## Behaviour change interventions to reduce risky substance use and improve mental health in children in care: the SOLID three-arm feasibility RCT

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## **Plain English summary**

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# **Plain English summary**

This study tried to find out whether or not we could adapt and test two counselling approaches called motivational enhancement therapy and social behaviour and network therapy to reduce drug and alcohol use and improve mental health in children in care aged 12–20 years. These young people live away from their parents and are supported by social workers while in foster care or group homes. Many have experienced emotional, physical or sexual abuse, or neglect, which increases their risk of drug or alcohol use and mental health problems.

We talked to children in care and people who support them (social workers, foster and residential workers, drug and alcohol practitioners), using interviews and group discussions to make changes to the existing counselling approaches. Social workers then asked children in care to complete a short questionnaire about their alcohol and drug use. We tried out the adapted counselling approaches with children in care who drank alcohol or used drugs in the north-east of England. We did this to see if children in care would take part and to see if we could contact them again after 1 year to answer another questionnaire.

We included 112 children in care in the pilot study and we managed to contact 60 after 1 year. However, just one in five children attended any of their counselling sessions. Our way of offering counselling support did not work in the way we expected. One reason for this was that children in care often move around in the care system. However, drug and alcohol workers found the counselling approaches helpful and used them with other young people they support.

We need to find a different way to help children in care who use drugs or alcohol, and simpler ways of doing research in busy social care settings.

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