced by NSPCC which focus on the importance of looking after infant mental health.

| |  Early intervention and investment in prevention |  Specialists working within multi-disciplinary teams |  Focused on child-caregiver relationships |  Capacity-building |  Personalised and intensive treatment and intervention |  Focused on evidence |
|---|---|---|---|---|---|---|
| **Pause**<br>An intense, therapeutic and practical support programme for women who have had, or are at risk of having, multiple children taken into care | Pause is under development as a preventative solution – working with women identified as being at risk of having their children taken into care | | | Pause seeks to give women a space in which to focus on their own needs – taking a positive and holistic approach to supporting women across a range of issues | Each Pause participant engages in a bespoke programme and is supported by a dedicated keyworker | |
| **Children's House**<br>An interdisciplinary, multiagency child protection service run in a child-friendly physical setting | | Legal, medical, and therapeutic practitioners work together in a specifically designed, child-friendly setting | | | The individual needs of children and their families are assessed and treated – either within The Children's House or through other services | Reliable evidence is gathered through interviews between specialist practitioners and children, undertaken at The Children's House |
| **Parents Under Pressure**<br>An intensive home-based intervention for parents with complex situations, focused on building the quality of care-giving relationships | | | Trained practitioners work with both parents to improve their relationship with their child or children | Parents Under Pressure takes a strengths-based approach – focusing on what parents are good at and helping them manage their own difficulties | Initial assessment and a modular approach allow parents to design their own path through the programme | |
| **Family Drug and Alcohol Court**<br>A problem-solving family court working with parents of children who are put at risk of significant harm by parental substance misuse and other difficulties | | A networked, multi-disciplinary team works independently of the local authority | | Parents are closely supported to develop problem-solving capabilities and create long-term change | Parents are engaged in an individualised, highly coordinated and time limited 'therapeutic trial for change' within FDAC | |

Photography by Tom Hull.
The people pictured are models.

# Pause

"It is really important that for the duration of this intervention, the women are able to focus on themselves and when they are ready begin to identify some of the challenges they want to address, such as substance misuse or domestic violence, and begin to take control of their lives."[1]

Sophie Humphreys, Chief Executive of Pause

# 1.

## Introduction and context

There is a significant number of women in the UK who have had more than one of their children taken into care. Research by Dr Karen Broadhurst on data from the Children and Family Court Advisory and Support Service (Cafcass), found that 7,143 women had multiple children removed between 2007 and 2013: 22,790 children in total, or an average of three children per woman.[2]

The disturbing rate at which these children were removed over six years reflects how quickly these mothers are "recycled" through the family courts. The research team also found that between 2007 and 2014 13,000 of those children were under 31 days old when they were taken into care.[3] Once they have had one child removed, women often see their subsequent babies "born into care"; taken away in the first weeks of life.

Lack of appropriate, effective support for these women, to help them to break this destructive cycle and some of the damaging consequences of it such as substance misuse and domestically violent relationships, further perpetuate this issue.

**"All too often young woman – particularly teenagers – who have already had one child removed, become pregnant again and again with the same result. This is causing untold heartbreak and damage to these woman and their children, as well as loading great costs on both society and the taxpayer."[4]**

Sophie Humphreys, Chief Executive of Pause

# 2.

## Overview of Pause

Pause works with women who have experienced, or are at risk of, repeat removals of children from their care, through an intensive, systemic and flexible programme of support. Women on the Pause programme are required to use a long-acting reversible contraceptive (LARC). This creates a space in which they can focus on themselves, tackle destructive patterns and develop new skills and avoid further trauma. This helps them set in place strong foundations on which they can build a more positive future.

In October 2013 the Department for Education announced the Children's Social Care Innovation Programme to develop new ideas promoting the wellbeing of children and families. Pause won funding from this programme, to build on the original pilot in Hackney and further test out Pause in six new areas across England.

**"It's not actually that easy. Some of the conversations you have [as a Pause practitioner] are less about the women and the challenges they face and more about how organisations have failed."[5]**

Milorad Vasic, Director of Hull Pilot, Pause

# 3.

# Understanding Pause

The findings from the feasibility study in Hackney were supported by Dr Broadhurst's national research, which was published shortly after. The women that were identified in Hackney were well known to but not necessarily engaged in local services, and the specific issue of repeat removals of children had not been addressed. Dr Broadhurst's research confirms that what we have known for a long time at a local level, is indeed a national issue.

The Hackney study found 49 women had given birth to 205 children that were removed into care. These women demonstrated a complex range of problems and circumstances:

- 71% had been subject to domestic violence
- 51% had been involved in street work
- 49% had been in care themselves
- 47% had chronic mental health issue
- 35% had criminal proceedings against them
- 14% had learning difficulties
- 8% were diagnosed with a personality disorder.[6]

The women Pause supports are likely to demonstrate one or more of the following, which make repeat pregnancies and removals a high possibility:

- chaotic lifestyle which means contraception is not well managed or not a priority
- influence of controlling partner
- a desire for a child to love, and be loved
- belief that next pregnancy may result in keeping the child
- desire for the nurturing experience of pregnancy
- concern over impact of contraceptives on their body[7]

When a child is born the resulting intervention by the courts and removal of the child is highly traumatic for the women. Her mental and physical health, finances, housing, livelihood, and wellbeing, often in poor states to begin with, are likely to suffer even further. It is common for women to fall into destructive patterns and cycles, where it becomes more and more difficult to break.

Pause intervenes at the point when the woman has no children in her care, enabling the focus to be on her as a woman rather than a focus on her maternal identity, creating space for her to reflect, learn, and aspire.

## Key aims of Pause are to:

- Reduce pregnancies and the successive removals of children experienced by vulnerable women
- Stabilise the lives of women with complex situations
- Provide therapeutic, practical, and behavioural support through a dedicated caseworker
- Support women to access counselling and mental health services
- Boost women's confidence and self esteem
- Enable women to take up education, volunteering or paid work.[8]

Women on the programme are required to use a long-acting reversible contraceptive such as a hormonal implant or an IUD. Pause then works with each woman individually to develop a bespoke programme of intense, therapeutic and practical support. Pause is an outreach model, the Pause practitioner spends time with a woman in her home and in the community, and accompanies her to doctors' appointments, court hearings, meetings with their children's social worker, or with estranged family and partners.[9]

It is common for an individual with housing, job seeking, and health needs separate appointments, with separate professionals, in separate agencies. For women with chaotic lives, involving court orders, controlling or abusive partners, debt, addiction, sex work, and the removal of their children, appointments with multiple agencies are difficult to keep. Viewed in isolation, it is easy to define service users by the issue they present rather than seeming them as the unique individual that they are.

Pause overcomes these difficulties with dedicated practitioners who support women in all aspects of their life. A practitioner liaises with the services each woman needs, and is there alongside them for appointments. Pause practitioners encourage partner agencies to take a fresh, open and supportive approach, and to consider how they can 'do things differently' for these women. Services and support they access may include counselling, domestic violence services, education, employment, or they may tackle other aspects of life which the women want to work on.

Activities also play an important part in the Pause programme. By making time to take part in swimming, doing something creative, or learning a new skill, women improve their self-esteem and confidence. Practitioners get alongside a woman and a trust is formed between them, making it easier for a Pause client to develop a therapeutic relationship with her practitioner. Practitioners encourage and model the importance of women developing their self-efficacy by 'doing with and alongside' rather than doing *for* her.

**"We must never forget why we have to do things differently for this cohort of women. It's not just about them, it's about the children that they've had, and the unborn children that we're preventing going through the same cycles. That must have an impact on the numbers of children going into care.**

**Practitioners have to be confident to interface and advocate. It isn't just about walking alongside that woman into appointments and services. It's about doing the groundwork in advance to put those pathways and partnerships in place so that when our women walk through the doors of services the providers know what to expect, and know what we have agreed that they will be offering."**[10]

Georgina Perry, Director of Practice and Learning, Pause

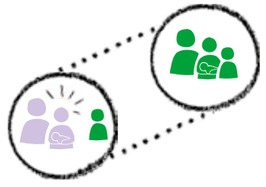
# 4.

## Key themes addressed by the model

### Early intervention and investment in prevention

**Under development as a preventative solution**

Pause has the potential to become a wholly preventative programme. While the first seven sites work with women who have already had children taken into care, the long-term aim of Pause is to work with women with no children, but who are considered likely to have future children removed. [11] [12]



### Capacity-building

**Seeks to give women a space in which to focus on their own needs**

Pause does not define women as addicts, criminals, victims, or any other label drawn from an issue in their lives. It takes a holistic approach through which women are supported to address any of these issues. Pause encourages partner agencies (e.g. criminal justice and drug and alcohol services) to think differently by working with the women from an open and curious perspective and putting aside previous assessments and preconceptions.

It can be a slow process, but Pause practitioners support women through therapeutic, practical, and behavioural needs, as well as counselling when they are ready. Confidence-building activities and days out are another important aspect of the programme. Women are encouraged to try new things, and participants in Pause have been supported to volunteer, take courses, find secure housing, and begin the process of counseling or therapy.

### Personalised and intensive

**Each participant engages in a bespoke programme and is supported by a dedicated keyworker**

Each woman who takes part in Pause has a bespoke programme designed around her needs. She is supported through every aspect of the programme by a practitioner. It is only through this kind of intense and focussed support system that women in these very complex situations can face and deal with their problems. By engaging with women on a one-to-one basis, Pause enables them to think of themselves as individuals, not as birth-mothers or service-users, and to put their needs first, often for the first time in their lives.

The programme may work with health practitioners, counsellors, housing officers, employment officers, and many other specialist practitioners, but it exists outside of the usual local authority structure and is independent of social care services.



# 5.

## Impact and evidence

The pilot of Pause Hackney achieved several impressive results. None of the 29 women became pregnant during the 18 months of the pilot and have not since. The women's previous birth patterns suggest that they were likely to have had at least 23 more children among them without the support of the programme. Those children would all likely have been taken into care at a cost of £907,000, which means that after the cost of the delivering Pause is accounted for, an approximate 50% cost benefit is still achieved.

Numerous individual success stories emerged from the pilot. Women were supported to secure stable housing, secured volunteer work and paid part-time jobs; were supported into mental health and domestic violence services.

"Without Pause, I would not be here now. I've never had anyone on my side: someone who isn't going to hurt me, harm me or let me down. I could have kept on having kids or I could have ended it all. Or both. But Pause has helped me realise that I do have value. I do have potential."[13]

Pause programme participant, 2014

### Key evaluation findings

- No further pregnancies among the pilot project women in 18 months
- 50% cost benefit achieved beyond cost of delivery Pause
- Women secured stable housing and re-engaged contact with children previously removed

# 6.

## Future plans and aspirations

Pause received funding from the Department for Education to extend to six further locations: Doncaster, Greenwich, Hull, Islington, Newham and Southwark, which launched between June and October 2015. Hull has reported that it is "early days" but women on the programme show signs of progress.[14] Pause has also expanded its programme in Hackney to work on a preventative basis, with women who have had one child removed along with Greenwich.[15]

By 2018/2019 Pause aims to have prevented 300 children entering care. As well as having a clear social and emotional benefit for the mothers and children affected, this represents a potential cost benefit of nearly £11.5 million.[16]

"When I lost my first baby, I never got any support. But the second time, Pause was there to help me get back my confidence. I've been off the drugs for three months now and am focusing on my life."[17]

Pause programme participant, 2014

### Further information

Pause website

Spring Consortium: delivering the children's social care innovation programme

Photography: Ann Challicom
The child pictured is a model.

# Children's House

"Barnahus is an environment where children can be comforted without feeling like they have to tell their story over again. They tell it once and we deal with it from there."[18]

Olricah Rehls, Barnahus Co-ordinator, Sweden

## 1.

## Introduction and context

As sexual abuse is typically perpetrated in private, the witness statement of the victim is often the only evidence. Medical evidence identifies abuse in just 10% of cases, and is conclusive in just 5%.

When the victim of sexual abuse is a child they are often unable to disclose what has happened to them because they lack the vocabulary to describe the experience. Many victims do not even understand what has happened to them or that their rights have been violated. Others are shamed or scared into silence. This makes the discovery and prosecution of child sexual abuse extremely difficult. It is often referred to as a "crime of silence".

At some point most victims of child sexual abuse do disclose their abuse. At this time it may be too late to get evidence from any source other than the child's testimony, and a pressured environment is often created in which children are passed between child protection services, police, prosecution, courts, and medical professionals. In trying to treat the child's physical and mental health needs *and* pursue justice, practitioners will interview the child about the abuse multiple times.

This reliving of abuse is extremely traumatic for the child. It is also ineffective in evidence-gathering. Children faced with scepticism often take back what they have said, and due to natural suggestibility they will also change their testimony during long or repeated interviews. They are capable of giving reliable witness testimony, but this is best managed with trained practitioners who specialise in working with children.[19]

**"We have a girl we are about to start working with who is in that position where she is stuck in this possible court process that may or may not happen, but she has PTSD. It is difficult. If we do that work, we will potentially affect her evidence and may cause her problems."[20]**

Interview with National Statutory Body, UK

## 2.

## Overview of Children's House

The Children's House, or Barnahus, is an interdisciplinary, multiagency child protection service run in a child-friendly physical setting. The model was first piloted in Iceland in 1998, where it was run by the Government Agency for Child Protection in partnership with the State Police, the State Prosecution, the University Hospital and local child protection services.

The core purpose of the Children's House is to facilitate the interviewing of children who are suspected victims of sexual abuse. Rather than subject a child to multiple interviews, a specialist carries out one interview under observation by the police and prosecution, the defence lawyer, the child's legal advocate and the child's social worker via closed circuit television. This interview can be used as legal testimony.

Following successful implementation in Iceland the model has spread to other Nordic countries. There are now around 50 Children's Houses in Iceland, Sweden, Norway, Denmark, Finland, and Greenland. Lithuania, Croatia, Turkey, and the Netherlands and Portugal have also looked to develop their own versions.[21]

**"I think there is a kind of secondary trauma that takes place after you have disclosed [your abuse] – the impact of that uncertainty and the kind of worries and imagining what it will be like. That is the second layer of difficulty."[22]**

Interview with survivor of child sexual abuse, UK

# 3.

## Understanding Children's House

In the late 1990s the Icelandic government undertook a review of child sexual abuse which revealed the troubling scale of the problem. Child protection services, police, prosecution, courts and medical professionals reported worrying numbers of cases, all of which were being dealt with separately. This meant that children were being investigated by interview or examination over and over again. The officials interviewing the child were not necessarily specialists in working with children; for example, police and prosecutors may interview a child sexual abuse victim with little understanding of child psychology. Not only was this process extremely traumatic for the child, it had a low success rate in prosecuting offenders.

Icelandic child protection authorities decided to review the processes responding to child sexual health in light of the United Nations Convention of the Rights of the Child (UNCRC) article 3.1, which states that: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".

Deciding that the standard system of multiple agencies conducting multiple interviews was clearly not in "the best interests of the child", Icelandic authorities designed a new system which would unite services according to children's needs. The result was the Children's House.[23]

Children's Houses are generally based in residential areas. The interior is designed for comfort, with toys, pictures, and plenty of colour. At the heart of the model is the creation of an environment that is secure and child-friendly.

The joint investigative interview is the key function of the Children's House. A trained practitioner is responsible for interviewing the child using techniques and protocols which have been shown to facilitate reliable testimony. The interview takes place in private between the practitioner and the child. The room is monitored by closed-circuit television and the interview is observed by representatives of the police and prosecution, the defence lawyer, the child's legal advocate and the child's social worker. Those watching are able to communicate with the interviewer if they need to prompt them to ask a certain question, but otherwise do not scrutinise the child.[25]

If ultimately the suspect is indicted, the child's interview is considered equivalent to a court testimony, meaning he or she does not need to give evidence in court, which can be extremely traumatic for abused children.

At the end of the interview, next steps for the child and his or her family are decided on. The Child Protection Service may request assessment of the child's needs, followed by treatment or counselling for both the child and the parents. These services are free of charge to the family and take place under the same roof, ensuring continuity and a joined-up process.

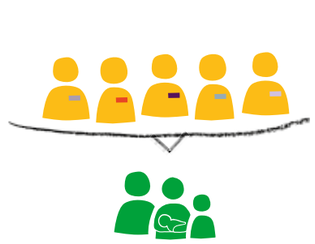
### Key aims of Children's House are to:

- Create a forum for the cooperation and integration of agencies responsible for the investigation and handling of cases involving sexual abuse of children
- Prevent subjecting children to repeated interviews
- Ensure professional competence, experience and knowledge for conducting investigative interviews of children
- Establish professional work procedures in dealing with cases involving sexual abuse
- Strengthen expertise on sexual abuse of children and disseminate that expertise to both professionals and the general public
- Ensure that the child victim gets appropriate assessment and treatment
- Ensure a child-friendly environment for investigative interviews, medical examination, and treatment.[24]



# 4.

## Key characteristics of Children's House



### Specialists working within multi-disciplinary teams

**Legal, medical and therapeutic practitioners work together in a specifically designed, child-friendly setting**

Professionals from across disciplines and agencies are expected to work together from the outset. Starting with the interview, representatives of the police and prosecution, the defence lawyer, the child's legal advocate and the child's social worker are all invited to engage and monitor. The physical space and processes of Children's House have established formalised collaboration between these various groups. This results in a better exchange of information, clearer definition of what each agency's responsibilities are and improved competence in investigation and treatment.

Having several agencies under one roof also makes for a better experience for children. It removes the stress of visiting many unfamiliar environments and interacting with many unfamiliar adults. Children grow accustomed to and comfortable in the Children's House.

### Personalised and intensive treatment and intervention

**The individual needs of children and their families are assessed and treated**

At the end of the interview process Child Protection Services can request an assessment of the child's needs, upon which an individual treatment plan is drawn up.

Within Children's House there are the facilities to carry out treatment plans, which gives a sense of consistency and familiarity that is reassuring to children. Treatment plans may include medical treatment, counselling and education. Parents can also receive counselling as part of an inclusive support system that engages the whole family.[26]

Treatment can also be carried out elsewhere if it is more convenient or appropriate for the child.

### Focused on evidence

**Reliable evidence is gathered through interviews with specialist practitioners**

The witness testimony of children has a reputation for being unreliable, but often this is because inappropriate interview methods are used by unqualified practitioners. Children's House practitioners have been trained in securing reliable evidence from the children they interview.

Evidence taken from the investigative interview is used across social services, medical treatment, and investigative bodies. As well as removing the need for traumatic re-interviewing, it gives a strong, unified base for all agencies to work from.

Research into Children's Houses across Nordic countries suggests that they return a greater number of detections, prosecutions and indictments.

5.

# Impact and evidence

The Children's House in Iceland has had a dramatic effect on the disclosure and prosecution of child sexual abuse. By September 2013 over 3,500 children were referred to Child Protection Services, the number of cases and investigations doubled, while indictments tripled. Evaluation has also shown that families found Children's Houses far more child- and family-friendly than court facilities. Family ratings for Children's Houses were around twice as high in terms of location, waiting room, and attractiveness of the facility.[27]

The International Save the Children Alliance identified Children's House as a "best practice" model in the 2002 study "Child abuse and adult justice". The International Society for Prevention of Child Abuse and Neglect (ISPCAN) presented the Children's House with the "Multidisciplinary Team Award" in 2006.[28]

The model has been reproduced throughout Nordic countries and in other parts of Europe. Children's Houses have been established in Finland, Norway, Sweden, Denmark, and Greenland.[29]

"In my view, the Iceland example can serve as a model for the development of both investigation and treatment of abused children. By co-ordination of the social resources in the field, it is likely that the investigation work can be conducted more efficiently. The children will thereby also be given significantly better support and feel greater security than if they are investigated and treated in parallel at different units."[31]

Christian Diesen, Save the Children

## Key evaluation findings

- By 2013, 3,500 children had been referred to the Icelandic Children's House
- Between the launch of Children's House in Iceland and 2013, indictments tripled, and the number of cases investigated and convictions achieved doubled
- In a sample of 564 cases referred to the Icelandic Children's House, criminal charges were made in 126 case, with 102 convictions[30]



6.

# Future plans and aspirations

Significant interest in Children's House has developed in other countries. The PROMISE project, a pilot scheme for Children's Houses in several new countries, launched in February 2016.[32] The first countries to run pilots will be Bulgaria, Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Portugal, Romania, and the UK. The Council of Europe has taken interest in promoting the model around the continent.

In Iceland, the Children's House is looking to learn from other Nordic countries as a route to further develop its model.[33]

## Further information

Government Agency for Child Protection, Iceland

PROMISE

Photography by Jon Challicom. The people pictured are models.

Photography by Tom Hull.
The people pictured are volunteers.

# Parents Under Pressure

"I'd drink two or three times a week and once I started I didn't know when to stop. I was bordering on being an alcoholic. I didn't think about the effect on my children. When I was hungover I didn't have the energy to play with [my son] Nathan or his older brother and sister."[34]

Parents Under Pressure programme participant

# 1.

## Introduction and context

Families dealing with issues like depression, anxiety, substance misuse, family violence or financial stress may find it difficult to create and sustain good relationships. When these issues are multiplied and families find themselves in very complex situations, the likelihood of severe issues like child maltreatment rises.

Drug abuse within families is a particular concern because of its connection to child neglect and abuse. Data from the National Treatment Agency for Substance Misuse showed that in 2011-2012 just over half of the 197,110 adults receiving treatment for drug abuse were either parents or living with children.[35] In 57% of serious case reviews concerning serious or fatal child abuse there is evidence of parental substance misuse, and a study of four London boroughs found 62% of children in care proceedings had at least one parent with a substance abuse problem.[36] Even families with no history of child abuse are a cause for concern, as the presence of a substance abuse disorder is the strongest predictor of child abuse and neglect 12 months later.

However, substance abuse alone is not responsible for child maltreatment. Rather, the combination of multiple risk factors often found in the lives of substance abusers makes child abuse more likely. Such factors include maternal psychopathology, poor parenting practices, poor spousal relationships, joblessness and poverty.[37] To protect children at risk of maltreatment it is necessary to address the root cause of the problem and help parents regulate their complex home situations.

**"We know that the outcome for children raised in families where there is parental substance use combined with many other problems such as poverty and parental mental health difficulties leaves children at very high risk of school failure, crime and substance abuse. We need to work with families as soon as possible so tackling the problem early in children's lives makes sense. We want to help parents be the best they can be – calm, managing their emotions and managing their substance use – so that they can be emotionally available for their infants."[38]**

Professor Sharon Dawe, Parents Under Pressure

# 2.

## Overview of Parents Under Pressure

Parents Under Pressure is an intensive home-based intervention for parents with complex situations involving two or more risk factors, such as drug or alcohol abuse, depression, anxiety, family violence, or financial stress.[39] The programme draws on attachment theory, in recognition of the fact that the quality of parent-child relationships is tied to a parent's capacity to provide sensitive, nurturing, and responsive caregiving. Parents Under Pressure takes a strengths-based approach. It focuses on helping parents develop their own capacity to form nurturing relationships with their children and to manage their own emotions, impulses and circumstances.

The programme uses a 12 module workbook to guide a trained Parents Under Pressure practitioner's engagement with parents. The workbook covers a variety of topics, from mindful play to relationships, the order of which is tailored to meet individual parents' needs. Parents Under Pressure practitioners take responsibility for carefully assessing each parent's needs and strengths, and then actively engage with different modules. The 12 modules usually take around 20 months to deliver.

Most Parents Under Pressure practitioners are based in Australia, where the programme originated in the early 2000s. In the UK the NSPCC has begun its own pilot, which is currently undergoing evaluation.[40]

# 3.

# Understanding Parents Under Pressure

Parents Under Pressure was developed in Australia as an independent service out of concern for multi-risk families, particularly where one or both parents were drug or alcohol users. The developers of the programme were Professor Sharon Dawe and Dr Paul Harnett, two clinical psychologists.

Since initial evaluations of the programme were published in 2003, many practitioners have trained in Parents Under Pressure and deliver the programme to families across Australia and Tasmania.[41] To become a Parents Under Pressure practitioner clinicians are required to undergo training and supervision in the programme model, after which they receive accreditation as a Parents Under Pressure therapist.[42] Accredited therapists operate independently but as a network, with each individual listed on the Parents Under Pressure website.[43] Parents seeking help can contact a therapist directly, or may be referred for intervention by social services. Several social services have sought training in Parents Under Pressure to adopt a standardised, evidence-based programme that helps practitioners support families.[44]

## Key aims of Parents Under Pressure are to:

- Help parents facing adversity to develop their own capacity to cope
- Improve familial relationships
- Reduce the risk of child maltreatment in families with complex situations.

Parents Under Pressure is a 12 module programme which guides trained practitioners in working with parents in their home. The first step is an assessment to identify the difficulties they are facing and the strengths they already have, the results of which are used to decide on the pathway the family will take through the rest of the programme.

Each of the 12 modules contains a range of exercises. The modules cover the following topics:

- Checking out priorities and setting goals
- View of the self as a parent
- Managing emotions when under pressure
- Health check your child
- Connecting with your child: mindful play
- Mindful child management
- Managing substance use problems
- Extending social networks
- Life skills
- Relationships
- Closure

Practitioners use an online toolkit to access standardised scoring to use in the various exercises, tools for goal setting and goal attainment forms, and other guiding resources.[45] Parents Under Pressure also utilises a case management model, whereby practitioners work with parents to apply the techniques they've learnt through the programme in different areas of their life, such as housing and finance.[46]

Mindfulness exercises are a key part of each module and are designed to support emotion regulation and capacity-building. Exercises teach parents to take greater pleasure in spending time in the moment with their children, and to recognise and manage difficult emotions using techniques such as "urge surfing".[47] This is a method of coping with cravings which uses mindfulness to create a healthy awareness of a person's discomfort when they get an urge to take a substance, and to envisage that urge as a wave that peaks and troughs rather than an escalating, unscalable wall.[48]

The final module focuses on closure exercises and helps participants to reflect on the positive changes they have made through the programme.[49]



# 4.

# Key characteristics of Parents Under Pressure

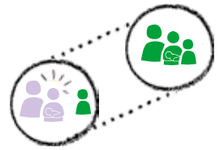
## Focused on child-caregiver relationships

**Works with both parents to improve their relationship with their child or children**

Practitioners work with both parents to help them overcome the difficulties that are putting their child at risk. Some modules look at issues such as substance abuse, but several focus specifically on improving relationships.

The parent-infant relationship is the focus of module six, 'Connecting with your baby'. It uses a series of exercises to help parents reflect on their relational experience with their baby. There is an emphasis on learning their baby's language, and 'mindful play' in which a parent is taught to use mindfulness constructs to observe, describe and participate during play and special times.

Module 11 takes a more general look at relationships. It includes exercises on improving communication in intimate relationships. For parents with experiences in unhealthy relationships there are also exercises on defining the qualities of a good and loving intimate relationship for couples with a troubled relationship history.[50]



## Capacity-building

**Takes a strengths-based approach – focusing on what parents are good at and helping them manage their own difficulties**

Parents Under Pressure takes a strengths-based approach. Its core aim is to help parents facing adversity develop positive and secure relationships with their children by helping parents manage the difficulties in their life. Within this strength-based approach, the family environment becomes more nurturing and less conflictual and child behaviour problems can be managed in a calm non punitive manner.

The emphasis of Harnett's (2007) procedure for assessing capacity to change on identifying goals for change and monitoring goal attainment is important in involving parents in the assessment process. The procedure avoids a 'deficits approach'; rather it emphasises the influences on the family that make parenting difficult (which may include financial and housing problems and/or parental substance misuse or other mental health problems etc). Parents are encouraged to acknowledge that changes in these areas of family life should be made and offered support to achieve the goals set.[51]

## Personalised and intensive treatment and intervention

**Initial assessment and a modular approach allow parents to design their own path through the programme**

Parents Under Pressure's workbook of modules is referred to as a "buffet of options" rather than a recipe to follow. Families and practitioners are encouraged to use it creatively to meet their needs - there is no pre-defined way of completing the programme.

Families on the programme have vastly different sets of difficulties, needs, and strengths. An assessment of these at the start of the programme forms the plan for tackling the modules – a plan which is specifically designed to build on the families' own resources. The final module is a reflection of progress.[52]

Practitioners deliver the programme in one or two hour sessions in the home, giving a personal setting for the intervention.

5.

# Impact and evidence

In 2003 the developers of Parenting Under Pressure published an evaluation of the pilot project. The pilot involved nine parents, all of whom were on a programme of methadone, which is used as a substitute for drugs such as heroin.

The pilot study found that parents on Parents Under Pressure were significantly more successful than those on the methadone programme alone in terms of:

- significant improvements in parental functioning, parent-child relationships
- reduction in parental stress, rigid parenting attitudes and child behaviour problems
- reduction in child abuse potential
- reduction in parental substance abuse and risk behavior

A randomised controlled trial published by the programme developers found that parents suffering from drug addiction had better results on Parents Under Pressure than when receiving standard care. Forty-two percent of the parents receiving standard care were moved to a high risk category, compared to none of the parents receiving Parents Under Pressure. The study also used an index to rate each participant's potential for child abuse. It found that 31% of parents receiving Parents Under Pressure improved on the index, while 0% deteriorated. In comparison, 0% of parents receiving standard care improved while 36% deteriorated.[53]

A cost effectiveness study estimated that Parents Under Pressure could divert 20 out of 100 families from the child protection system. This would represent a net saving of AU$3.1 million, or £1.7 million for every 100 families treated.[54]

## Key evaluation findings

- A randomised control trial showed that Parents Under Pressure resulted in a greater reduction in child abuse potential, rigid parenting attitudes, and child behaviour problems in families affected by drug addiction than standard care
- 31% of parents were found to have less potential for child abuse after participating in Parents Under Pressure
- Represents a net value saving of AU$3.1 million through early intervention

"If it wasn't for the Parents Under Pressure programme my children would still have been on the Child Protection Plan. My relationship with the children has improved no end and I'm a lot more loving with them. When I was drinking all the time I didn't realise things could even be as good as they are now."[55]

Parents Under Pressure Programme Participant



6.

# Future plans and aspirations

NSPCC has launched Parents Under Pressure in 11 locations across the UK: Bristol, Coventry, Cardiff, Ispwich, Liverpool, Newcastle-Under-Lyme, Nottingham, Swindon, Warrington and York. It is being run as a referral service for primary caregivers who are already attending treatment for drug or alcohol misuse and who have children under five.[56] The aim of the UK programme is to reduce the number of babies and toddlers harmed by parents with severe drug and alcohol problems.[57]

The impact of the programme is being assessed through the biggest evaluation of its kind in Europe in partnership with the University of Warwick. The independent evaluation is due to be completed in 2016.[58]

In Australia, Parents Under Pressure developer Paul Harnett is expanding the programme with high risk families involved with child protection agencies. He is also looking to adapt Parents Under Pressure for indigenous communities, tailoring the programme to make it relevant to the specific needs of different communities.[59]

"Before I came to the NSPCC I was having a lot of panic attacks and I felt like I was going to have a breakdown. Anthony taught me how to cope with the panic attacks and how to calm myself down. I realised that I'd used alcohol to block out some problems from my past and once I stopped drinking I had to face things. Anthony helped me open up and I talked a lot about different things that had affected me. He didn't judge me, he listened to me and allowed me to go at my own pace."[60]

Parents Under Pressure programme participant

## Further information

Parents Under Pressure Program (Australia)

Parents Under Pressure (NSPCC)

Photography by Tom Hull.
The people pictured are volunteers.

# Family Drug and Alcohol Court (FDAC)

"FDAC has helped me be the sort of person I want to be. It's helped me remain focused and motivated and instilled in me a real sense of achievement and confidence."[61]

Parent after FDAC intervention, 2014

# 1.

## Introduction and context

Maltreatment or neglect is a recurring problem within families, and siblings of children in care face a high chance of being maltreated or neglected themselves. Recent research shines a spotlight on the problem in England – indicating that a third of all children entering care come from mothers who have had a previous child removed.[62] But this is also an international problem, with the repeat removal of infants and children from the same mother also reported in the US, Australia and Canada.

Parents don't set out to abuse or neglect their children. The causes of their failure are frequently a combination of four main, often overlapping problems: drug and alcohol misuse, domestic violence and abuse, mental health problems and severe poverty. Many of the women who have their children removed have experienced very difficult childhoods themselves and are then severely emotionally damaged when their baby is removed. After a child is removed from her care, a mother is unlikely to get the required level of help to bring about the changes needed to overcome her problems because agencies are under no statutory obligation to provide comprehensive post removal support.

**"It is depressing having to make orders for the removal of the fourth, fifth and sixth children from the same family for the same reason, knowing that very little has been done to rectify the core difficulty. In one case I had to remove the 14th child from a family. The emotional cost to these families and their children is immense. The financial cost to the taxpayer is enormous. Children in the care system, particularly older children, do not do well. I have no doubt that FDAC represents a better option."[63]**

Nick Crichton, Retired District Judge, Head of FDAC Judicial Training

# 2.

## Overview of the Family Drug and Alcohol Court

FDAC is the Family Drug and Alcohol Court. It offers an alternative form of care proceedings for children who are put at risk of significant harm by parental substance misuse and other difficulties. FDAC seeks to protect children by offering parents access to a problem-solving family court linked to a specialist, multi-disciplinary therapeutic team, and a network of wider support and treatment agencies.

FDAC starts by asking parents to identify the problems they want to solve, then focuses on providing a comprehensive package of support. The programme offers parents optimism about recovery and change, combined with a realistic understanding of the immense challenge they face.

The FDAC pilot involved the London Boroughs of Camden, Islington and Westminster and ran from January 2008 to March 2012 at the Inner London Family Proceedings Court. The multi-disciplinary team was provided by the Tavistock and Portman NHS Foundation Trust in partnership with children's charity, Coram. Hammersmith and Fulham and Southwark joined the pilot in 2012.

**"The FDAC approach is crucially important. The simple reality is that FDAC works... FDAC is, it must be, a vital component in the new Family Court."[64]**

Sir James Munby, President of the Family Division

3.

# Understanding the Family Drug and Alcohol Court

Specialist drug and alcohol courts are used widely across the USA, where they have been successful in enabling more children in care to return home because their parents have engaged with substance misuse services. FDAC is based on the US model and has been adapted to fit the English and Welsh legal and welfare systems.

FDAC aims to help parents control their substance misuse so that they can be safely reunited with their children. If that is not possible, the aim is to ensure that children are placed permanently with family members or elsewhere as speedily as possible.

## Distinctive features

There are three distinctive features of FDAC which, taken together, set it apart from other approaches:

- Special judges: Specially-trained judges provide parents with regular and continuous supervision and support, and the same judge hears the case from start to finish.
- Problem-solving approach: It uses its authority to provide a comprehensive response to the problems that led to care proceedings. Fortnightly court reviews provide opportunities for regular monitoring of parental progress and setbacks. Lawyers do not usually attend, giving the FDAC judge time to engage and motivate parents, speak directly to them and their social worker, and draw people into finding ways of resolving problems.
- Specialist multi-disciplinary team: Various professionals work closely with the court and the parents, making sure that the right people are doing what is needed to help families change.

## The parents' 'trial for change'

Critically, the work of the court and the team is underpinned by the belief that parents can change and that the court has a role as an agent of change. Parents are given 'a trial for change' which provides them with the best possible chance of overcoming their substance misuse and other problems within a timescale that is compatible with their child's needs.

Substance misuse specialists and social workers from the team start by carrying out an early and quick assessment of the parents. An intervention plan is agreed at a meeting attended by the parents, social workers and guardian, and the parents then begin their 'trial for change'.

The team provides a key worker for the parent who works with them directly and co-ordinates the different services identified in the plan. The team also carries out drug and alcohol testing, prepares regular short reports on the parents' progress and attends court reviews. Intervention planning review meetings are held at regular intervals in order to agree any changes to the plan and decide on future action.

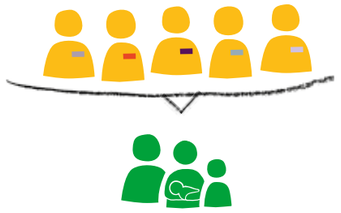
There is regular communication between the team and the judge in relation to cases in court, and between the team and relevant adult and children's services as well as with housing services and domestic abuse services and with legal representatives. A key aspect of the model is that it works independently of the local authority. This means independence from the children's social care team and the local child protection and children in need teams.

**"My key worker was a big part of mine and my daughter's life... He would always highlight the positive things that I was doing or had done, as I would always hold on to the negative things and he would always tell me what a good mum I was. I wasn't very confident at being a parent."**

Tracey, FDAC Parent

4.

# Key characteristics of FDAC



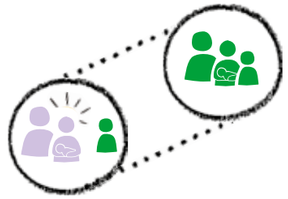
## Specialists working within multi-disciplinary teams

**A networked, multi-disciplinary team works independently of the local authority**

The FDAC team is independent of local authority social services teams. It is made up of social workers, substance misuse experts, a mental health worker and a domestic violence expert. The clinical lead is a child and adolescent psychiatrist and they have access to an adult psychiatrist.

The team also includes parent mentors – parents who have successfully come through the system and recovered the care of their children – who provide peer support to participants on the programme.

FDAC is also a multi-agency collaboration. The FDAC team works alongside the family court, the commissioning local authorities, local child and adult treatment and rehabilitation services, and other agencies such as housing and probation.



## Capacity-building

**Parents are closely supported to develop problem-solving capabilities and create long-term change**

FDAC combines a belief in the capacity of parents to change with a focused, problem-solving approach. The FDAC team works to support families to develop their own problem-solving capabilities by modelling this in the way they work – helping families to think and solve their own problems by creating space for professionals to think and feel with them, and with other colleagues.

In creating a positive and transparent relationship between the professional drug workers, social workers, judiciary and the parents, parents are helped to accept their issues and work towards a better future.

Fortnightly non-lawyer reviews with the designated judge are a key part of the capacity-building process. The judge chairs a discussion about progress, trying to find what is working well for the parents, and what is working less well. At these hearings parents begin to find their voices, to take ownership of their cases and of their lives.

## Personalised and intensive treatment and intervention

**Parents are engaged in an individualised, highly coordinated and time limited therapeutic 'trial for change'**

Most families are offered an individualised, highly coordinated and time limited 'therapeutic trial for change'. The type of trial varies but is likely to require parents to evidence an extended period of abstinence from street drugs and alcohol in the community, and a move away from a substance misuse-centred lifestyle to one based on the child. Parents receive treatment to help them understand and manage the problems underlying their substance misuse, and to be more sensitive, responsive and reflective with their children. Most families require help to address a history of domestic violence, and any additional mental and physical health difficulties are diagnosed and treated.

Parents are required to attend several appointments a week, sometimes several a day, whilst ensuring that they attend contact on time and in the appropriate frame of mind to interact with their child.

5.

# Impact and evidence

"The specialist family and drug and alcohol court is a proven way of using the authority of the court to motivate people to change. This type of court has been found to be effective at tackling entrenched addiction problems and other difficulties so that parents equip themselves to be just that – parents for their children. The family drug and alcohol court also saves money: shorter court hearings, fewer legal representatives at hearings, fewer contested cases, less use of foster care placements during and after proceedings."[65]

Phil Bowen, Director, Centre for Justice Innovation

The FDAC pilot was evaluated by a research team at Brunel University, funded by the Nuffield Foundation and the Home Office. The evaluation was conducted in two stages between 2008 and 2013.[66]

The main findings were based on 90 families (122 children) who were referred to, and received, the FDAC programme, and 101 families (151 children) who formed the comparison sample. In both samples parental substance misuse was a key factor in initiating the care proceedings.

The research confirmed that parents and professionals were overwhelmingly positive about the FDAC model and FDAC is a service parents would recommend to other parents. Those with previous experience of care proceedings found FDAC to be a more helpful court process that gave them a fair chance to change their lifestyle and parent their child well.

Parents felt motivated by the FDAC team and judges, and they valued FDAC's practical and emotional support as well as their treatment intervention. Professionals thought that FDAC's trial for change approach (support to parents with close monitoring by the court) provided a fair and transparent test of capacity to change. This made it more likely that parents would, if relevant, accept the decision that children could not return to their care.

A small cost study carried out as part of the evaluation found that there were cost savings in FDAC cases. The savings arose from children spending less time in foster placements, less use of expert assessments, a reduction in contested hearings, and fewer hearings with lawyers present.

## Key evaluation findings

- A higher proportion of FDAC parents had solved their problems by the end of the court case
- 40% of FDAC mothers were no longer misusing drugs and alcohol, compared to 25% of the mothers in normal care proceedings
- 25% of FDAC fathers were no longer misusing drugs and alcohol, compared to 5% of the fathers in normal care proceedings
- A higher proportion of children were able to live with their parents at the end of the court case. This was so for 35% of FDAC mothers, compared to 19% of the mothers in normal care proceedings
- When children go home, there was less neglect or abuse by parents who had been in FDAC. A year or more after proceedings had finished, there was further neglect or abuse of children in 25% of FDAC families, compared with 56% of families in normal care proceedings

6.

# Future plans and aspirations

London's Family Drug and Alcohol Court has been operating for seven years, and courts have opened more recently in Gloucestershire and Milton Keynes. More courts are now to be set up in areas including East Sussex, Kent and Medway, Plymouth, Torbay and Exeter, and West Yorkshire.

The FDAC National Unit was established in April 2015 and aims to extend the benefits of the approach. Through funding from the Department of Education (DfE), the National Unit is:

- helping to establish FDACs in 12 new local authority areas
- nurturing interest in the model in a range of other potential sites
- establishing mechanisms for evaluating the progress being made across all FDAC sites in achieving the desired outcomes for children and families.

In addition, the government has funded a small pilot to help 30 women for up to two years. Known as Early FDAC, it is an extension to the successful Family Drug and Alcohol Court (FDAC) programme, and is now seeking referrals of parents who face difficulties other than substance misuse. Early FDAC has opted to work with women in pregnancy and afterwards, even if their baby is removed.

The establishment of the new FDACs will create a robust evidence base to enable comparisons of FDACs across different regions and the problem-solving approaches of different contexts, to define the essential ingredients of the FDAC model and the value that FDACs offer in supporting parents to address their issues and enable children to remain safely within their family unit.

## Further information

FDAC

Coram

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